

autopsies generally *aid* the physicians in cases of alleged malpractice, even when the autopsy demonstrated an unrecognized, yet treatable condition. Decisions were based on standard of care for what were thought to be the problems at the time of treatment. In a recent article looking at this by the American Association of Anesthesiology, over 50% of the autopsies were thought to help the plaintiff while only 28% supported the malpractice allegations. I believe that another reason is that requesting an autopsy requires asking something from the bereaved relatives, which is always a difficult thing to do unless the illness was a great mystery that the family wants to understand better to achieve

closure. Perhaps most important is the common belief that little is to be gained from the autopsy, that with the current battery of highly sophisticated tests we know all we need to know, so why go to the bother and expense of a formal autopsy? This is remarkably incorrect, in general. For neurological cases, this is even more likely to be incorrect.

Complicating any attempts to increase autopsy rates is the absence of reimbursement for the pathology department for autopsies, a rather expensive undertaking, especially for brain disorders which often require extensive testing and large amounts of time as special stains get ordered to perform increasingly sophisticated testing.

The autopsy “completes” the physical exam. Neither has yet become outdated, despite what some of our colleagues might think. ❖

Author

Joseph H. Friedman, MD, is Editor-in-chief of the *Rhode Island Medical Journal*, Professor and the Chief of the Division of Movement Disorders, Department of Neurology at the Alpert Medical School of Brown University, chief of Butler Hospital's Movement Disorders Program and first recipient of the Stanley Aronson Chair in Neurodegenerative Disorders.

Disclosures on website

Changes in the Maintenance of Certification (MOC) process have not gone far enough

To the Editor and my RI colleagues:

I am writing to seek your interest and support in asking the Rhode Island Medical Society to follow in the steps of the Massachusetts Medical Society¹ and many others in creating a formal resolution against the Maintenance of Certification (MOC) process being promulgated by the American Board of Medical Specialties. Grassroots efforts across the country have pressured the specialty boards into making concessions, but these changes have not gone far enough.

In the last two years, we have seen a group of well-respected physicians² create an alternative to the American Board of Medical Specialties, The National Board of Physicians and Surgeons, which has so far been accepted into 40 hospitals in the US.³ Oklahoma has enacted the first ever “Right to Care” legislation⁴ which states that MOC cannot be linked to licensure, reimbursement, hospital privileges or employment. Michigan and Missouri are now considering their own similar legislation. The AMA has called for an immediate end to any mandatory, secure recertifying examinations⁵ which is a major step, although it has also previously endorsed the idea of more intense Maintenance of Licensure to be enforced by the states⁶, a process which looked exactly like MOC with its self-assessment, assessment of knowledge and skills, and performance in practice.⁷

Though making a resolution against MOC is a small step, it is one brick in a much larger foundation, which has made the current progress we have seen possible. Most doctors who are required to complete MOC feel this is an important issue, and I have yet to talk to one who has not complained about this burdensome process. I believe this would be an issue where our medical society could be a strong advocate and voice for its doctors.

With a formal resolution like Massachusetts, we could then seek “Right to Care” legislation to prevent what has become mandatory participation in MOC for many doctors in RI. It is complicated with the many hospitals and insurers and will not happen overnight, but if we join together with physicians and medical societies nationwide, our voices do have power. Help ensure that MOC will never be linked to licensure, reimbursement, hospital privileges or employment. The time to act is now.

Please take a look at our petition and add your name if you haven't previously:

<https://www.change.org/p/rhode-island-medical-society-create-a-resolution-against-the-abms-moc>

Sincerely,
Lisa Frappier, DO
lisa.frappier.ripqc@gmail.com
RI Physicians for Quality Care

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