DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2019 Interim 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 (I-19)

Report of Reference Committee on Amendments to Constitution and Bylaws

David Walsworth, MD, Chair

Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION

1. Board of Trustees Report 17 – Specialty Society Representation in the House of Delegates – Five-Year Review
2. Council on Constitution & Bylaws Report 1 – Parity in our AMA House of Delegates
3. Council on Constitution & Bylaws Report 2 – Bylaw Consistency—Certification Authority for Societies Represented in our AMA House of Delegates and Advance Certification for those Societies
4. Council on Constitution & Bylaws Report 3 – AMA Delegate Apportionment
5. Council on Ethical and Judicial Affairs Report 1 – Competence, Self-Assessment and Self-Awareness
6. Resolution 002 – Endorsing the Creation of a Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Research IRB Training

RECOMMENDED FOR ADOPTION AS AMENDED

7. Resolution 003 – Accurate Collection of Preferred Language and Disaggregated Race and Ethnicity to Characterize Health Disparities
8. Resolution 004 – Improving Inclusiveness of Transgender Patients Within Electronic Medical Record Systems
9. Resolution 007 – Addressing the Racial Pay Gap in Medicine
10. Resolution 010 – Ban Conversion Therapy of LGBTQ Youth
11. Resolution 011 – End Child Marriage

RECOMMENDED FOR REFERRAL

12. Council on Ethical and Judicial Affairs Report 2 – Amendment to E-1.2.2., "Disruptive Behavior by Patients"
13. Resolution 001 – Support for the Use of Psychiatric Advance Directives
14. Resolution 005 – Removing Sex Designation from the Public Portion of the Birth Certificate
15. Resolution 009 – Data for Specialty Society Five-Year Review

RECOMMENDED FOR NOT ADOPTION

16. Resolution 012 – Study of Forced Organ Harvesting by China

RECOMMENDED FOR ADOPTION

(1) BOARD OF TRUSTEES REPORT 17 – SPECIALTY SOCIETY REPRESENTATION IN THE HOUSE OF DELEGATES – FIVE-YEAR REVIEW

RECOMMENDATION:

Recommendations in Board of Trustees Report 17 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in Board of Trustees Report 17 adopted and the remainder of the Report be filed

The Board of Trustees recommends that the following be adopted, and the remainder of this report be filed:

1. That the American College of Cardiology, American College of Chest Physicians, American College of Emergency Physicians, American College of Gastroenterology, American College of Nuclear Medicine, American Medical Group Association and the National Association of Medical Examiners retain representation in the American Medical Association House of Delegates. (Directive to Take Action)

2. That the American Medical Group Association be reclassified as a Professional Interest Medical Association (PIMA). (Directive to Take Action)

The report was introduced by a member of the Board of Trustees and no further testimony was heard. Your Reference Committee recommends that Board of Trustees Report 17 be adopted.

(2) COUNCIL ON CONSTITUTION & BYLAWS REPORT 1 – PARITY IN OUR AMA HOUSE OF DELEGATES

RECOMMENDATION:

Recommendations in Council on Constitution and Bylaws Report 1 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in Council on Constitution and Bylaws Report 1 adopted and the remainder of the Report be filed

The Council on Constitution and Bylaws recommends: 1) that the following amendments to the AMA Bylaws be adopted; and 2) that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

2.10 Registration and Seating of Delegates.

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2.10.5 Constituent Association President. The current president of a constituent association may also be certified as an additional alternate delegate at the discretion of each constituent association.

2.10.6 National Medical Specialty Society or Professional Interest Medical Association President. The current president of a national medical specialty society or a professional interest medical association may also be certified as an additional alternate delegate at the discretion of each national medical specialty society or professional interest medical association.

The report was introduced by the authors, and no further testimony was heard. Your Reference Committee therefore recommends that Council on Constitution and Bylaws Report 1 be adopted.

(3) COUNCIL ON CONSTITUTION & BYLAWS REPORT 2 – BYLAW CONSISTENCY—CERTIFICATION AUTHORITY FOR SOCIETIES REPRESENTED IN OUR AMA HOUSE OF DELEGATES AND ADVANCE CERTIFICATION FOR THOSE SOCIETIES

RECOMMENDATION:

Recommendations in Council on Constitution and Bylaws Report 2 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in Council on Constitution and Bylaws Report 2 adopted and the remainder of the Report be filed

The Council on Constitution and Bylaws recommends: 1) that the following amendments to the AMA Bylaws be adopted; and 2) that the remainder of this report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

2.1.4 Certification. The president ~~or secretary~~ of each constituent association, or the president's designee, shall certify to the AMA the delegates and alternate delegates from their respective associations. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.

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2.2.4 Certification. The president ~~or secretary~~ of each specialty society, or the president's designee, shall certify to the AMA the delegates and alternate delegates from their respective societies. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.

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2.3.4 Certification. The Chair of the Medical Student Section Governing Council, or the Chair's designee, shall certify to the AMA the delegates and alternate delegates ~~for~~ from each Medical Student Region. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual Meeting of the House of Delegates.

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2.4.4 Certification. The Chair of the Resident and Fellow Section Governing Council, or ~~his or her~~ the Chair's designee, shall certify to the AMA the delegates and alternate delegates for the Resident and Fellow Section. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual Meeting of the House of Delegates.

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2.6 Other Delegates. Each of the following is entitled to a delegate: AMA Sections; the Surgeons General of the United States Army, United States Navy, United States Air Force, and United States Public Health Service; the Chief Medical Director of the Department of Veterans Affairs; the National Medical Association; the American Medical Women's Association; the American Osteopathic Association; and professional interest medical associations granted representation in the House of Delegates.

2.6.1 Certification. The president~~, secretary~~ or other authorized individual of each entity shall certify to the AMA their respective delegate and alternate delegate. Certification must occur 30 days prior to the Annual or Interim Meeting.

2.10 Registration and Seating of Delegates.

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2.10.2 Credentials. A delegate or alternate delegate may only be seated if there is ~~Before being seated at any meeting of the House of Delegates, each delegate or alternate delegate shall deposit with the Committee on Rules and Credentials a certificate~~ certification on file ~~signed by the president, secretary, or other authorized individual of the delegate's or alternate delegate's organization~~ stating that the delegate or alternate delegate has been properly selected to serve in the House of Delegates.

2.10.3 Lack of Credentials. A delegate or alternate delegate may be seated without the certificate defined in Bylaw 2.10.2 provided proper identification as the delegate or alternate delegate selected by the respective ~~organization~~ entity is established, and so certified to the AMA.

2.10.4 Substitute. When a delegate or alternate delegate is unable to attend a meeting of the House of Delegates, the ~~appropriate authorities~~ president, the president's designee or other authorized individual of the ~~organization~~ entity may appoint a substitute delegate or substitute alternate delegate, who ~~on presenting proper credentials~~ shall be eligible to serve as such delegate or alternate delegate in the House of Delegates at that meeting.

2.10.4.1 Temporary Substitute Delegate. A delegate whose credentials have been accepted by the Committee on Rules and Credentials and whose name has been placed on the roll of the House of Delegates shall remain a delegate until final adjournment of that meeting of the House of Delegates. However, if the delegate is not able to remain in attendance, that place of that delegate may be taken during the period of absence by an alternate delegate, or a substitute alternate delegate selected in accordance with Bylaw 2.10.4 if an alternate delegate is not available. The person who takes the place of the delegate must ~~comply with the formal recredentialing procedures established by the Committee on Rules and Credentials for such purpose~~ have certification on file and shall be known as a temporary substitute delegate. Such temporary substitute delegate shall have all of the rights and privileges of a delegate while serving as a temporary substitute delegate, including the right to vote in the House of Delegates and to vote in any election conducted by the House of Delegates. The temporary substitute delegate shall not be eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates.

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2.10.~~6~~7 Representation. No delegate or alternate delegate may be ~~registered~~ credentialed or seated at any meeting to represent more than one organization in the House of Delegates.

Limited testimony was heard requesting a minor amendment to the report in order to ensure the most updated badge credentials are provided. In response to this concern, authors noted that badges and other meeting logistics are and will continue to be executed by appropriate staff, and thus do not affect the Bylaws. No other testimony was heard. Your Reference Committee recommends that Council on Constitution and Bylaws Report 3 be adopted.

(4) COUNCIL ON CONSTITUTION & BYLAWS REPORT 3 – AMA DELEGATE APPORTIONMENT

RECOMMENDATION:

Recommendations in Council on Constitution and Bylaws Report 3 be adopted and the remainder of the Report be filed.

HOD ACTION: Recommendations in Council on Constitution and Bylaws Report 3 adopted and the remainder of the Report be filed

The Council on Constitution and Bylaws recommends the following:

1. That the following amendment to the AMA Bylaws be adopted. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting.

2.1 Constituent Associations. Each recognized constituent association granted representation in the House of Delegates is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seats as may be provided under Bylaw 2.1.1.2. Only one constituent association from each U.S. state, commonwealth, territory, or possession shall be granted representation in the House of Delegates.

2.1.1 Apportionment. The apportionment of delegates from each constituent association is one delegate for each 1,000, or fraction thereof, active constituent and active direct members of the AMA within the jurisdiction of each constituent association, as recorded by the AMA as of December 31 of each year.

2.1.1.1 The December 31 count will include pending members for purposes of apportionment; however, pending members shall not be recounted the following year absent membership renewal. This Bylaw will sunset as of the close of business of the 2022 Interim Meeting unless the House of Delegates acts to retain it.
[Subsequent bylaw provisions shall be renumbered] (Modify Bylaws)

2. That Policy G-600.016(2) be amended by addition to read as follows:

"Pending members" (defined as individuals who at the time they apply for membership are not current in their dues and who pay dues for the following calendar year) will be added to the number of active AMA members in the December 31 count for the purposes of AMA delegate allocations to state medical societies for the following year and this total will be used to determine the number of national medical specialty delegates to maintain parity. (Modify Current HOD Policy)

3. That the remainder of this report be filed.

The only testimony heard regarding this report suggested that if the House of Delegates acts to retain this amendment at the 2022 Interim Meeting, the Council on Constitution and Bylaws could consider adding the definition of the term "pending" to the Bylaws themselves. This term is also included in the glossary. Your Reference Committee recommends that Council on Constitution and Bylaws Report 3 be adopted.

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

RECOMMENDATION:

Recommendations in Council on Ethical and Judicial Affairs Report 1 be adopted and the remainder of the report be filed.

HOD ACTION: Recommendations in Council on Ethical and Judicial Affairs Report 1 adopted and the remainder of the report be filed

Based on the foregoing analysis, 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 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) Maintain their own health, in collaboration with a personal physician, in keeping with ethics guidance on physician health and wellness.

(g) Intervene in a timely, appropriate, and compassionate manner when a colleague's ability to practice safely is compromised by impairment, in keeping with ethics guidance on physician responsibilities to impaired colleagues.

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.

Testimony was heard that was generally supportive of the changes made to CEJA Report 1 since last submitted, with a number of speakers suggesting that the report should be accepted as written. However, several speakers felt that the

recommendations would be stronger if certain explanatory parts of the report body were included. However, your Reference Committee believes that the language referenced (pg. 5, line 39-42: “Physicians who are unable to recognize that they are impaired due to cognitive disability or other illness are not necessarily blameworthy or unethical, unless they decline to address their condition and modify their practice once others have drawn attention to their inability to continue practicing medicine safely.”) is appropriately placed in the report as an explanation of the recommendations which become policy. Further, your Reference Committee would like to note that the guidance is offered as something physicians should “strive” to do, as opposed to more stringent Ethics policies which use “must” or “should”. Your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 1 be adopted.

(6) RESOLUTION 002 – ENDORSING THE CREATION OF A LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER (LGBTQ) RESEARCH IRB TRAINING

RECOMMENDATION:

Resolution 002 be <u>adopted</u>.

HOD ACTION: Resolution 002 <u>adopted</u>

RESOLVED, That our American Medical Association work with appropriate stakeholders to support the creation of 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)

Nearly unanimous testimony was heard in support of this resolution. Speakers noted that the resolution is in line with the policies of their own associations and that this training would help to appropriately increase data collection on the populations mentioned in the resolution, which is currently lacking. Speakers also noted that the resolution is in line with other AMA policies recognizing health care disparities and that research should protect and effectively recognize vulnerable populations. Limited testimony in opposition questioned the necessity of the report given how Institutional Review Boards function. Your Reference Committee recommends that Resolution 002 be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(7) RESOLUTION 003 – ACCURATE COLLECTION OF PREFERRED LANGUAGE AND DISAGGREGATED RACE AND ETHNICITY TO CHARACTERIZE HEALTH DISPARITIES

RECOMMENDATION A:

The first Resolve of Resolution 003 be amended by addition and deletion.

RESOLVED, That our American Medical Association amend Policy H-315.996 by addition to read as follows:

Accuracy in Racial, Ethnic, Lingual, and Religious Designations in Medical Records, H-315.996

The AMA advocates precision without regulatory requirement or mandatory reporting of ~~in~~ racial, ethnic, preferred language, and religious designations in medical records, with information obtained from the patient, always respecting the personal privacy and communication preferences of the patient (Modify Current HOD Policy); and be it further

RECOMMENDATION B:

The second Resolve of Resolution 003 be amended by addition to read as follows:

RESOLVED, That our AMA encourage the Office of the National Coordinator for Health Information Technology (ONC) to expand their data collection requirements, such that electronic health record (EHR) vendors include options for disaggregated coding of race, ~~and~~ ethnicity and preferred language. (Directive to Take Action)

RECOMMENDATION C:

Resolution 003 be adopted as amended.

HOD ACTION: Resolution 003 adopted as amended

RESOLVED, That our American Medical Association amend Policy H-315.996 by addition to read as follows:

Accuracy in Racial, Ethnic, Lingual, and Religious Designations in Medical Records, H-315.996

The AMA advocates precision in racial, ethnic, preferred language, and religious designations in medical records, with information obtained from the patient, always respecting the personal privacy of the patient (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA encourage the Office of the National Coordinator for Health Information Technology (ONC) to expand their data collection requirements, such that electronic health record (EHR) vendors include options for disaggregated coding of race and ethnicity. (Directive to Take Action)

Nearly unanimous testimony was heard in support of the resolution. Speakers testified that inadequate data is a major contributor to disparities in health care, one reason being that data is used to determine the distribution of resources. Limited testimony in opposition noted the possibility of the resolution leading to increased EHR burdens and costs. An amendment was offered with the goal of making the resolution more realistic to implement and a number of subsequent speakers stated their support for that amendment. Your Reference Committee recommends that Resolution 003 be adopted as amended.

(8) RESOLUTION 004 – IMPROVING INCLUSIVENESS OF TRANSGENDER PATIENTS WITHIN ELECTRONIC MEDICAL RECORD SYSTEMS

RECOMMENDATION A:

Resolution 004 be amended by addition and deletion.

Our AMA: (1) supports the voluntary inclusion of a patient's biological sex, current gender identity, sexual orientation, ~~and~~ preferred gender pronoun(s), preferred name, and ~~an inventory of current anatomy~~ clinically relevant, sex specific anatomy 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, and other sexual and gender minority traits for the purposes of research into patient and population health; (3) will research the problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; (4) will investigate the use of personal health records to

reduce physician burden in maintaining accurate patient information instead of having to query each patient regarding sexual orientation and gender identity at each encounter; and (5) will advocate for the incorporation of recommended best practices into electronic health records and other HIT products at no additional cost to physicians. (Modify Current HOD Policy)

RECOMMENDATION B:

Resolution 004 be <u>adopted as amended</u>.

HOD ACTION: Resolution 004 <u>adopted as amended</u>

RESOLVED, That our AMA amend Policy H-315.967, "Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation," by addition and deletion to read as follows:

Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation, H-315.967

Our AMA: (1) supports the voluntary inclusion of a patient's biological sex, current gender identity, sexual orientation, ~~and~~ preferred gender pronoun(s)<u>, preferred name, and an inventory of current anatomy</u> 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, and other sexual and gender minority traits for the purposes of research into patient and population health; (3) will research the problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; (4) will investigate the use of personal health records to reduce physician burden in maintaining accurate patient information instead of having to query each patient regarding sexual orientation and gender identity at each encounter; and (5) will advocate for the incorporation of recommended best practices into electronic health records and other HIT products at no additional cost to physicians. (Modify Current HOD Policy)

The authors introduced the report with an amendment meant to clarify the intent of the resolution. Unanimous testimony was heard in support of the resolution as amended, with speakers noting that having the information available would be beneficial, and that the resolution would put AMA policy in line with recommendations of advocacy groups. Speakers also noted that the absence of this information is a major barrier to providing quality care. Your Reference Committee recommends that Resolution 004 be adopted as amended.

(9) RESOLUTION 007 – ADDRESSING THE RACIAL PAY GAP IN MEDICINE

RECOMMENDATION A:

The first Resolve of Resolution 007 be amended by addition and deletion.

RESOLVED, That our American Medical Association support measures to eliminate racial disparity in pay ~~of racial pay awareness~~ and ~~the~~ specific challenges that minority physicians face in regards to equal pay financial attainment (New HOD Policy); and be it further

RECOMMENDATION B:

The second Resolve of Resolution 007 be amended by addition and deletion.

RESOLVED, That our AMA work with appropriate stakeholders to study effective and appropriate measures ~~support efforts~~ to increase the transparency and accountability of physician earnings through establishing transparency measures, in which physicians can access information including but not limited to the salaries and race of medical physicians. (New HOD Policy)

RECOMMENDATION C:

Resolution 007 be adopted as amended.

RESOLVED, That our American Medical Association support measures of racial pay awareness and the specific challenges that minority physicians face in regards to equal pay financial attainment (New HOD Policy); and be it further

RESOLVED, That our AMA support efforts to increase the transparency and accountability of physician earnings through establishing transparency measures, in which physicians can access information including but not limited to the salaries and race of medical physicians. (New HOD Policy)

The resolution was introduced by the authors, who recognized that the second Resolve clause may be difficult to implement as written. Testimony was heard in almost unanimous support of the resolution's first Resolve clause, with speakers presenting data that minority physicians are not only paid less but have higher debt, and that this wage gap has not been closing over time. Speakers also noted that the resolution is aligned with the policies of their respective associations/societies. With respect to the

second Resolve, there were concerns raised about appropriate data reporting and the need to control for specialty, hours worked, etc. Therefore, your Reference Committee has recommended language to this end. Your Reference Committee recommends that first Resolve in Resolution 007 be adopted and the second Resolve in Resolution 007 be adopted as amended.

(10) RESOLUTION 010 – BAN CONVERSION THERAPY OF LGBTQ YOUTH

RECOMMENDATION A:

Resolution 010 be amended by addition and deletion.

RESOLVED, That our American Medical Association ~~advocate for~~ develop model state ~~federal~~ legislation and advocate for federal legislation to ~~ban~~ ~~oppose~~ "reparative" or "conversion" therapy for sexual orientation or gender identity (Directive to Take Action)

RECOMMENDATION B:

Resolution 010 be adopted as amended.

RECOMMENDATION C:

The title of Resolution 010 be changed to read as follows:

Ban Conversion Therapy ~~of LGBTQ Youth~~

HOD ACTION: Resolution 010 adopted as amended with change in title

RESOLVED, That our American Medical Association advocate for federal legislation to ban conversion therapy. (Directive to Take Action)

Testimony was heard largely in support of Resolution 010. Many speakers noted that this practice must be banned on federal and state levels and that many states have already implemented such a ban. Speakers noted that the practice has been proven to offer no benefit while producing significant harms, and that it is essential that all recommended treatment be evidence-based. An amendment was offered to include state legislation and to define conversion therapy. Another speaker noted that the title of the resolution refers to LGBTQ "youth", whereas the Resolve clause refers to banning the practice entirely. A substitute resolution was offered suggesting that the AMA create model state legislation on this issue; support was heard for this substitute amendment. Limited opposing testimony expressed concern that the resolution as written could unintentionally disempower parents and legitimate therapies, and that the AMA currently lacks a definition of conversion therapy. However, other speakers noted that the definition of conversion therapy is clear and that adoption of this resolution would still

allow for legitimate forms of counseling. Your Reference Committee recommends that Resolution 010 be adopted as amended.

(11) RESOLUTION 011 – END CHILD MARRIAGE

RECOMMENDATION A:

Resolution 011 be amended by addition and deletion.

RESOLVED, That our American Medical Association oppose the practice of child marriage by advocating for the passage of state and federal legislation to end the practice of child marriage. (Directive to Take Action) ~~(New HOD Policy); and be it further~~

~~**RESOLVED, That our AMA advocate for the passage of state and federal legislation to end the practice of child marriage. (Directive to Take Action)**~~

RECOMMENDATION B:

Resolution 011 be adopted as amended.

HOD ACTION: Resolution 011 adopted as amended

RESOLVED, That our American Medical Association oppose the practice of child marriage (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for the passage of state and federal legislation to end the practice of child marriage. (Directive to Take Action)

Testimony was heard largely in support of the resolution. The authors noted that the issue had been raised as to whether a specific age should be specified, but others expressed their belief that the latitude included in the resolution as written is appropriate as state regulations vary. Speakers noted that child marriage is a human rights issue, and that child marriage is a social determinant of health while also being an adverse childhood event. Limited opposing testimony expressed concern that the resolution as written may be too broad, and that the issue may benefit from referral for further study with the goal of developing more clearly defined definitions. Your Reference Committee recommends that Resolution 011 be adopted as amended.

RECOMMENDED FOR REFERRAL

(12) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 2 – AMENDMENT TO E-1.2.2., "DISRUPTIVE BEHAVIOR BY PATIENTS"

RECOMMENDATION:

Recommendations in Council on Ethical and Judicial Affairs Report 2 be <u>referred</u>.

HOD ACTION: Recommendations in Council on Ethical and Judicial Affairs Report 2 <u>referred</u>

In light of the foregoing analysis, the Council on Ethical and Judicial Affairs recommends that Policy D-65.991, "Discrimination against Physicians by Patients," be rescinded; Opinion 1.2.2, "Disruptive Behavior by Patients," be amended by addition and deletion as follows; and the remainder of this report be filed:

The relationship between patients and physicians is based on trust and should serve to promote patients' well-being while respecting ~~their~~ <u>the</u> dignity and rights <u>of both patients and physicians</u>.

Disrespectful<u>,</u> ~~or~~ derogatory<u>, or prejudiced</u>, language or conduct<u>, or prejudiced requests for accommodation of personal preferences</u> on the part of either physicians or patients can undermine trust and compromise the integrity of the patient-physician relationship. It can make members of targeted groups reluctant to seek <u>or provide</u> care, and create an environment that strains relationships among patients, physicians, and the health care team.

Trust can be established and maintained only when there is mutual respect. Therefore, in their interactions with patients, physicians should:

(a) Recognize that disrespectful, derogatory<u>, or prejudiced</u> language or conduct can cause psychological harm to those ~~they target~~ <u>who are targeted</u>.

(b) Always treat patients with compassion and respect.

(<u>c</u>) <u>Explore the reasons for which a patient behaves in disrespectful, derogatory, or prejudiced ways. Physicians should identify, appreciate, and address potentially treatable clinical conditions or personal experiences that influence patient behavior. Regardless of cause, when a patient's behavior threatens the safety of health care personnel or other patients, steps should be taken to de-escalate or remove the threat.</u>

(<u>d</u>) <u>In general, decline to accommodate patient requests for an alternative physician when the request is solely the product of prejudice against the physician's personal characteristics.</u>

(e) Consider accommodating a patient's request for an alternative physician when the request derives from the patient's adverse personal experience, doing so would promote effective care, and another appropriately qualified physician is available to provide the needed care.
(f) In emergency situations, patients who persist in opposing treatment from the physician assigned may be helped to seek care from other sources. When transfer is not feasible, patients should be informed that care will be provided by appropriately qualified staff independent of the patient's expressed preference.

(~~e~~g) Terminate the patient-physician relationship with a patient ~~who uses derogatory language or acts in a prejudiced manner~~ whose volitional behavior is disrespectful, derogatory, or prejudiced only if the patient will not modify the conduct. In such cases, the physician should arrange to transfer the patient's care when that is feasible.

Physicians, especially those in leadership roles, should encourage the institutions with which they are affiliated to:

(h) Be mindful of the messages the institution conveys within and outside its walls by how it responds to prejudiced behavior by patients.

(i) Promote a safe and respectful working environment and formally set clear expectations for how disrespectful, derogatory, or prejudiced behavior by patients will be managed.

(j) Clearly and openly support physicians, trainees, and facility personnel who experience prejudiced behavior and discrimination by patients.

(k) Collect data regarding incidents of discrimination by patients and their effects on physicians and facility personnel on an ongoing basis and seek to improve how incidents are addressed to better meet the needs of patients, physicians, other facility personnel, and the community.

Mixed testimony was heard on the report. Those opposing the report generally supported its goals, but expressed concern over a number of issues, including the need to address patients' families, continuity of care, deceptive behavior by patients, the consistent use of terminology within the report, the relationship between policy and opinion within the report, and the overall practicality of the report itself. Your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 2 be referred.

(13) RESOLUTION 001 – SUPPORT FOR THE USE OF PSYCHIATRIC ADVANCE DIRECTIVES

RECOMMENDATION:

Resolution 001 be referred.

HOD ACTION: Resolution 001 referred

RESOLVED, That our American Medical Association support efforts to increase awareness and appropriate utilization of psychiatric advance directives. (New HOD Policy)

Testimony was heard that generally opposed adoption of the resolution as written. Speakers noted that this is a complex issue that should be studied, as it could lead to additional burden for doctors and less than ideal care for patients. Speakers also noted that there are many situations in which psychiatric advance directives can be overridden. Your Reference Committee recommends that Resolution 001 be referred.

(14) RESOLUTION 005 – REMOVING SEX DESIGNATION FROM THE PUBLIC PORTION OF THE BIRTH CERTIFICATE

RECOMMENDATION:

Resolution 005 be <u>referred</u>.

HOD ACTION: Resolution 005 <u>referred</u>

RESOLVED, That our American Medical Association advocate for the removal of sex as a legal designation on the public portion of the birth certificate and that it be visible for medical and statistical use only. (Directive to Take Action)

Mixed testimony was heard on Resolution 005. Speakers cited precedence for making the changes suggested in the resolution; moving information such as race and ethnicity to the private portion of the birth certificate has already been done so as to attempt to reduce discrimination, and the sex portion of the birth certificate is left blank in cases in which sex cannot be determined at birth. Opposing testimony noted that “data is data”, and that there can be unintended public health consequences from changing methods of data collection. However, other speakers noted that moving information from the public to the private portion of the birth certificate would not interfere with the availability of data for public health needs. Significant testimony supported referral with many speakers noting the complexity of the issue particularly in regards including various state regulations regarding birth certificates. Due to the complexity of the issues raised, your Reference Committee recommends that Resolution 005 be referred.

(15) RESOLUTION 009 – DATA FOR SPECIALTY SOCIETY FIVE-YEAR REVIEW

RECOMMENDATION:

Resolution 009 be <u>referred</u>.

HOD ACTION: Resolution 009 <u>adopted</u>

RESOLVED, That American Medical Association policy G-600.020, “Admission of Specialty Organizations to our AMA House,” item 6, be amended by addition and deletion to read as follows:

The organization must have a voluntary membership and must report as members only those physician members who are current in payment of applicable dues, ~~have full voting privileges~~, and eligible to serve on committees or the governing body ~~hold office~~. (Modify Current HOD Policy)

Mixed testimony was offered on Resolution 009. Multiple speakers suggested amendments with the goal of eliminating unintended consequences, particularly relating to smaller societies and relating to the rule under which 20% of the society must consist of AMA members. Other speakers opposed proposed amendments and spoke in support of the resolution as written, with some noting that other AMA policies exist to address some of the issues raised by speakers suggesting amendments. Referral was also suggested to review the issue of medical students being counted by specialty societies, as they currently are for geographic societies. Other speakers suggested referral, noting that certain elements of the resolution caused confusion and could benefit from further review. Your Reference Committee recommends that Resolution 009 be referred.

RECOMMENDED FOR NOT ADOPTION

(16) RESOLUTION 012 - STUDY OF FORCED ORGAN HARVESTING BY CHINA

RECOMMENDATION:

Resolution 012 be <u>not adopted.</u>

HOD ACTION: Resolution 012 <u>adopted</u>

RESOLVED, That our American Medical Association gather and study all information available and possible on the issue of forced organ harvesting by China and issue a report to our House of Delegates at the 2020 Annual Meeting. (Directive to Take Action)

Testimony was heard in general support of Resolution 012. Speakers noted that China has reported ending these practices, but there is compelling evidence that organ harvesting still occurs, specifically against those belonging to religious minorities.

While speakers agreed that forced organ harvesting (or forced organ "recovery") is a crime against humanity, the AMA already has policy to this end. Resolution 210-I-18 was referred to the Board of Trustees for decision, which led to the adoption of D-370.980. D-370.980 reads:

> Our AMA: (1) continues to engage the Chinese Medical Association and the transplant community in the People's Republic of China through support of relevant activities of the World Medical Association; and (2) endorses the goals of the World Health Organization Task Force on Donation and Transplantation of Human Organs and Tissues and other international efforts for oversight of organ procurement and transplantation.

Due to this recently adopted policy, the spirit of Resolution 012 has been met. Therefore, your Reference Committee recommends that Resolution 012 be not adopted.

Mister Speaker, this concludes the report of Reference Committee on Amendments to Constitution and Bylaws. I would like to thank Joel Bundy, MD, Michael Hanak, MD, Priya Kantesaria, Lee Perrin, MD, Jennifer Piel, MD, Joseph Sanfrancesco, MD, and all those who testified before the Committee. Special thank you to staff members Danielle Chaet, Ken Beaver, and Scott Schweikart.

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