American Medical Association House of Delegates Approves Resolution to Remove More Barriers to Obesity Treatment

The American Medical Association (AMA) House of Delegates today approved a resolution authored by Ethan Lazarus, MD, that paves the way for the AMA to work more closely with states to remove restrictions that prevent physicians and clinicians from providing the current standard of care to patients affected by obesity.

DENVER (PRWEB) June 13, 2018 -- The American Medical Association (AMA) House of Delegates today approved a resolution authored by Ethan Lazarus, MD, that paves the way for the AMA to work more closely with states to remove restrictions that prevent physicians and clinicians from providing the current standard of care to patients affected by obesity.

This resolution calls on the AMA to “work with state and specialty societies to identify states in which physicians are restricted from providing the current standard of care with regards to obesity treatment” and to “work with interested state medical societies and other interested stakeholders to remove out-of-date restrictions at the state and federal levels prohibiting healthcare providers from providing the current standard of care to patients affected by obesity.”

According to Dr. Lazarus, the Obesity Medicine Association’s delegate in the AMA and an obesity medicine physician from Denver, many physicians who treat patients with obesity report that certain states will not allow prescribing FDA-approved weight-loss medications in an off-label context.

“States have the right to protect patients from unscrupulous medical practices, but they do patients a disservice when they unnecessarily restrict access to safe and effective medications, such as those used to treat obesity,” Lazarus said. “This old idea that currently available anti-obesity medications are risky is simply not true.”

“We have published guidelines from organizations like the Endocrine Society and the Obesity Medicine Association, but in many states, physicians can’t follow them for fear of losing their medical license,” Dr. Lazarus testified in the reference committee. “Many of these rules are over 20 years old and are not consistent with current guidelines. They represent a legalized weight bias and deny evidence-based treatments, particularly pharmacotherapy, to those with obesity.”

He pointed out that some older drug labels state that the medications are for “short-term use” due to the fact that the original studies were only three months duration. However, more recent long-term studies have demonstrated both safety and effectiveness, and we have learned that short-term treatment is ineffective. Obesity has been recognized as a disease and long-term treatment is needed to improve health and quality of life.

“It has been proven that treatment is only effective so long as it is continued, as is the case with all diseases, like diabetes and hypertension,” Lazarus said. States don’t have policies regulating how doctors treat diabetes or hypertension – they shouldn’t regulate a physician’s ability to make treatment decisions with their patients about obesity either. He added that these state policies create a significant barrier to effective obesity treatment.
The AMA resolution augments previous efforts by Lazarus and the Obesity Medicine Association (OMA) to affect how various audiences communicate about patients with obesity. In 2017, the AMA House of Delegates approved another resolution by Lazarus that sought to de-stigmatize obesity and improve obesity treatment by educating physicians on how to engage in a non-biased dialogue.

The resolution encouraged physicians and health care providers to use person-first language in all discussions, resolutions, and reports with regards to obesity. Person-first language places the person before the disability or disease when describing individuals affected by obesity.

Previously, OMA partnered with several other obesity-focused organizations to publish the "Guidelines for Media Portrayals of Individuals Affected by Obesity" to ensure that all persons, regardless of their body weight, are represented equitably and accurately in journalistic reporting. Additionally, OMA played an important role in the AMA’s decision to recognize obesity as a disease in 2013.

The AMA House of Delegates convenes twice a year to address policy and business matters.

About the Obesity Medicine Association
The Obesity Medicine Association (OMA) is the largest organization of clinicians dedicated to preventing, treating, and reversing the disease of obesity. Members of OMA believe treating obesity requires a scientific and individualized approach comprised of nutrition, physical activity, behavior, and medication. This comprehensive, personalized approach helps patients achieve their weight and health goals. Visit obesitymedicine.org to learn more.

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