AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-22)

Report of Reference Committee on Amendments to Constitution and Bylaws

Susan Hubbell, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 03 - Delegate Apportionment and Pending Members
2. Board of Trustees Report 05 - Towards Diversity and Inclusion: A Global Non-discrimination Policy Statement and Benchmark for our AMA
3. Board of Trustees Report 12 - Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment
4. Board of Trustees Report 14 - Specialty Society Representation in the House of Delegates - Five-Year Review
5. Council on Constitution and Bylaws Report 1 - Updated Bylaws: Delegate Apportionment and Pending Members
6. Council on Ethical and Judicial Affairs Report 1 - Amendment to Opinion 4.2.7, "Abortion"
7. Council on Ethical and Judicial Affairs Report 3 - Pandemic Ethics and the Duty of Care
8. Resolution 005 - Strengthening Interview Guidelines for American Indian and Alaska Native Medical School, Residency, and Fellowship Applicants

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

9. Board of Trustees Report 01 - Opposition to Requirements for Gender-Based Treatment for Athletes
10. Board of Trustees Report 04 - Preserving Access to Reproductive Health Services
11. Council on Ethical and Judicial Affairs Report 2 - Amendment to Opinion 10.8, "Collaborative Care"
12. Resolution 002 - Assessing the Humanitarian Impact of Sanctions
13. Resolution 003 – Indigenous Data Sovereignty
14. Resolution 008 - Support for Physicians Practicing Evidence-Based Medicine in a Post Dobbs Era
15. Resolution 012 – Guidelines on Chaperones for Sensitive Exams
16. Resolution 015 - Restricting Derogatory and Stigmatizing Language of ICD-10 Codes
17. Resolution 016 - Increasing Female Representation in Oncology Clinical Trials
18. Resolution 017 - Supervision of Non-Physician Providers by Physicians

RECOMMENDED FOR REFERRAL

19. Resolution 009 – Medical Decision-Making Autonomy of the Attending Physician
20. Resolution 011 - Advocating for the Informed Consent for Access to Transgender Health Care

Amendments

If you wish to propose an amendment to an item of business, click here: Submit New Amendment

RECOMMENDED FOR ADOPTION

(1) BOARD OF TRUSTEES REPORT 03 – DELEGATE APPORTIONMENT AND PENDING MEMBERS

RECOMMENDATION:

Recommendations in Board of Trustees Report 3 be <u>adopted</u> and the remainder of the Report be <u>filed.</u>

Your Board is cognizant of the fact that some members of the House believe that counting pending members is beneficial to membership and acknowledges the right of the House to determine its makeup. Nevertheless, your Board has concluded that counting pending members for apportionment lacks merit for the reasons outlined above. Also worth noting is that the House will act on Council on Constitution and Bylaws Report 1, which will determine the path taken and may also affect action on this report.

Your Board of Trustees recommends that Policy G-600.016 be rescinded and the remainder of the report filed.

Testimony for this report was minimal. One delegation expressed concern arguing that counting pending members as members helps them become immediately active and not wait so long to be counted. However, your Reference Committee notes that the Board of Trustees has already considered this argument in its report and recommends that Board of Trustees Report 03 be adopted and the remainder of the report filed.

(2) BOARD OF TRUSTEES REPORT 05 - TOWARDS DIVERSITY AND INCLUSION: A GLOBAL NON-DISCRIMINATION POLICY STATEMENT AND BENCHMARK FOR OUR AMA

RECOMMENDATION:

Recommendations in Board of Trustees Report 5 be <u>adopted</u> and the remainder of the Report be <u>filed.</u>

Based on a review of internal policies, the Board of Trustees recommends that the following recommendations be adopted in lieu of Resolution 602-N-20, and the remainder of this report be filed.

• That our AMA reaffirm its commitment to complying with all applicable laws, rules or regulations against discrimination on the basis of protected characteristics, including Title VII of the Civil Rights Act, The Age Discrimination in Employment Act, and the Americans with Disabilities Act, among other federal, state and local laws. (New HOD Policy)

• That our AMA reaffirm Policy H-65.965, "Support of Human Rights and Freedom," as an overarching non-discrimination policy for the Association. (Reaffirm HOD Policy)

• That our AMA reaffirm Policy H-65.988, "Organizations Which Discriminate," Policy G-630.040, "Principles on Corporate Relationships," and Policy H-65.950, "Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment." (Reaffirm HOD Policy)

• That our AMA provide updates on its comprehensive diversity and inclusion strategy as part of the annual Board report to the AMA House of Delegates on health equity. (Directive to Take Action)

Testimony for this report was uniformly and strongly supportive. Testimony noted it is important that AMA ensure that people are treated with respect and further supported the AMA's health equity efforts. Your Reference Committee recommends that the Board of Trustees Report 05 be adopted and the remainder of the report filed.

(3) BOARD OF TRUSTEES REPORT 12 - TERMS AND LANGUAGE IN POLICIES ADOPTED TO PROTECT POPULATIONS FROM DISCRIMINATION AND HARASSMENT

RECOMMENDATION:

Recommendations in Board of Trustees Report 12 be <u>adopted</u> and the remainder of the Report be <u>filed.</u>

Based on a review of internal policies, the Strategic Plan and Narrative Guide, the Board of Trustees recommends that the following be adopted, and the remainder of this report be filed:

1. That our AMA amend Policy H-65.950 by addition and deletion to read as follows:
Our AMA <u>recognizes broad and evolving protected personal characteristics spanning identity, origin, and status that include those outlined by regulatory authorities overlapping with those prioritized by AMA. To prevent misunderstandings and facilitate collaboration to move medicine forward, AMA</u> ~~recommends~~ <u>acknowledges</u> preferred terminology for protected personal characteristics <u>outlined in the actual sources used in the 2021 AMA Strategic Plan to Embed Racial Justice and Advance Health Equity and the AMA-AAMC Advancing Health Equity such as the CDC's Health Equity Guiding Principles for Inclusive Communication</u> ~~to~~ <u>that may</u> be used in AMA policies and position statements. (Modify Current HOD Policy)

Testimony for this report was unanimously supportive. Testimony concurred with the concept that language and identity often go together, are fluid social constructs that can change over time, and that everyone is entitled to be treated respectfully. Testimony also further noted the report's value in promoting health equity. Your Reference Committee recommends that Board of Trustees Report 12 be adopted and the remainder of the report filed.

(4) BOARD OF TRUSTEES REPORT 14 - SPECIALTY SOCIETY REPRESENTATION IN THE HOUSE OF DELEGATES - FIVE-YEAR REVIEW

RECOMMENDATION:

Recommendations in Board of Trustees Report 14 be adopted and the remainder of the Report be filed.

The Board of Trustees recommends that the following be adopted, and the remainder of this report be filed:

1. The American Association of Neuromuscular and Electrodiagnostic Medicine, American College of Rheumatology, American Society for Dermatologic Surgery Association, American Society for Radiation Oncology, American Society for Surgery of the Hand, American Society of Maxillofacial Surgeons, Association for Clinical Oncology, Radiological Society of North America, Society for Vascular Surgeons, Society of American Gastrointestinal Endoscopic Surgeons, and the Society of Thoracic Surgeons retain representation in the American Medical Association House of Delegates. (Directive to Take Action)

2. Having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.5 the Society of Nuclear Medicine and Molecular Imaging be placed on probation and be given one year to work with AMA membership staff to increase their AMA membership. (Directive to Take Action)

There was brief and minimal testimony in support for the report and your Reference Committee recommends that Board of Trustees Report 14 be adopted and the remainder of the report filed.

(5) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 1 - UPDATED BYLAWS: DELEGATE APPORTIONMENT AND PENDING MEMBERS

RECOMMENDATION:

Recommendations in Council on Constitution and Bylaws Report 1 be adopted and the remainder of the Report be filed.

The Council on Constitution and Bylaws recommends that the following amendments to the AMA Bylaws be adopted and that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

2.1 Constituent Associations. Each recognized constituent association granted representation in the House of Delegates is entitled to delegate representation based on the number of seats

allocated to it by apportionment, and such additional delegate seats as may be provided under Bylaw 2.1.~~1~~.2. Only one constituent association from each U.S. state, commonwealth, territory, or possession shall be granted representation in the House of Delegates.

2.1.1 Apportionment. The apportionment of delegates from each constituent association is one delegate for each 1,000, or fraction thereof, active constituent and active direct members of the AMA within the jurisdiction of each constituent association, as recorded by the AMA as of December 31 of each year.

2.1.1.1 ~~The December 31 count will include pending m 1 embers for purposes of apportionment; however, pending members shall not be recounted the following year absent membership renewal.~~ For 2023 only, the apportionment shall include the greatest of the following numbers: the number of delegates apportioned at the rate of 1 per 1000, or fraction thereof, AMA members consistent with Bylaw 2.1.1; the number of delegates apportioned for 2022 so long as that figure is not greater than 2 more than the number apportioned at the rate of 1 per 1000, or fraction thereof, AMA members; or for societies that would lose more than 5 delegates from their 2022 apportionment, the number of delegates apportioned at the rate of 1 per 1000, or fraction thereof, AMA members plus 5. Bylaw 2.1.1.1 will sunset as of December 31, 2023 ~~the close of business of the 2022 Interim Meeting unless the House of Delegates acts to retain it.~~

2.1.1.2 Effective Date. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.

2.1.1.2.1 Retention of Delegate. If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of delegates representing a constituent association, the constituent association shall be permitted to retain the same number of delegates, without decrease, for one additional year, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its members. At the end of the one year grace period, any applicable decrease will be implemented.

2.1.1.2.1.1 ~~A constituent association that shows a membership loss for 2020 and/or 2021 shall be granted an additional one year grace period beyond the one year grace period set forth in 2.1.1.2.1 without a decrease in the number of delegates. This Bylaw will sunset at the close of the 2022 Interim Meeting~~. A constituent society may not benefit from both this provision and 2.1.1.1. Bylaw 2.1.1.2.1.1 will sunset as of December 31, 2023.

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2.2 National Medical Specialty Societies. The number of delegates representing national medical specialty societies shall equal the number of delegates representing the constituent societies. Each national medical specialty society granted representation in the House of Delegates is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seat as may be provided under Bylaw 2.2.2. The total number of delegates apportioned to national medical specialty societies under Bylaw 2.2.1 shall be adjusted to be equal to the total number of delegates apportioned to constituent societies under sections 2.1.1 and 2.1.1.~~1~~2.1 using methods specified in AMA policy.

(Modify Bylaws)

Testimony was provided by authors. Your Reference Committee recommends that Council on Constitution and Bylaws Report 01 be adopted and the remainder of the report filed.

(6) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 1 - AMENDMENT TO OPINION 4.2.7,
"ABORTION"

RECOMMENDATION:

Recommendations in Council on Ethical and Judicial Affairs Report 1 be <u>adopted</u> and the remainder of the Report be <u>filed.</u>

With all of the foregoing considerations in mind, the Council on Ethical and Judicial Affairs recommends that Opinion 4.2.7, "Abortion," be amended as follows and the remainder of this report be filed:

<u>Abortion is a safe and common medical procedure, about which thoughtful individuals hold diverging, yet equally deeply held and well-considered perspectives. Like all health care decisions, a decision to terminate a pregnancy should be made privately within the relationship of trust between patient and physician in keeping with the patient's unique values and needs and the physician's best professional judgment</u>.

The *Principles of Medical Ethics* of the AMA ~~do not prohibit a physician from performing an abortion~~ <u>permit physicians to perform abortions</u> in keeping with good medical practice ~~under circumstances that do not violate the law~~.
(Modify HOD/CEJA Policy)

Testimony was unanimously supportive and noted that the issue of reproductive healthcare is now urgent, and the resolution helps provide appropriate ethics guidance to those who may need it. Testimony further noted that it is physicians who should dictate clinical care and not politicians and that the language helps clarify the current legal situation. Your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 01 be adopted and the remainder of the report filed.

(7) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 3 - PANDEMIC ETHICS AND THE DUTY OF
CARE

RECOMMENDATION:

Recommendations in Council on Ethical and Judicial Affairs Report 3 be <u>adopted</u> and the remainder of the Report be <u>filed.</u>

In light of these considerations, the Council on Ethical and Judicial Affairs recommends that Opinion 8.3, "Physician Responsibility in Disaster Response and Preparedness," be amended by addition and deletion as follows and the remainder of this report be filed:

8.3 Physician Responsibility in Disaster Response and Preparedness

Whether at the national, regional, or local level, responses to disasters require extensive involvement from physicians individually and collectively. Because of their commitment to care for the sick and injured, individual physicians have an obligation to provide urgent medical care during disasters. This obligation holds even in the face of greater than usual risks to physicians' own safety, health, or life.

~~However, the physician workforce is not an unlimited resource. Therefore, when providing care in a disaster with its inherent dangers, physicians also have an obligation to evaluate the risks of providing care to individual patients versus the need to be available to provide care in the future.~~

The duty to treat is foundational to the profession of medicine but is not absolute. The health care work force is not an unlimited resource and must be preserved to ensure that care is available in the future. For their part, physicians have a responsibility to protect themselves, as well as a duty of solidarity to colleagues to share risks and burdens in a public health crisis. So too, health care institutions have responsibilities to support and protect health care professionals and to apportion the risks and benefits of providing care as equitably as possible.

Many physicians owe competing duties of care as medical professionals 1 and as individual outside their professional roles. In a public health crisis, institutions should provide support to enable physicians to meet compelling personal obligations without undermining the fundamental obligation to patient welfare. In exceptional circumstances, when arrangements to allow the physician to honor both obligations are not feasible, it may be ethically acceptable for a physician to limit participating in care, provided that the institution has made available another mechanism for meeting patients' needs. Institutions should strive to be flexible in supporting physicians in efforts to address such conflicts. The more immediately relevant a physician's clinical expertise is to the urgent needs of the moment and the less that alternative care mechanisms are available, the stronger the professional obligation to provide care despite competing obligations.

With respect to disaster, whether natural or manmade, individual physicians should:

(a) Take appropriate advance measures, including acquiring and maintaining appropriate knowledge and skills to ensure they are able to provide medical services when needed.

Collectively, physicians should:

(b) Provide medical expertise and work with others to develop public health policies that:

(i) Are designed to improve the effectiveness and availability of medical services during a disaster
(ii) Are based on sound science
(iii) Are based on respect for patients

(c) Advocate for and participate in ethically sound research to inform policy decisions. (Modify HOD/CEJA Policy)

Testimony for the report was largely supportive and noted the humanistic aspect of the report. Additional testimony recognized that the report does a good job balancing physicians' responsibilities and patients' needs. Your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 03 be adopted and the remainder of the report be filed.

(8) RESOLUTION 005 - STRENGTHENING INTERVIEW GUIDELINES FOR AMERICAN INDIAN AND ALASKA NATIVE MEDICAL SCHOOL, RESIDENCY, AND FELLOWSHIP APPLICANTS

RECOMMENDATION:

Resolution 005 be <u>adopted</u>.

RESOLVED, That our American Medical Association work with the Accreditation Council for Graduate Medical Education, the National Residency Matching Program, the Association of American Medical Colleges, and other interested parties to eliminate questioning about or discrimination based on American Indian and Alaska Native blood quantum during the medical school, residency, and fellowship application process. (Directive to Take Action)

Testimony was unanimously supportive of the report as written. Your Reference Committee recommends Resolution 005 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(9) BOARD OF TRUSTEES REPORT 1 – OPPOSITION TO REQUIREMENTS FOR GENDER-BASED TREATMENTS FOR ATHLETES

RECOMMENDATION A

Recommendation 3 in Board of Trustees Report 1 be amended by addition and deletion to read as follows:

That our AMA oppose satisfying third-party requirements ~~physician participation in any practices intended~~ to ~~officially~~ certify or confirm an athlete's gender through physician participation. ~~for the purposes of satisfying third party requirements.~~ (New HOD Policy)

RECOMMENDATION B

Board of Trustees Report 1 be adopted as amended and the remainder of the Report be filed.

In view of these considerations, your AMA recommends that the following recommendations be adopted in lieu of Resolution 19-A-19 and the remainder of this report be filed:

1. That our American Medical Association (AMA) oppose mandatory testing, medical treatment or surgery for transgender athletes and athletes with Differences of Sex Development (DSD), and affirm that these athletes be permitted to compete in alignment with their identity; (New HOD Policy)

2. That our AMA oppose the use of specific hormonal guidelines to determine gender classification for athletic competitions. (New HOD Policy)

3. That our AMA oppose physician participation in any practices intended to officially certify or confirm an athlete's gender for the purposes of satisfying third party requirements. (New HOD Policy)

Testimony for this report was mixed. Multiple delegations expressed strong support, noting that transgender individuals and individuals with DSD have been discriminated against on numerous fronts and that physicians should not be hesitant to support gender equity. Testimony further notes that no two individuals are the same, and there is a wide variance among individuals, and that treatment should not be standardized. The majority of opposing testimony noted that the report does not consider the impact on cisgender individuals. Your Reference Committee notes

that the balance of testimony was in support of the report. Your Reference Committee offers a clarifying amendment responding to concerns of physicians participating as team physicians, and recommends that the report be adopted as amended and that the rest of the report be filed.

(10) BOARD OF TRUSTEES REPORT 04 - PRESERVING ACCESS TO REPRODUCTIVE HEALTH SERVICES

RECOMMENDATION A
Recommendation 4 in Board of Trustees Report be amended by addition and deletion to read as follows:

That Policy H-5.993, "Right to Privacy in Termination of Pregnancy" be amended by addition and deletion as follows:

The AMA reaffirms existing policy that (1) abortion is a human right and the practice of medicine and ~~requires the personal performance or supervision by an appropriately licensed physician~~ ~~a medical procedure and~~ that ~~should be performed only by a duly licensed physician~~ in conformance with standards of good medical practice ~~and the laws of the state~~; ~~and~~ (2) no physician or other professional personnel shall be required to perform an act violative of good medical judgment or personally held moral principles. In these circumstances, ~~good medical practice requires only that the~~ a physician or other professional may withdraw from the case so long as the withdrawal is consistent with good medical practice and ethical guidance on the exercise of conscience;. (3) The AMA further supports the position that ~~the early~~ termination of pregnancy is a medical matter between the patient and the physician, subject to the physician's clinical judgment, the patient's informed consent, and the ability to perform the procedure safely ~~availability of appropriate facilities~~. (Modify Current HOD Policy)

RECOMMENDATION B

That Policy H-5.982, "Late-Term Pregnancy Termination Techniques" be rescinded in lieu of recommendation 4 of the Board of Trustees Report 04 (Rescind HOD Policy)

RECOMMENDATION C

Recommendation 5, subsection (3), of the Board of Trustees Report 04 be amended by addition to read as follows:

(3) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, fertility preservation, contraception, and abortion;

RECOMMENDATON D

Recommendations in Board of Trustees Report 4 be adopted as amended and the remainder of the Report be filed.

The Board recommends that the following recommendations be adopted and that the remainder of the report be filed.

1. That Policy H-5.993, “Right to Privacy in Termination of Pregnancy” be amended by addition and deletion as follows:

The AMA reaffirms existing policy that (1) abortion is the practice of medicine and requires the personal performance or supervision by an appropriately licensed physician ~~a medical procedure and should be performed only by a duly licensed physician~~ in conformance with standards of good medical practice and the laws of the state; ~~and~~ (2) no physician or other professional personnel shall be required to perform an act violative of good medical judgment or personally held moral principles. In these circumstances ~~good medical practice requires only that the~~ a physician or other professional may withdraw from the case so long as the withdrawal is consistent with good medical practice and ethical guidance on the exercise of conscience;. (3) T~~t~~he AMA further supports the position that the ~~early~~ termination of pregnancy is a medical matter between the patient and the physician, subject to the physician's clinical judgment, the patient's informed consent, and the ability to perform the procedure safely ~~availability of appropriate facilities.~~ (Modify Current HOD Policy)

2. That Policies H-5.995, “Abortion,” and Policy H-5.983, “Pregnancy Termination,” be rescinded. (Rescind HOD Policy)

3. That Policy H-5.990, “Policy on Abortion,” be amended by addition as follows:

The issue of personal support of or opposition to abortion is a matter for members of the AMA to decide individually, based on personal values or beliefs. The AMA will take no action which may be construed as an attempt to alter or influence the personal views of individual physicians regarding abortion procedures. (Modify HOD Policy)

4. That Policy H-5.982, “Late-Term Pregnancy Termination Techniques,” be amended by addition and deletion as follows:

(1) The term “partial birth abortion” is not a medical term. The AMA will use the term “intact dilatation and extraction” (or intact D&X) to refer to a specific procedure comprised of the following elements: deliberate dilatation of the cervix, usually over a sequence of days; instrumental or manual conversion of the fetus to a footling breech; breech extraction of the

body excepting the head; and partial evacuation of the intracranial contents of the fetus to effect vaginal delivery of a dead but otherwise intact fetus. This procedure is distinct from dilatation and evacuation (D&E) procedures more commonly used to induce abortion after the first trimester. Because 'partial birth abortion' is not a medical term it will not be used by the AMA. (2) According to the scientific literature, there does not appear to be any identified situation in which intact D&X is the only appropriate procedure to induce abortion, and ethical concerns have been raised about intact D&X. The AMA recommends that the procedure not be used unless alternative procedures pose materially greater risk to the woman. The physician must, however, retain the discretion to make that judgment, acting within standards of good medical practice and in the best interest of the patient. (3) The viability of the fetus and the time when viability is achieved may vary with each pregnancy. ~~In the second trimester w~~When viability may be in question, it is the physician who should determine the viability of a specific fetus, using the latest available diagnostic technology. (4) ~~In recognition of the constitutional principles regarding the right to an abortion articulated by the Supreme Court in Roe v. Wade, and~~ In keeping with the science and values of medicine, the AMA recommends that abortions not be performed in the third trimester except in cases of serious fetal anomalies incompatible with life. Although third-trimester abortions can be performed to preserve the life or health of the mother, they are, in fact, generally not necessary for those purposes. Except in extraordinary circumstances, maternal health factors which demand termination of the pregnancy can be accommodated without sacrifice of the fetus, and the near certainty of the independent viability of the fetus argues for ending the pregnancy by appropriate delivery. (Modify Current HOD Policy)

5. Policy D-5.999, “Preserving Access to Reproductive Health Services,” be amended by deletion as follows:

Our AMA: (1) recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, contraception, and abortion; (4) supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients; (6) opposes the imposition of criminal and civil penalties or 1 other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; ~~and (8) will review the AMA policy compendium and recommend policies which should be amended or rescinded to reflect these core values, with report back at the 2022 Interim Meeting.~~ (Modify Current HOD Policy)

Testimony was strongly supportive of this report. An amendment was proffered that addressed various concerns and received wide support. The amendment addressed the problem referring to “late-term pregnancy”, noting that the term is not scientifically accurate and is misleading to the public. Another amendment removed language referring to adherence to “laws of the state” in light of the Dobbs ruling. Proffered amendment also provides language that “abortion is a human right”. Some opposing testimony noted that this language may be inflammatory, but the

balance of testimony was supportive. Another amendment suggested the addition of "fertility preservation" in the listing of types of reproductive health services. In consideration of broad support of the report and proffered amendments, your Reference Committee recommends that Board of Trustees Report 04 be amended and that the rest of the report be filed

(11) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 2 - AMENDMENT TO OPINION 10.8,
"COLLABORATIVE CARE"

RECOMMENDATION A:

The recommendation in the Council on Ethical and Judicial Affairs Report 2 be amended by addition with concurrence of the Council on Ethical and Judicial Affairs, to read as follows:

In health care, teams that collaborate effectively can enhance the quality of care for individual patients. By being prudent stewards and delivering care efficiently, teams also have the potential to expand access to care for populations of patients. Such teams are defined by their dedication to providing patient-centered care, protecting the integrity of the patient-physician relationship, sharing mutual respect and trust, communicating effectively, sharing accountability and responsibility, and upholding common ethical values as team members.

RECOMMENDATION B:

That the Council on Ethical and Judicial Affairs Report 2 be adopted as amended, and the remainder of this report filed.

In light of the foregoing, the Council on Ethical and Judicial Affairs recommends that Opinion 10.8, "Collaborative Care," be amended as follows and the remainder of this report be filed:

In health care, teams that collaborate effectively can enhance the quality of care for individual patients. By being prudent stewards and delivering care efficiently, teams also have the potential to expand access to care for populations of patients. Such teams are defined by their dedication to providing patient-centered care, ~~protecting the integrity of the patient-physician relationship~~, sharing mutual respect and trust, communicating effectively, sharing accountability and responsibility, and upholding common ethical values as team members.

Health care teams often include members of multiple health professions, including physicians, nurse practitioners, physician assistants, pharmacists, physical therapists, and care managers among others. To foster the trust essential to healing relationships between patients and physicians or nonphysician practitioners, all members of the team should be candid about their professional credentials, their experience, and the role they will play in the patient's care.

An effective team requires the vision and direction of an effective 1 leader. In medicine, this means having a clinical leader who will ensure that the team as a whole functions effectively and facilitates decision-making. Physicians are uniquely situated to serve as clinical leaders. By virtue of their thorough and diverse training, experience, and knowledge, physicians have a distinctive appreciation of the breadth of health issues and treatments that enables them to synthesize the diverse professional perspectives and recommendations of the team into an appropriate, coherent plan of care for the patient.

As clinical leaders within health care teams, physicians individually should:

(a) Model ethical leadership by:

(i) Understanding the range of their own and other team members' skills and expertise and roles in the patient's care
(ii) Clearly articulating individual responsibilities and accountability
(iii) Encouraging insights from other members and being open to adopting them and
(iv) Mastering broad teamwork skills

(b) Promote core team values of honesty, discipline, creativity, humility and curiosity and commitment to continuous improvement.

(c) Help clarify expectations to support systematic, transparent decision making.

(d) Encourage open discussion of ethical and clinical concerns and foster a team culture in which each member's opinion is heard and considered and team members share accountability for decisions and outcomes.

(e) Communicate appropriately with the patient and family, ~~and~~ respect~~ing~~ the~~ir~~ unique relationship of patient and family as members of the team.

(f) Assure that all team members are describing their profession and role.

As leaders within health care institutions, physicians individually and collectively should:

(~~f~~g) Advocate for the resources and support health care teams need to collaborate effectively in providing high-quality care for the patients they serve, including education about the principles of effective teamwork and training to build teamwork skills.

(~~g~~h) Encourage their institutions to identify and constructively address barriers to effective collaboration.

(~~h~~i) Promote the development and use of institutional policies and procedures, such as an institutional ethics committee or similar resource, to address constructively conflicts within teams that adversely affect patient care.

(j) Promote a culture of respect, collegiality and transparency among all health care personnel.

(Modify HOD/CEJA Policy)

The Council on Ethical and Judicial Affairs testified that the strikethrough of the language: "protecting the integrity of the patient-physician relationship" was an error and they accept this language as part of the report. Your Reference Committee recommends that Council on Ethical and Judicial Affairs report 02 be adopted as amended and the rest of the report be filed.

(12) RESOLUTION 002 - ASSESSING THE HUMANITARIAN IMPACT OF SANCTIONS

Alternate Resolution 002 be adopted in lieu of Resolution 002 and Resolution 006.

ASSESSING THE HUMANITARIAN IMPACT OF SANCTIONS

RESOLVED, That our American Medical Association recognize that economic sanctions can negatively impact health and exacerbate humanitarian crises (New HOD Policy); and be it further

RESOLVED, that policy H-65.993 by amended by addition as follows:

Our American Medical Association will (1) implore all parties at all times to understand and minimize the health costs of war on civilian populations generally and the adverse effects of physician persecution in particular, (2) support the efforts of physicians around the world to practice medicine ethically in any and all circumstances, including during wartime, ~~or~~ episodes of civil strife, or sanctions and condemn the military targeting of health care facilities and personnel and using denial of medical services as a weapon of war, by any party, wherever and whenever it occurs, and (3) advocate for the protection of physicians' rights to provide ethical care without fear of persecution; and be it further

RESOLVED, that policy H-65.994 be amended by addition and deletion as follows:

The AMA (1) supports the provision of food, medicine and medical equipment to noncombatants threatened by natural disaster, ~~or~~ military conflict or sanctions within their country through appropriate relief organizations; (2) expresses its concern about the disappearance of physicians, medical students and other health care professionals, with resulting

inadequate care to the sick and injured of countries in turmoil; (3) urges appropriate organizations to transmit these concerns to the affected country's government; and (4) asks appropriate international health organizations to monitor the status of medical care, medical education and treatment of medical personnel in these countries, to inform the world health community of their findings, and to encourage efforts to ameliorate these problems.

RESOLVED, That our American Medical Association recognize that economic sanctions can negatively impact health and exacerbate humanitarian crises (New HOD Policy); and be it further

RESOLVED, That our AMA support efforts to study the humanitarian impact of economic sanctions imposed by the United States. (New HOD Policy)

Testimony was mixed for this resolution. Opposing testimony noted that the resolution relates to foreign policy and may be outside the purview of the AMA. Concerns were also raised that the second resolve is asking our AMA to "support efforts to study" the impact of sanctions. The substituted Resolution 002 addressed this concern. Your Reference Committee notes that the whereas clauses in the report address policies H-65.993 and H-65.994, which broadly address issues of medical access to countries in turmoil and health costs of war on civilian populations, while not addressing the harmful effects of sanctions. Your Reference Committee recommends amending both these existing policies to incorporate references to sanctions in lieu of the second resolve of Resolution 002, while also adopting the first resolve clause of Resolution 002 and 006.

(13) RESOLUTION 003 – INDIGENOUS DATA SOVEREIGNTY

RECOMMENDATION A:

The second resolve of Resolution 003 be amended by <u>addition and deletion to read as follows:</u>

RESOLVED, That our AMA support that AI/AN Tribes and Villages' Institutional Review Boards (IRBs) and research departments retain the right to oversee and regulate the collection, ownership, and management of research data ~~generated by~~ <u>with the consent of</u> their members, and that individual members of AI/AN Tribes and Villages retain their autonomy and privacy regarding research data shared with researchers, AI/AN Tribes and Villages, and governments,

consistent with existing protections under 45 CFR 46 (New HOD Policy)

RECOMMENDATION B:

The third resolve of Resolution 003 be amended by addition:

"RESOLVED, that our AMA encourage the use and regular review of data-sharing agreements for all studies between academic medical centers and AI/AN Tribes and Villages be mutually agreed upon and aligned with AI/AN Tribes' and Villages' preferences."

RECOMMENDATION C:

Resolution 003 be adopted as amended.

RESOLVED, That our American Medical Association recognize that American Indian and Alaska Native (AI/AN) Tribes and Villages are sovereign governments that should be consulted before the conduct of research specific to their members, lands, and properties (New HOD Policy); and be it further

RESOLVED, That our AMA support that AI/AN Tribes and Villages' Institutional Review Boards (IRBs) and research departments retain the right to oversee and regulate the collection, ownership, and management of research data generated by their members, and that individual members of AI/AN Tribes and Villages retain their autonomy and privacy regarding research data shared with researchers, AI/AN Tribes and Villages, and governments, consistent with existing protections under 45 CFR 46 (New HOD Policy); and it be further

RESOLVED, That our AMA encourage the use and regular review of data-sharing agreements for all studies between academic medical centers and AI/AN Tribes and Villages (New HOD Policy); and be it further

RESOLVED, That our AMA encourage the National Institutes of Health and other stakeholders to provide flexible funding to AI/AN Tribes and Villages for research efforts, including the creation and maintenance of IRBs. (New HOD Policy)

Testimony was heard in support of Resolution 003, with proffered amendments. It was generally agreed that given past injustices, tribes should have the power to regulate their own affairs by means of tribal IRBs. Some testimony suggested that the call for funding of tribal IRBs in resolve 4 could create a conflict of interest, but other testimony clarified standard IRB practice. Your Reference Committee recommends that Resolution 003 be adopted as amended.

(14) RESOLUTION 008 - SUPPORT FOR PHYSICIANS PRACTICING EVIDENCE-BASED MEDICINE IN A POST DOBBS ERA

RECOMMENDATION A:

The first resolve of Resolution 008 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association Task Force developed under HOD Policy G-605.009, "Establishing A Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care Is Banned or Restricted," publish a report with annual updates with recommendations ~~provide policy and strategies~~ including policies, strategies, and resources for physicians who are required by medical judgment and ethical standards of care to act against state and federal laws (Directive to Take Action)

RECOMMENDATION B:

The second resolve of Resolution 008 be amended by addition and deletion to read as follows:

RESOLVED, That our AMA work to ~~provide~~ facilitate support, including legal support through the AMA Litigation Center, as may be appropriate, to physicians that are targeted for practicing in accordance with accepted standards of medical care and medical ethics in the face of legal constraint or any other disciplinary action (Directive to Take Action)

RECOMMENDATION C:
Resolution 008 be adopted as amended.

RESOLVED, That our American Medical Association Task Force developed under HOD Policy G-605.009, "Establishing A Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care Is Banned or Restricted," provide policy and strategies to support physicians individually and through their medical organizations when they are required by medical and ethical standards of care to act against state and federal laws (Directive to Take Action); and be it further

RESOLVED, That our AMA work to provide support, including legal support through the AMA Litigation Center, as may be appropriate, to physicians that are targeted for practicing in accordance with accepted standards of medical care and medical ethics in the face of legal constraint or any other disciplinary action (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for affirmative protections for "conscientious provision" of care in accordance with accepted standards of medical care and medical ethics in hostile environments on par with protection of "conscientious objection." (Directive to Take Action)

Testimony was heard in support of Resolution 008 and the proffered amendments. An amendment asked for our AMA to advocate for expanded liability insurance coverage for physicians who are subject to civil or criminal prosecution for practicing evidence-based medicine. Your Reference Committee acknowledges an unintended consequence of significant insurance rate increases. Your Reference Committee notes the AMA Litigation Center is an appropriate source of support for members in these situations, and they encourage members to use this resource and Your Reference Committee recommends that Resolution 008 be adopted as amended.

(15) RESOLUTION 012 - GUIDELINES ON CHAPERONES FOR SENSITIVE EXAMS

RECOMMENDATION A:

Resolution 012 be <u>amended by addition to read as follows</u>

RESOLVED, That our American Medical Association ask the Council on Ethical and Judicial Affairs to consider amending E-1.2.4, "Use of Chaperones in Code of Medical Ethics," to ensure that it is most in line with the current best practices <u>for adult and pediatric populations</u> and potentially considers the following topics: a) opt-out chaperones for breast, genital, and rectal exams; b) documentation surrounding the use or not-use of chaperones; c) use of chaperones for patients without capacity; d) asking patients' consent regarding the gender of the chaperon<u>e</u>s and attempting to accommodate that preference as able; <u>and</u> <u>(e) Use of chaperone at physician request when physican deems necessary.</u> (Directive to Take Action)

RECOMMENDATION B:

Resolution 012 be <u>adopted as amended</u>.

RESOLVED, That our American Medical Association ask the Council on Ethical and Judicial Affairs to consider amending E-1.2.4, "Use of Chaperones in Code of Medical Ethics," to ensure that it is most in line with the current best practices and potentially considers the following topics: a) opt-out chaperones for breast, genital, and rectal exams; b) documentation surrounding the use or not-use of chaperones; c) use of chaperones for patients without capacity; d) asking patients' consent regarding the gender of the chaperons and attempting to accommodate that preference as able. (Directive to Take Action)

Testimony was generally in support of this resolution. Further testimony notes that there are "nuances to chaperone use in pediatric practice." An additional resolve was proffered that asks our "AMA advocate for State and federal legislative and regulatory changes to facilitate

reimbursement for chaperone services". There was support for the amendment, however your Reference Committee notes that the nature of the amendment is outside the scope of the current resolution, which is focused on exam guidelines. Such an amendment would be more appropriate as its own future resolution. Hence, your Reference Committee recommend that Resolution 12 be adopted as amended.

(16) RESOLUTION 015 - RESTRICTING DEROGATORY AND STIGMATIZING LANGUAGE OF ICD-10 CODES

RECOMMENDATION A:

That the resolve for Resolution 015 be amended by addition and deletion to read as follows:

RESOLVED, That our American Medical Association collaborate with the Centers for Disease Control and Prevention and the National Center for Health Statistics ICD-10 Coordination and Maintenance Committee to advocate for the World Health Organization to ~~implement~~ adopt destigmatizing terminology in ICD-10 and future ICD codes. ~~that will cover utilize gender-affirming health care services as well as human immunodeficiency virus pre-exposure prophylaxis services and medications.~~

RECOMMENDATON B:

Resolution 015 be adopted as amended.

RESOLVED, That our American Medical Association collaborate with the World Health Organization to implement destigmatizing terminology in ICD-10 that will cover gender-affirming health care services as well as human immunodeficiency virus pre-exposure prophylaxis services and medications. (Directive to Take Action)

Testimony was heard in support of Resolution 15, together with amendments. It was also mentioned that the language of the codes needs to be fully overhauled in order to be genuinely inclusive, and that changing a few distinct codes will not accomplish this. Additional testimony questioned the value of revising ICD-10 codes when ICD-11 has already been developed by World Health Organization. Since the timeline for implementing ICD-11 in the U.S. is unknown your Reference Committee recommends amendments that allow the resolution to address current difficulties with ICD-10 as well as to support destigmatizing language in future ICD codes. Your Reference Committee recommends Resolution 015 be adopted as amended.

(17) RESOLUTION 016 – INCREASING FEMALE REPRESENTATION IN ONCOLOGY CLINICAL TRIALS

Recommendation: That Resolution 016 be amended by addition and deletion:

Increasing Minority, ~~and~~ Female, and other Underrepresented Group Participation in Clinical Research H460.911

1. Our AMA advocates that:
a. The Food and Drug Administration (FDA) and National Institutes of Health (NIH) conduct annual surveillance of clinical trials by gender, race, and ethnicity, including consideration of pediatric and elderly populations, to determine if proportionate representation of women and minorities is maintained in terms of enrollment and retention. This surveillance effort should be modeled after National Institute of Health guidelines on the inclusion of women and minority populations. b. The FDA have a page on its web site that details the prevalence of minorities and women in its clinical trials and its efforts to increase their enrollment and participation in this research; and c. Resources be provided to community level agencies that work with those minorities, ~~and~~ females, ~~and~~ and other underrepresented groups who are not proportionately represented in clinical trials to address issues of lack of access, distrust, and lack of patient awareness of the benefits of trials in their health care. These minorities include Black Individuals/African Americans, Hispanics, Asians/Pacific Islanders/Native Hawaiians, and Native Americans.

2. Our AMA recommends the following activities to the FDA in order to ensure proportionate representation of minorities, ~~and~~ females, and other underrepresented groups in clinical trials: a. Increased fiscal support for community outreach programs; e.g., culturally relevant community education, community leaders' support, and listening to community's needs; b. Increased outreach to ~~female~~ all physicians to encourage recruitment of ~~minority and~~ ~~female~~ patients from underrepresented groups in clinical trials; c. Continued ~~minority physician~~ education for all physicians and physicians-in-training on clinical trials, subject recruitment, subject safety, and possible expense reimbursements, and that this education encompass discussion of barriers that currently

constrain appropriate recruitment of underrepresented groups and methods for increasing trial accessibility for patients ~~female and minority subject recruitment and methods for increasing trial accessibility for patients such as community partnerships, optimized patient-centered locations for accessing trials, and the ready availability of transportation to and from trial locations and child care services~~;

d. Support for the involvement of minority physicians in the development of partnerships between minority communities and research institutions; and e. Fiscal support for minority, ~~and~~ female, and other underrepresented groups recruitment efforts and increasing trial accessibility ~~through optimized patient-centered locations for accessing trials, the ready availability of transportation to and from trial locations, child care services, and~~ transportation, child care, ~~reimbursements, and location.~~

3. Our AMA advocates that specific results of outcomes in all clinical trials, both pre- and post-FDA approval, are to be determined for all subgroups of gender, race and ethnicity, including consideration of pediatric and elderly populations; and that these results are included in publication and/or freely distributed, whether or not subgroup differences exist.

RESOLVED, That our AMA amend H-460.911, Increasing Minority Participation in Clinical Research, by addition as follows:

Increasing Minority and Female Participation in Clinical Research H-460.911

1. Our AMA advocates that:
a. The Food and Drug Administration (FDA) and National Institutes of Health (NIH) conduct annual surveillance of clinical trials by gender, race, and ethnicity, including consideration of pediatric and elderly populations, to determine if proportionate representation of women and minorities is maintained in terms of enrollment and retention. This surveillance effort should be modeled after National Institute of Health guidelines on the inclusion of women and minority populations.
b. The FDA have a page on its web site that details the prevalence of minorities and women in its clinical trials and its efforts to increase their enrollment and participation in this research; and
c. Resources be provided to community level agencies that work with those minorities and females who are not proportionately represented in clinical trials to address issues of lack of access, distrust, and lack of patient awareness of the benefits of trials in their health care. These minorities include Blacks/African Americans, Hispanics, Asians/Pacific Islanders/Native Hawaiians, and Native Americans.

2. Our AMA recommends the following activities to the FDA in order to ensure proportionate representation of minorities and females in clinical trials:

a. Increased fiscal support for community outreach programs; e.g., culturally relevant community education, community leaders' support, and listening to community's needs;
b. Increased outreach to ~~female~~ all physicians to encourage recruitment of minority and female patients in clinical trials;
c. Continued ~~minority physician~~ education for all physicians and physicians-in-training on clinical trials, subject recruitment, subject safety, and possible expense reimbursements, and that this education encompass discussion of barriers that currently constrain appropriate female and minority subject recruitment and methods for increasing trial accessibility for patients such as community partnerships, optimized patient-centered locations for accessing trials, and the ready availability of transportation to and from trial locations and child care services;
d. Support for the involvement of minority physicians in the development of partnerships between minority communities and research institutions; and
e. Fiscal support for minority and female recruitment efforts and increasing trial accessibility through optimized patient-centered locations for accessing trials, the ready availability of transportation to and from trial locations, child care services, and ~~transportation, child care,~~ reimbursements~~, and location~~.

3. Our AMA advocates that specific results of outcomes in all clinical trials, both pre- and post-FDA approval, are to be determined for all subgroups of gender, race and ethnicity, including consideration of pediatric and elderly populations; and that these results are included in publication and/or freely distributed, whether or not subgroup differences exist.

Testimony was heard in strong support of Resolution 016, provided that proffered amendments were incorporated into the final version. Testimony reflected concern that the language of the resolution should specifically include pregnant people and members of underrepresented groups in addition to female study participants. Testimony generally supported the claim that research has not enrolled women in proportion to their disease burden, and that all physicians should be educated about strategies for equitable study enrollment. In Resolve 2e it is noted that certain specific strategies for reducing barriers should be fiscally supported, and testimony was heard that support for telemedicine should be included. However, your Reference Committee concluded that general language about fiscal support was more appropriate than a determinate list of strategies. Your Reference Committee recommends that Resolution 16 be adopted as amended.

(18) RESOLUTION 017 - SUPERVISION OF NON-PHYSICIAN PROVIDERS BY PHYSICIANS

RECOMMENDATION A:

First resolve of Resolution 017 be amended by addition and deletion:

RESOLVED, That our American Medical Association advocate ~~to relevant entities with a goal~~ to ensure physicians on staff receive written notification when their license is being used to document "supervision" of non-physician practitioners.~~:~~ ~~Physician supervision should be explicitly defined and mutually agreed upon~~ (Directive to Take Action); and be it further

RECOMMENDATION B:

Amended by addition of a new resolve for Resolution 017:

RESOLVED, That our AMA advocate that physician supervision should be explicitly defined and mutually agreed upon (Directive to Take Action); and be it further

RECOMMENDATION C:
The third resolve of Resolution 017 be amended by deletion:

RESOLVED, That our AMA advocate that organizations, institutions, and medical staffs that have physicians who participate in supervisory duties for non-physician practitioners have processes and procedures in place that have been developed with appropriate clinical physician input. ~~These should be adequate to assure patient safety and appropriate clinical care and are fully disclosed to physicians~~ (Directive to Take Action); and be it further

RECOMMENDATION D:

The fourth resolve of Resolution 017 be amended by addition and deletion:

RESOLVED, That our AMA advocate that physicians be able to report professional concerns about care provided by the non-physician practitioners to the appropriate leadership with protections against retaliation ~~so as not to be retaliated against by the physician's employer in any way~~ (Directive to Take Action).

RECOMMENDATION E:

Resolution 017 be adopted as amended.

RECOMMENDATION F:

The title of Resolution 017 be changed to read as follows:

SUPERVISION OF NON-PHYSICIAN PRACTITIONERS BY PHYSICIANS

RESOLVED, That our American Medical Association advocate to relevant entities with a goal to ensure physicians on staff receive written notification when their license is being used to document "supervision" of non-physician practitioners. Physician supervision should be explicitly defined and mutually agreed upon (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate for advanced notice and disclosure to the physician before they are hired or as soon as practicably known by provider organizations and institutions that anticipate physician supervision of non-physician practitioners as a condition for physician employment (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that organizations, institutions, and medical staffs that have physicians who participate in supervisory duties for non-physician practitioners have processes and procedures in place that have been developed with appropriate clinical physician input. These should be adequate to assure patient safety and appropriate clinical care and are fully disclosed to physicians (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that physicians be able to report professional concerns about care provided by the non-physician practitioners to the appropriate leadership with protections so as not to be retaliated against by the physician's employer in any way (Directive to Take Action).

Significant supportive testimony was heard for Resolution 017. A request was made for language to be simplified. Your Reference Committee has made changes accordingly and recommends Resolution 017 be adopted as amended.

RECOMMENDED FOR REFERRAL

(19) RESOLUTION 009 – MEDICAL DECISION-MAKING AUTONOMY OF THE ATTENDING PHYSICIAN

RECOMMENDATION:

Resolution 009 be referred.

RESOLVED, That our American Medical Association advocate that no matter what may change in regard to a physician's employment or job status, that there is a sacred relationship between an attending physician and his/her patient that leads the patient's attending physician to hold the ultimate authority in the medical decision-making that affects that patient (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate strongly that if there is a unique circumstance that puts the attending physician's care into question by a hospital administrator of any sort such as listed above but certainly not limited to that list– physician or not- in the event of a disagreement between an administrator and the attending physician regarding a decision one would call a mere judgment call, the onus would be on the administrator to prove to an ethics committee why the attending physician is wrong prior to anyone having the authority to overturn or overrule the order of the physician attending the patient directly (Directive to Take Action); and be it further

RESOLVED, That our AMA reaffirm that the responsibility 1 for the care of the individual patient lies with a prudent and responsible attending physician, and that his/her decisions should not easily be overturned unless there has been an egregious and dangerous judgment error made, and this would still call for an ethics committee consult in that instance (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA aggressively pursue any encroachment of administrators upon the medical decision making of attending physicians that is not in the best interest of patients a strongly as possible, for there is no more sacred relationship than that of a doctor and his/her patient, and as listed above, first, we do no harm. (Directive to Take Action)

Limited testimony was heard in support of the Resolution 009. Testimony was sympathetic to the claim that hospitals have increasing power while physicians have decreasing power and this discordance should be addressed. However, most testimony recommended referral because (i) Resolve 2 demonstrated a misunderstanding of the role of ethics committees, (ii) Resolve 3 used inflammatory language but did not add to existing AMA policy on non-interference in the patient-physician relationship and (iii) in general the tone and wording of the resolution could be improved. Your Reference Committee agreed with this rational and recommends Resolution 009 for referral for report.

(20) RESOLUTION 011 - ADVOCATING FOR THE INFORMED CONSENT FOR ACCESS TO TRANSGENDER HEALTH CARE

RECOMMENDATION:

Resolution 011 be referred.

RESOLVED, That our American Medical Association advocate and encourage the adoption of an informed consent model when determining coverage for transgender health care services. (Directive to Take Action)

The majority of testimony supported referral on the basis that Resolution 011 addresses a complex issue. Additional time is needed to address new standards, work with insurers and explore any legal implications of changing practice guidelines. It was generally agreed that the mental health assessment can be a barrier to obtaining care and this should be recognized in new policy. Your Reference Committee agreed that this requires further study and recommends Resolution 011 for referral with report back.

Mister Speaker, this concludes the report of Reference Committee on Amendments to Constitution and Bylaws. I would like to thank Dr. Afifa Adiba, Dr. Emily Briggs, Dr. Amish Dave, Dr. John Kincaid, Dr. Laila Koduri, and Dr. Carlos Latoree and all those who testified before the committee.

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