

DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2019 Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (A-19)

Report of Reference Committee on Amendments to Constitution and Bylaws

William C. Reha, MD, MBA, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 2 – New Specialty Organizations Representation in the House of Delegates
2. Board of Trustees Report 33 – Specialty Society Representation in the House of Delegates - Five-Year Review
3. Council on Ethical and Judicial Affairs Report 1 – Competence, Self-Assessment and Self-Awareness
4. Council on Ethical and Judicial Affairs Report 2 – Physician Assisted Suicide
5. Council on Ethical and Judicial Affairs Report 3 – CEJA's Sunset Review of 2009 House Policies
6. Resolution 003 – Conforming Sex and Gender Designation in Government IDs and Other Documents
7. Resolution 006 – Use of Person-Centered Language
8. Resolution 009 – References to Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment
9. Resolution 014 – Disclosure of Funding Sources and Industry Ties of Professional Medical Associations and Patient Advocacy Organizations
10. Resolution 018 – Support for Requiring Investigations into Deaths of Children in Foster Care
11. Resolution 021 – Health, In All Its Dimensions, Is A Basic Human Right
12. Resolution 023 – Distribution and Display of Human Trafficking Aid Information in Public Places
13. Resolution 024 – Eliminating Use of the Term “Mental Retardation” by Physicians in Clinical Settings
14. Resolution 025 – Gender Equity in Hospital Medical Staff Bylaws
15. Resolution 026 – Restrictive Covenants of Large Health Care Systems
16. Resolution 027 – Model Legislation for “Mature Minor” Consent to Vaccinations

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED

17. Resolution 004 – Reimbursement for Care of Practice Partner Relatives
18. Resolution 005 – Right for Gamete Preservation Therapies
19. Resolution 007 – Delegation of Informed Consent

- 1 20. Resolution 008 – Preventing Anti-Transgender Violence
- 2 21. Resolution 011 – Mature Minor Consent to Vaccinations
- 3 22. Resolution 012 – Improving Body Donation Regulation
- 4 23. Resolution 013 – Opposing Office of Refugee Resettlement's Use of Medical and
- 5 Psychiatric Records for Evidence in Immigration Court
- 6 24. Resolution 015 – Opposing Mandated Reporting of People Who Question Their
- 7 Gender Identity
- 8 25. Resolution 016 – Sexual and Gender Minority Populations in Medical Research
- 9

10 **RECOMMENDED FOR REFERRAL**

- 11
- 12 26. Board of Trustees Report 26 – Research Handling of De-Identified Patient
- 13 Information
- 14 27. Council on Constitution & Bylaws Report 1 – Clarification to the Bylaws: Delegate
- 15 Representation, Registration and Credentialing
- 16 28. Resolution 001 – Opposing Attorney Presence at and/or Recording of
- 17 Independent Medical Examinations
- 18 29. Resolution 010 – Covenants not to Compete
- 19 30. Resolution 017 – National Guidelines for Guardianship
- 20 31. Resolution 019 – Opposition to Requirements for Gender-Based Medical
- 21 Treatments for Athletes
- 22 32. Resolution 022 – Opposition to Involuntary Civil Commitment for Substance Use
- 23 Disorder
- 24

25 **RECOMMENDED FOR NOT ADOPTION**

- 26
- 27 33. Resolution 002 – Addressing Existential Suffering in End-of-Life Care
- 28 34. Resolution 020 – CEJA Opinion E-5.7

(1) BOARD OF TRUSTEES REPORT 2 – NEW SPECIALTY
ORGANIZATIONS REPRESENTATION IN THE HOUSE
OF DELEGATES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that the recommendations in Board of Trustees Report 2 be
adopted and the remainder of the report be filed.

**HOD ACTION: The recommendations in Board of Trustees
Report 2 adopted and the remainder of the report filed.**

Board of Trustees Report 2 recommends that our AMA grant representation in the House
of Delegates to the American Academy of Sleep Medicine and the American Society of
Cytopathology. The report outlines the criteria National Medical Specialty Societies must
meet to be granted representation to the House, and confirms that these societies have
met these criteria.

The only testimony heard on Board of Trustees Report 02 was given by the authors. Your
Reference Committee recommends that Board of Trustees Report 2 be adopted.

(2) BOARD OF TRUSTEES REPORT 33 – SPECIALTY
SOCIETY REPRESENTATION IN THE HOUSE OF
DELEGATES - FIVE-YEAR REVIEW

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that the recommendations in Board of Trustees Report 33
be adopted and the remainder of the report be filed.

**HOD ACTION: The recommendations in Board of Trustees
Report 33 adopted and the remainder of the report filed.**

Board of Trustees Report 33 recommends that the American Association of Gynecologic
Laparoscopists, American Academy of Cosmetic Surgery, American Association for
Thoracic Surgery, American Association of Plastic Surgeons, American Association of
Public Health Physicians, American College of Allergy, Asthma and Immunology,
American Society for Metabolic and Bariatric Surgery, and the Society of
Laparoendoscopic Surgeons retain representation in the American Medical Association
House of Delegates. The report also recommends that, having failed to meet the
requirements for continued representation in the AMA House of Delegates as set forth in
AMA Bylaw B-8.50, the American Society for Aesthetic Plastic Surgery, American Society
of Interventional Pain Physicians, Association of University Radiologists, Infectious
Diseases Society of America and the International Society for the Advancement of Spine
Surgery be placed on probation and be given one year to work with AMA membership
staff to increase their AMA membership.

1 The only testimony heard on Board of Trustees Report 33 was given by the authors. Your
2 Reference Committee recommends that Board of Trustees Report 2 be adopted.

3
4 (3) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
5 REPORT 1 – COMPETENCE, SELF-ASSESSMENT AND
6 SELF-AWARENESS

7
8 RECOMMENDATION:

9
10 Madam Speaker, your Reference Committee recommends
11 that the recommendations in Council on Ethical and Judicial
12 Affairs Report 1 be adopted and the remainder of the report
13 be filed.

14
15 **HOD ACTION: The recommendations in Council on Ethical**
16 **and Judicial Affairs Report 1 referred.**

17
18
19 Council on Ethical and Judicial Affairs Report 1 examines physicians' ethical responsibility
20 of commitment to competence as one that encompasses more than knowledge and skill.
21 This responsibility requires that physicians understand that as a practical matter in the
22 care of actual patients, competence is fluid and dependent on context, and that they need
23 to recognize when they are and when they are not able to provide appropriate care for the
24 patient in front of them. Hence, it is important for physicians to practice informed self-
25 assessment that leads to self-awareness of their own ability to practice safely "in the
26 moment." The report proposes guidance to this end.

27
28 Your Reference Committee heard concerns regarding circumstances in which physicians
29 no longer possess the self-awareness to accurately assess their own competence, such
30 as in the case of impairment (e.g. in the case of dementia). Testimony argued that
31 impaired physicians should not be considered to be acting unethically. Other testimony
32 suggested that the recommendations as written in the current version of this report
33 successfully address that concern. While your Reference Committee is sensitive to these
34 concerns, its judgment is that these issues are duly addressed both by section (f) in the
35 recommendations of this report and Opinion E-9.3.2 "Physician Responsibilities to
36 Impaired Colleagues". Therefore, your Reference Committee recommends that Council
37 on Ethical and Judicial Affairs Report 01 be adopted as written.

38
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40 (4) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
41 REPORT 2 – PHYSICIAN ASSISTED SUICIDE

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43 RECOMMENDATION:

44
45 Madam Speaker, your Reference Committee recommends
46 that the recommendations in Council on Ethical and Judicial
47 Affairs Report 2 be adopted and the remainder of the report
48 be filed.

HOD ACTION: The recommendations in Council on Ethical and Judicial Affairs Report 2 adopted and the remainder of the report filed.

Council on Ethical and Judicial Affairs Report 2 responds to Resolution 15-A-15, “Study Aid-in-Dying as End-of-Life Option,” and Resolution 14- A-17, “The Need to Distinguish between ‘Physician-Assisted Suicide’ and ‘Aid in Dying’.” Resolution 15-A-15 asks that CEJA study medical aid-in-dying and make a recommendation regarding the AMA taking a neutral stance; Resolution 14-A-17 asks that the AMA define and clearly distinguish “physician assisted suicide” and “aid in dying” for use in all AMA policy and position statements. This report holds that the terms ‘aid in dying’ and ‘physician-assisted suicide’ reflect different ethical perspectives. The Council finds “physician assisted suicide” to be the most precise term and urges that it be used by the AMA. Importantly, the report explains that there are irreducible differences in moral perspectives regarding the issue of physician-assisted suicide, such that both sides share common commitment to “compassion and respect for human dignity and rights,” (see Principle I of the AMA Principles of Medical Ethics) but draw different moral conclusions from these shared commitments. The report considers the risks of unintended consequences of physician-assisted suicide, noting that there is debate about the available data. The report argues that where physician-assisted suicide is legal, safeguards can and should be improved to mitigate risk. The report further notes that too often physicians and patients do not have the conversations they should about death and dying and that physicians should be skillful in engaging in these difficult conversations and knowledgeable about the options available to terminally ill patients. The report concludes that in existing opinions on physician-assisted suicide and the exercise of conscience, the *Code of Medical Ethics* offers sufficient 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 while respecting the intimacy of a patient-physician relationship. Thus, the report recommends that the *Code* not be amended, and that Resolutions 15-A-16 and 14-A-17 not be adopted.

Your Reference Committee heard extensive testimony regarding Council on Ethical and Judicial Affairs Report 2. Your Reference Committee heard concerns that maintaining the AMA’s current opposition to physician-assisted suicide would not be a true reflection of the analysis contained in the report. However, testimony offered a great deal of support for the acceptance of CEJA’s report and keeping the current *Code* unchanged. Your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 02 be adopted.

(5) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 3 – CEJA'S SUNSET REVIEW OF 2009 HOUSE
POLICIES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Ethical and Judicial Affairs Report 3 be adopted and the remainder of the report be filed.

HOD ACTION: The recommendations in Council on Ethical and Judicial Affairs Report 3 adopted and the remainder of the report filed.

Council on Ethical and Judicial Affairs Report 3 presents the annual sunset report of House policies. This report reviewed House policies from 2009 and recommends that the policies listed in the Appendix of this report be acted upon in the manner indicated.

Testimony was offered against the reaffirmation of H-140.952, "Physician Assisted Suicide" in light of the fact that Council on Ethical and Judicial Affairs Report 02 on the same topic has not yet been adopted by the House. However, your Reference Committee believes that not reaffirming the existing policy would constitute a significant change in policy, and therefore agrees with the Council's recommendation to reaffirm H-140.952, "Physician Assisted Suicide". Other speakers noted that multiple reaffirmed, consolidated, or otherwise maintained policies reviewed in this sunset report use only male pronouns. Your Reference Committee urges that the language in these policies be editorially updated by AMA staff since CEJA reports cannot be amended, and recommends that CEJA Report 03 be adopted.

(6) RESOLUTION 003 – CONFORMING SEX AND GENDER
DESIGNATION IN GOVERNMENT IDS AND OTHER
DOCUMENTS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that Resolution 008 be adopted.

HOD ACTION: Resolution 008 adopted.

Resolution 003 asks that our AMA modify Policy H-65.967, "Conforming Birth Certificate Policies to Current Medical Standards for Transgender Patients," to address change of sex designation on government documents and other forms of government identification. Currently, policy H-65.967 advocates for the removal of barriers to change the sex designation on an individual's birth certificate. This resolution asks our AMA to modify the policy to support every individual's right to determine their gender identity and sex designation on other government documents and forms of government identification. Additionally, Resolution 003 asks our AMA to support policies that allow a sex designation

1 or change of designation on all government IDs to reflect an individual's gender identity,
2 as reported by the individual and without need for verification by a medical professional,
3 and policies that include an undesignated or nonbinary gender option for government
4 records and forms of government-issued identification in addition to "male" and "female."
5 The resolution also asks that our AMA support efforts to ensure that the sex designation
6 on an individual's government-issued documents and IDs does not hinder access to
7 medically appropriate care or other social services in accordance with that individual's
8 needs.

9
10 Your Reference Committee heard testimony in almost unanimous support of the
11 resolution. Limited testimony was offered for referral, suggesting that there may be
12 unintended security issues if government identification reflected something other than the
13 gender identified at birth. However, significant testimony noted that individuals in the
14 transgender community face harassment due to inappropriate gender markers on various
15 forms of identification, and this resolution would be in line with laws passed in several
16 states. It was also noted that the World Health Organization has recently moved forward
17 changes that being transgender or gender non-binary is not a disorder. Your Reference
18 Committee recommends that Resolution 003 be adopted.

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21 (7) RESOLUTION 006 – USE OF PERSON-CENTERED
22 LANGUAGE

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24 RECOMMENDATION:

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26 Madam Speaker, your Reference Committee recommends
27 that Resolution 006 be adopted.

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29 **HOD ACTION: Resolution 006 adopted.**

30
31 Resolution 006 asks that our AMA encourage the use of person-centered language, a
32 style of communication in which the person is listed first followed by descriptive terms such
33 as a disease state (e.g., "a person with schizophrenia" rather than "a schizophrenic").

34
35 Your Reference Committee heard testimony that unanimously supported the resolution.
36 Speakers noted that no person should be described by their disease state, and that
37 stigmatizing language should be avoided. Speakers suggested that the use of person-
38 centered language could be effective in eliminating biases that may impact patient care.
39 Your Reference Committee therefore recommends that Resolution 006 be adopted.
40
41

(8) RESOLUTION 009 – REFERENCES TO TERMS AND
LANGUAGE IN POLICIES ADOPTED TO PROTECT
POPULATIONS FROM DISCRIMINATION AND
HARASSMENT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Resolution 009 be adopted.

HOD ACTION: Resolution 009 adopted.

Resolution 009 asks that our AMA undertake a study to identify all discrimination and harassment references in AMA policies and the code of ethics, noting when the language is consistent and when it is not, and research language and terms used by other national organizations and the federal government in their policies on discrimination and harassment. The resolution asks that the preliminary study results be presented to the Minority Affairs Section, the Women's Physician Section, and the Advisory Committee on LGBTQ Issues to reach consensus on optimal language to protect vulnerable populations including racial and ethnic minorities, sexual and gender minorities, and women, from discrimination and harassment. The resolution asks for a report with the study results and recommendations within 18 months.

Limited testimony was offered in support of the resolution, and your Reference Committee recommends that Resolution 009 be adopted.

(9) RESOLUTION 014 – DISCLOSURE OF FUNDING
SOURCES AND INDUSTRY TIES OF PROFESSIONAL
MEDICAL ASSOCIATIONS AND PATIENT ADVOCACY
ORGANIZATIONS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Resolution 014 be adopted.

HOD ACTION: Resolution 014 adopted.

Resolution 014 asks that our AMA support guidelines for members of the Federation of Medicine and patient advocacy organizations to disclose donations, sponsorships, and other financial transactions by industry and commercial stakeholders.

Your Reference Committee heard general positive testimony regarding Resolution 014.
Your Reference Committee recommends that Resolution 014 be adopted.

(10) RESOLUTION 018 – SUPPORT FOR REQUIRING
INVESTIGATIONS INTO DEATHS OF CHILDREN IN
FOSTER CARE

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Resolution 018 be adopted.

HOD ACTION: Resolution 018 adopted.

Resolution 018 asks our AMA to support legislation requiring investigations into the deaths
of children in the foster care system that occur while the child is in the foster care system.

Your Reference Committee heard testimony in unanimous support of Resolution 018. An
amendment was offered to stipulate that autopsies should be performed after
investigations, as abuse is sometimes not visible externally, however your Reference
Committee believes that the medical examiner or coroner should make this determination
in order to avoid autopsies on children whose cause of death is known. Your Reference
Committee recommends that Resolution 018 be adopted.

(11) RESOLUTION 021 – HEALTH, IN ALL ITS DIMENSIONS,
IS A BASIC HUMAN RIGHT

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Resolution 021 be adopted.

HOD ACTION: Resolution 021 adopted.

Resolution 021 asks that our AMA acknowledge that enjoyment of the highest attainable
standard of health, in all its dimensions, including health care, is a basic human right, and
that the provision of health care services, as well as optimizing the social determinants of
health, is an ethical obligation of a civil society.

Your Reference Committee heard testimony in strong support of Resolution 021.
Speakers suggested that this issue is timely and may be the most important resolution to
pass at this session, as this a statement of the AMA's values. Speakers noted that other
organizations, including the World Health Organization, define health care as a basic
human right, and that the AMA cannot address health care without acknowledging that it
is a right. Limited testimony was offered in opposition, expressing concern about the use
of the term "right", as such a term creates an obligation. Testimony was also offered
suggesting that other organizations define health care as a "good," but not a "right." Your
Reference Committee recommends that Resolution 021 be adopted.

(12) RESOLUTION 023 – DISTRIBUTION AND DISPLAY OF
HUMAN TRAFFICKING AID INFORMATION IN PUBLIC
PLACES

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Resolution 023 be adopted.

HOD ACTION: Resolution 023 adopted.

Resolution 023 asks that our AMA adopt as policy that readily available signs, notices, posters, placards and other readily available educational materials providing information about reporting human trafficking activities or aiding victims and survivors must be permitted in local clinics, emergency departments and other medical settings. The resolution also asks our AMA to utilize its website or internet presence to provide downloadable materials displaying the National Human Trafficking Hotline Number to aid in displaying such information in the aforementioned settings, and advocate that other recognized medical professional organizations do the same. Additionally, the resolution asks our AMA to urge the federal government to make changes in laws to advocate for the broad posting of the National Human Trafficking Hotline number in areas such as local clinics, emergency departments, and other medical settings.

Limited testimony was heard that was generally supportive of the resolution. Testimony was offered that some victims of human trafficking are not aware that they are being exploited, and that visible public signage would be quite helpful when caring for these patients. Testimony was also offered for referral, as there are multiple phone numbers that can be utilized for this purpose, in addition to posted information advising victims and survivors to call 9-1-1, and that this resolution has the potential to confuse individuals regarding proper cause of action. However, your Reference Committee believes that publicly posting this information is ultimately beneficial, and recommends that Resolution 023 be adopted.

(13) RESOLUTION 024 – ELIMINATING USE OF THE TERM
“MENTAL RETARDATION” BY PHYSICIANS IN CLINICAL
SETTINGS

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends
that Resolution 024 be adopted.

HOD ACTION: Resolution 024 adopted.

Resolution 024 asks that our AMA recommend that physicians adopt the term “intellectual disability” rather than “mental retardation” in clinical settings.

Your Reference Committee heard testimony that unanimously supported Resolution 024. Speakers noted that words matter, and the term “retardation” is both outdated and used

1 to demean individuals. Your Reference Committee recommends that Resolution 024 be
2 adopted.

3
4 (14) RESOLUTION 025 – GENDER EQUITY IN HOSPITAL
5 MEDICAL STAFF BYLAWS

6
7 RECOMMENDATION:

8
9 Madam Speaker, your Reference Committee recommends
10 that Resolution 025 be adopted.

11
12 **HOD ACTION: Resolution 025 adopted.**

13
14 Resolution 025 asks that our AMA affirm that hospital medical staff bylaws should
15 promote, and not impede, gender equity in their implementation. The resolution also asks
16 that our AMA study existing hospital medical staff bylaws as to how they impact on issues
17 of gender equity, directly or indirectly, and suggest any addition(s) to its model bylaws to
18 assure this issue is properly addressed, and gender equity affirmed.

19
20 Your Reference Committee heard unanimous support for Resolution 025. Speakers
21 testified to the importance of gender equity in professional medicine and how the
22 documented inequities and gender bias that exist within the profession must be
23 recognized and addressed. It is appropriate that our AMA should play a critical role in
24 taking measures in helping to address this problem, which includes examination of
25 hospital bylaws and their impact on the problem. Your Reference Committee recommends
26 that Resolution 025 be adopted.

27
28 (15) RESOLUTION 026 – RESTRICTIVE COVENANTS OF
29 LARGE HEALTH CARE SYSTEMS

30
31 RECOMMENDATION:

32
33 Madam Speaker, your Reference Committee recommends
34 that Resolution 026 be adopted.

35
36 **HOD ACTION: Resolution 026 adopted.**

37
38 Resolution 026 asks that our AMA, through its Organized Medical Staff Section, educate
39 medical students, physicians-in-training, and physicians entering into employment
40 contracts with large health care system employers on the dangers of aggressive restrictive
41 covenants, including, but not limited to, the impact on patient choice and access to care.
42 The resolution also asks that our AMA study the impact that restrictive covenants have
43 across all practice settings, including, but not limited to, the effect on patient access to
44 health care, the patient-physician relationship, and physician autonomy, with report back
45 at I-19.

46
47 Your Reference Committee heard testimony largely supportive of Resolution 026, with
48 speakers noting that this is a significant issue that is rarely looked at, that physicians often
49 are not given a choice but to sign a covenant, and that students are rarely educated on
50 the practice before entering the workforce. Speakers also noted that the practice has

1 negative ramifications for rural medicine, and that physicians can be limited from even
2 volunteering to practice in retirement due to restrictive covenants. Your Reference
3 Committee recommends that Resolution 026 be adopted.

4
5 (16) RESOLUTION 027 – MODEL LEGISLATION FOR
6 “MATURE MINOR” CONSENT TO VACCINATIONS

7
8 RECOMMENDATION:

9
10 Madam Speaker, your Reference Committee recommends
11 that Resolution 027 be adopted.

12
13 **HOD ACTION: Resolution 027 adopted.**

14
15
16 Resolution 027 asks that our AMA support physicians in assessing whether a minor has
17 met maturity and medical decision-making capacity requirements when providing consent
18 for vaccinations and in developing protocols for appropriate documentation. The resolution
19 also asks our AMA to develop model legislation to aid states in developing their own
20 policies to allow “mature minors”, defined as “certain older minors who have the capacity
21 to give informed consent to do so for care that is within the mainstream of medical practice,
22 not high risk, and provided in a nonnegligent manner,” to self-consent for vaccinations.

23
24 Limited testimony was offered in unanimous support of Resolution 027. Your Reference
25 Committee recommends that Resolution 027 be adopted.

26
27
28 (17) RESOLUTION 004 – REIMBURSEMENT FOR CARE OF
29 PRACTICE PARTNER RELATIVES

30
31 RECOMMENDATION A:

32
33 Madam Speaker, your Reference Committee recommends
34 that Resolution 001 be amended by addition and deletion to
35 read as follows:

36
37 RESOLVED, That our American Medical Association
38 support changes in the Medicare guidelines to allow a
39 physician, ~~who is a partner in the practice~~, to care for and
40 receive appropriate reimbursement for immediate relatives
41 of one of the ~~other partners~~ colleagues in their practice.
42 (Directive to Take Action)

43
44 RECOMMENDATION B:

45
46 Madam Speaker, your Reference Committee recommends
47 that Resolution 004 be adopted as amended.

48
49 **HOD ACTION: Resolution 004 adopted as amended.**

1 Resolution 004 asks that our AMA support changes in the Medicare guidelines to allow a
2 physician who is a partner in a practice to care for and receive appropriate reimbursement
3 for immediate relatives of other partners in their practice.

4
5 Limited testimony was heard in support of Resolution 004. Testimony suggested that this
6 issue is particularly relevant in rural areas and smaller communities, in which physicians
7 often refer family members to their colleagues by necessity, and that is unfair to expect
8 the resulting work to be done for free due to Medicare guidelines. An amendment was
9 offered that the word “partner” be changed, as it is often used colloquially, and may have
10 unintended consequences as it is also used a legal term. Thus, your Reference Committee
11 recommends that Resolution 004 be adopted as amended.

12
13 (18) RESOLUTION 005 – RIGHT FOR GAMETE
14 PRESERVATION THERAPIES

15
16 RECOMMENDATION A:

17
18 Madam Speaker, your Reference Committee recommends
19 that Resolution 005 be amended by addition and deletion to
20 read as follows:

21
22 RESOLVED, That fertility preservation services be ~~officially~~
23 recognized by our American Medical Association as an
24 option for the members of the transgender and non-binary
25 community who wish to preserve future fertility through
26 gamete preservation prior to undergoing gender affirming
27 medical or surgical therapies (New HOD Policy); and be it
28 further

29
30 RESOLVED, That our AMA ~~officially~~ support the right of
31 transgender or non-binary individuals to seek gamete
32 preservation therapies. (New HOD Policy); and be it further

33
34 RESOLVED, That our American Medical Association
35 supports insurance coverage for gamete preservation in any
36 individual for whom a medical diagnosis or treatment
37 modality is expected to result in the loss of fertility (New
38 HOD Policy).

39
40 RECOMMENDATION B:

41
42 Madam Speaker, your Reference Committee recommends
43 that Resolution 005 be adopted as amended.

44
45 **HOD ACTION: Resolution 005 adopted as amended.**

46
47
48 Resolution 005 asks that fertility preservation services be officially recognized by our AMA
49 as an option for members of the transgender and non-binary communities who wish to
50 preserve future fertility through gamete preservation prior to undergoing gender affirming

1 medical or surgical therapies, and asks that our AMA officially support the right of
2 transgender or non-binary individuals to seek gamete preservation therapies.

3
4 Your Reference Committee heard testimony that unanimously supported Resolution 005.
5 Speakers discussed the barriers that transgender and non-binary individuals often face
6 when seeking fertility preservation services. Testimony agreed that our AMA should
7 address these barriers by recognizing that transgender and non-binary individuals have
8 the right to seek gamete preservation therapies. Testimony reflected the need for two
9 minor amendments. The first amendment adds a third resolve clause reflecting testimony
10 that the AMA should also support insurance coverage with regards to gamete
11 preservation. The second amendment reflects testimony that the word “officially” be struck
12 from the resolved clauses, as such word is redundant and implied, as all actions that the
13 AMA takes are “official.” Your Reference Committee recommends that Resolution 005 be
14 adopted as amended.

15
16 (19) RESOLUTION 007 – DELEGATION OF INFORMED
17 CONSENT

18
19 RECOMMENDATION A:

20
21 Madam Speaker, your Reference Committee recommends
22 that first Resolved clause in Resolution 007 be amended by
23 addition and deletion to read as follows:

24
25 RESOLVED, That our American Medical Association in
26 cooperation with other relevant stakeholders advocate that
27 a qualified physician, while retaining the ultimate
28 responsibility for all aspects of the informed consent
29 process, be able to delegate tasks associated with the
30 process to other qualified members of the health care team
31 or her duty to obtain informed consent to another provider
32 that who has have knowledge of the patient, the patient's
33 condition, and the procedures to be performed on the
34 patient (Directive to Take Action);

35
36 RECOMMENDATION B:

37
38 Madam Speaker, your Reference Committee recommends
39 that Resolution 007 be adopted as amended.

40
41 **HOD ACTION: Resolution 007 adopted as amended.**

42
43
44 Resolution 007 asks that our AMA, in cooperation with other relevant stakeholders,
45 advocate that a qualified physician be able to delegate his or her duty to obtain informed
46 consent to another provider that has knowledge of the patient, the patient's condition and
47 the procedures to be performed on the patient. The resolution also asks that our AMA
48 study the implication of the *Shinal v. Toms* ruling and its potential effects on the informed
49 consent process. *Shinal v. Toms* was a 2017 Pennsylvania Supreme Court Ruling that
50 mandated that a physician may not delegate to others his or her obligation to provide

1 sufficient information to obtain a patient's informed consent, and that the duty of informed
2 consent is a non-delegable duty owed by the physician conducting the surgery or
3 treatment.

4
5 Your Reference Committee heard testimony largely supportive of Resolution 007. A
6 number of amendments were offered to the resolution, suggesting the addition of
7 language indicating that the physician retain the ultimate responsibility of the informed
8 consent process. The original authors of the resolution as well as other speakers offered
9 support for the proposed amendments. Other speakers expressed concern about the use
10 of the term "provider," and suggested that it should be changed to "physician." Limited
11 testimony was offered in support of referral, suggesting that the issue may require further
12 study, however the second Resolved clause satisfies this concern. Your Reference
13 Committee recommends that Resolution 007 be adopted as amended.

14
15 (20) RESOLUTION 008 – PREVENTING ANTI-
16 TRANSGENDER VIOLENCE

17
18 RECOMMENDATION A:

19
20 Madam Speaker, your Reference Committee recommends
21 the sixth Resolved clause in Resolution 008 be deleted:

22
23 ~~RESOLVED, That our AMA issue a press release following~~
24 ~~the conclusion of the annual House of Delegates meeting~~
25 ~~with updates to be published in both scientific and~~
26 ~~mainstream publications regarding the prevalence of~~
27 ~~physical and mental health conditions and barriers faced by~~
28 ~~the LGBTQ community. (Directive to Take Action)~~

29
30 RECOMMENDATION B:

31
32 Madam Speaker, your Reference Committee recommends
33 that Resolution 008 be adopted as amended.

34
35 **HOD ACTION: Resolution 008 adopted as amended.**

36
37 Resolution 008 asks that our AMA partner with other medical organizations and
38 stakeholders to immediately increase efforts to educate the public, legislators, and
39 members of law enforcement using verified data related to the hate crimes against
40 transgender individuals highlighting the disproportionate number of Black transgender
41 women who have succumbed to violent deaths. The resolution also asks that our AMA
42 advocate for federal, state, and local law enforcement agencies to consistently collect and
43 report data on hate crimes, including victim demographics, to the FBI; for the federal
44 government to provide incentives for such reporting; for demographic data on an
45 individual's birth sex and gender identity to be incorporated into the National Crime
46 Victimization Survey and the National Violent Death Reporting System; for a central law
47 enforcement database to collect data about reported hate crimes that correctly identifies
48 an individual's birth sex and gender identity; for stronger law enforcement policies
49 regarding interactions with transgender individuals; and for local, state, and federal efforts
50 that will increase access to mental health treatment and that will develop models designed

1 to address the health disparities that LGBTQ individuals experience. Resolution 008 also
2 asks our AMA to issue a press release following the conclusion of the Annual Meeting with
3 updates to be published in both scientific and mainstream publications regarding the
4 prevalence of physical and mental health conditions and barriers faced by the LGBTQ
5 community.

6
7 Testimony was offered in unanimous support of the first five resolved clauses of
8 Resolution 008. Speakers noted that the issue is critical and in line with current AMA policy
9 on hate crimes and access to health care. A number of speakers expressed reservations
10 about the sixth resolved clause, which asks our AMA to issue a press release at the
11 conclusion of the Annual Meeting and publishing updates in both scientific and
12 mainstream publications regarding the prevalence of physical and mental health
13 conditions and barriers faced by the LGBTQ community. However, your Reference
14 Committee recognizes that the AMA media team routinely develops press releases
15 regarding adopted policy, and cannot control publication in outside media. Therefore, your
16 Reference Committee recommends that Resolution 008 be adopted as amended.

17
18 (21) RESOLUTION 011 – MATURE MINOR CONSENT TO
19 VACCINATIONS

20
21 RECOMMENDATION A:

22
23 Madam Speaker, your Reference Committee recommends
24 that Resolution 011 be amended by addition and deletion to
25 read as follows:

26
27 Our AMA (a) encourages the development and
28 dissemination of evidence-based public awareness
29 campaigns aimed at increasing vaccination rates; (b)
30 encourages the development of educational materials that
31 can be distributed to patients and their families clearly
32 articulating the benefits of immunizations and highlighting
33 the exemplary safety record of vaccines; (c) supports the
34 development and evaluation, in collaboration with health
35 care providers, of evidence-based educational resources to
36 assist parents in educating and encouraging other parents
37 who may be reluctant to vaccinate their children; (d)
38 encourages physicians and state and local medical
39 associations to work with public health officials to inform
40 those who object to immunizations about the benefits of
41 vaccinations and the risks to their own health and that of the
42 general public if they refuse to accept them; (e) will promote
43 the safety and efficacy of vaccines while rejecting claims
44 that have no foundation in science; and (f) supports state
45 policies allowing minors ~~adolescents~~ to override their
46 parent's refusal and provide consent for vaccinations;
47 provide their own consent for vaccination and encourages
48 state legislatures to establish comprehensive vaccine and
49 minor consent policies; and (g) will continue its ongoing
50 efforts with other immunization advocacy organizations to

1 assist physicians and other health care professionals in
2 effectively communicating to patients, parents, policy
3 makers, and the media that vaccines do not cause autism
4 and that decreasing immunization rates have resulted in a
5 resurgence of vaccine-preventable diseases and deaths.
6 (Modify Current HOD Policy)
7

8 RECOMMENDATION B:
9

10 Madam Speaker, your Reference Committee recommends
11 that Resolution 011 be adopted as amended.
12

13 **HOD ACTION: Resolution 011 adopted as amended.**
14

15 Resolution 011 asks that our AMA amend policy H-440.830, "Education and Public
16 Awareness on Vaccine Safety and Efficacy," by adding language to support state policies
17 that allow adolescents to provide their own consent for vaccination, as well as encouraging
18 state legislatures to establish comprehensive vaccine and minor consent policies.
19

20 Your Reference Committee heard testimony largely in support of the sentiment of
21 Resolution 011. Some concern was heard about a lack of clarity in regards to the scope
22 of vaccine consent and refusal by mature minors, as well as the term "mature minor" itself.
23 Amendments were offered to clarify the appropriate scope of the decisions a mature minor
24 should be able to make in these situations. Your Reference Committee also recognizes
25 that mature minor doctrines are established clearly on a state level and thus do not need
26 further clarification in this instance. Your Reference Committee therefore recommends
27 that Resolution 011 be adopted as amended.
28

29 (22) RESOLUTION 012 – IMPROVING BODY DONATION
30 REGULATION
31

32 RECOMMENDATION A:
33

34 Madam Speaker, your Reference Committee recommends
35 that Resolution 012 be amended by addition to read as
36 follows:
37

38 RESOLVED, That our American Medical Association
39 recognize the need for ethical, transparent, and consistent
40 body and body part donation regulations. (New HOD Policy)
41

42 RECOMMENDATION B:
43

44 Madam Speaker, your Reference Committee recommends
45 that Resolution 012 be adopted as amended.
46

47 **HOD ACTION: Resolution 012 adopted as amended.**
48

49 Resolution 012 asks that our AMA recognize the need for ethical, transparent, and
50 consistent body donation regulations.

1
2 Your Reference Committee heard limited testimony in general support of Resolution 012.
3 A proposed amendment suggested that the resolution also address body parts and not
4 only the whole body. Your Reference Committee recommends that Resolution 012 be
5 adopted as amended.
6

7 (23) RESOLUTION 013 – OPPOSING OFFICE OF REFUGEE
8 RESETTLEMENT'S USE OF MEDICAL AND
9 PSYCHIATRIC RECORDS FOR EVIDENCE IN
10 IMMIGRATION COURT
11

12 RECOMMENDATION A:

13
14 Madam Speaker, your Reference Committee recommends
15 that the first Resolved clause in Resolution 013 be amended
16 by addition to read as follows.
17

18 RESOLVED, That our American Medical Association
19 advocate that healthcare services provided to minors in
20 immigrant detention and border patrol stations focus solely
21 on the health and well-being of the children (Directive to
22 Take Action);
23

24 RECOMMENDATION B:

25
26 Madam Speaker, your Reference Committee recommends
27 that Resolution 013 be adopted as amended.
28

29 **HOD ACTION: Resolution 013 adopted as amended.**
30
31

32 Resolution 013 asks that our AMA advocate that health care services provided to minors
33 in immigrant detention focus solely on the health and well-being of the children. The
34 resolution also asks that our AMA condemn the use of confidential medical and
35 psychological records and social work case files as evidence in immigration courts without
36 patient consent.
37

38 Your Reference Committee heard testimony in unanimous support of Resolution 013. An
39 amendment was offered to include the mention of border patrol stations in addition to
40 immigrant detention in the first resolved clause, and subsequent testimony supported the
41 amendment. Therefore, your Reference Committee recommends that Resolution 013 be
42 adopted as amended.

(24) RESOLUTION 015 – OPPOSING MANDATED
REPORTING OF PEOPLE WHO QUESTION THEIR
GENDER IDENTITY

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends
that Resolution 015 be amended by addition and deletion to
read as follows:

RESOLVED, That our American Medical Association
oppose mandated reporting of ~~youth~~ individuals who
question or express interest in exploring their gender
identity. (New HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends
that Resolution 015 be adopted as amended.

HOD ACTION: Resolution 015 adopted as amended.

Resolution 015 asks that our AMA oppose mandated reporting of youth who question or
express interest in exploring their gender identity.

Your Reference Committee heard testimony in unanimous support of the spirit of the
resolution. Speakers noted that it is inappropriate to ask patients to share personal
information and then report what they have been told; confidentiality is essential. Other
speakers noted that this resolution is in line with AMA policy. An amendment was offered
to change the word “youth” to “individuals.” Your Reference Committee recommends that
Resolution 015 be adopted as amended.

(25) RESOLUTION 016 – SEXUAL AND GENDER MINORITY
POPULATIONS IN MEDICAL RESEARCH

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends
that Resolution 016 be amended by deletion to read as
follows:

RESOLVED, That our American Medical Association
amend policy H-315.967, “Promoting Inclusive Gender,
Sex, and Sexual Orientation Options on Medical
Documentation,” by addition and deletion as follows:

Promoting Inclusive Gender, Sex, and Sexual Orientation
Options on Medical Documentation Our AMA: (1) supports
the voluntary inclusion of a patient's biological sex, current
gender identity, sexual orientation, and preferred gender

pronoun(s) in medical documentation and related forms, including in electronic health records, in a culturally sensitive and voluntary manner; and (2) will advocate for collection of patient data in medical documentation and in medical research studies, according to current best practices, that is inclusive of ~~sexual orientation/gender identity~~ sexual orientation, gender identity, and other sexual and gender minority traits ~~such as differences/disorders of sex development~~ for the purposes of research into patient and population health. (Modify Current HOD Policy)

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends that Resolution 016 be adopted as amended.

HOD ACTION: Resolution 016 adopted as amended.

Resolution 016 asks that our AMA amend policy H-315.967, "Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation." The amended language would stipulate that our AMA advocate for the collection of patient data in medical documentation and medical research studies, according to current best practices, that is inclusive of sexual orientation, gender identity, and other sexual and gender minority traits such as differences and disorders of sex development.

Your Reference Committee heard testimony that unanimously supported Resolution 016. There was clear support for the importance of collecting data of sexual and gender minority populations for research and that that modification of H-315.967, "Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation" should be modified to make it inclusive of the important of collecting this data with regards to the medical research. Testimony reflected the need for one minor amendment by deletion be made with regards to the language "such as differences/disorders of sex development". Such language was deemed to be problematic, as "differences of sex development" is an umbrella term that encompasses many different conditions, and there is not uniform agreement of what constitutes "differences of sex development", rendering the terminology imprecise and both under-and over-inclusive. Your Reference Committee recommends that Resolution 016 be adopted as amended.

(26) BOARD OF TRUSTEES REPORT 26 – RESEARCH
HANDLING OF DE-IDENTIFIED PATIENT INFORMATION

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Board of Trustees Report 26 be referred.

HOD ACTION: The recommendations in Board of Trustees Report 26 referred.

Board of Trustees Report 26 responds to Policy D-315.975, "Research Handling of De-Identified Patient Information," adopted A-18. This policy directs the AMA to study handling of de-identified patient data. This report outlines appropriate and inappropriate use of de-identified patient data, perspectives from stakeholders in organized medicine, potential ethical concerns of the commercial use of such data, regulatory implications, and the future use of de-identified patient data. BOT 26 recommends that our AMA reaffirm Policies H-315.974, "Guiding Principles Collection and Warehousing of Electronic Medical Record Information," H-315.983, "Patient Privacy and Confidentiality," H-315.975, "Policy, Payer, and Government Access to Patient Health Information," H-315.978, "Privacy and Confidentiality," and H-315.987, "Limiting Access to Medical Records." The report further recommends that our AMA support state-based efforts to protect patient privacy including a patient's right to know whether information is being disclosed or sold and to whom, as well as the right to opt out of the sale of their data. The report also recommends that our Council on Ethical and Judicial Affairs consider re-examining existing guidance relevant to the confidentiality of patient information in light of new practices regarding de-identified patient data, including the use of exclusive de-identified data licensing agreements in health care. Finally, the report recommends that Policy D-315.975, "Research Handling of De-Identified Patient Information," be rescinded, as it was fulfilled by this report.

Significant testimony was offered in favor of referral. Concerns raised included the impact on patient registries, inconsistency of laws across state lines, and the necessity to consider underserved populations. The report authors agreed that referral was acceptable. Your Reference Committee therefore recommends that Board of Trustees Report 26 be referred.

(27) COUNCIL ON CONSTITUTION AND BYLAWS REPORT
1 – CLARIFICATION TO THE BYLAWS: DELEGATE
REPRESENTATION, REGISTRATION AND
CREDENTIALING

RECOMMENDATION:

Madam Speaker, your Reference Committee recommends that the recommendations in Council on Constitution and Bylaws Report 1 be referred.

**HOD ACTION: The recommendations in Council on
Constitution and Bylaws Report 1 referred.**

Council on Constitution and Bylaws Report 1 recommends amended bylaw language for consideration of the House of Delegates to eliminate ambiguity/inconsistencies related to representation, registration and credentialing of AMA delegates and alternate delegates. Several proposed changes clarify to delegates, alternate delegates and those responsible for certifying them that AMA membership and membership in the organization being represented is mandatory. Recommended bylaw amendments also address the individuals responsible for certifying organization's delegations, the formal recredentialing process and the timing of such, and parity for specialty society presidents to allow the specialties, like the states, to credential their president as an extra alternate delegate.

1 Your Reference Committee heard testimony largely in favor of referral. A number of
2 speakers noted that the unique challenges for medical students and trainees—whose
3 schedules are often out of their control—make it necessary to utilize everyone present in
4 order to fill their allotted seats. Other speakers also noted that the proposed changes may
5 similarly make it difficult for smaller delegations to fill their seats. Speakers noted that our
6 AMA's goal should be inclusivity, and barriers to an inclusive democratic process should
7 be removed, not added. Your Reference Committee therefore recommends that Council
8 on Constitution and Bylaws report 01 be referred.

9
10 (28) RESOLUTION 001 – OPPOSING ATTORNEY
11 PRESENCE AT AND/OR RECORDING OF
12 INDEPENDENT MEDICAL EXAMINATIONS

13
14 RECOMMENDATION:

15
16 Madam Speaker, your Reference Committee recommends
17 that Resolution 001 be referred.

18
19 **HOD ACTION: Resolution 001 referred.**

20
21
22 Resolution 001 asks that Policy H-365.981, "Workers' Compensation," be amended by
23 addition to include language that opposes the ability of courts to compel recording and
24 videotaping of, or allow a court reporter or opposing attorney to be present during, the
25 independent medical examination, as a condition for the physician's medical opinion to be
26 allowed in court.

27
28 Your Reference Committee heard testimony largely in opposition to Resolution 001.
29 Speakers noted that states have different laws regarding the recording of independent
30 medical examinations (IME) regarding workers' compensation; the state-by-state nature
31 of the laws preclude the prescribing of workers' compensation guidelines. Supportive
32 testimony noted that third parties should not be present for a private medical exam, and
33 that the resolution is consistent with the ethical guidelines of other organizations.

34
35 (29) RESOLUTION 010 – COVENANTS NOT TO COMPETE

36
37 RECOMMENDATION:

38
39 Madam Speaker, your Reference Committee recommends
40 that Resolution 010 be referred.

41
42 **HOD ACTION: Resolution 010 referred.**

43
44 Resolution 010 asks that our AMA consider as the basis for model legislation the New
45 Mexico statute allowing a requirement that liquidated damages be paid when a physician
46 partner who is a part owner in practice is lured away by a competing hospital system. The
47 resolution also asks our AMA to ask our Council on Ethical and Judicial Affairs to
48 reconsider their blanket opposition to covenants not to compete in the case of a physician
49 partner who is a part owner of a practice, in light of the protection that liquidated damages
50 can confer to independent physician owned partnerships, and because a requirement to

1 pay liquidated damages does not preclude a physician from continuing to practice in his
2 or her community.

3
4 Your Reference Committee heard mixed testimony on Resolution 010. A number of
5 speakers suggested that more information is necessary and that the item should be
6 referred to the Board for further study. Testimony was offered suggesting that the Board
7 of Trustees, and not CEJA, is the appropriate entity to study this issue. Speakers also
8 expressed hesitation in basing model legislation on the New Mexico statute, as well as
9 hesitation to basing AMA policy on state law. Your Reference Committee recommends
10 that Resolution 010 be referred.

11
12 (30) RESOLUTION 017 – NATIONAL GUIDELINES FOR
13 GUARDIANSHIP

14
15 RECOMMENDATION:

16
17 Madam Speaker, your Reference Committee recommends
18 that Resolution 017 be referred.

19
20 **HOD ACTION: Resolution 017 referred.**

21
22 Resolution 017 asks that our AMA collaborate with relevant stakeholders to advocate for
23 federal creation and adoption of national standards for guardianship programs,
24 appropriate program funding measures, and quality control measures.

25
26 Your Reference Committee heard limited testimony in opposition of the resolution as
27 written, with some speakers lauding the intent but expressing concern that the issue of
28 guardianship is a complex one, relating to both the individual and the property in question,
29 and requires further study. Testimony was also heard suggesting that the ask in the
30 resolution is not specific enough. Your Reference Committee therefore recommends that
31 Resolution 017 be referred.

32
33
34 (31) RESOLUTION 019 – OPPOSITION TO REQUIREMENTS
35 FOR GENDER-BASED MEDICAL TREATMENTS FOR
36 ATHLETES

37
38 RECOMMENDATION:

39
40 Madam Speaker, your Reference Committee recommends
41 that Resolution 019 be referred.

42
43 **HOD ACTION: Resolution 019 referred.**

44
45
46 Resolution 019 asks that our AMA oppose any regulations requiring mandatory medical
47 treatment or surgery for athletes with Differences of Sex Development (DSD) to be allowed
48 to compete in alignment with their identity. The resolution also asks our AMA to oppose
49 the creation of distinct hormonal guidelines to determine gender classification for athletic
50 competitions.

1 Your Reference Committee heard testimony largely in favor of referral, with speakers
2 noting that the topic is complex and that data can be interpreted differently. Speakers
3 noted that further study may broaden the issue beyond what is explicitly addressed in the
4 resolution. Testimony was also offered suggesting that the AMA should reach out to other
5 organizations with expertise on the issues. Therefore, your Reference Committee
6 recommends that Resolution 019 be referred.

7
8 (32) RESOLUTION 022 – OPPOSITION TO INVOLUNTARY
9 CIVIL COMMITMENT FOR SUBSTANCE USE
10 DISORDER

11
12 RECOMMENDATION:

13
14 Madam Speaker, your Reference Committee recommends
15 Resolution 022 be referred.

16
17 **HOD ACTION: Resolution 022 referred.**

18
19
20 Resolution 022 asks that our AMA oppose involuntary civil commitment without judicial
21 involvement of persons for reasons solely related to substance use disorder. The
22 resolution also asks that our AMA work to advance policy and programmatic efforts to
23 address gaps in voluntary substance-use treatment services.

24
25 Your Reference Committee heard mixed testimony on Resolution 022, with some
26 speakers supporting the resolution and others in support of referral. Testimony was
27 offered suggesting that involuntary commitment can be performed for laudable reasons,
28 and that patients coerced into commitment have better outcomes than patients who are
29 committed voluntarily. Other speakers suggested that the decision on commitment should
30 be made by a physician, and that judicial oversight is essential. An amendment was
31 offered suggesting that criminalization of substance use disorder during pregnancy should
32 be treated as though the patient is not pregnant.

33
34 (33) RESOLUTION 002 – ADDRESSING EXISTENTIAL
35 SUFFERING IN END-OF-LIFE CARE

36
37 RECOMMENDATION:

38
39 Madam Speaker, your Reference Committee recommends
40 that Resolution 002 not be adopted.

41
42 **HOD ACTION: Resolution 002 not adopted.**

43
44 Resolution 002 asks that our AMA ask the Council on Ethical and Judicial Affairs (CEJA)
45 to review Ethical Opinion 5.6, "Sedation to Unconsciousness in End-of-Life Care," to
46 address (1) appropriate treatments beyond social, psychological or spiritual support to
47 treat existential suffering, and (2) the recognition of a patient's previously expressed
48 wishes with end of life care.
49

1 Your Reference Committee heard testimony in general opposition to Resolution 002.
2 Testimony suggested that current CEJA ethical opinions are adequate on the issue, and
3 that to adopt this resolution while other related, controversial issues are still on the table
4 will serve to complicate the issues. Testimony also suggested that the public's trust in
5 physicians is based on the confidence that physicians will not cause them harm. Your
6 Reference Committee recommends that Resolution 002 not be adopted.

7
8 (34) RESOLUTION 020 – CEJA OPINION E-5.7

9
10 RECOMMENDATION:

11
12 Madam Speaker, your Reference Committee recommends
13 that Resolution 020 not be adopted.

14
15 **HOD ACTION: Resolution 020 be not adopted.**

16
17 Resolution 020 asks that our AMA's Council on Judicial and Ethical Affairs (CEJA) be
18 strongly encouraged to modify Opinion E-5.7, "Physician-Assisted Suicide," to adopt the
19 ethical position of "Engaged Neutrality," defined as neither in favor of nor in opposition
20 to Physician Assisted Dying (PAD), while providing reassurance that our AMA will be a
21 resource to lawmakers, physicians and the public to ensure compliance with standards of
22 lawful medical practice, and to protect physicians' freedom to participate or not participate
23 in PAD in accordance with their personal beliefs and our AMA's Opinion E-1.1.7,
24 "Physician Exercise of Conscience."

25
26 Your Reference Committee heard mixed testimony on Resolution 020. Speakers
27 suggested that elements of the Code of Medical Ethics, particularly Opinions E-5.7 and E-
28 1.1.7 are inconsistent. Speakers suggested that resolution adds ambiguity to the issue by
29 using unclear terminology, and that engaged neutrality is not neutral and implies
30 acceptance to physician assisted suicide. Testimony argued against the use of the term
31 "suicide" in addressing this issue due to the associated stigma. Testimony was also
32 offered suggesting that this resolution is attempting to tell CEJA how to write their report.
33 Your Reference Committee recommends that Resolution 020 not be adopted.

Madam Speaker, this concludes the report of Reference Committee on Amendments to Constitution and Bylaws. I would like to thank Robert Gibbs, MD, Bassam Nasr, MD, MBA, Jill Owens, MD, Scott Pasichow, MD, MPH, Abdul Rehman, MD, Richard Wilbur, MD, JD, and all those who testified before the Committee.

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