

**2014 Sunset Review of MSSNY Policy and Position Statements
Reports of Officers and Administrative Matters**

95.000 ETHICS:

95.982 Gerald Einaugler, MD Full Pardon by Governor Pataki: MSSNY will urgently request Governor Pataki issue a full and prompt pardon for Dr. Einaugler.

MSSNY will request all medical professionals and groups to urgently organize fund-raising events on behalf of Dr. Einaugler and remit the proceeds of the fund-raising efforts to the Physicians' Home.

(HOD 98-91; Reaffirmed 99-78 & HOD 00-51)

RECOMMENDATION: Sunset

150.000 HOSPITALS:

(See also Clinical Judgment 40.000; Ethics, 95.000; Medical Examiner System, 185.000; Nuclear War, Weapons and Terrorism, 215.000; Practice Management, 240.000; Reimbursement, 265.000; Vaccines, 312.000; Weight Management & Promotion of Healthy Lifestyles, 320.000)

150.981 Maternity and Family Leave for Hospital Medical Staff, Including Residency Programs in New York State: The position of the Medical Society of the State of New York regarding leave policies for physicians in practice or residency training includes as follows: (a) MSSNY urges medical schools, residency training programs, medical specialty boards, the Accreditation Council on Graduate Medical Education and medical group practices to incorporate and/or encourage development of written leave policies including parental leave, family leave and medical leave; (b) Residency program directors and group practice administrators should review federal and state law for guidance in developing policies for parental, family and medical leave; (c) Physicians who are unable to work because of disability due to pregnancy, childbirth and other related medical conditions should be entitled to such leave and other benefits on the same basis as other physicians who are temporarily disabled for other medical reasons; (d) Residency programs and group practices should develop written policies on parental leave, family leave and medical leave for physicians. Such written policies should include the following elements:

- leave policy for birth or adoption;
- duration of leave allowed before and after delivery;
- category of leave credited (e.g. sick, vacation, parental, unpaid leave, short term disability);
- whether leave is paid or unpaid;
- whether provision is made for continuation of insurance benefits during leave and who pays for premiums;
- whether sick leave and vacation time may be accrued from year to year or used in advance

Residency program policies should also include:

- extended leave for resident physicians with extraordinary and long-term personal or family medical tragedies for period of up to one year without

loss of previously accepted residency positions, for devastating conditions such as pregnancy which threaten maternal or fetal life;

- how time can be made up in order to be considered board eligible;
- whether make-up time will be paid;
- what period of leave would result in a resident physician being required to complete an extra or delayed year of training;
- whether schedule accommodations are allowed, such as reduced hours, no night call, modified rotation schedules and permanent part-time scheduling.

(e) Staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in other physicians' workloads, particularly in residence programs; and (f) Physicians should be able to return to their practices or training programs after taking parental leave, family leave or medical leave without the loss of status. (Council 3/9/95; Amended HOD 97-180)

RECOMMENDATION: Reaffirm

200.000 MEMBERSHIP:

200.997 International Medical Graduates (IMGs): MSSNY continues to discourage any form of discrimination toward International Medical Graduates (IMGs) and is expanding its efforts to identify and address the issues of major concern to IMGs. In order to encourage IMGs to join the mainstream of organized medicine, MSSNY is sending a loud and clear message that it vigorously opposes discrimination, will work diligently to establish equity in all professional standards including, but not limited to, licensure, reciprocity, academic and medical staff appointment, jobs, promotions, and hospital privileges, and that it will afford IMGs the same opportunities as non-IMGs to become involved in the policy making processes at all levels of organized medicine. (HOD 92-62)

RECOMMENDATION: Reaffirm

245.000 PRACTICE PARAMETERS:

245.999 Practice Parameters, Evaluation and Implementation:
MSSNY: (1) Strongly encourages research and demonstration projects to evaluate the use of practice parameters to enhance patient care. (2) Supports efforts to assure that physician organizations maintain direct involvement in and oversight of the development of practice parameters. (3) Takes the position that organized medicine be responsible for the implementation of practice parameters.
(HOD 91-38)

RECOMMENDATION: Sunset

270.000 RIGHTS AND RESPONSIBILITIES OF PHYSICIANS:

270.989 Rapid Response Mechanism for Situations with the Media: MSSNY will publicize to the members that mechanisms exist to:

- a. rapidly identify media coverage which reflects negatively on the medical profession or a specific physician;
- b. respond to stories in the media so as to refute negative publicity or unjustified or unsubstantiated allegations about a specific physician, regardless of how “local” they are in nature;
- c. raise the awareness of both the public and physician communities that MSSNY stands behind its members.

MSSNY will develop a network of local physicians with communication skills and formal media training to present MSSNY positions on specific issues.
(HOD 99-228)

RECOMMENDATION: Reaffirm but revise the third paragraph to read as follows:

MSSNY has a network of physicians who monitor coverage of health-related issues in the media and work with the Communications Division to respond appropriately. (HOD 99-228)

285.000 SEXUAL HARASSMENT/RACIAL/GENDER/DISABILITY DISCRIMINATION:

285.998 Equality in the Provision of Quality Health Care: The Medical Society of the State of New York (MSSNY) reaffirms its longstanding principle that it is unequivocally opposed to any form of discrimination in the provision of quality medical care to any individual because of race, color, religion, sex, sexual orientation, ethnic affiliation, national origin, or underlying disease process. The Society calls upon all component county medical societies as well as its entire membership to: a) be vigilant as to the existence of any such discrimination in the provision of health care in their respective areas; b) expend every effort towards eliminating such discriminatory practices wherever they may exist, regardless of the settings in which the health care is delivered.

It is the position of MSSNY that the withholding of the best available care to any individual on a discriminatory basis is abhorrent to the Society, its membership, and the medical profession at large. The Society, therefore, vigorously affirms that equality of medical care should be scrupulously and compassionately afforded across the entire patient community, without exception.

MSSNY will either seek the establishment of a coalition, or seek to participate in a currently formulated coalition, of appropriate and concerned stakeholders, to study and make recommendations for resolving the problem in the availability and the delivery of quality medical care because of disparities because of race, color, religion, sex, sexual orientation, ethnic affiliation, national origin, or underlying disease process. (Council 1/20/00; Reaffirmed HOD 04-174; Reaffirmed Council 9/9/04)

RECOMMENDATION: Reaffirm paragraphs one and two and revise the third paragraph to read as follows:

MSSNY's Committee to Eliminate Health Care Disparities will continue to work with the AMA Commission to End Health Care Disparities to encourage other State Medical Societies and Specialty Societies to establish standing committees to help eliminate health care disparities wherever they exist. (Council 1/20/00; Reaffirmed HOD 04-174; Reaffirmed Council 9/9/04)

285.999 **Sexual Harassment Policy:** The rights, privileges and responsibilities of all members of the medical profession must be commensurate with the individual's capabilities and ethical character and based solely on standards which promote optimum patient care and welfare. Discrimination in any form (race, sex, creed, color, national origin) as well as sexual harassment are totally unacceptable to the medical profession. For the purposes of this policy, sexual harassment is characterized by unwelcome or unwanted sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature where: (1) Submission to or rejection of this conduct by an individual is used explicitly or implicitly as a condition or factor in decisions affecting an individual's employment or academic success; or (2) This conduct interferes with an individual's work or academic performance or creates an intimidating, hostile or offensive work or academic environment. (Council 11/4/93)

RECOMMENDATION: Reaffirm