

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

2
3 Whereas, Our current election and voting process for AMA officers and council positions
4 consumes a lot of time and financial resources; and

5
6 Whereas, Election reform would allow for more time for policy and debate during HOD sessions;
7 and

8
9 Whereas, Cost barriers are often an impediment to candidate elections; and

10
11 Whereas, There are significant technological advances that could allow for an expedited
12 process of elections and debate; therefore be it

13
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

17
18 RESOLVED, That such HOD Election Reform Committee consider, at a minimum, the following
19 options:

20

- 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
exception of the President-Elect, Speaker and Board of Trustee positions;
- 24 - Move elections earlier to the Sunday or Monday of the meeting;
- 25 - Conduct voting from HOD seats (Directive to Take Action); and be it further

26
27 RESOLVED, That our AMA review the methods to reduce and control the cost of campaigns
28 (Directive to Take Action); and be it further

29
30 RESOLVED, That the HOD Election Reform Committee report back to the HOD at the 2019
31 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)

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

3
4 Whereas, The Problematic Pornography Consumption Scale (PPCS) was developed to
5 distinguish between nonproblematic and problematic pornography use and when the PPCS was
6 used in a study of 772 respondents, 3.6% of pornography users belonged to the at-risk group;²
7 and

8
9 Whereas, Individuals suffering from problematic pornography use may have impaired daily
10 functioning that includes hardship on romantic relationships and job loss due to the inability to
11 control urges to view pornography at work;³ and

12
13 Whereas, The Kinsey Institute survey found that 9% of porn viewers reported that they had tried
14 unsuccessfully to stop;³ and

15
16 Whereas, There is emerging evidence that the meso-limbic-frontal regions of the brain that are
17 associated with reward pathways exhibit dopaminergic and serotonergic neurotransmitter
18 dysregulation similar to that in addictive disorders;^{4,5} and

19
20 Whereas, Several studies have linked problematic pornography use to increased incidence of
21 erectile dysfunction⁶ and higher rates of domestic violence;⁷⁻⁹ and

22
23 Whereas, During the drafting of the Diagnostic and Statistical Manual of Mental Disorders 5
24 (DSM-5) in 2012, it was proposed that the addictive disorders category develop a new diagnosis
25 called hypersexual disorder with a pornography subtype, but reviewers determined that there
26 was not yet enough evidence to include the diagnosis in the 2013 publication;¹ and

27
28 Whereas, AMA policy supports protecting youth from viewing pornography (H-60.934) and
29 creating awareness about victims of child pornography and abuse (H-60.990), but the AMA has
30 no policy pertaining to adult pornography use or potential misuse; therefore be it

31
32 RESOLVED, That our American Medical Association support research on problematic
33 pornography use, including its physiological and environmental drivers, appropriate diagnostic
34 criteria, effective treatment options, and relationships to erectile dysfunction and domestic
35 violence. (New HOD Policy)

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

Received: 09/24/18

References:

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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)

1 Whereas, Communication is one of the foundational aspects of patient care that impacts patient
2 satisfaction and builds rapport between a physician and patient;¹ and
3
4 Whereas, Person-first language is a style of communication in which the person is listed first
5 followed by descriptive terms, such as a disease state (e.g. "a person with schizophrenia" rather
6 than "a schizophrenic"), which avoids defining a person by his or her disease state and places
7 the emphasis on the person rather than the disease or disability; and
8
9 Whereas, The use of person-first language may improve the doctor-patient relationship,²
10 encourage a healthy relationship between researchers and the community,^{3,4} and may reduce
11 stigma associated with certain disease states;^{5,6} and
12
13 Whereas, Multiple organizations including the federal Centers for Disease Control and
14 Prevention, American Psychological Association, and American Society of Addiction Medicine
15 encourage person-first language;^{7,8,9,10,11,12} and
16
17 Whereas, Person-centered language is a style of communication that incorporates an
18 individual's preference and identity when referring to a disease state (e.g. "a blind person" or "a
19 person with blindness" based on personal preference), which may deviate from person-first
20 language; and
21
22 Whereas, The use of person-centered language focuses on each person's individual
23 preferences rather than using generalizing terms for a group when referring to a disease state
24 or disability, which seeks to maintain dignity and respect for all individuals;^{13,14} and
25
26 Whereas, Certain groups - such as the deaf and the blind communities - speak against using
27 person-first language because they identify their disability as a trait they possess instead of a
28 pathologic process, and this issue is mitigated by using person-centered language;^{15,16} and
29
30 Whereas, The Canadian Alzheimer's Society has developed specific guidelines for using
31 person-centered language as to "not diminish the uniqueness and intrinsic value of each person
32 and to allow a full range of thoughts, feeling and experiences to be communicated," and to
33 continue to build trusting relationships with these patients regardless of their condition;¹³ and
34
35 Whereas, The AMA recommends the use of person-first language in the AMA Code of Style,
36 and recently adopted policy regarding the use of person-first language for obesity (H-440.821)
37 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:

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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 and^{3, 4}

4 Whereas, The Surgeon General's "Call to Action to Prevent Skin Cancer" of 2014⁵ concisely
5 outlined the magnitude of the public health problem which skin cancer represents in this
6 country, and recommended multiple strategies to decrease the risk of this preventable cancer,
7 including special attention to the provision of shade structures in the planning of public and
8 private spaces; and

9
10 Whereas, Shade structures are often treated as accessory buildings in planning and zoning
11 matters, and this can result in the denial of reasonable shade protection in public and private
12 spaces; therefore be it

13
14 RESOLVED, That our American Medical Association support sun shade structures (such as
15 awnings, gazebos and other structures providing shade) in the planning of public and private
16 spaces, as well as in zoning matters and variances in recognition of the critical importance of
17 sun protection as a public health measure. (New HOD Policy)

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

Received: 09/25/18

References

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2. CA Cancer J Clin 2008; 58: 71-96
3. Skin Cancer Foundation Journal Vol 29; 65-67
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