



Department of Health

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Dear Colleagues:

June is a month of endings and new beginnings. We fete our graduates as they move from one level of study to something higher—whether further study or entry into the workforce. It is also when we begin taking our summer vacations and weekend getaways. Mobility and breaking free from the confines of habit are the order of the day.

In this month's letter, I want to discuss two important health topics that happen to relate to these June themes—arthritis, which hampers the healthy mobility we want during the summer but need throughout the year, and physician integrity, which, out of entrenched habit, we don't think enough about.

Arthritis: With 3.6 million adults suffering from arthritis in New York State, chances are you see a fair number of these patients. Their complaints range from minor aches and discomfort to the significant pain and stiffness reported by more than 30% of arthritis sufferers.¹ Osteoarthritis is the leading cause of total joint replacement procedures (82% of hip replacements and 94.8% of knee replacements),² for which opioids are often prescribed.³

Regardless of their level of pain, all adults with arthritis can benefit from being more physically active. Physical activity is key to maintaining a healthy mind and body but also plays an important role in the prevention and management of chronic conditions like arthritis. The new [Physical Activity Guidelines for Americans](#) recommends that each week adults should get at least 150 to 300 minutes (2.5 to 5 hours) of moderate-intensity aerobic activity and two or more days of muscle-strengthening activities. Although this recommendation also applies to adults with chronic health conditions and disabilities, almost half of adult New Yorkers with arthritis report that their condition limits physical activity; they feel that exercise would make their condition worse.⁴

As clinicians, we need to communicate to this population that activities like walking, biking, or swimming are proven to relieve joint pain, fatigue, stiffness, and other arthritis symptoms and improve balance, physical ability, and quality of life. A study published in *Arthritis and Rheumatology* found that adults with arthritis are 18 times more likely to be active or to participate in an evidence-based program when it is recommended by a healthcare provider.⁵

I encourage you to talk to patients with arthritis about being more physically active. Recommend parks, shopping malls, and other facilities for activity or refer them to an evidence-based program such as [EnhanceFitness](#) that's proven to safely deliver the recommended dose of activity. National efforts—such as the American College of Sports Medicine's [Exercise Is Medicine](#) initiative and [The 5 As: Ask, Advise, Assess, Assist, and Arrange Intervention for Physical Activity Counseling](#)—can help you get started. Also remind patients that maintaining an

active lifestyle is an excellent nonpharmacological way to positively impact osteoarthritis outcomes.

Physician Integrity: You may have read or heard on the news about several high-profile arrests and convictions of New York State licensed physicians. These cases involve many different issues, but physician integrity is central to all.

I recently delivered three commencement addresses at New York medical schools, and as I drew examples from personal experience of what makes a good doctor, I wondered how much of it is what you come in with—that is, your character—and how much can be learned through the training process and afterwards.

As we all know, becoming a physician involves a significant investment in time and energy in developing knowledge and expertise, with the goal of helping someone who does not have that base of information. To receive optimal care, a sick or injured person must rely on and place their trust in the physician, often without knowing whether this trust is well founded. The role of physician depends on trust, and without trust, our ability to heal is compromised.

We expect physicians to abide by the Hippocratic Oath and the AMA Code of Medical Ethics, but physician integrity means going beyond this historical baseline to uphold personal ethical standards and respect for persons—and it has become an incredibly important matter in New York State.

Perhaps I can give you a quick summary of the process involved when this integrity has been called into question. More than 115,000 physicians and physician assistants are licensed to practice in New York. When the conduct of any of these individuals is validly questioned, the Department of Health's Office of Professional Medical Conduct (OPMC) reviews the situation, following a protocol to investigate and take appropriate action.

OPMC carefully reviews patient complaints against licensees who appear to have ignored the "do no harm" provision of the Hippocratic Oath. All final disciplinary determinations—including the revocation, suspension, or restricting of licenses—are made by the Board of Professional Medical Conduct, whose members are appointed by the Commissioner and Governor.

We are seeing a societal shift toward increased accountability from those who practice medicine. This is a positive development, but we also need to ensure that the lack of integrity or moral compass among a very small number of colleagues does not detract from the integrity of our entire profession. We have a system in place to identify bad actors, but all of us have the ability—and you could even say the responsibility—to strengthen our profession's culture of integrity.

I ask and urge all of my fellow clinicians to be mindful of this ethical commitment throughout your daily activities in the practice of medicine. I never want these letters to sound overbearing, so please understand that I am raising this issue based on what has crossed my desk in recent months. Let's all help maintain the integrity that is not just professional competence and adherence to the rules but a matter of character—fidelity to basic ethical standards that include respect for persons.

As always, I appreciate this opportunity to share these perspectives and concerns as Commissioner. Thank you for your continued care for all New Yorkers—and wishing you all a happy and safe summer.

Sincerely,



Howard A. Zucker, M.D., J.D.

¹ Behavioral Risk Factor Surveillance System, 2016.

² Helmick, C.G., and Watkins-Castillo S.I., The Burden of Musculoskeletal Diseases in the United States: Prevalence, Social, and Economic Cost, Bone and Joint Initiative USA, retrieved May 13, 2019, from <http://boneandjointburden.org/2014-report/ive0/joint-replacement>.

³ Hootman, J.M.; Cisternas, M.; Murphy, L.; and Losby J. (2016). Prevalence and trends in prescribed opioid use among US adults with arthritis, 2008-2013, Medical Expenditure Panel Survey [abstract], retrieved May 13, 2019, from <http://acrabstracts.org/abstract/prevalence-and-trends-in-prescribed-opioid-use-among-us-adults-with-arthritis-2008-2013-medical-expenditure-panel-survey/>.

⁴ Behavioral Risk Factor Surveillance System, 2016.

⁵ Murphy, L.; Theis, K.; and Brady, T.; et al. (2007). A health care provider's recommendation is the most influential factor in taking an arthritis self-management course: A national perspective from the Arthritis Conditions and Health Effects Survey. *Arthritis and Rheumatism*, 56(9). S307–S308.