

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

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Supplementary Appendix

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Methods

In May 2009, we mailed a confidential, self-administered questionnaire to 2000 practicing U.S. physicians, 65 years of age or younger, from all specialties. Our random sample of physicians was selected from the AMA Masterfile. The initial mailing included a book as a gift and promised an additional \$25 to all respondents. Physicians who did not respond to the first mailing were sent up to two subsequent mailings. The Mayo Clinic Institutional Review Board approved the study.

Primary measures

As part of a study of moral beliefs in medical practice, physicians completed four items relevant to health care reform. First, they were asked the following three statements: “1.) Addressing societal health policy issues, as important as that may be, falls outside the scope of my professional obligations as a physician; 2.) Every physician is professionally obligated to care for the uninsured and underinsured. 3.) I would favor limiting reimbursement for expensive drugs and procedures if that would help expand access to basic healthcare for those currently lacking such care.” Response categories were strongly agree, moderately agree, moderately disagree, and strongly disagree.

In addition, as part of a longer list of potentially controversial medical practices, we asked physicians to indicate if they had no moral objection, a moderate moral objection, or a strong moral objection to “using cost-effectiveness data to determine which treatments will be offered to patients.” Our team initially developed these criterion measures in dialogue with expert colleagues. We aimed to calibrate the wording to pick up points of genuine ambivalence or disagreement among physicians. We then conducted two cycles of cognitive interview pretesting (with 8 and 6 practicing physicians, respectively), using the feedback from these interviews to iteratively revise the items for clarity, consistency, and reliability.

Key predictor measures were physicians’ self-ratings as “conservative”, “moderate” or “liberal” on “social issues”, their demographic characteristics (age, sex, race, and region) and their clinical specialty (subsequently categorized as primary care, surgical, nonsurgical procedural specialty, other nonsurgical specialty, nonclinical, and other).

Analysis

All data were double entered and 100% verified. We then dichotomized the criterion variables and used multivariate logistic regression to determine whether physicians' political affiliation, demographic characteristics, or clinical specialty were independently associated with physicians' responses to the four key measures. All analyses were conducted using SAS (version 9.1).