8.11 Health Promotion & Preventive Care

Medicine and public health share an ethical foundation stemming from the essential and direct role that health plays in human flourishing. While a physician's role tends to focus on diagnosing and treating illness once it occurs, physicians also have a professional commitment to prevent disease and promote health and well-being for their patients and the community.

The clinical encounter provides an opportunity for the physician to engage the patient in the process of health promotion. Effective elements of this process may include educating and motivating patients regarding healthy lifestyle, helping patients by assessing their needs, preferences, and readiness for change and recommending appropriate preventive care measures. Implementing effective health promotion practices is consistent with physicians' duties to patients and also with their responsibilities as stewards of health care resources.

While primary care physicians are typically the patient's main source for health promotion and disease prevention, specialists can play an important role, particularly when the specialist has a close or long-standing relationship with the patient or when recommended action is particularly relevant for the condition that the specialist is treating. Additionally, while all physicians must balance a commitment to individual patients with the health of the public, physicians who work solely or primarily in a public health capacity should uphold accepted standards of medical professionalism by implementing policies that appropriately balance individual liberties with the social goals of public health policies.

Health promotion should be a collaborative, patient-centered process that promotes trust and recognizes patients' self-directed roles and responsibilities in maintaining health. In keeping with their professional commitment to the health of patients and the public, physicians should:

(a) Keep current with preventive care guidelines that apply to their patients and ensure that the interventions they recommend are well supported by the best available evidence.

(b) Educate patients about relevant modifiable risk factors.

(c) Recommend and encourage patients to have appropriate vaccinations and screenings.

(d) Encourage an open dialogue regarding circumstances that may make it difficult to manage chronic conditions or maintain a healthy lifestyle, such as transportation, work and home environments, and social support systems.

(e) Collaborate with the patient to develop recommendations that are most likely to be effective.

(f) When appropriate, delegate health promotion activities to other professionals or other resources available in the community who can help counsel and educate patients.

(g) Consider the health of the community when treating their own patients and identify and notify public health authorities if and when they notice patterns in patient health that may indicate a health risk for others.

(h) Recognize that modeling health behaviors can help patients make changes in their own lives.

Collectively, physicians should:

(i) Promote training in health promotion and disease prevention during medical school, residency and in continuing medical education.

(j) Advocate for healthier schools, workplaces and communities.

(k) Create or promote healthier work and training environments for physicians.

(l) Advocate for community resources designed to promote health and provide access to preventive services.

(m) Support research to improve the evidence for disease prevention and health promotion.

AMA Principles of Medical Ethics: V,VII

Background report(s):

CEJA Report 4-A-14 Health promotion and preventive care

REPORT 4 OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS (A-14)
Health Promotion and Preventive Care
(Reference Committee on Amendments to Constitution and Bylaws)

EXECUTIVE SUMMARY

Medicine and public health share an ethical foundation stemming from the essential and direct role that health plays in human flourishing. As members of the medical profession, physicians have obligations to promote patient well-being and to contribute to the betterment of public health. Although a physician's role tends to focus on preventing and treating disease in individual patients, professional medical expertise and experience are needed to promote health in the community as well. Health promotion strategies are necessary not only to prevent communicable diseases but also to address noncommunicable diseases, injury and violence, and mental problems, all of which are among the leading causes of death.

Although many different parties play a role in promoting health, the physicians' role is significant because of their position at the front lines of health care delivery, where they can serve as trusted role models, counselors and educators. This report examines the physician's role in promoting individual health, including issues of risk versus benefit, individualized preventive care, physicians who practice in public health roles, and responsibilities of the specialty physician. The report also discusses conditions for successful health promotion efforts, which include coordination of health care, resource obstacles, and knowledge, skills and training. The role of the health profession in a broader sense is discussed as well.

Health promotion should be a collaborative, patient-centered process that fosters trust and recognizes patients' self-directed roles and responsibilities in maintaining health. The guidelines recommended in this report aim to aid physicians in exercising their professional commitment to the health of patients and the public.

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS*

CEJA Report 4-A-14

Subject: Health Promotion and Preventive Care

Presented by: Susan Dorr Goold, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws (Lynn Parry, MD, Chair)

Medicine and public health share an ethical foundation stemming from the essential and direct role that health plays in human flourishing.[1] As members of the medical profession, physicians have obligations to promote patient well-being and to contribute to the betterment of public health.[2,3] Although a physician's role tends to focus on preventing and treating disease in individual patients, professional medical expertise and experience are needed to promote health in the community as well as among individual patients. Some physicians practice population-based medicine in settings where the diagnosis and intervention occur at the population level, which can also have a direct benefit on the individual patient. Likewise, intervention at the individual patient level can also be necessary to protect the health of the population.

Health promotion has been defined by the World Health Organization as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health."[4] Promoting health requires more than educating and motivating individuals to engage in healthy lifestyles, as social, environmental and economic conditions may affect health directly and also influence the ability of patients and populations to engage in those healthy behaviors.[5] Health promotion strategies are needed not only for communicable diseases but for prevention of noncommunicable diseases, injury and violence, and mental problems, all of which are found in the global and national lists of the leading causes of death.[6,7] At the level of individual patient care, health promotion strategies through preventive care include, among other modalities, behavioral counseling and health education through a shared decision-making process.

Health promotion through preventive care seeks to reduce the risk of acquiring a disease, arrest its progression or minimize its impact once established.[5] These preventive measures fall into three general categories. Primary prevention aims to prevent disease from occurring, and, at the individual patient level, can include immunizations, behavioral counseling or education about environmental health hazards such as UV radiation or second hand smoke, tobacco use, poor diet, stress, physical inactivity and alcohol consumption, many of which have contributed substantially to morbidity and mortality.[8,9] Secondary prevention refers to improving outcomes through early diagnosis and treatment. For example, screening for mental illness, hypertension or certain cancers and sexually transmitted diseases can facilitate treatment to avoid symptoms, complications or mortality.[10] Tertiary prevention seeks to arrest or reverse the progression of a disease and

* Reports of the Council on Ethical and Judicial Affairs are assigned to the Reference Committee on Amendments to Constitution and Bylaws. They may be adopted, not adopted, or referred. A report may not be amended, except to clarify the meaning of the report and only with the concurrence of the Council.

minimize pain and complications in patients with symptomatic disease (e.g., diabetic nephropathy). Although tertiary prevention includes many aspects of disease management in the clinical setting, it also includes providing patients with resources for managing their disease between encounters with physicians or other professionals.[5] For each type of prevention, physicians need to recognize the health impact of social and environmental conditions in patients' homes, work settings, communities and hospitals.[5]

While health promotion may include a broad range of participants, physicians play a significant role because of their position at the front lines of health care delivery, where they can serve as trusted role models, counselors, educators, and evaluators for patients.[11] Health promotion and preventive care are fundamental aspects of medicine, and physicians should be competent in these areas to improve the quality of individual patient care as well as to serve the health needs of their communities.

THE PHYSICIAN'S ROLE IN PROMOTING INDIVIDUAL HEALTH

The patient-physician encounter is a critical moment for health promotion and disease prevention. Patients often look first to doctors to promote their health and well-being and expect that physicians will discuss health habits, risk factors and/or screening during health examinations.[12] Indeed, engagement and counseling by physicians has been shown to help patients adopt healthy lifestyle changes and accept preventive care services.[11] Physicians should take advantage of the patient-physician encounter to educate patients about how to minimize risks to health and otherwise fulfill obligations to promote patient well-being and to contribute to the betterment of public health.

Health Promotion as an Integral Part of Practice

As advocates for their patients' overall well-being, physicians should integrate some level of health promotion into their practice.[13] Practices should identify patients in need of health behavior advice and provide these patients with educational materials, resources, appropriate referrals or counseling. Practices serving non-English-speaking patients should ensure that materials are available in multiple languages.[14] When primary care physicians have the practice tools to identify high-risk patients and can link those patients to appropriate specialists or community health resources, evidence indicates that, for example, patients are more likely to engage in healthy practices, such as regular exercise.[15] Some physician practices have experimented with novel methods to encourage health promotion, such as incentive-based programs to encourage healthy lifestyles among patients [16] or delivering vaccines to their community by setting up drive-through flu vaccination.[17]

Physicians should also model a healthy lifestyle, as doing so significantly increases the effectiveness of health promotion counseling to patients.[18] Patients regard counseling physicians who disclose their own healthy habits as more credible and motivating.[18] Physicians can also act as role models by participating in healthy community events such as walks, runs, and immunizations. When possible, physicians should also work with their institutions to help promote healthy campuses and health care facilities so that not just patients but employees, physicians themselves, and those in training have healthy environments.

Physicians responsible for inpatient care should seek to create a health-promoting setting for patients, working with hospital staff to ensure that the patient's physical, emotional and social

health needs are satisfied during the inpatient stay.[5] This may include promoting palatable, healthy food in the hospital or relieving patient stress during an inpatient stay.[5]

Risk versus Benefit

As with clinical care, physicians should ensure that interventions relating to health promotion or preventive care are supported by strong evidence of their efficacy.[19] Because preventive services aim not to treat disease but prevent it in the future, the evaluation of risks, burdens and benefits for preventive services must be firmly in favor of benefits. Risks (e.g., drug adverse effects, surgery complications), and burdens (e.g., pain, patient time and trouble) can often be justified when treating illness, even when the benefit of the intervention is far from certain, since failing to intervene often carries greater risks and burdens. Evidence-based preventive care guidelines have already been issued by the U.S. Preventive Services Task Force,[10] and other organizations (e.g., American Academy of Family Physicians, American College of Physicians, American Congress of Obstetricians & Gynecologists, and American Academy of Pediatrics).

Individualized Preventive Care

Physicians should familiarize themselves with how preventive care guidelines differ for different patient groups.[10] Beyond those differences, physicians should recognize that health promotion sometimes needs to be tailored to the patient's needs and preferences and, for health behaviors, readiness to change.[20] A patient with heart disease, for instance, might reasonably prioritize quitting smoking over colon cancer screening or weight loss. Collaborative, patient-centered prevention affirms the patient's autonomy, recognizes the patient's fundamental role in implementing recommendations, and promotes trust.[21]

Physicians should also be aware of how individual patient circumstances may impact the effectiveness of health promotion efforts. Some patients may have difficulty with transportation, accessibility or mobility, or may have financial obstacles that affect their ability to follow given recommendations. They may not have the ability to safely exercise, may not be able to provide payment for health services or vaccinations or may be unable to access healthy food.[22] Physicians should encourage patients to be transparent about such difficulties in order for the physician to recommend less burdensome alternatives and maximize the ability of the patient to follow recommendations that could prevent illness. Physicians should also ask about work or living conditions that may expose the patient to health hazards, such as occupational exposures and interpersonal violence, and discuss ways to avoid or mitigate the harm or refer the patient to appropriate resources in the community.[23] Stress and mental health should also be addressed.

When they lack the time, resources or skills to provide the patient with adequate counseling physicians may refer a patient to resources in the community such as the YMCA's Diabetes Prevention Program or appropriate allied health professionals for targeted counseling for exercise or nutrition. Indeed, behavioral interventions that involve allied health professionals may be more effective in producing sustained behavioral changes than those that solely involve a primary care physician.[24] Even after referral, the physician should continue to assist the patient's behavioral change and conduct follow-ups when appropriate.

Health Promotion & the Specialty Physician

While primary care physicians are typically a patient's main source for health promotion efforts, specialists can play an important role, particularly when the specialist has a close or long-standing relationship with the patient or when the recommendation is relevant to the condition that physician is treating. A specialist who has regular contact with a patient who rarely sees other physicians can

have a stronger ethical responsibility to incorporate health promotion efforts (even if it is not related closely to the condition under treatment) into specialty care. Specialists who do not see a patient frequently should, at a minimum, confirm that the patient has had health maintenance visits with his/her primary care physician, and should recommend follow-up with the primary physician when appropriate.

Physicians in Public Health Roles

While all physicians must balance a commitment to individual patients with the health of the public, many physicians practice specifically in the area of public health. As CEJA has noted in an earlier report, "The Use of Quarantine and Isolation as Public Health Interventions" (CEJA 1-I-05), physicians serving in this capacity must uphold accepted standards of medical professionalism by implementing policies that appropriately balance individual liberties with the social goals of public health policies. Standards of medical ethics place great emphasis on respect for patients' autonomy and right to self-determination. This stands in contrast with some public health measures, which may authorize restricting individual liberties in times of public peril (e.g. quarantine or isolation), and override patient autonomy in order to protect the health of the population. From the report:

> *Physicians, in collaboration with public health officials, must first assess the relative risks posed by a communicable disease as compared with the potential positive and negative consequences resulting from public intervention. When intervention appears warranted, public efforts must be applied fairly and undertaken in a manner that minimizes any potentially deleterious consequences at the individual level. Finally, the undertaking of any intervention must be sufficiently transparent in nature so as to enable the public to understand the need for public health measures and to participate in the planning process. By adhering to these ethical guidelines, members of the medical profession can help ensure that quarantine and isolation measures achieve their public health goals and maximally promote the well-being of individuals.*

THE PHYSICIAN'S ROLE IN POPULATION HEALTH

Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world. Public health also emphasizes reducing health disparities. Population health is defined as "the health outcomes of a group of individuals – including the distribution of such outcomes within the group."[60] The medical and public health sectors need close working relationships in order to combat major health issues and accelerate health promotion in communities throughout the nation.[13] Public health departments naturally emphasize public or community education, while physicians emphasize educating and motivating patients to adopt healthier lifestyles and to utilize appropriate preventive care services.[25] When public health attends to access to health care, or mitigating health disparities, collaboration with health care professionals and organizations is crucial. Even population disease surveillance, a core function of public health, relies on proper diagnosis and reporting by medical professionals. Indeed, for novel or emerging public health problems, astute clinicians providing information can be integral in the development of diagnostic tests, treatments and preventive measures. Physicians should be aware of local community needs and work toward achieving the community's public health goals.[13]

Physicians should consider the health of the community when treating their own patients. For example, physicians should prioritize and strongly urge flu shots for patients who regularly interact with vulnerable segments of the population, including teachers, health care workers and household contacts of children or seniors.[26] When individual patients experience preventable medical problems, the community's health deteriorates as medical resources are diverted from other areas of care.[27] Physicians who implement effective preventive care practices help minimize the burden on the health care system from unnecessary hospitalizations and facilitate recovery of patients with chronic diseases, consistent with their duties to patients and upholding their responsibility to be prudent stewards of health care resources.[19]

Beyond patient care, physicians are responsible for adhering to public health policies and laws that safeguard the health of a community. Physicians should be aware of the responsibility to identify and notify public health authorities about patterns in patient health that may indicate the outbreak of an infectious disease,[28] or the emergence of an environmental hazard such as lead poisoning.[29] They should also be ready to respond to disasters or public health emergencies, and are encouraged to assist with local response planning.[30] Physicians are also encouraged to take on leadership roles in public health [31] and to contribute to health promotion research by describing and sharing their observations on the effectiveness of health promotion and preventive care programs or interventions.[32]

CONDITIONS FOR SUCCESSFUL HEALTH PROMOTION EFFORTS

The successful implementation of health promotion efforts by physicians in clinical practice is dependent on several conditions. Coordination of health care is an important element that has been shown to aid in these efforts, as have other conditions, such as physicians acting as role models for their patients and exhibiting health promoting behaviors. Barriers to the successful adoption and implementation of health promoting practices in health care settings have also been identified. These may include lack of appropriate insurance coverage, physician resources, education and training, and diminishing local public health capacity. Patients themselves may also have limitations that impact how well they can adhere to health promoting behaviors and other measures suggested by a physician.

Coordination of Health Care

It is particularly important to coordinate health promotion efforts among a variety of health care professionals. Nurses and allied health professionals often play an important role in counseling and educating patients and implementing other health promoting practices.[5] Under some hospital discharge programs, nurses or pharmacists educate patients, reconcile patient medications, and communicate frequently with patients. These types of coordinated care efforts have been linked to fewer post-discharge hospitalizations and readmissions.[33-35] All health professionals should be trained to deliver preventive care in an inter-professional team-based setting.[36]

Resource Obstacles

Many physicians are concerned about having limited time and inadequate reimbursement for some valuable health promotion services [37-39] such as counseling. In one study where patients were all eligible and due for the receipt of at least five preventive health services, results showed that time constraints likely forced both physicians and patients to decide which topics to ultimately address.

Perhaps not surprisingly, the likelihood of addressing health promotion issues decreased with each additional health concern a patient expressed. At the point when physicians did address health promotion and disease prevention, the physicians seemed to prioritize cancer screening over counseling services, immunizations, or other health promotion efforts.[38] Appropriately designed compensation programs may encourage more physicians to conduct behavioral counseling.[40] The medical profession should also advocate for policies to support evidence-based health promotion and preventive services including counseling and follow-ups.[36] In addition, patients can also face financial obstacles to preventive services. Physicians should encourage their patients to be forthcoming about any relevant obstacles that affect their ability to engage in healthy behaviors, such as work and family life, mental health, general safety, and financial resources.

Knowledge, Skills & Training

Training in health promotion techniques should be reinforced in medical education;[32] physicians cite a lack of confidence, knowledge or skill as a major barrier to conducting behavioral counseling with patients.[41] Exposure to preventive care during clinical rotations seems to provide medical students with practical, beneficial knowledge in this area, particularly regarding patient education and counseling, which is an important prevention strategy.[42] Continuing medical education also needs to include updates on the evidence and skills related to health promotion. Training workshops and the provision of screening and charting tools have been shown to greatly improve screening and behavioral counseling rates among physicians.[43] For example, established and endorsed competencies from the American College of Preventive Medicine and the American College of Lifestyle Medicine provide tools for leadership, knowledge, assessment and management skills, and use of office and community support.

Effective communication skills are closely tied to the physician's ability to motivate patients to adopt healthy behaviors,[44] undergo appropriate screening [45] and adhere to medication [46]—all significant aspects of preventive care. Obviously, excellent communication skills also contribute to quality clinical care outside of prevention and can help build and maintain trusting relationships with patients. Efforts to improve physicians' communication skills should begin as early as medical school [47] and continue through a physician's career. Some research shows that communication skills may not reliably improve with experience, and that there are both effective and ineffective communication skills training programs.[48] Significant efforts should include improving these skills in the interest of the patient and the relationship with their physician.[48]

THE PROFESSION'S ROLE IN PROMOTING HEALTH AND PREVENTION

Advocacy

The medical profession should assist the public health sector in promoting healthier communities through advocacy by medical associations and their members. For example, medical associations may collaborate with public health organizations and others to improve access to care,[49] call for greater health consciousness and corporate social responsibility in the food and beverage industry,[50,51] or seek policies or initiatives to reduce health care disparities.[14] Physicians in county medical societies may reach out to employers to promote healthy workplace environments,[52] work with community organizations to develop health promotion programs and services,[53] or work to ameliorate factors that may contribute to unhealthy habits or poor health, such as accessibility to healthy foods in schools,[54] education, homelessness or poverty, lack of family or social supports, violent or unwalkable neighborhoods, and food deserts.[55-58]

Developing Evidence for Health Promotion Strategies

The development of appropriate standards, tools, measures and strategies would help improve and reduce unnecessary variation in health promoting practices [48]. The medical profession, including medical associations and their members, should support further research on approaches to integrating health promotion into health care delivery systems. Physicians engaged in such studies should adhere to the appropriate standards of ethical conduct of research.[16,59] Other areas of study that would influence the effectiveness of health promotion efforts are the impact of various purchasing strategies and regulatory incentives on encouraging health promotion, relevant guidelines and performance measures for quality assurance or improvement programs, monitoring and accountability tools, and databases that can facilitate sharing health information.[50]

RECOMMENDATIONS

The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of this report be filed:

Medicine and public health share an ethical foundation stemming from the essential and direct role that health plays in human flourishing. While a physician's role tends to focus on diagnosing and treating illness once it occurs, physicians also have a professional commitment to prevent disease and promote health and well-being for their patients and the community.

The clinical encounter provides an opportunity for the physician to engage the patient in the process of health promotion. Effective elements of this process may include educating and motivating patients regarding healthy lifestyle, helping patients by assessing their needs, preferences, and readiness for change and recommending appropriate preventive care measures. Implementing effective health promotion practices is consistent with physicians' duties to patients and also with their responsibilities as stewards of health care resources.

While primary care physicians are typically the patient's main source for health promotion and disease prevention, specialists can play an important role, particularly when the specialist has a close or long-standing relationship with the patient or when recommended action is particularly relevant for the condition that the specialist is treating Additionally, while all physicians must balance a commitment to individual patients with the health of the public, physicians who work solely or primarily in a public health capacity should uphold accepted standards of medical professionalism by implementing policies that appropriately balance individual liberties with the social goals of public health policies.

Health promotion should be a collaborative, patient-centered process that promotes trust and recognizes patients' self-directed roles and responsibilities in maintaining health. In keeping with their professional commitment to the health of patients and the public, physicians should:

(a) Keep current with preventive care guidelines that apply to their patients and ensure that the interventions they recommend are well supported by the best available evidence.

(b) Educate patients about relevant modifiable risk factors.

(c) Recommend and encourage patients to have appropriate vaccinations and screenings.

(d) Encourage an open dialogue regarding circumstances that may make it difficult to manage chronic conditions or maintain a healthy lifestyle, such as transportation, work and home environments, and social support systems.

(e) Collaborate with the patient to develop recommendations that are most likely to be effective.

(f) When appropriate, delegate health promotion activities to other professionals or other resources available in the community who can help counsel and educate patients.

(g) Consider the health of the community when treating their own patients and identify and notify public health authorities if and when they notice patterns in patient health that may indicate a health risk for others.

(h) Recognize that modeling health behaviors can help patients make changes in their own lives.

Collectively, physicians should:

(i) Promote training in health promotion and disease prevention during medical school, residency and in continuing medical education.

(j) Advocate for healthier schools, workplaces and communities.

(k) Create or promote healthier work and training environments for physicians.

(l) Advocate for community resources designed to promote health and provide access to preventive services.

(m) Support research to improve the evidence for disease prevention and health promotion.

(New HOD/CEJA Policy)

Fiscal Note: Less than $500

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