

Not for consideration

Resolutions not for consideration

- 601 Creation of an AMA Election Reform Committee
- 907 Developing Diagnostic Criteria and Evidence-Based Treatment Options for Problematic Pornography Viewing
- 909 Use of Person-Centered Language
- 910 Shade Structures in Public and Private Planning and Zoning Matters

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 601
(I-18)

Introduced by: Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, Vermont

Subject: Creation of an AMA Election Reform Committee

Referred to: Reference Committee F
(Greg Tarasidis, MD, Chair)

1 Whereas, Members of our AMA House of Delegates cherish our democratic process; and

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3 Whereas, Our current election and voting process for AMA officers and council positions
4 consumes a lot of time and financial resources; and

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6 Whereas, Election reform would allow for more time for policy and debate during HOD sessions;
7 and

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9 Whereas, Cost barriers are often an impediment to candidate elections; and

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11 Whereas, There are significant technological advances that could allow for an expedited
12 process of elections and debate; therefore be it

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14 RESOLVED, That our American Medical Association appoint a House of Delegates Election
15 Reform Committee to examine ways to expedite and streamline the current election and voting
16 process for AMA officers and council positions (Directive to Take Action); and be it further

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18 RESOLVED, That such HOD Election Reform Committee consider, at a minimum, the following
19 options:

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21 - The creation of an interactive election web page;
22 - Candidate video submissions submitted in advance for HOD members to view;
23 - Eliminate all speeches and concession speeches during HOD deliberations, with the
24 exception of the President-Elect, Speaker and Board of Trustee positions;
25 - Move elections earlier to the Sunday or Monday of the meeting;
26 - Conduct voting from HOD seats (Directive to Take Action); and be it further

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28 RESOLVED, That our AMA review the methods to reduce and control the cost of campaigns
29 (Directive to Take Action); and be it further

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31 RESOLVED, That the HOD Election Reform Committee report back to the HOD at the 2019
32 Interim Meeting with a list of recommendations. (Directive to Take Action)

Fiscal Note: Estimated cost to implement resolution is between \$15K-\$25K.

Received: 09/25/18

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 907
(I-18)

Introduced by: Medical Student Section

Subject: Developing Diagnostic Criteria and Evidence-Based Treatment Options for Problematic Pornography Viewing

Referred to: Reference Committee K
(Darlyne Menscer, MD, Chair)

Whereas, Surveys indicate that the majority (95% of males and 75% of females) of individuals have at least some lifetime exposure to pornographic material;¹ and

Whereas, The Problematic Pornography Consumption Scale (PPCS) was developed to distinguish between nonproblematic and problematic pornography use and when the PPCS was used in a study of 772 respondents, 3.6% of pornography users belonged to the at-risk group;² and

Whereas, Individuals suffering from problematic pornography use may have impaired daily functioning that includes hardship on romantic relationships and job loss due to the inability to control urges to view pornography at work;³ and

Whereas, The Kinsey Institute survey found that 9% of porn viewers reported that they had tried unsuccessfully to stop;³ and

Whereas, There is emerging evidence that the meso-limbic-frontal regions of the brain that are associated with reward pathways exhibit dopaminergic and serotonergic neurotransmitter dysregulation similar to that in addictive disorders;^{4,5} and

Whereas, Several studies have linked problematic pornography use to increased incidence of erectile dysfunction⁶ and higher rates of domestic violence;⁷⁻⁹ and

Whereas, During the drafting of the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) in 2012, it was proposed that the addictive disorders category develop a new diagnosis called hypersexual disorder with a pornography subtype, but reviewers determined that there was not yet enough evidence to include the diagnosis in the 2013 publication;¹ and

Whereas, AMA policy supports protecting youth from viewing pornography (H-60.934) and creating awareness about victims of child pornography and abuse (H-60.990), but the AMA has no policy pertaining to adult pornography use or potential misuse; therefore be it

RESOLVED, That our American Medical Association support research on problematic pornography use, including its physiological and environmental drivers, appropriate diagnostic criteria, effective treatment options, and relationships to erectile dysfunction and domestic violence. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000.
Received: 09/24/18

References:

1. Doring, N. M. The internet's impact on sexuality: A critical review of 15 years of research. *Computers in Human Behavior*. 2009;25(5):1089-1101.
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5. Gola, M., et al. Can pornography be addictive? An fMRI study of men seeking treatment for problematic pornography use. *Biorxiv*. 2017.
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7. Janet, H. S. When words are not enough: The search for the effect of pornography on abused women. *Violence Against Women*. 2004: 10(1), 56-72.
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RELEVANT AMA POLICY**Child Pornography H-60.990**

The AMA (1) encourages and promotes awareness of child pornography issues among physicians; (2) promotes physician awareness of the need for follow-up psychiatric treatment for all victims of child pornography; (3) encourages research on child abuse (including risk factors, psychological and behavioral impact, and treatment efficacy) and dissemination of the findings; and (4) wherever possible, encourages international cooperation among medical societies to be alert to and intervene in child pornography activities.

Citation: BOT Rep. Z, A-88; Reaffirmed: Sunset Report, I-98; Modified and Reaffirmed: CSAPH Rep. 2, A-08; Reaffirmed: CSAPH Rep. 01, A-18

Internet Pornography: Protecting Children and Youth Who Use the Internet and Social Media H-60.934

Our AMA:

- (1) Recognizes the positive role of the Internet in providing health information to children and youth.
- (2) Recognizes the negative role of the Internet in connecting children and youth to predators and exposing them to pornography.
- (3) Supports federal legislation that restricts Internet access to pornographic materials in designated public institutions where children and youth may use the Internet.
- (4) Encourages physicians to continue efforts to raise parent/guardian awareness about the importance of educating their children about safe Internet and social media use.
- (5) Supports school-based media literacy programs that teach effective thinking, learning, and safety skills related to Internet and social media use.

Citation: BOT Rep. 10, I-06; Modified: CSAPH Rep. 01, A-16

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 909
(I-18)

Introduced by: Wisconsin

Subject: Use of Person-Centered Language

Referred to: Reference Committee K
(Darlyne Menscer, MD, Chair)

Whereas, Communication is one of the foundational aspects of patient care that impacts patient satisfaction and builds rapport between a physician and patient;¹ and

Whereas, Person-first language is a style of communication in which the person is listed first followed by descriptive terms, such as a disease state (e.g. “a person with schizophrenia” rather than “a schizophrenic”), which avoids defining a person by his or her disease state and places the emphasis on the person rather than the disease or disability; and

Whereas, The use of person-first language may improve the doctor-patient relationship,² encourage a healthy relationship between researchers and the community,^{3,4} and may reduce stigma associated with certain disease states;^{5,6} and

Whereas, Multiple organizations including the federal Centers for Disease Control and Prevention, American Psychological Association, and American Society of Addiction Medicine encourage person-first language;^{7,8,9,10,11,12} and

Whereas, Person-centered language is a style of communication that incorporates an individual’s preference and identity when referring to a disease state (e.g. “a blind person” or “a person with blindness” based on personal preference), which may deviate from person-first language; and

Whereas, The use of person-centered language focuses on each person’s individual preferences rather than using generalizing terms for a group when referring to a disease state or disability, which seeks to maintain dignity and respect for all individuals;^{13,14} and

Whereas, Certain groups - such as the deaf and the blind communities - speak against using person-first language because they identify their disability as a trait they possess instead of a pathologic process, and this issue is mitigated by using person-centered language;^{15,16} and

Whereas, The Canadian Alzheimer's Society has developed specific guidelines for using person-centered language as to “not diminish the uniqueness and intrinsic value of each person and to allow a full range of thoughts, feeling and experiences to be communicated,” and to continue to build trusting relationships with these patients regardless of their condition;¹³ and

Whereas, The AMA recommends the use of person-first language in the AMA Code of Style, and recently adopted policy regarding the use of person-first language for obesity (H-440.821) but failed to include other disease states; therefore be it

- 1 RESOLVED, That our American Medical Association encourage the use of person-centered
2 language. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000.

Received: 09/25/18

RELEVANT AMA POLICY

Person-First Language for Obesity H-440.821

Our AMA: (1) encourages the use of person-first language (patients with obesity, patients affected by obesity) in all discussions, resolutions and reports regarding obesity; (2) encourages the use of preferred terms in discussions, resolutions and reports regarding patients affected by obesity including weight and unhealthy weight, and discourage the use of stigmatizing terms including obese, morbidly obese, and fat; and (3) will educate health care providers on the importance of person-first language for treating patients with obesity; equipping their health care facilities with proper sized furniture, medical equipment and gowns for patients with obesity; and having patients weighed respectfully.

Citation: Res. 402, A-17; Modified: Speakers Rep., I-17

References:

1. Mohammed, K *et al.* Creating a Patient-Centered Health Care Delivery System: A Systematic Review of Health Care Quality From the Patient Perspective. *Amer. J of Med.* 2016; 31(1): 12-21.
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3. Tai-Seale, M *et al.* The Language of Engagement: "Aha!" Moments from Engaging Patients and Community Partners in Two Pilot Projects of the Patient-Centered Outcomes Research Institute. *Perm J.* 2016 Spring; 20(2): 89-92.
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8. Dunn, DS and Andrews, EE. Person-first and identity-first language: Developing psychologists' cultural competence using disability language. *American Psychologist* 2015; 70(3): 255-264.
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AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 910
(I-18)

Introduced by: Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, Vermont

Subject: Shade Structures in Public and Private Planning and Zoning Matters

Referred to: Reference Committee K
(Darlyne Menscer, MD, Chair)

1 Whereas, Malignant melanoma is now the fifth most common cancer in the United States, and
2 its incidence has increased 33-fold since 1935, with sun exposure being the principle cause;^{1, 2,}
3 ^{3, 4} and
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5 Whereas, The Surgeon General's "Call to Action to Prevent Skin Cancer" of 2014⁵ concisely
6 outlined the magnitude of the public health problem which skin cancer represents in this
7 country, and recommended multiple strategies to decrease the risk of this preventable cancer,
8 including special attention to the provision of shade structures in the planning of public and
9 private spaces; and
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11 Whereas, Shade structures are often treated as accessory buildings in planning and zoning
12 matters, and this can result in the denial of reasonable shade protection in public and private
13 spaces; therefore be it
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15 RESOLVED, That our American Medical Association support sun shade structures (such as
16 awnings, gazebos and other structures providing shade) in the planning of public and private
17 spaces, as well as in zoning matters and variances in recognition of the critical importance of
18 sun protection as a public health measure. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000.

Received: 09/25/18

References

1. CA Cancer J Clin 2010; 60: 277-300
2. CA Cancer J Clin 2008; 58: 71-96
3. Skin Cancer Foundation Journal Vol 29; 65-67
4. CA Cancer J Clin 1998; 48: 232
5. *The Surgeon Generals Call to Action to Prevent Skin Cancer 2014*