

## Doctors' Role in Stewardship of Healthcare Resources

2023

### 1. Introduction

1.1 Like all community resources, healthcare resources must be managed appropriately to ensure that all patients are able to receive the best quality care, now and into the future.

1.2 As a profession, doctors are entrusted by the wider community to use healthcare resources wisely and responsibly, thus playing an important role in contributing to and promoting the sustainability of healthcare resources.

1.3 Doctors have an ethical and professional responsibility to serve as stewards of healthcare resources. This involves caring for the resources available to improve health, avoiding wasteful expenditure and enhancing the safety and quality of the care in order to protect patients from harm while considering the resources that will be required to provide care into the future.<sup>1</sup>

1.4 Stewardship requires doctors to balance their primary duty to protect and promote the healthcare interests of the individual patient with their broader societal duty to use healthcare resources responsibly and sustainably; however, doctors may face challenges when trying to achieve this balance and undertake effective stewardship in their day-to-day clinical activities. This position statement highlights many of these challenges, guides doctors in how to manage these challenges in their clinical practice and identifies how the wider medical profession, healthcare institutions, governments and the wider community can support doctors in achieving effective stewardship of healthcare resources.

### 2. Ethics and Stewardship of Healthcare Resources

2.1 Stewardship relates to the thoughtful and equitable use of resources, not the rationing of healthcare. The aims are to achieve the best possible health outcomes while minimising adverse impacts and wasteful expenditure, reducing the environmental impact of healthcare and promoting sustainability and our ability to meet future health resource needs.

2.2 Stewardship must take into consideration fairness, equity, cultural safety and must not add further to health inequalities.

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<sup>1</sup> Stewardship is not rationing. Rationing involves limiting the amount of healthcare a person is allowed to have because of economic reasons or scarcity of resources.

2.3 There are many dimensions to effective stewardship of healthcare resources such as the identification and avoidance of low-value care which encompass tests or treatments recognised as providing little or no benefit to patients. Effective stewardship also involves the promotion of preventive strategies both for individual patients and for communities<sup>i</sup> including those that address the social determinants of ill health.<sup>ii</sup>

### **3. What are the Challenges Facing Doctors in Practicing Effective Stewardship of Healthcare Resources?**

3.1 Doctors face a range of challenges when practicing effective stewardship of healthcare resources in their clinical practice such as:

- responding to patients' expectations that they will receive some form of diagnosis and/or treatment when seeing their doctor<sup>iii</sup>
- patients' beliefs that more tests and treatments lead to better healthcare<sup>iv</sup>
- patients seeking inappropriate tests or treatments recommended by alternative health practitioners
- patients seeking inappropriate tests or treatments arising from direct to patient marketing
- feeling a need to practice 'defensive medicine' by ordering tests and treatments to help protect from the perception of liability (this may be particularly relevant for doctors who have already experienced a medico-legal matter)<sup>iii</sup>
- fearing missing a diagnosis resulting in the patient experiencing an adverse event<sup>iii</sup>
- resisting change to one's 'usual' practices<sup>iii</sup>
- responding to "indication creep" (eg. using new technologies for indications where effectiveness has not yet been proven)<sup>iii,iv</sup>
- responding to limitations on consultation times (eg. it may be quicker to recommend an unnecessary treatment or procedure rather than taking the time required to discuss why a treatment or procedure is not necessary)<sup>iii</sup>
- being unaware of the most cost-effective treatments (eg. data is not always available to provide guidance)
- having a lack of confidence or experience to make a judgement call
- a lack of institutional commitment to reducing the environmental impacts of healthcare
- corporate and business pressures applied to practitioners in their decision-making
- a lack of effective clinical engagement strategies and fragmentation of care.

### **4. How Should Doctors Practice Effective Stewardship of Healthcare Resources?**

#### **4.1 Reduce wasteful expenditure in day-to-day practice**

4.1.1 While overall funding decisions involving healthcare expenditure are often undertaken at a higher institutional, systems or government level, the individual doctor can play a pivotal role in reducing wasteful expenditure through responsible stewardship

within their day-to-day practice. By practicing effective stewardship, an individual doctor's primary duty to care for their patients should, in general, not conflict with their obligation to ensure healthcare resources are available for the wider community.<sup>2</sup>

#### **4.2 Avoid recommending tests or treatments that offer little or no benefit**

4.2.1 A doctor should understand the limits of medicine and recognise when certain tests or treatments provide little or no medical benefit to the patient including those that may result in actual harm. Harm to patients can be physical, mental or psychological as well as financial due to out-of-pocket expenses.

4.2.2 Unless required by law, doctors are generally not obliged to provide treatments that provide little or no medical benefit to the patient.

#### **4.3 Facilitate and support informed patient decision-making**

4.3.1 If patients are not appropriately informed of the risks and benefits of particular tests and treatments, they may overestimate the benefits and underestimate the harms, leading them to request services that are inappropriate or of little or no medical benefit.

4.3.2 Doctors have a duty to ensure that patients are making informed healthcare decisions. This involves discussing the treatment options that are available along with their associated risks and benefits in a way that the patient can readily understand and apply to their particular circumstances. Where relevant, this may also involve discussing why particular interventions the patient has requested are inappropriate or of little or no medical benefit to their personal health situation. Such discussions will not only support the patient to make informed healthcare decisions but will reduce the chance for conflict between the patient (or their family members) and the practitioner.

#### **4.4 Develop and maintain knowledge and skills to practice effective stewardship of healthcare resources**

4.4.1 At present, there should be more guidance on stewardship of healthcare resources in the curricula from medical schools, through vocational training and into professional practice.

4.4.2 Education on stewardship of healthcare resources should also be included in curricula for doctors in positions of medical leadership as these doctors will be more involved in decisions at a higher systems level.

4.4.3 Continuing education is necessary to ensure that patients receive the most appropriate, best available, evidence-based and cost-effective care. It is important for

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<sup>2</sup> See also *AMA Guidelines on Managing Conflicts of Interests in Medicine 2018*.

doctors to be kept informed about healthcare costs including how their clinical decisions affect resource availability and overall healthcare expenditure. Clinicians have a right to expect such guidance from professional bodies and this guidance should be contemporaneous and actionable.

4.4.4 While doctors have a responsibility to maintain currency in their clinical knowledge and skills, institutions such as hospitals, colleges and other bodies have a parallel responsibility to provide guidance and support in understanding the financial implications of clinical decisions.

4.4.5 There should be Federal Government funding for key programs that encourage research, education and quality improvement in relation to stewardship of healthcare resources.

4.4.6 Senior doctors should set an example for and support doctors-in-training to ensure they are able to develop skills in stewardship of healthcare resources and navigate the health system.

### **4.5 Participate in the development and revision of clinical practice guidelines**

4.5.1 Clinical practice guidelines should be used to assist doctors in determining the most appropriate tests, treatments and procedures for their individual patients based on the best available evidence; however, in many clinical situations it is impossible to generalise and doctors must have the freedom to apply their professional judgement to the individual patient's health situation.

4.5.2 Even where best practice guidance recommends against using particular tests, treatments or procedures, doctors must be able to facilitate access for individual patients for whom such tests, treatments or procedures are clinically warranted.

4.5.3 Clinical practice guidelines should always be developed and continually updated in consultation with doctors. The institutions to which such guidelines apply also should provide support for doctors who practice good stewardship and educate patients and their families about the importance of overall stewardship of resources.

### **4.6 Participate in the development of healthcare financing and funding initiatives**

4.6.1 The AMA's *Code of Ethics 2016*<sup>v</sup>, as well as the Medical Board of Australia's code of conduct *Good Medical Practice*<sup>vi</sup>, advises doctors to use their knowledge and skills to assist those responsible for allocating healthcare resources to develop informed, reasonable policies. This can be undertaken at the individual practice or institution (eg. hospital) level as well as the higher government or organisational level (eg. health insurers).

4.6.2 Where decisions involving the allocation of healthcare resources are being made, doctors have a responsibility to advocate for the best interests of patients, the improvement of health outcomes and the sustainable use of resources at a community level.

4.6.3 A role in clinical stewardship of healthcare financing is required to ensure the perspective of doctors is put forward and taken into account in decisions about the performance of current healthcare arrangements and services, proposed changes to existing financing of healthcare services or implementation of new healthcare services or arrangements. Without the clinical stewardship perspective, there is a significant risk that decisions will be driven primarily by government, financing and political perspectives.

4.6.4 Major decisions affecting healthcare taken without clinical involvement may lead to inappropriate resource allocation or incentives. Doctors can provide a practical and informed perspective of clinical practice to healthcare financing and funding decisions. This includes advising on the distinction between high value care and low value care (including whether interventions are evidence-based) and what such decisions will mean for clinical care in practice.

4.6.5 Specific advice from a doctor may include:

- how a healthcare proposal will work, or not work, from a clinical perspective
- whether a proposal includes clinical practices that result in low value care
- the potential positive and negative impacts a proposal may have on clinical care, including its 'fit' with clinical workflow and the practical operation of medical practice
- the impacts of the proposal on the wider health system, including unforeseen and adverse impacts
- the sustainability of the proposal over time
- overall, to what extent does or will the proposal contribute to improved health outcomes, and how will this be measured.

4.6.6 Doctors should advocate to protect their clinical independence and professional autonomy when making individual healthcare decisions and when providing a clinical stewardship perspective on healthcare financing and funding.

4.6.7 Doctors should advocate that the process for developing and revising healthcare resourcing and expenditure policies should be transparent, accountable, consultative (including with patients), include appropriate oversight and be consistent with good medical practice.

4.6.8 Doctors should be involved in leadership and strategic organisational decision-making bodies.

## **5. What Can the Wider Medical Profession Do to Support Effective Stewardship of Healthcare Resources?**

5.1 The medical profession can address its responsibilities to good stewardship of healthcare resources by:

- maintaining patient centred medical care
- encouraging cross collaboration amongst health professionals
- ensuring visibility of the issue
- supporting education of patients and the community
- encouraging research and improved understanding
- advocating to the institutions and governments that deal with and provide those resources.

## **6. What Can Be Done at a Wider Systems Level to Support Effective Stewardship of Healthcare Resources?**

### **6.1 Provide an environment that promotes responsible stewardship**

6.1.1 The wider healthcare system must provide an environment that promotes responsible stewardship and explicitly recognises the scientific based holistic perspective and role of doctors in stewardship of healthcare resources.

### **6.2 Address medico-legal concerns to enable doctors to practice stewardship with confidence**

6.2.1 A doctor practicing in accordance with good medical practice should be able to practice responsible stewardship of healthcare resources. Defensive medicine, where tests, treatments and procedures are undertaken to help in the perception of protecting doctors from medical liability, undermines effective stewardship and is potentially harmful to patients.

6.2.2 Doctors have a responsibility to alert the facility where they work if they become aware of issues related to stewardship which threaten the provision of quality patient care. Facilities should have mechanisms in place that enable doctors to voice their concerns in a timely, easily accessible and confidential manner without fear of reprisal.

6.2.3 In accordance with the AMA's *Code of Ethics*,<sup>v</sup> doctors should alert appropriate authorities when the healthcare service or environment within which they work is inadequate or poses a threat to health. The doctor who reasonably believes that significant harm will occur to the public as a result of the delivery or non-delivery of healthcare would be open to taking whistleblowing action. Contemporary protections for whistleblowers should be supported by doctors.

6.2.4 Medical liability reform should promote professional judgment and address systemic barriers that impede responsible stewardship.

### **6.3 Facilitate better collaboration and coordination between healthcare areas and providers**

6.3.1 A high priority for clinical engagement should be embedding systems that optimise the integration, coordination and effective communication between different healthcare areas and providers with the aim of reducing duplication of tests and treatments.

### **6.4 Increase investment in public health**

6.4.1 Investment in public health is cost-effective, particularly through health promotion and illness prevention interventions proven to reduce the burden on healthcare.<sup>vii</sup> In addition, good public health system measures increase the productivity within the community.

6.4.2 Maintaining a strong focus on preventive care, and addressing the social determinants of health, are important for reducing the overall burden of disease and hence use of resources for the detection and management of established disease.

6.4.3 In addition, by encouraging and facilitating healthy behaviour and choices, preventive health campaigns and supporting policies can minimise the incidence and severity of infectious and chronic diseases. Keeping populations healthy alleviates pressure on the acute care system, by reducing the need for complex procedures, more intensive processes and longer hospital stays.<sup>viii</sup>

6.4.4 Further, the effects of pandemics and other health crises, both on the government's capacity and willingness to fund healthcare and on individuals' health and financial circumstances, have made considerations of resource expenditure even more critical now.<sup>ix</sup> Moving forward, the anticipated effects of climate change on community health add an additional layer of urgency to addressing strains on healthcare resources and facilitating good stewardship.<sup>x</sup>

### **6.5 Support environmental sustainability in healthcare**

6.5.1 The provision of healthcare has a substantial effect on the environment and these environmental impacts often have adverse consequences for people remote from where care is provided.<sup>xi</sup> Within the healthcare sector, environmental sustainability occurs when resources are used as efficiently as possible, without compromising the quality of care for patients.<sup>xii</sup> Improving environmental sustainability within the Australian healthcare sector will bring benefits for human health and additional efficiencies for the sector.

6.5.2 In addition, enhancing environmental sustainability through reducing carbon emissions, curtailing waste, and managing resources efficiently will deliver better outcomes for patients and provide broader social and economic benefits.<sup>viii</sup>

## **6.6 Increase public education and awareness of stewardship of healthcare resources**

6.6.1 Effective stewardship of healthcare resources requires community, government and healthcare sector support.

6.6.2 Public awareness campaigns should focus on educating the community to better understand the limitations and uncertainties associated with healthcare and the need to ensure the sustainability of the healthcare system into the future.

6.6.3 Ensuring the community has more realistic expectations of the efficacy of particular tests, treatments and procedures and a greater understanding of healthcare costs and resource limitations will enhance community acceptance of and engagement with stewardship initiatives.

6.6.4 This understanding should be complemented by publicly funded work to improve health literacy, both in terms of individual health needs and responsibilities and how healthcare is organised and works at the system level.<sup>3</sup> Improved health literacy through government funded education programs will help patients to make informed healthcare decisions and support doctors as stewards of the health system.

6.6.5 Community consultation should be undertaken in relation to initiatives focused on stewardship of healthcare resources. There is a major role for education of the community about the importance of such stewardship.

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<sup>3</sup> The AMA defines health literacy as “the degree to which individuals can obtain, process and understand the health information and services they need to make appropriate health decisions.” Health literacy is an important determinant of health, playing an essential role in the health-related behaviours of Australians and the way in which they interact with the healthcare system. Doctors, and health systems more generally, have a vital role to play in improving health literacy by communicating effectively and sensitively with patients, encouraging discussion and providing information that is understandable and relevant. From *AMA Position Statement on Health Literacy 2021*.  
<https://www.ama.com.au/articles/health-literacy-2021>



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- <sup>i</sup> Jackson H, Shiell A. (2017) *Preventive health: How much does Australia spend and is it enough?* Canberra: Foundation for Alcohol Research and Education. <https://fare.org.au/preventive-health-how-much-does-australia-spend-and-is-it-enough/>
- <sup>ii</sup> NEJM Catalyst. *Social Determinants of Health*. December 1, 2017. <https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0312>. Accessed 19 July 2022
- <sup>iii</sup> Bird S. *Choosing wisely and defensive medicine*. MDA National. 03 March 2016. Update 27 August 2016. <https://www.mdanational.com.au/advice-and-support/library/articles-and-case-studies/2016/03/choosing-wisely-defensive-medicine#:~:text=Why%20do%20doctors%20order%20unnecessary,interventions%20and%20underestimate%20their%20harm>
- <sup>iv</sup> Linder RA. *Choosing Wisely Australia: Changing behaviour in healthcare*. MJA 208 (3) 19 February 2018
- <sup>v</sup> Australian Medical Association. *Code of Ethics 2004. Editorially Revised 2006. Revised 2014*. <https://www.ama.com.au/articles/code-ethics-2004-editorially-revised-2006-revised-2016>
- <sup>vi</sup> Medical Board of Australia. *Good Medical Practice: A Code of Conduct for Doctors in Australia*. 1 October 2020
- <sup>vii</sup> Australian Health Promotion Association – *Public Health Association Australia Position Statement on Health Promotion and Illness Prevention*. 23 September 2021
- <sup>viii</sup> Australian Medical Association. *Position Statement on Environmental Sustainability in Healthcare 2019*. <https://www.ama.com.au/position-statement/environmental-sustainability-health-care-2019>
- <sup>ix</sup> Australian Institute of Health and Welfare (2021) *Health Expenditure Australia 2019-20*, AIHW, Australian Government, accessed 15 April 2022. <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/summary>
- <sup>x</sup> World Health Organization. *Climate Change and Health*. Fact Sheet. 30 October 2021. <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health#:~:text=Key%20facts,malaria%2C%20diarrhoea%20and%20heat%20stress>
- <sup>xi</sup> Lenzen M, Malik A, Li M, Fry J, Weisz H, Pichler P, Chaves L, Capon A, Pencheon D. *The environmental footprint of healthcare: a global assessment*. The Lancet. Volume 4 July 2020. [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(20\)30121-2/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30121-2/fulltext)
- <sup>xii</sup> Schoen J, Chopra V. *The Harm We Do: The Environmental Impact of Medicine*. J Hosp Med. 2018 May 1;13(5):353-355