

# AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

MAS Resolution: 01  
(Nov. 2020)

Introduced by: Luis Seija, MD and Priscilla Mpasi, MD

Subject: Support of Learner & Trainee Participation in Peaceful Demonstrations  
and Other Forms of Public Advocacy

Referred to: Reference Committee (TBD)

WHEREAS, The recent killings of unarmed Black men and women resulted in increased civic, social, and political engagement among learners and trainees through participation in various forms of peaceful demonstrations to bring attention to the historical, structural, and systemic racism experienced by people and communities of color that have led to continued health inequities, including police brutality; and

WHEREAS, Learners and trainees have expressed fear or hesitation of engaging in public advocacy due to fear of consequence or perceived impact their participation will have on their academic careers; and

WHEREAS, Learners and trainees have reported restrictive institutional policies forbidding their involvement as well as experiences of institutional retaliation because of their participation; and

WHEREAS, In July 2020, The Association of American Medical Colleges (AAMC) issued *Guidance on Peaceful Protests by Medical Students and Residents*, highlighting the benefits of learner and trainee participation in their professional development as socially conscious physicians of tomorrow<sup>1</sup>; therefore be it

RESOLVED, That our AMA will issue guidance to protect and support learner and trainee participation in peaceful demonstrations and other forms of public advocacy.

## REFERENCES:

1. AAMC Guidance on Peaceful Protests by Medical Students and Residents  
[https://www.aamc.org/system/files/2020-07/AAMC\\_Guidance\\_for\\_Students\\_Schools\\_on%20Peaceful\\_Protests\\_07072020.pdf](https://www.aamc.org/system/files/2020-07/AAMC_Guidance_for_Students_Schools_on%20Peaceful_Protests_07072020.pdf)

Fiscal Note: Not yet determined (Expect minimal: \$0 - \$5,000)

**RELEVANT AMA POLICY:**

**Guiding Principles for Eliminating Racial and Ethnic Health Care Disparities D-350.991**

NMA and LMSA to create and distribute guiding principles for eliminating racial disparities.  
Medical societies to create standing committee to eliminate Health Care disparities

**Racial and Ethnic Disparities in Health Care H-350.974**

AMA recognizes racial and ethnic health disparities as a major public health issue. Encourage reporting individuals to local societies for suspected discrimination. Elimination of racial and ethnic disparities in health care is an issue of highest priority for the AMA

§ 3 approaches

§ 1. Greater access to care

§ 2. Greater awareness.

- “In addition, the profession should help increase the awareness of its members of racial disparities in medical treatment decisions by engaging in open and broad discussions about the issue. Such discussions should take place in medical school curriculum...”

§ 3. Practice parameters

**Diversity in Medical Education H-350.970**

Support of programs to strength prep for minority students. Work with local state and specialty societies to provide education and increase minority medical student admission. Encourage medical schools to consider likelihood of service to underserved as a medical school admissions criterion

**Fair Process for Employed Physicians H-435.942**

“AMA supports whistleblower protections for healthcare professionals and parties who raise questions ...” Our AMA will advocate for protection in medical staff bylaws to minimize negative repercussions for physicians who report problems within their workplace QUESTION: What sort of protections are in place for students choosing to speak about diversity related issues and problems in their medical school/administration?

**Race and Ethnicity as Variables in Medical Research H-460.924**

Our AMA policy is that:

- (1) race and ethnicity are valuable research variables when used and interpreted appropriately;
- (2) health data be collected on patients, by race and ethnicity, in hospitals, managed care organizations, independent practice associations, and other large insurance organizations;
- (3) physicians recognize that race and ethnicity are conceptually distinct;
- (4) our AMA supports research into the use of methodologies that allow for multiple racial and ethnic self-designations by research participants;
- (5) our AMA encourages investigators to recognize the limitations of all current methods for classifying race and ethnic groups in all medical studies by stating explicitly how race and/or ethnic taxonomies were developed or selected;
- (6) our AMA encourages appropriate organizations to apply the results from studies of race-ethnicity and health to the planning and evaluation of health services; and
- (7) our AMA continues to monitor developments in the field of racial and ethnic classification so that it can assist physicians in interpreting these findings and their implications for health care for patients.

*CSA Rep. 11, A-98; Appended: Res. 509, A-01; Reaffirmed: CSAPH Rep. 1, A-11*

#### **Reducing Discrimination in the Practice of Medicine and Health Care Education D-350.984**

Our AMA will pursue avenues to collaborate with the American Public Health Association's National Campaign Against Racism in those areas where AMA's current activities align with the campaign.

*BOT Action in response to referred for decision Res. 602, I-15*

#### **Racial and Ethnic Disparities in Health Care H-350.974**

1. Our AMA recognizes racial and ethnic health disparities as a major public health problem in the United States and as a barrier to effective medical diagnosis and treatment. The AMA maintains a position of zero tolerance toward racially or culturally based disparities in care; encourages individuals to report physicians to local medical societies where racial or ethnic discrimination is suspected; and will continue to support physician cultural awareness initiatives and related consumer education activities. The elimination of racial and ethnic disparities in health care an issue of highest priority for the American Medical Association.
2. The AMA emphasizes three approaches that it believes should be given high priority:
  - A. Greater access - the need for ensuring that black Americans without adequate health care insurance are given the means for access to necessary health care. In particular, it is urgent that Congress address the need for Medicaid reform.
  - B. Greater awareness - racial disparities may be occurring despite the lack of any intent or purposeful efforts to treat patients differently on the basis of race. The AMA encourages physicians to examine their own practices to ensure that inappropriate considerations do not affect their clinical judgment. In addition, the profession should help increase the awareness of its members of racial disparities in medical treatment decisions by engaging in open and broad

discussions about the issue. Such discussions should take place in medical school curriculum, in medical journals, at professional conferences, and as part of professional peer review activities.

C. Practice parameters - the racial disparities in access to treatment indicate that inappropriate considerations may enter the decision making process. The efforts of the specialty societies, with the coordination and assistance of our AMA, to develop practice parameters, should include criteria that would preclude or diminish racial disparities

3. Our AMA encourages the development of evidence-based performance measures that adequately identify socioeconomic and racial/ethnic disparities in quality. Furthermore, our AMA supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons.

4. Our AMA: (a) actively supports the development and implementation of training regarding implicit bias, diversity and inclusion in all medical schools and residency programs; (b) will identify and publicize effective strategies for educating residents in all specialties about disparities in their fields related to race, ethnicity, and all populations at increased risk, with particular regard to access to care and health outcomes, as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers; and (c) supports research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes in all at-risk populations.

*CLRPD Rep. 3, I-98; Appended and Reaffirmed: CSA Rep. 1, I-02; Reaffirmed: BOT Rep. 4, A-03; Reaffirmed in lieu of Res. 106, A-12; Appended: Res. 952, I-17; Reaffirmed: CMS Rep. 10, A-19*

### **Reducing Racial and Ethnic Disparities in Health Care D-350.995**

Our AMA's initiative on reducing racial and ethnic disparities in health care will include the following recommendations:

(1) Studying health system opportunities and barriers to eliminating racial and ethnic disparities in health care.

(2) Working with public health and other appropriate agencies to increase medical student, resident physician, and practicing physician awareness of racial and ethnic disparities in health care and the role of professionalism and professional obligations in efforts to reduce health care disparities.

(3) Promoting diversity within the profession by encouraging publication of successful outreach programs that increase minority applicants to medical schools, and take appropriate action to support such programs, for example, by expanding the "Doctors Back to School" program into secondary schools in minority communities.

*BOT Rep. 4, A-03; Reaffirmation A-11; Reaffirmation: A-16; Reaffirmed: CMS Rep. 10, A-19*

### **Racial Housing Segregation as a Determinant of Health and Public Access to Geographic Information Systems (GIS) Data H-350.953**

Our AMA will: (1) oppose policies that enable racial housing segregation; and (2) advocate for continued federal funding of publicly-accessible geospatial data on community racial and

economic disparities and disparities in access to affordable housing, employment, education, and healthcare, including but not limited to the Department of Housing and Urban Development (HUD) Affirmatively Furthering Fair Housing (AFFH) tool.

*Res. 405, A-18*

#### **Guiding Principles for Eliminating Racial and Ethnic Health Care Disparities D-350.991**

Our AMA: (1) in collaboration with the National Medical Association and the National Hispanic Medical Association, will distribute the Guiding Principles document of the Commission to End Health Care Disparities to all members of the federation and encourage them to adopt and use these principles when addressing policies focused on racial and ethnic health care disparities; (2) shall work with the Commission to End Health Care Disparities to develop a national repository of state and specialty society policies, programs and other actions focused on studying, reducing and eliminating racial and ethnic health care disparities; (3) urges medical societies that are not yet members of the Commission to End Health Care Disparities to join the Commission, and (4) strongly encourages all medical societies to form a Standing Committee to Eliminate Health Care Disparities.

*Res. 409, A-09; Appended: Res. 416, A-11*

#### **Research the Effects of Physical or Verbal Violence Between Law Enforcement Officers and Public Citizens on Public Health Outcomes H-515.955**

Our AMA:

1. Encourages the National Academies of Sciences, Engineering, and Medicine and other interested parties to study the public health effects of physical or verbal violence between law enforcement officers and public citizens, particularly within ethnic and racial minority communities.
2. Affirms that physical and verbal violence between law enforcement officers and public citizens, particularly within racial and ethnic minority populations, is a social determinant of health.
3. Encourages the Centers for Disease Control and Prevention as well as state and local public health agencies to research the nature and public health implications of violence involving law enforcement.
4. Encourages states to require the reporting of legal intervention deaths and law enforcement officer homicides to public health agencies.
5. Encourages appropriate stakeholders, including, but not limited to the law enforcement and public health communities, to define "serious injuries" for the purpose of systematically collecting data on law enforcement-related non-fatal injuries among civilians and officers.

*Res. 406, A-16; Modified: BOT Rep. 28, A-18*

#### **AMA Initiatives Regarding Minorities H-350.971**

The House of Delegates commends the leaders of our AMA and the National Medical Association for having established a successful, mutually rewarding liaison and urges that this relationship be expanded in all areas of mutual interest and concern. Our AMA will develop publications, assessment tools, and a survey instrument to assist physicians and the federation with minority issues. The AMA will continue to strengthen relationships with minority physician organizations, will communicate its policies on the health care needs of minorities, and will monitor and report on progress being made to address racial and ethnic disparities in care. It is the policy of our AMA to establish a mechanism to facilitate the development and implementation of a comprehensive, long-range, coordinated strategy to address issues and concerns affecting minorities, including minority health, minority medical education, and minority membership in the AMA. Such an effort should include the following components:

- (1) Development, coordination, and strengthening of AMA resources devoted to minority health issues and recruitment of minorities into medicine;
- (2) Increased awareness and representation of minority physician perspectives in the Association's policy development, advocacy, and scientific activities;
- (3) Collection, dissemination, and analysis of data on minority physicians and medical students, including AMA membership status, and on the health status of minorities;
- (4) Response to inquiries and concerns of minority physicians and medical students; and
- (5) Outreach to minority physicians and minority medical students on issues involving minority health status, medical education, and participation in organized medicine. [Text Wrapping Break] *CLRPD Rep. 3, I-98; CLRPD Rep. 1, A-08*

#### **Establishment of State Commission / Task Force to Eliminate Racial and Ethnic Health Care Disparities H-440.869**

Our AMA will encourage and assist state and local medical societies to advocate for creation of statewide commissions to eliminate health disparities in each state. [Text Wrapping Break] *Res. 914, I-07; Modified: BOT Rep. 22, A-17*

#### **Discriminatory Policies that Create Inequities in Health Care H-65.963**

Our AMA will: (1) speak against policies that are discriminatory and create even greater health disparities in medicine; and (2) be a voice for our most vulnerable populations, including sexual, gender, racial and ethnic minorities, who will suffer the most under such policies, further widening the gaps that exist in health and wellness in our nation.

*Res. 001, A-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.[Text Wrapping Break]CCB/CLRPD Rep. 3, A-14;  
*Reaffirmed in lieu of: Res. 001, I-16; Reaffirmation: A-17*