

**JOINT REPORT OF COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT  
AND COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS**

The following report was presented by J. David Nagel, MD, Chair, Council on Long Range Planning and Development, and Frank A. Riddick, Jr., MD, Chair, Council on Ethical and Judicial Affairs:

**1. ELIMINATING DUPLICATIVE ETHICS POLICIES**

**HOUSE ACTION: RECOMMENDATION ADOPTED AND  
REMAINDER OF REPORT FILED**

**BACKGROUND**

The same statements of American Medical Association ethics policy often appear in two distinct parts of PolicyFinder--the Current Opinions of the Council on Ethical and Judicial Affairs and the Policies of the AMA House of Delegates. (PolicyFinder is a computer program that allows users to search the AMA policy database.) This situation creates confusion and unnecessarily increases the size of the AMA's policy database.

Because the Council on Long Range Planning and Development (CLRPD) is charged under Section 6.5014 of the AMA Bylaws with identifying and evaluating ways to enhance the AMA's policy development processes, the Council on Ethical and Judicial Affairs (CEJA) asked the CLRPD to assist it in eliminating unnecessary duplication in the AMA's ethics policies and in identifying how such duplication can be prevented in the future. In this report, CLRPD and CEJA recommend rescission of House ethics policies that duplicate the statements in CEJA's Current Opinions. Rescinding House policies that duplicate CEJA's Current Opinions does not diminish the body of AMA policy in any sense because CEJA's Current Opinions are a component of AMA policy.

**CONSOLIDATION OF ETHICS POLICIES**

As stated in AMA Policy H-545.964 (AMA Policy Database), the purpose of policy consolidation is to make information on AMA policy more accessible and to increase the readability of PolicyFinder. Policy consolidation does not result in the establishment of new policy. Consequently, Policy H-545.964 states that the recommendations in policy consolidation reports cannot be amended and must be voted upon in their entirety. Changes in AMA policy can be accomplished through other types of reports or by resolutions that are submitted to the AMA House of Delegates.

Current House policy on ethical issues that are duplicates of CEJA Ethical Opinions are presented in the Appendix to this report. The CLRPD and CEJA suggest that these duplicative House policies be rescinded.

**CHANGING THE PROCESS**

The House's policy development and/or coding systems need to be adjusted to prevent unnecessary duplication of the AMA's ethics policies. CLRPD and CEJA are continuing to discuss this topic and expect to present their suggestions to the House in the near future.

**RECOMMENDATION**

The Council on Long Range Planning and Development and the Council on Ethical and Judicial Affairs propose that the following recommendation be adopted and the remainder of the report be filed.

That the House of Delegates rescind American Medical Association Policies numbered H-5.984, H-60.953, H-60.964, H-65.984, H-85.970, H-140.909, H-140.913, H-140.914, H-140.915, H-140.916, H-140.917, H-140.918, H-140.922, H-140.923, H-140.924, H-140.925, H-140.927, H-140.929, H-140.932, H-140.934, H-140.935, H-140.936, H-140.937, H-140.939, H-140.940, H-140.941, H-140.943, H-140.947, H-140.948, H-140.953, H-140.956, H-140.957, H-140.961, H-140.975, H-160.933, H-160.934, H-165.921, H-285.949, H-285.961, H-295.909, H-370.978, H-370.980, H-385.943, H-460.927, H-460.928, and H-460.935 of the AMA Policy Database and PolicyFinder.

## APPENDIX - CURRENT DUPLICATIVE ETHICS POLICIES

This Appendix provides a list of the current House of Delegates policies that are duplicative of CEJA Opinions. The CLRPD and CEJA suggest that the duplicative House policies be rescinded.

ID Number of HOD Policy	Title of HOD Policy	Rationale for Rescission of HOD Policy
H-5.984	Mandatory Parental Consent to Abortion	Duplicative of E-2.015 (CEJA)
H-60.953	Testing Children for Genetic Status	Duplicative of E-2.138 (CEJA)
H-60.964	Confidential Care for Minors	Duplicative of E-5.055 (CEJA)
H-65.984	Gender Discrimination in the Medical Profession	Duplicative of E-9.035 (CEJA)
H-85.970	Confidentiality of HIV Status on Autopsy Reports	Duplicative of E-5.057 (CEJA)
H-140.909	Managing Conflicts of Interest in the Conduct of Clinical Trials	Duplicative of E-8.0315 (CEJA)
H-140.913	The Ethical Implications of Xenotransplantation	Duplicative of E-2.169 (CEJA)
H-140.914	Medical Student Involvement in Patient Care	Duplicative of E-8.087 (CEJA)
H-140.915	Confidentiality of Health Information Post-Mortem	Duplicative of E-5.051 (CEJA)
H-140.916	Potential Patients: Ethical Consideration	Duplicative of E-10.05 (CEJA)
H-140.917	Surgical "Placebo" Controls	Duplicative of E-2.076 (CEJA)
H-140.918	Disruptive Physician	Duplicative of E-9.045 (CEJA)
H-140.922	Ethical Implications of Surgical Co-Management	Duplicative of E-8.043 (CEJA)
H-140.923	Signing Bonuses to Attract Graduates of US Medical Schools	Duplicative of E-9.037 (CEJA)
H-140.924	Medical Students Performing Procedures on Fellow Students	Duplicative of E-3.09 (CEJA)
H-140.925	Impaired Drivers and their Physicians	Duplicative of E-2.24 (CEJA)
H-140.927	Access to Medical Records by Non-Treating Medical Staff	Duplicative of E-7.025 (CEJA)
H-140.929	Ethical Obligations of Medical Directors	Duplicative of E-8.021 (CEJA)
H-140.932	Direct-to-Consumer Advertisements of Prescription Drugs	Duplicative of E-5.015 (CEJA)
H-140.934	Physicians' Political Communications with Patients and Their Families	Duplicative of E-9.012 (CEJA)
H-140.935	Conflicts of Interest: Biomedical Research	Duplicative of E-8.031 (CEJA)
H-140.936	Information from Unethical Experiments	Duplicative of E-2.30 (CEJA)
H-140.937	Sexual or Romantic Relations between Physicians and Key Third Parties	Duplicative of E-8.145 (CEJA)
H-140.939	Use of Invalid Medical Treatment: General Guidelines	Duplicative of E-8.20 (CEJA)
H-140.940	Sale of Non-Health-Related Goods from Physicians' Offices	Duplicative of E-8.062 (CEJA)
H-140.941	Financial Incentives and the Practice of Medicine	Duplicative of E-8.054 (CEJA)
H-140.943	Ethics Consultation	Duplicative of E-9.115 (CEJA)
H-140.947	Optimal Use of Orders Not To Intervene and Advance Directives	Duplicative of E-2.225 (CEJA)
H-140.948	Medical Futility in End-of-Life Care	Duplicative of E-2.037 (CEJA)
H-140.953	Patient Responsibilities	Duplicative of E-10.02 (CEJA)
H-140.956	Ethical Guidelines for Medical Consultants	Duplicative of E-8.02 (CEJA)
H-140.957	Physician Participation in Capital Punishment	Duplicative of E-2.06 (CEJA)
H-140.961	Conflicts of Interest - Physician Ownership of Medical Facilities	Duplicative of E-8.032 (CEJA)
H-140.975	Fundamental Elements of the Patient-Physician Relationship	Duplicative of E-10.01 (CEJA)
H-160.933	Reporting Clinical Tests Results: General Guidelines	Duplicative of E-8.09 (CEJA)

ID Number of HOD Policy	Title of HOD Policy	Rationale for Rescission of HOD Policy
H-160.934	Use of Chaperones During Physical Exams	Duplicative of E-8.21 (CEJA)
H-165.921	Ethical Issues in Health Care System Reform	Duplicative of E-2.09 (CEJA)
H-285.949	The Ethical Implications of Capitation	Duplicative of E-8.05 (CEJA)
H-285.961	Restrictions on Disclosure in Managed Care Contracts	Duplicative of E-8.05 (CEJA)
H-295.909	Covenants-Not-to-Compete for Physicians-in-Training	Duplicative of E-9.021 (CEJA)
H-370.978	The Use of Minors as Organ and Tissue Sources	Duplicative of E-2.167 (CEJA)
H-370.980	Strategies for Cadaveric Organ Procurement	Duplicative of E-2.155 (CEJA)
H-385.943	Collective Action and Patient Advocacy	Duplicative of E-9.025 (CEJA)
H-460.927	Subject Selection for Clinical Trials	Duplicative of E-2.071 (CEJA)
H-460.928	Waiver of Informed Consent for Research in Emergency Situations	Duplicative of E-8.085 (CEJA)
H-460.935	Issues of Ethical Conduct in Assisted Reproductive Technology	Duplicative of E-2.055 (CEJA)

### **REPORT OF HOUSE OF DELEGATES SELECT COMMITTEE**

The report of the House of Delegates Select Committee was presented by Ronald J. Clearfield, MD, Chair. Reference Committee I considered the Report of the House of Delegates Select Committee. The Report of Reference Committee I was considered by the House of Delegates in an Executive Meeting, as provided for in Section 2.643 of the AMA Bylaws. The Select Committee Report and the Reference Committee Report are privileged and confidential and are not included in the Proceedings. The following are the actions taken by the House of Delegates on the Report of the Select Committee.

**HOUSE ACTION: THE FOLLOWING RECOMMENDATIONS WERE ADOPTED, ADOPTED AS AMENDED, OR ADOPTED AS SUBSTITUTED:**

That the report of the Select Committee be filed with the Office of General Counsel.

That the Speaker appoint an ongoing Ad Hoc Committee consisting of the Vice Speaker, two representatives of the Council on Long Range Planning and Development, a representative of Reference Committee F, and a representative from the Select Committee; with the following responsibilities:

1. address the items referred to it in this report,
2. examine the responsibilities and relationships among the AMA Executive Vice President, General Counsel, and Board of Trustees,
3. review and make recommendations to the House of Delegates based in part on previous reports addressing governance, and
4. provide ongoing reports to the House of Delegates at Annual and Interim Meetings until such time as the House deems that it has accomplished its charge, beginning with the 2002 Annual Meeting. The reports shall address the implementation of new recommendations, old recommendations, and policies that have not been fully implemented with respect to governance.

That the Select Committee be dismissed with thanks for a timely and cogent report.

1. The Office of General Counsel shall develop criteria for consulting with outside counsel.
3. The Search Committee for the AMA Executive Vice President should have equal representation from the Board of Trustees and House of Delegates, with the Board members of the Committee appointed by the Chair of the Board and the House of Delegates Members appointed by the Speaker, with the Chair of the Committee appointed by the Chair of the Board of Trustees.
4. Binding arbitration clauses should be contained in employment agreements for senior executive staff.
5. The AMA should explore ways in which to avoid or minimize the risk or appearance that an employee would take action in representing AMA motivated in any part by the possibility of future employment.
6. Activities to promote communication between the Board of Trustees and staff should be an ongoing priority.
7. Without suggesting that the current practice is or was in any way unauthorized, improper or illegal, the Executive Vice President will have the responsibility for hiring and firing the General Counsel following consultation with the Board of Trustees.
8. The General Counsel shall coordinate the retention of all outside legal counsel on behalf of AMA, unless the legal matter directly concerns the employment or performance of the General Counsel.
9. Outside legal counsel shall be retained on behalf of AMA to negotiate and draft the employment contract for the Executive Vice President.
14. The Board of Trustees should amend its Standing Rules and that the Bylaws be amended to indicate that the Speaker of the AMA shall be an *ex officio* member of the Executive Committee of the Board without the right to vote.

15. The Board of Trustees shall review existing policy for attendance of AMA members at Board meetings as stated in Board Standing Rules and alter them so that the process is less cumbersome. The Board of Trustees shall develop criteria detailing indications for the use of Executive, Closed, and Limited Sessions with the goal to utilize such procedures as infrequently as possible, and the Board of Trustees shall report back as to the changes at the 2002 Annual Meeting. The Board of Trustees will submit to the House of Delegates an informational report at the 2002 Annual Meeting detailing the criteria it has established as to when a member of the AMA may not be present during Board deliberations.
17. That in the event of a settlement of litigation in this matter, the negotiators be urged to resist any confidentiality agreement which might materially impede adequately informing the House of Delegates in closed session, of experiences that might lead to possible organizational changes, and that the Office of General Counsel prepare and submit a final report to the House of Delegates after the conclusion of the litigation *Anderson v. AMA*.

**HOUSE ACTION: THE FOLLOWING RECOMMENDATIONS WERE REFERRED  
THROUGH THE BOARD OF TRUSTEES  
TO THE AD HOC COMMITTEE:**

2. The AMA should include the position of Deputy Executive Vice President in the management structure on a continuing basis. The job description for that position should be similar to that of a corporate Chief Operating Officer.
10. The Board should divide its oversight responsibilities into committees and/or task forces that correspond to major activities of the organization requiring senior executive participation.

**HOUSE ACTION: THE FOLLOWING RECOMMENDATIONS WERE NOT ADOPTED:**

11. Financial expertise should be added to the selection criteria for the public member of the AMA Board of Trustees. If financial expertise is added as a selection criteria, the Board should consider making the Public Member a member of the Finance Committee.
12. The Council on Long Range Planning and Development should study and develop criteria for candidates to the AMA Board of Trustees.
13. The Council on Constitution and Bylaws should formulate language to amend the AMA Constitution and Bylaws to indicate that the Speaker and Vice Speaker of the AMA are *ex officio* Members of the AMA Board of Trustees with the right to vote.
16. The informational items should be presented to the Board of Trustees in the form of a consent calendar list available at the meeting, with automatic extraction by any Board members for discussion.

**REPORT OF THE COMMITTEE OF THE HOUSE OF DELEGATES  
ON COMPENSATION OF THE GENERAL OFFICERS**

The following report was presented by James G. Hoehn, MD, Chair:

**REPORT ON THE COMPENSATION OF AMA GENERAL OFFICERS**

**HOUSE ACTION: RECOMMENDATIONS ADOPTED AND  
REMAINDER OF REPORT FILED**

**BACKGROUND**

This report is presented for the continuing information of the House of Delegates in accordance with Recommendation 13 of the Final Report of the Ad Hoc Committee on Structure, Governance, and Operations (I-98). The Committee submitted reports to the American Medical Association House of Delegates at the 1999 Interim Meeting, the 2000 Annual and Interim Meetings, and the 2001 Annual Meeting.

At the 2000 Annual Meeting, the House adopted Option B of Council on Constitution and Bylaws Report 2, which specified that the Committee present an annual report to the House recommending the level of compensation of the General Officers for the ensuing year subject to the approval of the House. The report also established that the Committee not direct the nature of the work of the Board, the mechanisms to accomplish Board work, nor the method utilized in designing work assignments. Option B of CCB Report 2-A-00 also stipulated that the annual report of this Committee may be adopted, or referred back to the Committee, and may be amended for clarification only with the concurrence of the Committee.

**FREQUENCY AND PURPOSE OF COMMITTEE REPORTS**

The intent of the Committee is to present a report to the House at each Interim Meeting on the premise that the Committee's decisions and recommendations become effective for seated and newly-elected General Officers on the following July 1. This report schedule will permit the House, the Board of Trustees, and appropriate AMA staff to review and discuss the contents and consequences of the reports prior to implementation of their provisions.

In its A-01 report, the Committee based its compensation recommendations for the period July 1, 2001 through June 30, 2002 on Board assignment days and expense data for the six-month period October 1, 2000 through March 31, 2001. Recommendations in this report for General Officers' compensation during the period July 1, 2002 through June 30, 2003 will be based on Board assignment and expense data for the period October 1, 2000 through June 30, 2001. Subsequent reports will have a database period of one year available for the Committee's review.

**COMMITTEE REVIEW OF GENERAL OFFICERS EXPENSE DATA**

The Committee reviewed expense data for the period October 1, 2000 through June 30, 2001 for purposes of this report. In reviewing these data, the primary intent of the Committee was to determine if a shift in assignments from Trustees (who receive per diem compensation), to the four Board officers (who receive fixed compensation) was occurring, thus reducing per diem expenses.

A comparison of actual annual per diem costs for 1999-2000 with projected per diem costs for 2001 show the following results:

<u>Year</u>	<u>Per Diem Costs</u>
1999	\$847,000
2000	\$704,000
2001	\$616,000 (projected)

Comparison of per diem days for the above periods confirm the beginning of a reduction of per diem days and a shift in assignments to the Board officers (President, President-Elect, Immediate Past President, and Board Chair).

The Committee had established a target of approximately 200 assignment days for the Board officers to be engaged in AMA business. This level of involvement is equivalent to a full-time position given the additional personal work and preparation at home which is not considered an assignment day.

The Committee commends the Board's efforts toward shifting assignment days to the Board officers and in reducing overall Board expenses.

#### COMPENSATION RECOMMENDATION FOR GENERAL OFFICERS FOR THE PERIOD JULY 1, 2002 THROUGH JUNE 30, 2003

In its A-01 report, the Committee recommended a change in compensation effective July 1, 2001 through June 30, 2002 as follows:

Position	From	To
Board officers (4 positions)	\$225,000	\$230,000
Trustees (weekdays)	\$1,120/day	\$1,150/day
(weekends)	\$560/day	\$575/day
Resident	\$15,000	No change
Student	\$ 6,000	No change

In consideration of the general condition of the US economy, the AMA's financial status, and the continued need for strict fiscal responsibility, the Committee recommends no change in the cash compensation, benefits, and perquisites of the AMA general officers for the period July 1, 2002 through June 30, 2003. Should conditions change in the interim, the Committee reserves the right to amend its recommendation.

#### PROPOSED COMPENSATION FOR THE NEW POSITION OF PUBLIC BOARD MEMBER

As part of its charge, the Committee is authorized to establish the compensation for all general officers. Following review and discussion of selection criteria established by the Selection Committee for the Public Member of the Board of Trustees, it is understood that the Public Board Member will participate in all AMA Board deliberations and decisions at the same level as physician Board members, except that the Public Board Member will not be eligible to serve in an elected leadership position on the Board and will not vote in any intra-Board elections. The Committee further understands that in addition to scheduled Board meetings, the Public Board Member may be called upon from time-to-time for additional assignments.

In consideration of the expertise, impact, and time commitment intended for the Public Board Member position, the Committee recommends that the cash compensation, benefits, and perquisites of the Public Board Member be comparable to those of all non-officer physician Board members.

Assuming House ratification of the Selection Committee's recommendation for the finalist candidate at the 2002 Annual Meeting, the same per diem rate of \$1,150 per day for weekdays and \$575 per day for weekends applicable to non-officer, physician Board members should apply to the Public Board Member effective July 1, 2002.

#### RECOMMENDATIONS

In summary, the Committee of the House of Delegates on the Compensation of the General Officers recommends that the House of Delegates adopt the following recommendations:

1. That no change occur in the compensation of the American Medical Association General Officers for the period July 1, 2002 through June 30, 2003.
2. That the cash compensation, benefits, and perquisites of the Public Board Member be comparable to those of all non-officer, physician Board members.
3. That the remainder of this report be filed.