

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 002
(I-19)

Introduced by: Medical Student Section

Subject: Endorsing the Creation of a Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Research IRB Training

Referred to: Reference Committee on Amendments to Constitution and Bylaws
(_____, Chair)

Whereas, In 2016, the National Institute of Minority Health and Health Disparities, a division of the National Institutes of Health (NIH), designated sexual and gender minorities a health disparity population for research purposes¹; and

Whereas, The NIH established in 2015 a Sexual and Gender Minority (SGM) Research Office and provides funding earmarked for SGM-specific medical research^{2,3}; and

Whereas, Pursuant to existing AMA policy H-160.991, our AMA believes in “educating physicians on the current state of research in and knowledge of LGBTQ Health”; and

Whereas, The need for further research within LGBTQ communities is well established, especially for vulnerable populations such as LGBTQ-identified youth and older adults⁴; and

Whereas, Novel peer-reviewed recommendations for ethical research with transgender populations and best-practices for research processes such as sexual orientation and gender identity (SOGI) data have been documented^{4, 5, 6, 7}; and

Whereas, Because of the patchwork legal protection afforded to LGBTQ populations, disclosure of research participant SGM status through collection of SOGI data or LGBTQ research affiliation can negatively impact participants’ livelihood^{8, 9}; and

Whereas, Prominent LGBTQ health organizations, such as Fenway Institute, GLMA: Health Professionals Advancing LGBTQ Health Equality, World Professional Association for Transgender Health, and the William’s Institute have not produced a standardized training module on how to protect SOGI data and LGBTQ patient identity in research processes^{10, 11}; therefore be it

RESOLVED, That our American Medical Association work with appropriate stakeholders to support the creation of a model training for Institutional Review Boards to use and/or modify for their unique institutional needs as it relates to research collecting data on Lesbian, Gay, Bi-sexual, Transgender and Queer populations. (Directive to Take Action)

Fiscal Note:

Received: 08/28/19

References:

1. NIMH and Health Disparities Director's Message October 6, 2016. https://www.nimhd.nih.gov/about/directors-corner/messages/message_10-06-16.html. Accessed April 15, 2019.
2. NIH Sexual and Gender Minority Research Office. <https://dpcpsi.nih.gov/sgmro>. Accessed April 15, 2019.
3. NIH Sexual and Gender Minority Research Office Funding Opportunities. <https://dpcpsi.nih.gov/sgmro/funding>. Accessed April 15 2019.
4. Fisher CB, Mustanski B. Reducing Health Disparities and Enhancing the Responsible Conduct of Research Involving LGBT Youth. *Hastings Center Report*. 2014;44(s4). doi:10.1002/hast.367.
5. Cloyes KG. The Silence of Our Science: Nursing Research on LGBT Older Adult Health. *Research in Gerontological Nursing*. 2015;9(2):92-104. doi:10.3928/19404921-20151218-02.
6. Noah Adams, Ruth Pearce, Jaimie Veale, Asa Radix, Danielle Castro, Amrita Sarkar, and Kai Cheng Thom. Transgender Health. Dec 2017. <http://doi.org/10.1089/trgh.2017.0012>
7. Donald C, Ehrenfeld JM. The Opportunity for Medical Systems to Reduce Health Disparities Among Lesbian, Gay, Bisexual, Transgender and Intersex Patients. *Journal of medical systems*. 2015;39(11):178.
8. Cahill SR, Baker K, Deutsch MB, Keatley J, Makadon HJ. Inclusion of Sexual Orientation and Gender Identity in Stage 3 Meaningful Use Guidelines: A Huge Step Forward for LGBT Health. *LGBT health*. 2016;3(2):100-102.
9. Siskind RL, Andrasik M, Karuna ST, et al. Engaging Transgender People in NIH-Funded HIV/AIDS Clinical Trials Research. *Journal of acquired immune deficiency syndromes (1999)*. 2016;72 Suppl 3:S243-247
10. National LGBT Health Education Center Learning Modules. <https://www.lgbthealtheducation.org/lgbt-education/learning-modules/>. Accessed April 15, 2019.
11. National LGBT Health Education Center Webinars. <https://www.lgbthealtheducation.org/lgbt-education/webinars/>. Accessed April 15, 2019.

RELEVANT AMA POLICY**Health Care Needs of Lesbian, Gay, Bisexual and Transgender Populations H-160.991**

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.
2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.
3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.
4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people.

Citation: CSA Rep. C, I-81; Reaffirmed: CLRPD Rep. F, I-91; CSA Rep. 8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08; Reaffirmation A-12; Modified: Res. 08, A-16; Modified: Res. 903, I-17; Modified: Res. 904, I-17; Res. 16, A-18; Reaffirmed: CSAPH Rep. 01, I-18

Support of Human Rights and Freedom H-65.965

Our AMA: (1) continues to support the dignity of the individual, human rights and the sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity, or transgender status, race, religion, disability, ethnic origin, national origin, or age; (3) opposes any discrimination based on an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies; (4) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage of appropriate hate crimes prevention legislation in accordance with our AMA's policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States.

Citation: CCB/CLRPD Rep. 3, A-14; Reaffirmed in lieu of: Res. 001, I-16; Reaffirmation: A-17