

**AMA-YPS Handbook Review: HOD Reference Committee on Amendments to Constitution & Bylaws**

Full text at <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/2009-interim-meeting/i09-reports-resolutions/business-hod.shtml>. Recommended AMA-YPS positions should be considered preliminary until ratified by the AMA-YPS Assembly on Nov. 6, 2009.

Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
<p><b>CEJA 1:</b> Financial Relationships with Industry in CME</p>	<p><b>RECOMMENDATION</b> The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of this report be filed:</p> <p>The respect and autonomy that medicine enjoys rest on the profession's commitment to fidelity and service in the patient-physician relationship. To sustain that commitment, medicine must ensure that physicians acquire and maintain the knowledge, skills, and values central to the healing profession. With that comes an ethical obligation to ensure that the profession itself sets the agenda and defines the goals of physician education, decides what subject matter is taught, determines physicians' educational needs, and takes steps to ensure the objectivity of educational content and of those who teach it.</p> <p>Financial and in-kind support of continuing medical education (CME) by pharmaceutical, biotechnology, and medical device companies puts that ethical obligation at risk by creating conditions for conflict of interest. Medicine's ethical aspiration should be to avoid this potential for bias.</p> <p>In some circumstances, however, refusing support from industry entirely could significantly undermine the profession's capacity to ensure that physicians have access to appropriate, high quality CME. Medicine should seek to minimize such occasions; when they cannot be avoided, medicine must act vigorously to protect the interests of patients and the integrity and independence of the educational enterprise.</p> <p>The following considerations define an ethical framework to guide professional practice with respect to industry support for CME:</p> <ol style="list-style-type: none"> <li>1. Funding or in-kind support should be provided only by sources that have no direct financial interest in a physician's clinical recommendations; and</li> <li>2. Individuals who develop content for or teach in CME activities should:               <ol style="list-style-type: none"> <li>a. have no current, recent (within the preceding 12 months), or potential direct financial interest (e.g., royalties or ownership interest) in the educational subject matter; and</li> <li>b. not currently be and not recently have been (within the preceding 12 months) involved in a compensated relationship (e.g., direct employment, service on a speakers bureau, service as a consultant or expert witness) with a commercial entity that has a financial interest in the educational subject matter.</li> </ol> </li> <li>3. When adhering to guidelines (1) and (2) above would significantly undermine the capacity to ensure that physicians have access to appropriate, high quality professional education,</li> </ol>	<p>Support</p>	<p>Referred</p>

**AMA-YPS Handbook Review: HOD Reference Committee on Amendments to Constitution & Bylaws**

Full text at <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/2009-interim-meeting/i09-reports-resolutions/business-hod.shtml>. Recommended AMA-YPS positions should be considered preliminary until ratified by the AMA-YPS Assembly on Nov. 6, 2009.

Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
	<p>funding or in-kind support may be provided by industry sources under the following conditions:</p> <ul style="list-style-type: none"> <li>a. the educational activity is planned by the provider based on needs identified independent of and prior to solicitation or acceptance of the commercial support; and</li> <li>b. the CME provider can articulate a compelling reason(s) to accept industry support for the educational activity or activities; and</li> <li>c. the CME provider declines industry support that is conditioned on the provider's acceptance of advice or services concerning educational content, faculty or content developers, or other educational matters; and</li> <li>d. the source and magnitude of the funding or in-kind support are clearly disclosed; and</li> <li>e. the CME provider routinely audits the level of industry support it receives to ensure that it maintains the independence and integrity of its educational mission and programs.</li> </ul> <p>4. When necessary to ensure that physicians have access to appropriate, high quality professional education, individuals who currently have modest financial interests in the educational subject matter may develop content for or teach in CME activities if the following conditions are met:</p> <ul style="list-style-type: none"> <li>a. the existence and magnitude of any financial interests are clearly disclosed; and</li> <li>b. steps are taken to eliminate or mitigate the potential influence of those interests.</li> </ul> <p>5. It can be ethically justifiable for an individual who currently has a direct, substantial, and unavoidable financial interest in the educational subject matter (e.g., as the inventor of a new device) to develop content for or teach in a CME activity if the following conditions are met:</p> <ul style="list-style-type: none"> <li>a. there is a demonstrated, compelling need for the specific CME activity in the professional community that cannot otherwise be met; and</li> <li>b. the CME provider demonstrates that the individual is uniquely qualified in the relevant body of knowledge or skills; and</li> <li>c. the CME provider takes steps to mitigate the potential influence of the unavoidable financial interest; and</li> <li>d. participants are clearly informed about the nature and magnitude of the individual's specific financial interest in the subject matter; and</li> <li>e. CME activities that use such experts contribute overall to the timely development</li> </ul>		

**AMA-YPS Handbook Review: HOD Reference Committee on Amendments to Constitution & Bylaws**

Full text at <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/2009-interim-meeting/i09-reports-resolutions/business-hod.shtml>. Recommended AMA-YPS positions should be considered preliminary until ratified by the AMA-YPS Assembly on Nov. 6, 2009.

Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
	<p>of a pool of qualified, independent experts in the relevant field. (New HOD/CEJA Policy) Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>		
<p><b>CEJA 2:</b> Physician Responsibilities for Safe Patient Discharge</p>	<p>RECOMMENDATION The Council on Ethical and Judicial Affairs recommends that the following be adopted in lieu of Resolution 4 (I-08) and that the remainder of this report be filed: Physicians' primary ethical obligation to serve their patients' needs encompasses an obligation to help ensure a discharge that is safe for the patient, without regard to socioeconomic status, immigration status, or other clinically irrelevant considerations. However, physicians should also use health care resources responsibly and can ethically consider compelling arguments made by hospital administrators to discharge a patient whose continued hospitalization is likely to compromise the care of other patients. As advocates for their patients, physicians should resist any discharge requests that could compromise a patient's safety. To ensure a patient's safe discharge, including discharge to caregivers outside the U.S., physicians should: (a) Determine that the patient is medically stable and ready for discharge from the treating facility; (b) Develop a plan for any medically needed post-discharge care; (c) Ascertain—individually or through the treating facility or other intermediary—that the receiving facility or caregiver has the capacity to provide care adequate to meet the patient's needs; (d) Take reasonable steps to ensure the patient's safe transit; (e) Assist a patient who is unwilling to accept the discharge plan to seek independent ethics consultation or other means of resolving ongoing disagreement; and (f) Refrain from signing a discharge order that would result in involuntary discharge of a patient who is not a U.S. citizen to his/her country of origin and advocate for the patient's opportunity to seek formal review of the proposed involuntary removal from the U.S. by appropriate government authorities. (New HOD/CEJA Policy) Fiscal Note: Staff cost estimated at less than \$500 to implement.</p>	<p>Monitor</p>	<p>Referred</p>
<p><b>Resolution 1:</b> Investigation of Non-Simultaneous, Extended, Altruistic Organ Donation (AMA-MSS)</p>	<p>RESOLVED, That our American Medical Association examine the feasibility and ethical implications of unconventional organ donation variations, such as non-simultaneous, extended, altruistic organ donation. (Directive to Take Action) Fiscal note: Implement accordingly at estimated staff cost of \$8,527.</p>	<p>Monitor</p>	<p>Adopted</p>

## AMA-YPS Handbook Review: HOD Reference Committee on Amendments to Constitution & Bylaws

Full text at <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/2009-interim-meeting/i09-reports-resolutions/business-hod.shtml>. Recommended AMA-YPS positions should be considered preliminary until ratified by the AMA-YPS Assembly on Nov. 6, 2009.

Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
<b>Resolution 2:</b> Disclosure of Health Status to Children and Adolescents (AMA-MSS)	RESOLVED, That our American Medical Association encourage relevant members of the Federation of Medicine, as well as relevant non-physician organizations, to provide ongoing communication, support, and training to health care providers to assist parents with disclosing their children's health status, in particular their HIV infection status, to them in a timely and prudent manner. (Directive to Take Action) Fiscal note: Implement accordingly at estimated staff cost of \$1,335.	Monitor	Adopted
<b>Resolution 3:</b> Limiting Futile Care at End of Life (FL)	RESOLVED, That our American Medical Association seek legislation by the United States Congress that will allow the creation of a methodology directed by physicians (MDs/DOs) that permits physicians (MDs/DOs) to either not engage in or to suspend futile care at the end of life; and that those physicians (MDs/DOs) be given immunity from liability when such decisions are made in good faith and within the standard of care with clear and convincing legal and ethical standards. (Directive to Take Action). Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.	Monitor	Not adopted
<b>Resolution 7:</b> Medical-Legal Partnerships to Improve Health and Well-Being (AAP)	RESOLVED, That our American Medical Association encourage physicians, allied health professionals, hospitals, and community-based health centers to develop medical-legal partnerships to help identify and resolve diverse legal issues that affect patients' health and well-being (Directive to Take Action); and be it further  RESOLVED, That our AMA work with key stakeholder organizations such as the American Academy of Pediatrics, the American Bar Association, the Legal Services Corporation and the federation to (a) educate physicians on the impact of unmet legal needs on the health of patients, (b) provide physicians with information on screening for such unmet legal needs in their patients, and (c) provide physicians, hospitals and health-centers with information on establishing a Medical-Legal Partnership. (Directive to Take Action) Fiscal Note: Implement accordingly at estimated cost of \$20,000 to develop and distribute educational and informational materials on the need for and development of medical-legal partnerships.	Monitor	Referred
<b>CCB Report 1:</b> Update to Bylaw 2.52, Special Meetings of the HOD	The Council on Constitution and Bylaws recommends that AMA House of Delegates adopt the following amendment to the AMA Bylaws 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. 2.50 Meetings of the House of Delegates. 2.52 Special Meetings of the House of Delegates. Special Meetings of the House of Delegates shall be called by the Speaker on written request of <del>25 or more delegates acting for, or in the name of, not less than one-third of the constituent associations</del> <u>one-third of the members of the House of Delegates</u> , or on request of a majority of the Board of Trustees. When a special meeting is called, the Executive Vice President of the AMA shall mail a	Support	Adopted as amended. See <a href="http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-cb-annotated.pdf">http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-cb-annotated.pdf</a> for final language.

**AMA-YPS Handbook Review: HOD Reference Committee on Amendments to Constitution & Bylaws**

Full text at <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/2009-interim-meeting/i09-reports-resolutions/business-hod.shtml>. Recommended AMA-YPS positions should be considered preliminary until ratified by the AMA-YPS Assembly on Nov. 6, 2009.

Recommended AMA-YPS Positions: Support, Active Support, Oppose, Active Oppose, Monitor

HOD resolution or report (sponsor)	Action requested	YPS position	HOD final action
	notice to the last known address of each member of the House of Delegates at least 20 days before the special meeting is to be held. The notice shall specify the time and place of meeting and the purpose for which it is called, and the House of Delegates shall consider no business except that for which the meeting is called. (Modify Bylaws)		
<b>Resolution 8:</b> End of Life Discussions (Radiation Oncology)	RESOLVED, That our American Medical Association consider end of life issues to be a private matter between the patient and physician not to be mandated by any government entity. (New HOD Policy) Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.	Support	Not adopted

