Whereas, Numerous studies have demonstrated the widespread existence of sex and gender bias and disparities in the provision and outcomes of health care, and that awareness of gender bias does not negate its effect;\textsuperscript{1,2,3,4,5,6,7,8} and

Whereas, These disparities have been attributed to provider bias, physiologic and pathophysiologic sex differences, or a combination of both;\textsuperscript{1,4,9,10} and

Whereas, Patients with a feminine gender identity or presentation are at risk for gender-bias in health care regardless of biological sex;\textsuperscript{6,8} and

Whereas, Gender disparities exist in treatments, invasive therapies, referral patterns and wait times which often leads to worsened outcomes including increased mortality rates;\textsuperscript{1-4,6} and

Whereas, Clinical Decision Support (CDS) tools, which provide electronic alerts and computerized order sets, are recognized methods to minimize gender bias and decrease disparities through automatization of treatment and diagnostic protocols;\textsuperscript{10,11,12,13,14} and

\textsuperscript{1} Shah, T. \textit{et al.} An Update on Gender Disparities in Coronary Heart Disease Care. \textit{Current Atherosclerosis Reports}. 2016 May; 18(5), 28.
\textsuperscript{2} Bogaev, R. Gender Disparities Across the Spectrum of Advanced Cardiac Therapies: Real or Imagined? \textit{Current Cardiology Reports}. 2016 Nov.; 18(11), 108.
\textsuperscript{4} Razmjou, H. \textit{et al.} Sex and gender disparity in pathology, disability, referral pattern, and wait time for surgery in workers with shoulder injury. \textit{BMC Musculoskeletal Disorders}. 2016 Sep.; 17, 401.
\textsuperscript{8} Anstey ED, Li S, Thomas L, \textit{et al.} Race and Sex Differences in Management and Outcomes of Patients After ST-Elevation and Non–ST-Elevation Myocardial Infarct: Results From the NCDR. \textit{Clinical Cardiology}. 2016 Oct.; 39(10), 585-595.
\textsuperscript{11} Wei, Janet \textit{et al.} Sex-Based Differences in Quality of Care and Outcomes in a Health System Using a Standardized STEMI Protocol. \textit{American Heart Journal}. 2017 Sept.; 191: 30–36.
Whereas, The AMA’s Commission to End Health Care Disparities sought “to ensure equitable, appropriate, effective, safe, and high quality care for all, with no gaps in services based on any medically irrelevant factor;” yet conclusions from the Commission refer only to racial and ethnic disparities;

Whereas, The Council on Ethical and Judicial Affairs recommended in 1991 encouraging the development and implementation of procedures and techniques that preclude or minimize the negative impact of gender bias; and

Whereas, A 2016 report from the AMA’s Council on Science and Public Health acknowledged both biological and social factors leading to disparities in women’s health, but only suggested improving medical education and including women in clinical research as solutions; and

Whereas, The AMA has existing policy declaring a commitment to eliminating health care disparities with a specific mention of racial and ethnic health disparities, but does not have a policy directly targeting gender-based health care disparities; therefore be it

RESOLVED, That our American Medical Association encourage the use of guidelines, and treatment protocols, and decision support tools specific to biological sex for conditions in which physiologic and pathophysiologic differences exist between sexes (New HOD Policy); and be it

further

RESOLVED, That our AMA support the use of gender-neutral decision support tools that aim to mitigate gender bias in diagnosis and treatment. (New HOD Policy)

Fiscal note: not yet determined

Received: 04/26/17

RELEVANT AMA POLICY

D-478.995 National Health Information Technology
H-350.971 AMA Initiatives Regarding Minorities
D-350.995 Reducing Racial and Ethnic Disparities in Health Care
An Expanded Definition of Women’s Health H-525.976
Medical Education and Training in Women’s Health H-295.890
Sex and Gender Differences in Medical Research H-525.988
8.5 Disparities in Health Care
Principles of the Patient-Centered Medical Home H-160.919
Medicare Physician Payment Reform D-390.961