

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 024  
(A-19)

Introduced by: Texas

Subject: Eliminating Use of the Term “Mental Retardation” by Physicians in Clinical Settings

Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(William Reha, MD, MBA, Chair)

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1 Whereas, The term “mental retardation” promotes the stigma and negative treatment of people  
2 with intellectual disabilities, which also is associated with diminished access to health care and  
3 poorer health, employment, and quality of life outcomes; and  
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5 Whereas, A movement to change the terminology from “mental retardation” to “intellectual  
6 disability” began as a grassroots effort by self-advocates who were offended by the term.  
7 National groups such as The Arc, Inclusion International, and Special Olympics embraced the  
8 movement, resulting in sweeping changes in federal law and a societal shift in use of the  
9 preferred terminology; and  
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11 Whereas, In 2017, Public Law 111–256, also known as Rosa’s Law, amended sections of the  
12 Rehabilitation Act of 1973 to replace the use of the term “mental retardation” in federal law with  
13 “intellectual disability” without changing the definition, coverage, eligibility, rights, and  
14 responsibilities of the affected individuals; and  
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16 Whereas, The World Health Organization in 2016 updated its International Classification of  
17 Diseases to expand the term “intellectual disability” to include a variety of disorders that are on  
18 the same developmental spectrum as “mental retardation,” thereby removing a core  
19 classification and implementing a more effective, parent category for developmental disorders;  
20 and  
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22 Whereas, The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental*  
23 *Disorders*, Fifth Edition (DSM-5) replaced the diagnosis of “mental retardation” in 2013 with  
24 “intellectual disability” for childhood-onset neurodevelopmental disorders; as was done in the  
25 11th edition of Diagnostic Manual of the American Association on Intellectual and  
26 Developmental Disabilities; and  
27

28 Whereas, The updated DSM-5 terminology more specifically reflects an affected individual’s  
29 condition, its impact on his or her intellectual and adaptive functioning, and encourages a more  
30 in-depth comprehension of a patient’s diagnosis; and  
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32 Whereas, The U.S. Supreme Court began using the term “intellectual disability” instead of  
33 “mental retardation” in court cases beginning in 2014; and  
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35 Whereas, The campaign *Spread the Word to End the Word* is led by Special Olympics and  
36 other organizations that seek to eliminate the pejorative and dehumanizing word “retarded” from  
37 public vernacular to promote the shift in focus from the disability to the individual and his or her  
38 accomplishments; therefore be it

- 1 RESOLVED, That our American Medical Association recommend that physicians adopt the term  
2 "intellectual disability" instead of "mental retardation" in clinical settings. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 05/24/19

## RELEVANT AMA POLICY

### Medical Care of Persons with Developmental Disabilities H-90.968

1. Our AMA encourages: (a) clinicians to learn and appreciate variable presentations of complex functioning profiles in all persons with developmental disabilities; (b) medical schools and graduate medical education programs to acknowledge the benefits of education on how aspects in the social model of disability (e.g. ableism) can impact the physical and mental health of persons with Developmental Disabilities; (c) medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental disabilities, to improve quality in clinical care; (d) the education of physicians on how to provide and/or advocate for quality, developmentally appropriate medical, social and living supports for patients with developmental disabilities so as to improve health outcomes; (e) medical schools and residency programs to encourage faculty and trainees to appreciate the opportunities for exploring diagnostic and therapeutic challenges while also accruing significant personal rewards when delivering care with professionalism to persons with profound developmental disabilities and multiple co-morbid medical conditions in any setting; (f) medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for the developmentally disabled; and (g) cooperation among physicians, health & human services professionals, and a wide variety of adults with developmental disabilities to implement priorities and quality improvements for the care of persons with developmental disabilities.
2. Our AMA seeks: (a) legislation to increase the funds available for training physicians in the care of individuals with intellectual disabilities/developmentally disabled individuals, and to increase the reimbursement for the health care of these individuals; and (b) insurance industry and government reimbursement that reflects the true cost of health care of individuals with intellectual disabilities/developmentally disabled individuals.
3. Our AMA entreats health care professionals, parents and others participating in decision-making to be guided by the following principles: (a) All people with developmental disabilities, regardless of the degree of their disability, should have access to appropriate and affordable medical and dental care throughout their lives; and (b) An individual's medical condition and welfare must be the basis of any medical decision. Our AMA advocates for the highest quality medical care for persons with profound developmental disabilities; encourages support for health care facilities whose primary mission is to meet the health care needs of persons with profound developmental disabilities; and informs physicians that when they are presented with an opportunity to care for patients with profound developmental disabilities, that there are resources available to them.
4. Our AMA will continue to work with medical schools and their accrediting/licensing bodies to encourage disability related competencies/objectives in medical school curricula so that medical professionals are able to effectively communicate with patients and colleagues with disabilities, and are able to provide the most clinically competent and compassionate care for patients with disabilities.
5. Our AMA recognizes the importance of managing the health of children and adults with developmental disabilities as a part of overall patient care for the entire community.
6. Our AMA supports efforts to educate physicians on health management of children and adults with developmental disabilities, as well as the consequences of poor health management on mental and physical health for people with developmental disabilities.
7. Our AMA encourages the Liaison Committee on Medical Education, Commission on Osteopathic College Accreditation, and allopathic and osteopathic medical schools to develop and implement curriculum on the care and treatment of people with developmental disabilities.
8. Our AMA encourages the Accreditation Council for Graduate Medical Education and graduate medical education programs to develop and implement curriculum on providing appropriate and comprehensive health care to people with developmental disabilities.

9. Our AMA encourages the Accreditation Council for Continuing Medical Education, specialty boards, and other continuing medical education providers to develop and implement continuing education programs that focus on the care and treatment of people with developmental disabilities.

10. Our AMA will advocate that the Health Resources and Services Administration include persons with intellectual and developmental disabilities (IDD) as a medically underserved population.

Citation: CCB/CLRPD Rep. 3, A-14; Appended: Res. 306, A-14; Appended: Res. 315, A-17; Appended: Res. 304, A-18; Reaffirmed in lieu of the 1st Resolved: Res. 304, A-18

#### **Support for Persons with Intellectual Disabilities H-90.967**

Our AMA encourages appropriate government agencies, non-profit organizations, and specialty societies to develop and implement policy guidelines to provide adequate psychosocial resources for persons with intellectual disabilities, with the goal of independent function when possible.

Citation: Res. 01, A-16

#### **Early Intervention for Individuals with Developmental Delay H-90.969**

(1) Our AMA will continue to work with appropriate medical specialty societies to educate and enable physicians to identify children with developmental delay, autism and other developmental disabilities, and to urge physicians to assist parents in obtaining access to appropriate individualized early intervention services. (2) Our AMA supports a simplified process across appropriate government agencies to designate individuals with intellectual disabilities as a medically underserved population.

Citation: CCB/CLRPD Rep. 3, A-14; Reaffirmed: Res. 315, A-17

#### **Sources:**

1. Ditchman, Nicole, Shirli Werner, Kristin Kosyluk, Nev Jones, Briana Elg, and Patrick Corrigan. "Stigma and Intellectual Disability: Potential Application of Mental Illness Research." *Rehabilitation Psychology* 58 (2013): 206-216.
2. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington: American Psychiatric Publishing, 2013.
3. Parekh, Ranna. "What is Intellectual Disability?" American Psychiatric Association. July 2017. <https://www.psychiatry.org/patients-families/intellectual-disability/what-is-intellectual-disability>
4. U.S. Social Security Administration. "Change in Terminology: "Mental Retardation" to "Intellectual Disability"." *Federal Register*. 01 August 2013. <https://www.federalregister.gov/documents/2013/08/01/2013-18552/change-in-terminology-mental-retardation-to-intellectual-disability>.
5. U.S. Department of Education. "Rosa's Law." *Federal Register*. 11 July 2017. <https://www.federalregister.gov/documents/2017/07/11/2017-14343/rosas-law>.
6. Nash, Chris, Ann Hawkins, Janet Kawchuk, and Sarah E. Shea. "What's in a name? Attitudes surrounding the use of the term 'mental retardation'." *Paediatric Child Health* 17 no. 2 (2012): 71-74.
7. Mellas, Connor and Burson Marsteller. "The 'R' Word Remains Prevalent Across Social Media." *Special Olympics*. 07 March 2018. <https://www.specialolympics.org/discriminatory-language-about-people-with-intellectual-disabilities-particularly-the-r-word-remains-prevalent-across-social-media>
8. Bertelli, Marco, Kerim Munir, James Harris, and Luis Salvador-Carulla. "Intellectual Developmental Disorders": Reflections on the International Consensus Document for Redefining "Mental Retardation-Intellectual Disability" in ICD-11." *Advanced Mental Health Intellectual Disability* 10 no. 1 (2016): 36-58.