Handbook Review: HOD Reference Committee on Amendments to Constitution and Bylaws

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HOD resolution or report (sponsor)	Action requested	AMA-YPS recommended position
BOT Report 14: Protection of Physician Freedom of Speech (Resolution 5-I-17)	RECOMMENDATION The Board of Trustees recommends that the following be adopted in lieu of Resolution 5-I-17 and the remainder of this report be filed: 1. That our American Medical Association strongly oppose litigation challenging the exercise of a physician's First Amendment right to express opinions regarding medical issues. (New HOD Policy); and 2. That AMA Policy H-460.895, "Free Speech Applies to Scientific Knowledge," be reaffirmed (Reaffirm HOD Policy). Fiscal Note: Less than $500	Support
*CEJA Report 1: Competence, Self-Assessment and Self-Awareness	RECOMMENDATION The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of this report be filed: The expectation that physicians will provide competent care is central to medicine. It undergirds professional autonomy and the privilege of self-regulation granted by society. To this end, medical schools, residency and fellowship programs, specialty boards, and other health care organizations regularly assess physicians' technical knowledge and skills. However, as an ethical responsibility competence encompasses more than medical knowledge and skill. It requires physicians to understand that as a practical matter in the care of actual patients, competence is fluid and dependent on context. Each phase of a medical career, from medical school through retirement, carries its own implications for what a physician should know and be able to do to practice safely and to maintain effective relationships with patients and with colleagues. Physicians at all stages of their professional lives need to be able to recognize when they are and when they are not able to provide appropriate care for the patient in front of them or the patients in their practice as a whole. To fulfill the ethical responsibility of competence, individual physicians and physicians in training should strive to: (a) Cultivate continuous self-awareness and self-observation. (b) Recognize that different points of transition in professional life can make different demands	Support

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	on competence. (c) Take advantage of well-designed tools for self-assessment appropriate to their practice settings and patient populations. (d) Seek feedback from peers and others. (e) Be attentive to environmental and other factors that may compromise their ability to bring appropriate skills to the care of individual patients and act in the patient's best interest. (f) Intervene in a timely and appropriate manner when a colleague's ability to practice safely is compromised by impairment, in keeping with ethics guidance. Medicine as a profession should continue to refine mechanisms for assessing knowledge and skill and should develop meaningful opportunities for physicians and physicians in training to hone their ability to be self-reflective and attentive in the moment. (New HOD/CEJA Policy) Fiscal Note: Less than $500.	
*CEJA Report 2: Study Aid-in-Dying as End-of-Life Option (Resolution 15-A-16) The Need to Distinguish "Physician-Assisted Suicide" and "Aid in Dying" (Resolution 14-A-17)	RECOMMENDATION The Council on Ethical and Judicial Affairs has reviewed the literature and received thoughtful input from numerous individuals and organizations to inform its deliberations, and is deeply grateful to all who shared their insights. CEJA engaged in extensive, often passionate discussion about how to interpret the Code of Medical Ethics in light of ongoing debate and the irreducible differences in moral perspectives identified above. The council recognized that supporters and opponents share a fundamental commitment to values of care, compassion, respect, and dignity, but diverge in drawing different moral conclusions from those underlying values in equally good faith. The council further recognized that medicine must learn from experience of physician-assisted suicide, and must ensure that, where the practice is legal, safeguards are improved. After careful consideration, CEJA concludes that in existing opinions on physician-assisted suicide and the exercise of conscience, the Code offers guidance to support physicians and the patients they serve in making well-considered, mutually respectful decisions about legally available options for care at the end of life in the intimacy of a patient-physician relationship. The Council on Ethical and Judicial Affairs therefore recommends that the Code of Medical Ethics not be amended, that Resolutions 15-A-16 and 14-A-17 not be adopted and that the remainder of the report be filed.	Monitor

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	Fiscal Note: None	
*CEJA Report 3: Amendment to E-2.2.1, "Pediatric Decision Making" (Resolution 3-A-16, "Supporting Autonomy for Patients with Differences of Sex Development [DSD]") (Resolution 13-A-18, "Opposing Surgical Sex Assignment of Infants with Differences of Sex Development")	RECOMMENDATION In light of the foregoing analysis, the Council on Ethical and Judicial Affairs recommends that Opinion E-2.2.1, "Pediatric Decision Making," be amended by substitution as follows in lieu of Resolutions 3-A-16, "Supporting Autonomy for Patients with Differences of Sex Development (DSD),"and 13-A-18, "Opposing Surgical Sex Assignment of Infants with Differences of Sex Development," and the remainder of this report be filed: As the persons best positioned to understand their child's unique needs and interests, parents (or guardians) are asked to fill the dual responsibility of protecting their children and, at the same time, empowering them and promoting development of children's capacity to become independent decision makers. In giving or withholding permission for medical treatment for their children, parents/guardians are expected to safeguard their children's physical health and well-being and to nurture their children's developing personhood and autonomy. But parents' authority as decision makers does not mean children should have no role in the decision-making process. Respect and shared decision making remain important in the context of decisions for minors. Thus, physicians should evaluate minor patients to determine if they can understand the risks and benefits of proposed treatment and tailor disclosure accordingly. The more mature a minor patient is, the better able to understand what a decision will mean, and the more clearly the child can communicate preferences, the stronger the ethical obligation to seek minor patients' assent to treatment. Except when immediate intervention is essential to preserve life or avert serious, irreversible harm, physicians and parents/guardians should respect a child's refusal to assent, and when circumstances permit should explore the child's reason for dissent. For health care decisions involving minor patients, physicians should: (a) Provide compassionate, humane care to all pediatric patients. (b) Negotiate with parents/guardians a shared understanding of the patient's medical and psychosocial needs and interests in the context of family relationships and resources. (c) Develop an individualized plan of care that will best serve the patient, basing treatment recommendations on the best available evidence and in general preferring alternatives that will not foreclose important future choices by the adolescent and adult the patient will become. Where there are questions about the efficacy or long-term impact of treatment alternatives, physicians should encourage ongoing collection of data to help clarify value to patients of	Support

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	different approaches to care. (d) Work with parents/guardians to simplify complex treatment regimens whenever possible and educate parents/guardians in ways to avoid behaviors that will put the child or others at risk. (e) Provide a supportive environment and encourage parents/guardians to discuss the child's health status with the patient, offering to facilitate the parent-child conversation for reluctant parents. Physicians should offer education and support to minimize the psychosocial impact of socially or culturally sensitive care, including putting the patient and parents/guardians in contact with others who have dealt with similar decisions and have volunteered their support as peers. (f) When decisions involve life-sustaining treatment for a terminally ill child, ensure that patients have an opportunity to be involved in decision making in keeping with their ability to understand decisions and their desire to participate. Physicians should ensure that the patient and parents/guardians understand the prognosis (with and without treatment). They should discuss the option of initiating therapy with the intention of evaluating its clinical effectiveness for the patient after a specified time to determine whether it has led to improvement and confirm that if the intervention has not achieved agreed-on goals it may be discontinued. (g) When it is not clear whether a specific intervention promotes the patient's interests, respect the decision of the patient (if the patient has capacity and is able to express a preference) and parents/guardians. (h) When there is ongoing disagreement about patient's best interest or treatment recommendations, seek consultation with an ethics committee or other institutional resource. (Modify Current HOD/CEJA Policy) Fiscal Note: Less than $500	
*CEJA Report 4: CEJA Role in Implementing H-140.837, "Anti-Harassment Policy"	RECOMMENDATION The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of this report be filed: 1. That provision (3) of H-140.837, "Anti-Harassment Policy" be rescinded (Directive to Take Action); and 2. That the process for implementing AMA's anti-harassment policy be referred to the Board of	Support

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	Trustees for further study (Directive to Take Action) Fiscal Note: Less than $500	
*CEJA Report 5: Physicians' Freedom of Speech (Resolution 6-I-17)	RECOMMENDATION For the foregoing reasons, the Council on Ethical and Judicial Affairs recommends that Resolution 6-I-17, "Physicians' Freedom of Speech," not be adopted and the remainder of this report be filed. Fiscal Note: Less than $500	Support
Resolution 001: Support of a National Registry for Advance Directives Introduced by: Wisconsin	RESOLVED, That our American Medical Association advocate for the establishment and maintenance of a national, no-charge, confidential and secure method for the storage and retrieval of advance directive documents by authorized agents. (New HOD Policy) Fiscal Note: Modest - between $1,000 - $5,000.	Refer
*Resolution 002: Protecting the Integrity of Public Health Data Collection Introduced by: GLMA: Health Professionals Advancing LGBTQ Equality	RESOLVED, That our American Medical Association advocate for the inclusion of demographic data inclusive of sexual orientation and gender identity in national and state surveys, surveillance systems, and health registries; including but not limited to the Current Population Survey, United States Census, National Survey of Older Americans Act Participants, all-payer claims databases (New HOD Policy); and be it further RESOLVED, That our AMA advocate against the removal of demographic data inclusive of sexual orientation and gender identity in national and state surveys, surveillance systems, and health registries without plans for updating measures of such demographic data. (New HOD Policy) Fiscal Note: Not yet determined	**Active Support**
*Resolution 003: Mental Health Issues and Use of Psychotropic Drugs for Undocumented	RESOLVED, That our American Medical Association officially object to policies separating undocumented immigrant parents and/or guardians from children, as well as allowing unaccompanied undocumented minors access to the U.S. (New HOD Policy); and be it further RESOLVED, That our AMA condemn the practice of administering psychotropic drugs to immigrant	**Active Support with Amendment in first resolved:** RESOLVED, That our

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Immigrant Children Introduced by: Indiana	children without parental or guardian consent or court order except in the case of imminent danger to self or others (New HOD Policy); and be it further RESOLVED, That our AMA support a position whereby federal immigration officials would become more aware of the emotional decompensation in this immigrant population, with the establishment of policies designed to decrease stress and emotional trauma. (New HOD Policy) Fiscal Note: Not yet determined	American Medical Association officially object to policies separating undocumented immigrant parents and/or guardians from children, ~~as well as allowing unaccompanied undocumented minors access to the U.S.~~ **and Deletion of third resolved**
**Resolution 004: Opposing the Detention of Migrant Children Introduced by: California	RESOLVED, That our AMA oppose the separation of migrant children from their families and any effort to end or weaken the Flores Settlement that requires the United States Government to release undocumented children "without unnecessary delay" when detention is not required for the protection or safety of that child and that those children that remain in custody must be placed in the "lease restrictive setting" possible, such as emergency foster care (New HOD Policy); and be it further RESOLVED, That our AMA support the humane treatment of all undocumented children, whether with families or not, by advocating for regular, unannounced, auditing of the medical conditions and services provided at all detention facilities by a non-governmental, third party with medical expertise in the care of vulnerable children (New HOD Policy); and be it further RESOLVED, That our AMA urge that all children released from such detention be provided with indicated follow-up health care to ensure their welfare following these experiences. (New HOD Policy) Fiscal Note: Minimal - less than $1,000.	**Active Support**
**Resolution Late 1001 Affirming the Medical Spectrum of Gender	RESOLVED, That our American Medical Association amend HOD Policy D-295.312, "Medical Spectrum of Gender," by addition to read as follows: Medical Spectrum of Gender D-295.312	**Active Support**

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Introduced by: GLMA: Health Professionals Advancing LGBTQ Equality; New York	Given the medical spectrum of gender identity and sex, ~~O~~our AMA: (1) ~~w~~Will work with appropriate medical organizations and community based organizations to inform and educate the medical community and the public on the medical spectrum of gender identity; (2) Will educate state and federal policymakers and legislators on and advocate for policies addressing the medical spectrum of gender identity to ensure access to quality health care; and (3) Affirms that an individual's genotypic sex, phenotypic sex, sexual orientation, gender and gender identity are not always aligned or indicative of the other, and that gender for many individuals may differ from the sex assigned at birth. (Modify Current HOD Policy); and be it further RESOLVED, That our AMA oppose any effort to prohibit the reassignment of an individual's sex. (New HOD Policy) Fiscal Note: Note yet determined	

*Included in the Handbook Addendum
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