

Support:

- Transparency in medical advertising and direct-to-patient interactions as it applies to the following:
 - Physician board certification
 - Physician specialization and subspecialization
 - Level of licensure
 - The use of the terms “doctor” and “physician:

Oppose:

- False and misleading advertising
- Photos or testimonials which create false expectations
- Practitioner misrepresentation

Patients deserve the opportunity to make informed decisions about from whom they receive medical treatment. The proposition of asking detailed questions of a provider’s qualifications and credentialing just as one is about to put one’s health and well-being in that provider’s hands can be understandably daunting.

Advertising includes oral, written and other types of communications disseminated for the purpose of soliciting or encouraging the use of the medical services. Websites, newspaper or magazine advertisements, telephone directory displays, printed brochures or leaflets, and television or radio advertisements are all considered forms of advertising. Media interviews, editorial writing, health care screening and seminars—intended to promote the use of particular provider’s services—are also considered advertising. Promotional communications made either by agents and employees of a provider, or by hospitals, clinics, medical spas, and other entities, whether or not the provider’s name is included, are considered advertising, as well.

ASDSA supports public policy which requires disclosure of level of licensure in medical advertisements and communications, as well as posting this information in healthcare settings and on photo identification badges in direct-to-patient-interactions.

ASDSA is concerned with the practice of advertising oneself as board certified in unaccredited boards that have names that deliberately mislead consumers but which have no legitimate testing or training programs. Both physicians and patients have been misled by such “boards” which offer the ability to claim “board certification” in exchange for a fee, but do not have training requirements comparable to those set by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA). A medical doctor or doctor of osteopathic medicine may not hold oneself out to the public in any manner as being certified by a public or private board including but not limited to a multidisciplinary board or “board certified,” unless all of the following criteria are satisfied:

- (a.) The advertisement states the full name of the certifying board.

(b.) The board either:

1. Is a member board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); or
2. Requires successful completion of a postgraduate training program approved by the Accreditation Commission for Graduate Medical Education (ACGME) or the AOA that provides complete training in the specialty or subspecialty certified, followed by prerequisite certification by the ABMS or AOA board for that training field and further successful completion of examination in the specialty or subspecialty certified.

A physician may hold himself or herself out as a specialist in an area of medical practice if the physician has successfully completed a residency or fellowship training program, in that area of medical practice, which is accredited by Accreditation Council of Graduate Medical Education, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada.

Physicians should only claim subspecialization for treatments, conditions, or procedures within the scope of the residency or fellowship training which the physician completed, as described above. The physician may use terms in plain-English--or in languages spoken by patients--to describe the physician's subspecialty so long as the description includes treatments, conditions or procedures within the residency training. Care must be taken not to inappropriately limit claims of subspecialization by physicians who have specialty training in an area that encompasses a broad range of subspecialty training.

The use of clear terminology and transparency lessens the likelihood of misunderstandings. ASDSA supports public policy which requires staff directly interacting with patients to wear photo identification listing the individual's name and level of licensure using clear, complete terminology rather than hard to understand acronyms or abbreviations. Likewise, medical advertisements should list the name of persons performing treatments as well as the provider's level of licensure in similarly clear and complete terminology.

ASDSA supports policy which makes clear the use of the term "doctor" or "physician" in a medical setting. If an individual uses the term "Doctor," "Dr.," or "physician" in conjunction with his or her name in any medical advertisement, medical communication, or direct-to-patient interaction, the individual should make clear the degree to which he or she is entitled by reason of graduation from a professional school or other accredited entity.

Advertisements should not be false, fraudulent, deceptive or misleading, nor should they omit any pertinent information. Advertisers should be able to document and substantiate claims made in ads about safety, efficacy, benefits and risks, as well as unique skills and remedies. Photos should be representative of results in general, attained by the average patient and be of comparable quality so as not to mislead. Testimonials should similarly represent results of the average patient. Photos should neither create false expectations nor be retouched. Advertisements should be readily identifiable as such. The bottom line is that any advertising or publicity, regardless of format or content, should be true and not materially misleading.