

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2007 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-07)

Report of Reference Committee on Amendments to Constitution and Bylaws

Jane C. K. Fitch, MD, Chair

1 In keeping with Resolution 601 (A-96), the Reference Committee recommends the
2 following consent calendar for acceptance:

3
4 **RECOMMENDED FOR ADOPTION**

- 5
- 6 1. Board of Trustees Report 10 – Specialty Society Representation in the
7 House of Delegates Five-year Review
 - 8
 - 9 2. Council on Constitution and Bylaws Report 1 – Apportionment of
10 Representatives to the Young Physicians Section Business Meeting
11
 - 12 3. Council on Constitution and Bylaws Report 4 – Timing of Election of the
13 Public Trustee
14
 - 15 4. Council on Ethical and Judicial Affairs Report 1 – Amendment to Opinion
16 E-8.032, “Conflicts of Interest: Health Facility Ownership by a Physician”
17
 - 18 5. Council on Ethical and Judicial Affairs Report 2 – Modification of Ethics
19 Policy to Ensure Inclusion for Transgender Physicians, Medical Students,
20 and Patients
21
 - 22 6. Council on Ethical and Judicial Affairs Report 3 – Amendment to Opinion
23 E-9.095, “Trademarks, Patents, Copyrights, and Other Legal Restrictions
24 on Medical Procedures”
25
 - 26 7. Council on Ethical and Judicial Affairs Report 4 – Amendment to Opinion
27 E-2.23, “HIV Testing”
28
 - 29 8. Council on Ethical and Judicial Affairs Report 6 – Amendment to Opinion
30 E-2.02, “Physicians’ Obligations in Preventing, Identifying, and Treating
31 Violence and Abuse”
32

1 9. Council on Ethical and Judicial Affairs Report 8 – Pediatric Decision-
2 Making

3
4 10. Council on Ethical and Judicial Affairs Report 9 – Umbilical Cord Blood
5 Banking
6

7 **RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

8
9 11. Council on Constitution and Bylaws Report 2 – Further Refinements to the
10 AMA Bylaws: Clarifying References to Medical Schools and Educational
11 Programs
12

13 **RECOMMENDED FOR REFERRAL**

14
15 12. Council on Ethical and Judicial Affairs Report 5 – Expedited Partner
16 Therapy
17

18 13. Council on Ethical and Judicial Affairs Report 7 – Palliative Sedation
19

20 **RECOMMENDED FOR NOT ADOPTION**

21
22 14. Resolution 2 – Physicians' Duty to Report Torture
23

1 (1) BOARD OF TRUSTEES REPORT 10 -- SPECIALTY
2 SOCIETY REPRESENTATION IN THE HOUSE OF
3 DELEGATES FIVE-YEAR REVIEW
4

5 RECOMMENDATION:
6

7 Mr. Speaker, your Reference Committee recommends that
8 the recommendations in Board of Trustees Report 10 be
9 adopted and that the remainder of the report be filed.

10
11 **HOD ACTION: Recommendations in Board of Trustees**
12 **Report 10 adopted and the remainder of the report filed.**
13

14 This report provides a five-year review of eight specialty societies, as called for by the
15 AMA Bylaws. It recommends that the American Association of Neuromuscular &
16 Electrodiagnostic Medicine, American College of Rheumatology, American Society for
17 Dermatologic Surgery, American Society of Clinical Oncology, American Society of
18 Maxillofacial Surgeons, Radiological Society of North America, and Society of Thoracic
19 Surgeons retain representation in the AMA House of Delegates. The report further
20 recommends that the Society of Nuclear Medicine be placed on a one-year grace period
21 for review at the AMA's 2008 Interim Meeting.
22

23 There was no testimony for this report, other than the presentation of the report by the
24 Board of Trustees, which your Reference Committee recommends for adoption.
25

26
27 (2) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 1
28 -- APPORTIONMENT OF REPRESENTATIVES TO THE
29 YOUNG PHYSICIANS SECTION BUSINESS MEETING
30

31 RECOMMENDATION:
32

33 Mr. Speaker, your Reference Committee recommends that
34 the recommendations in Council on Constitution and
35 Bylaws Report 1 be adopted and that the remainder of the
36 report be filed.
37

38
39 **HOD ACTION: Recommendations in Council on**
40 **Constitution and Bylaws Report 1 adopted and the**
41 **remainder of the report filed.**
42

43 This report proposes the following Bylaws amendments: 1) the elimination of all alternate
44 representative positions from the AMA Young Physicians Section (AMA-YPS) Business
45 Meeting; 2) the institution of a new proportional representation formula for
46 representatives to the AMA-YPS Business Meeting, consisting of two representatives
47 (and no alternate representatives) per 1000 AMA-YPS members for constituent
48 associations and national medical specialty societies; and 3) a mandate that an entity
49 seeking additional representatives beyond the first two positions to which each entity is

1 entitled must provide evidence showing that the additional representatives were chosen
2 in a fair and equitable manner allowing open representation.

3
4 The only testimony for this report was favorable, therefore your Reference Committee
5 recommends adoption.

6
7
8 (3) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 4
9 -- TIMING OF ELECTION OF THE PUBLIC TRUSTEE

10 RECOMMENDATION:

11
12
13 Mr. Speaker, your Reference Committee recommends that
14 the recommendations in Council on Constitution and
15 Bylaws Report 4 be adopted and that the remainder of the
16 report be filed.

17
18 **HOD ACTION: Recommendations in Council on**
19 **Constitution and Bylaws Report 4 adopted and the**
20 **remainder of the report filed.**

21
22 This report proposes Bylaws amendments to permit the Public Trustee to be elected at
23 any meeting of the AMA House of Delegates at which the Selection Committee for the
24 Public Trustee submits a nomination for approval by the House of Delegates. Presently,
25 the Public Trustee may be elected only at the Annual Meeting.

26
27 There was no testimony for this report, other than the presentation of the report by the
28 Council on Constitution and Bylaws, which your Reference Committee recommends for
29 adoption.

30
31
32 (4) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
33 REPORT 1 -- AMENDMENT TO OPINION E-8.032,
34 "CONFLICTS OF INTEREST: HEALTH FACILITY
35 OWNERSHIP BY A PHYSICIAN"

36 RECOMMENDATION:

37
38
39 Mr. Speaker, your Reference Committee recommends that
40 the recommendations in Council on Ethical and Judicial
41 Affairs Report 1 be adopted and that the remainder of the
42 report be filed.

43
44 **HOD ACTION: Recommendations in Council on Ethical and**
45 **Judicial Affairs Report 1 referred.**

46
47 This report clarifies Opinion E-8.032 and offers more specific ethical guidance pertaining
48 to the management of conflicts-of-interest that may arise from physician investment in
49 health facilities. The recommendations of this report call upon physicians to make
50 referral decisions on the basis of medical considerations. Ultimately, physicians must

1 ensure that any conflicts-of-interest stemming from their ownership interests in medical
2 facilities do not compromise the quality of patient care, result in excess resource
3 utilization, undermine the informed consent process, or exacerbate inequalities within
4 the health care system.

5
6 When introducing this report, the Council on Ethical and Judicial Affairs offered the
7 following editorial change on page 4, line 25:

8
9 (3) ~~should a patient choose not to accept referral to a~~
10 ~~physician-owned facility,~~ the physician should provide the
11 patient with information regarding an alternative
12 arrangement if available.

13
14 Testimony supported the general intent of this report, although concerns were expressed
15 regarding the recommended prohibition against non-compete clauses and potential
16 conflicts with federal Safe Harbor provisions. Your Reference Committee has concluded
17 that the prohibition against non-compete clauses for individuals investing in physician-
18 owned specialty hospitals does not pose a substantial burden on physicians, as an
19 identical prohibition has already been adopted as official AMA policy within current CEJA
20 Opinion E-8.032. Moreover, your Reference Committee verified that the AMA Office of
21 General Counsel had previously determined that the report's recommendations were in
22 compliance with relevant federal law. It was ultimately determined that the concerns
23 voiced against this report were not of sufficient magnitude to warrant non-adoption or
24 referral, especially when it is evident that the current iteration of Opinion E-8.032, last
25 updated in 1994, does not provide adequate guidance to the physician community. Your
26 Reference Committee therefore recommends that this report be adopted and
27 encourages CEJA to periodically review and update this Opinion.

28
29
30 (5) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
31 REPORT 2 -- MODIFICATION OF ETHICS POLICY TO
32 ENSURE INCLUSION FOR TRANSGENDER
33 PHYSICIANS, MEDICAL STUDENTS, AND PATIENTS

34
35 RECOMMENDATION:

36
37 Mr. Speaker, your Reference Committee recommends that
38 the recommendations in Council on Ethical and Judicial
39 Affairs Report 2 be adopted and that the remainder of the
40 report be filed.

41
42 **HOD ACTION: Recommendations in Council on Ethical and**
43 **Judicial Affairs Report 2 adopted and the remainder of the**
44 **report filed.**

45
46 This report modifies Council on Ethical and Judicial Affairs Opinions related to the rights
47 of patients and colleagues to provide protection against discrimination based on gender
48 identity.

49

1 The testimony presented was unanimously supportive of this report, and your Reference
2 Committee therefore recommends its adoption.

3
4
5 (6) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
6 REPORT 3 -- AMENDMENT TO OPINION E-9.095,
7 "TRADEMARKS, PATENTS, COPYRIGHTS, AND OTHER
8 LEGAL RESTRICTIONS ON MEDICAL PROCEDURES"

9
10 RECOMMENDATION:

11
12 Mr. Speaker, your Reference Committee recommends that
13 the recommendations in Council on Ethical and Judicial
14 Affairs Report 3 be adopted and that the remainder of the
15 report be filed.

16
17 **HOD ACTION: Recommendations in Council on Ethical and**
18 **Judicial Affairs Report 3 adopted and the remainder of the**
19 **report filed.**

20
21 This report amends Opinion E-9.095 so as to prohibit the use of trade secrets,
22 confidentiality agreements, and other means, in addition to patents, to limit the
23 availability of medical procedures. Such practices place significant limitations on the
24 dissemination of medical knowledge and are therefore unethical.

25
26 Testimony regarding this report was largely favorable. Your Reference Committee
27 believes that the Council on Ethical and Judicial Affairs has sufficiently addressed the
28 concerns raised at the 2007 Annual Meeting in reference to the previous version of this
29 report and therefore recommends its adoption.

30
31
32 (7) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
33 REPORT 4 -- AMENDMENT TO OPINION E-2.23, "HIV
34 TESTING"

35
36 RECOMMENDATION:

37
38 Mr. Speaker, your Reference Committee recommends that
39 the recommendations in Council on Ethical and Judicial
40 Affairs Report 4 be adopted and that the remainder of the
41 report be filed.

42
43 **HOD ACTION: Council on Ethical and Judicial Affairs**
44 **Report 4 adopted and the remainder of the report filed.**

45
46 This report is submitted to update ethical Opinion E-2.23, "HIV Testing," in response to
47 Resolution 2 (A-07), "HIV Testing," and Board of Trustees Report 1-A-07, "Ethical and
48 Legal Issues in Responding to Occupational HIV Exposure." This report concludes that
49 the routine screening of adults for HIV is an important means of promoting the public's
50 health. However, physicians should continue to seek the patients' informed consent

1 before any such tests are performed. By communicating effectively, engaging patients
2 in the decision-making process, supporting the expansion of HIV screening programs,
3 and providing appropriate follow-up care, physicians may serve the patients' best
4 interests, help to protect the health of third parties, and improve public health.

5
6 Testimony for this report concurred with CEJA's conclusion that routine HIV screening
7 represents an important tool for promoting the public's health, while simultaneously
8 revealing apprehensions regarding the practicality of wide-spread testing and disease
9 reporting procedures. Based on testimony, your Reference Committee believes that the
10 feasibility and propriety of routine HIV testing, rather than universal testing, have already
11 been established by the CDC, with significant input from the AMA Council on Science
12 and Public Health. Furthermore, the report's recommendation that physicians comply
13 with disease reporting practices, subject to state laws, is consistent with existing
14 requirements enumerated in current Opinion E-2.23, last updated in 1994, and do not
15 constitute an undue burden upon physicians because public health authorities bear
16 primary responsibility for such activities. Your Reference Committee, therefore,
17 recommends that this report be adopted.

18
19
20 (8) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
21 REPORT 6 -- AMENDMENT TO OPINION E-2.02,
22 "PHYSICIANS' OBLIGATIONS IN PREVENTING,
23 IDENTIFYING, AND TREATING VIOLENCE AND ABUSE"

24
25 RECOMMENDATION:

26
27 Mr. Speaker, your Reference Committee recommends that
28 the recommendations in Council on Ethical and Judicial
29 Affairs Report 6 be adopted and that the remainder of the
30 report be filed.

31
32 **HOD ACTION: Recommendations in Council on Ethical and**
33 **Judicial Affairs Report 6 adopted and the remainder of the**
34 **report filed.**

35
36 This report seeks to update Opinion E-2.02 to more thoroughly address the physicians'
37 roles in the assessment, prevention, and reporting of violence or abuse. The report
38 encourages physicians to make appropriate efforts to ensure that all patients are
39 routinely assessed for violence and abuse, rather than limiting screening efforts to
40 patients believed to be at high risk. Moreover, the report calls for the incorporation of
41 additional training programs and the establishment of institutional policies that address
42 the treatment of violence and abuse. Finally, physicians are called upon to comply with
43 reporting laws in a way that minimizes infringement upon the autonomy and
44 confidentiality of patients, while seeking changes to laws that do not promote the
45 patients' best interests.

46
47 Your Reference Committee heard considerable testimony suggesting that some of the
48 proposed recommendations in the report were too burdensome. Specifically, many
49 believed that physicians should not be required to routinely inquire about abuse as part
50 of the collection of medical histories, but should instead be allowed to exercise their own

1 professional discretion. Additionally, some who testified noted that physicians should be
2 encouraged to familiarize themselves with legal reporting requirements instead of having
3 such knowledge mandated. In response, the Council on Ethical and Judicial Affairs
4 offered the following editorial changes to their report to address the testimony before
5 your Reference Committee.

6
7 On page 4, line 18:

8
9 A. Physicians ~~should~~must routinely inquire about physical,
10 sexual, and psychological abuse as part of the medical
11 history. Physicians should also consider abuse as a factor
12 in the presentation of medical complaints because
13 patients' experiences with interpersonal violence or abuse
14 may adversely affect their health status or ability to adhere
15 to medical recommendations.

16
17 On page 5, line 15:

18
19 A. Physicians ~~should~~must familiarize themselves with any
20 relevant reporting requirements within the jurisdiction in
21 which they practice.

22
23 Your Reference Committee believes that these changes sufficiently address the
24 concerns expressed in testimony and therefore recommends the adoption of this report
25 as editorially changed by CEJA.

26
27
28 (9) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
29 REPORT 8 -- PEDIATRIC DECISION-MAKING

30
31 RECOMMENDATION:

32
33 Mr. Speaker, your Reference Committee recommends that
34 the recommendations in Council on Ethical and Judicial
35 Affairs Report 8 be adopted and that the remainder of the
36 report be filed.

37
38
39 **HOD ACTION: Recommendations in Council on Ethical and**
40 **Judicial Affairs Report 8 adopted and the remainder of the**
41 **report filed.**

42
43 This report examines the ethical aspects of medical decision-making for pediatric
44 patients, especially when disagreements arise among physicians, parents, or the
45 patients themselves. The report recommends that the best interest of the patient must
46 be paramount when making treatment decisions and that many factors be considered
47 when deciding best interest. Physicians are further advised to obtain informed consent
48 from parents and obtain a developmentally appropriate assent to treatment from
49 pediatric patients. The report also sets forth measures to take when there is a
50 disagreement over a treatment decision and recommends the use of institutional policies

1 for timely conflict resolution, including consultation with an ethics committee, pastoral
2 service, or other counseling resource, and advises that the use of the legal system
3 remain a last resort.

4
5 Testimony regarding this report generally supported its adoption. Although some
6 testimony raised concerns that the recommendation which guides physicians to treat
7 reversible life-threatening conditions was too broad, it was noted that these guidelines
8 were appropriate when taken in context with the entirety of the recommendations.
9 Therefore, your Reference Committee recommends the report be adopted.

10
11
12 (10) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
13 REPORT 9 -- UMBILICAL CORD BLOOD BANKING

14
15 RECOMMENDATION:

16
17 Mr. Speaker, your Reference Committee recommends that
18 the recommendations in Council on Ethical and Judicial
19 Affairs Report 9 be adopted and that the remainder of the
20 report be filed.

21
22
23 **HOD ACTION: Recommendations in Council on Ethical and**
24 **Judicial Affairs Report 9 adopted and the remainder of the**
25 **report filed.**
26

27 This report examines the banking practices of umbilical cord blood, a potential source of
28 stem and progenitor cells, which may eventually be used to reconstitute tissue, organs,
29 or entire systems. The report recommends that physicians should be prepared to
30 answer questions regarding the various options for cord blood donation or storage; that
31 informed consent be obtained; and that ties to public and private cord blood banks must
32 be disclosed. The report emphasizes that physicians must not accept financial or other
33 inducements for providing samples to cord blood banks, and should encourage women
34 wishing to donate cord blood to donate to a public bank. Additionally, private banking
35 should be considered when there exists a family predisposition to a condition in which
36 umbilical cord stem cells are therapeutically indicated.

37
38 Testimony regarding this report was generally favorable. However, it was noted that the
39 paramount duty to protect the mother and newborn was represented in the body of the
40 report but was not included in the recommendation. To remedy this oversight, the
41 Council on Ethical and Judicial Affairs offered the following editorial change on page 5,
42 line 21:
43

1 Umbilical cord blood stem cells are useful for some
2 therapeutic purposes. Physicians providing obstetrical
3 care should be prepared to inform pregnant women of the
4 various options regarding cord blood donation or storage
5 and the potential uses of donated samples. Collection
6 procedures must not interfere with standard delivery
7 practices and the safety of a newborn or the mother.
8

9 Additional concerns were expressed that the proposed guidelines might place many
10 restrictions upon the use of private cord blood banks, a practice that is already
11 commonplace in some areas of the country. Your Reference Committee believes that
12 the guidelines do not overly restrict that utilization and allow for the potential expansion
13 of this practice if future evidence so warrants. This report is therefore recommended for
14 adoption as editorially changed by CEJA.
15

16
17 (11) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 2
18 -- FURTHER REFINEMENTS TO THE AMA BYLAWS:
19 CLARIFYING REFERENCES TO MEDICAL SCHOOLS
20 AND EDUCATIONAL PROGRAMS
21

22 RECOMMENDATION A:
23

24 Mr. Speaker, your Reference Committee recommends that
25 the recommendations of Council on Constitution and
26 Bylaws Report 2 be amended by insertion on page 3, line
27 28, to read as follows:
28

29 **7.332 Medical School Campus.** The AMA medical
30 student members of ~~a school~~ an educational program as
31 defined in Bylaw 7.331 that has more than one campus
32 may select a representative and an alternate
33 representative from each campus. A separate campus is
34 defined as a separate facility in a city other than where the
35 main campus is located, and where part of the medical
36 ~~school~~ student body is assigned for some portion of their
37 instruction over a period of time not less than an academic
38 year.
39

40 RECOMMENDATION B:
41

42 Mr. Speaker, your Reference Committee recommends that
43 Council on Constitution and Bylaws Report 2 be adopted
44 as amended and the remainder of the report be filed.
45

46 **HOD ACTION: Council on Constitution and Bylaws Report**
47 **2 adopted as amended and the remainder of the report**
48 **filed.**
49

1 This report proposes Bylaws amendments that cross-reference existing AMA Bylaw
2 1.11, which describes accredited programs leading to an MD or DO degree.

3
4 No further testimony was heard in regard to this item following its introduction by the
5 Council on Constitution and Bylaws. However, your Reference Committee discussed
6 concerns pertaining to the proposed striking of the term “medical school” under Bylaw
7 7.332. To avert potential confusion as to which individuals within a medical school may
8 be eligible to become representatives to the Medical Student Section business meeting,
9 your Reference Committee recommends that this report be adopted as amended.

10
11
12 (12) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
13 REPORT 5 -- EXPEDITED PARTNER THERAPY

14
15 RECOMMENDATION:

16
17 Mr. Speaker, your Reference Committee recommends that
18 Council on Ethical and Judicial Affairs Report 5 be
19 referred.

20
21 **HOD ACTION: Council on Ethical and Judicial Affairs**
22 **Report 5 referred.**

23
24 This report focuses on the ethical issues associated with the use of expedited partner
25 therapy (EPT), as recommended by the Centers for Disease Control and Prevention.
26 Expedited partner therapy has been demonstrated to be a clinically effective strategy for
27 treating and limiting the spread of a limited number of sexually transmitted infections.
28 The provision of EPT in the absence of a traditional patient-physician relationship
29 creates distinct ethical concerns pertaining to informed consent, confidentiality, and
30 patient safety. Physicians are encouraged to consider the use of EPT services only
31 where the treatment of the patients’ sexual partners via a traditional patient-physician
32 relationship is impossible or unlikely.

33
34 Your Reference Committee heard testimony which questioned the legality and
35 practicality of the physicians’ participation in EPT practices, while additionally suggesting
36 that the report’s characterization of EPT as a treatment of last resort may deter
37 physicians from engaging in this practice. Your Reference Committee concludes that
38 the provision of EPT could indeed provide important patient benefits and that it would be
39 in our AMA’s best interest to develop an ethics policy promoting this practice. However,
40 this report does not appear to adequately address the full range of legal and ethical
41 concerns voiced in testimony. Your Reference Committee, therefore, recommends that
42 this report be referred back to CEJA for further development with appropriate input from
43 ACOG, CDC, and other relevant parties.

1 (13) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
2 REPORT 7 -- PALLIATIVE SEDATION
3

4 RECOMMENDATION:
5

6 Mr. Speaker, your Reference Committee recommends that
7 Council on Ethical and Judicial Affairs Report 7 be
8 referred.
9

10 **HOD ACTION: Council on Ethical and Judicial Affairs**
11 **Report 7 referred.**
12
13

14 This report examines the ethical considerations pertaining to the practice of palliative
15 sedation, an important tool used to ameliorate intractable symptoms for patients whose
16 illnesses are terminal and end stage. Palliative sedation is differentiated from other
17 actions taken at the end-of-life, and the appropriate clinical situations in which palliative
18 sedation may be indicated are discussed. The report concludes that palliative sedation
19 is an intervention of last resort to reduce severe, refractory pain, or other distressing
20 clinical symptoms that do not respond to aggressive symptom-specific palliation, and is
21 an accepted and appropriate component of end-of-life care. Moreover, the report
22 describes the specific circumstances and safeguards necessary to ensure patient safety
23 and ethically appropriate palliative sedation.
24

25 Testimony raised concerns that there were internal inconsistencies within the body of the
26 report in the discussion of whether or not palliative sedation hastens death. Additional
27 confusion was noted over the use of the term "terminal sedation." Moreover, some
28 testimony pointed out that the section of the report on clinical symptoms could be
29 expanded to add clarity. After hearing this testimony, the Council on Ethical and Judicial
30 Affairs indicated that it would not oppose referral of the report so this matter can be
31 examined more thoroughly. Your Reference Committee accordingly recommends that
32 the report be referred back to CEJA for further consideration.
33
34

35 (14) RESOLUTION 2 -- PHYSICIANS' DUTY TO REPORT
36 TORTURE
37

38 RECOMMENDATION:
39

40 Mr. Speaker, your Reference Committee recommends that
41 Resolution 2 not be adopted.
42

43 **HOD ACTION: Resolution 2 not adopted.**
44

45 This resolution asks the AMA to request a Congressional investigation sufficient to
46 assure that the US military is currently investigating, or has recently investigated, the
47 medical issues related to alleged detainee abuses and the involvement or
48 noninvolvement of medical personnel in such activities. The resolution further asks that
49 the AMA request Congress to investigate that those bodies currently involved in training

1 military physicians are addressing the ethical codes and principles pertinent to the
2 prevention of abuse of detainees.

3

4 According to testimony, guidelines concerning physicians as members of Behavioral
5 Science Consultation Teams, as well as their duties towards detained individuals, are
6 already addressed by Department of Defense policies and federal law. Your Reference
7 Committee recommends that this resolution not be adopted.

8

1 Mr. Speaker, this concludes the report of Reference Committee on Amendments to
2 Constitution and Bylaws. I would like to thank Keith Adams, MD, John Burge, MD,
3 Diana Fite, MD, Adam Ostendorf, M. Eugene Sherman, MD, and all those who testified
4 before the Committee.

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