AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 009
(A-18)

Introduced by: Women Physicians Section

Subject: Improving and Increasing Clarity and Consistency among AMA Induced Abortion Policies

Referred to: Reference Committee on Amendments to Constitution and Bylaws
(Peter H. Rheinstein, MD, JD, MS, Chair)

Whereas, In recent years our AMA has affirmed the medical relevance of induced abortion; and

Whereas, There are several AMA policies that are directly or indirectly related to induced abortion; and

Whereas, Amendments and revisions of policies have sometimes resulted in use of imprecise and inconsistent language; and

Whereas, This may result in inaccurate perceptions, and reporting of AMA policies on induced abortion; and

Whereas, A review of these policies reveals language inconsistencies that cause AMA policy misunderstandings by the public, as evidenced in the need for and premise for policy H-5.988, “Accurate Reporting on AMA Abortion Policy”; and

Whereas, Legal induced abortion is defined by the Centers for Disease Control and Prevention (CDC), for the purpose of CDC surveillance, as an intervention performed by a specially trained and licensed clinician (e.g., a physician, nurse-midwife, nurse practitioner, or physician assistant) that is intended to terminate an ongoing pregnancy; and

Whereas, The AMA has previously only recognized abortion performed by duly licensed physicians; and

Whereas, In certain states, other licensed and specially trained clinicians perform abortion; and

Whereas, The American College of Obstetricians and Gynecologists encourages expanding the trained pool of non-obstetrician-gynecologist providers to include family physicians, nurse practitioners, physician assistants, and certified nurse-midwives, thereby supporting access to safe abortion care; and

Whereas, Clinical evidence suggests that outcomes are equivalent between physician and other trained clinicians; therefore be it

RESOLVED, That our American Medical Association review its policies on abortion to ensure use of appropriate terminology and that such policies are reflective of appropriate practice standards (Directive to Take Action); be it further
RESOLVED, That AMA Policy H-5.988, “Accurate Reporting on AMA Abortion Policy,” be amended by addition to read as follows:

Accurate Reporting on AMA Abortion Policy H-5.988
Our AMA House of Delegates (HOD) cautions members of the Board of Trustees, Councils, employees and members of the House of Delegates HOD to precisely state current AMA policy on abortion and related issues in an effort to minimize public misperception of AMA policy and urges that our AMA continue efforts to refute misstatements and misquotes by the media with reference to AMA abortion policy.

(Amend HOD Policy)

Fiscal note: Less than $500 to implement.

Received: 05/01/18

References:

RELEVANT AMA POLICY
Accurate Reporting on AMA Abortion Policy H-5.988
Our AMA HOD cautions members of the Board of Trustees, Councils, employees and members of the House of Delegates to precisely state current AMA policy on abortion and related issues in an effort to minimize public misperception of AMA policy and urges that our AMA continue efforts to refute misstatements and misquotes by the media with reference to AMA abortion policy.

Citation: (Sub. Res. 21, A-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CEJA Rep. 8, A-11)

Pregnancy Termination H-5.983
The AMA adopted the position that pregnancy termination be performed only by appropriately trained physicians (MD or DO).

Citation: (Res. 520, A-95; Reaffirmed: CSA Rep. 8, A-03; Modified: CSAPH Rep. 1, A-13)

Freedom of Communication Between Physicians and Patients H-5.989
It is the policy of the AMA: (1) to strongly condemn any interference by the government or other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of the patient;
(2) working with other organizations as appropriate, to vigorously pursue legislative relief from regulations or statutes that prevent physicians from freely discussing with or providing information to patients about medical care and procedures or which interfere with the physician-patient relationship;
(3) to communicate to HHS its continued opposition to any regulation that proposes restrictions on physician-patient communications; and
(4) to inform the American public as to the dangers inherent in regulations or statutes restricting communication between physicians and their patients.

Citation: (Sub. Res. 213, A-91; Reaffirmed: Sub. Res. 232, I-91; Reaffirmed by Rules & Credentials Cmt., A-96; Reaffirmed by Sub. Res. 133 and BOT Rep. 26, A-97; Reaffirmed by Sub. Res. 203 and 707, A-98; Reaffirmed: Res. 703, A-00; Reaffirmed in lieu of Res. 823, I-07; Reaffirmation I-09; Reaffirmation: I-12; Reaffirmed in lieu of Res. 5, I-13)

See also: Policy on Abortion H-5.990; Right to Privacy in Termination of Pregnancy H-5.993; Abortion H-5.995; E-4.2.7 Abortion; E-4.1.2 Genetic Testing for Reproductive Decision Making