AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: 4
(November 2020)

Introduced by: Louise B Andrew MD, JD, FIFEM

Subject: Towards Diversity and Inclusion: A Global Nondiscrimination Policy Statement and Benchmark for our AMA

Whereas, Our AMA has as important goals, the promotion of healthcare diversity, the improvement of public health, and retention and expansion of membership; and

Whereas, Healthcare diversity, and the health of the public is improved when healthcare providers reflect the diversity of our patients; and

Whereas, AMA membership retention, expansion and participation are promoted when members and prospective members perceive themselves to be welcomed, fully enfranchised, protected, promoted and supported by their association, free from discrimination, and equally eligible for leadership; and

Whereas, Diversity in healthcare providers is promoted when equal opportunities exist in employment and leadership within healthcare organizations and in other practice settings; and

Whereas, Our AMA is obliged both as a large employer and as a place of public accommodation to practice nondiscrimination with respect to employment or access on account of or on the basis of race, color, sex, national origin, age, religion, disability, veteran status, sexual orientation or other protected characteristics; and

Whereas, Our AMA as a nonprofit physician membership association has additional morally based obligations to lead by example and not to discriminate as an organization on the basis of age, race, color, creed, gender, gender expression, national origin, locus of medical education or postgraduate training, cultural ethnicity, sexual orientation, disability, marital status, or military status, in any of its activities or operations; and

Whereas, The Code of Medical Ethics states that physicians “shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law”; and

Whereas, While numerous policies have been enacted over the years by our AMA that address selected aspects of discrimination by various groups against various groups, these policies are not uniform and relatively difficult to locate; there are policy gaps and inconsistencies relating to the lack of an organized approach to addressing the problem of discrimination, making it difficult to access the applicable policy or policies when a benchmark is needed against which to measure a proposed action being considered by the organization; and

Whereas, While our AMA has a nondiscrimination policy with respect to physician membership (AMA Bylaws 1-4)(1), it has at present no overarching nondiscrimination policy as a threshold and

1 Membership in the AMA or in any constituent association, national medical specialty society or professional interest medical association represented in the House of Delegates, shall not be denied or abridged because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual
a benchmark tool against which to measure the taking of actions other than membership
decisions, to determine whether entering into new policies, procedures, sponsorships,
endorsements, promotion, legislative or other forms of advocacy, contracts, or proposed
partnerships with other organizations.; and

Whereas, Without a distinct threshold for consideration of, or benchmark tool against which to
measure proposed organizational actions or partnerships as to potential or actual discriminatory
effect, it is difficult to determine whether pursuit of such actions or partnerships should be
avoided, modified or abandoned so as to avoid discrimination against members with protected
characteristics, contrary to law and organizational moral principles, and to avert any resultant
contravention of AMA ethical principles by those individual physician members involved in
taking the proposed actions or participating in the proposed partnerships; and

Whereas, Not all third parties who conduct business with or for our AMA, such as independent
contractors, consultants or vendors, necessarily recognize or independently endorse an
obligation to comply with all applicable laws, rules and regulations; and if they do not comply,
they will, under federal regulations, subject our AMA to potentially significant liability and
adverse publicity; yet third parties are not at present apparently even subject to the published
Conflict of Interest Policy of the AMA; and

Whereas, Mandated signatories to the Conflict of Interest Policy (e.g. AMA Leaders, key staff
and candidates) must agree to abide by AMA Policy H-140.837, Policy on Conduct at AMA
Meetings and Events. The current Conflict of Interest Policy refers to anti-harassment (AMA
Policy H-140.837), however, it does not seem to address other forms of discrimination on the
basis of protected characteristics; and

Whereas, Our AMA has not adopted a Business Conduct Standards Policy making explicit an
obligation that every individual working on AMA business, be they member, employee or
contractor, must adhere to the highest ethical standards, and demonstrate integrity,
professionalism and respect for others and the law, in their dealings with and for the AMA; and

Whereas, Our AMA has not widely communicated a comprehensive strategy or program
designed to eliminate bias and enhance diversity and inclusion throughout the association, the
medical profession, and our healthcare system, therefore be it

RESOLVED, That our AMA will adopt an overarching nondiscrimination policy on the basis of
sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation,
gender identity, age, or for any other reason unrelated to character, competence, ethics,
professional status or professional activities that applies to members, employees and patients;
(Directive to Take Action) and be it further

RESOLVED, That our AMA demonstrates its commitment to complying with laws, rules or
regulations against discrimination on the basis of protected characteristics; (Directive to Take
Action)

RESOLVED, That our AMA reaffirms AMA Policy H-65.988, Organizations Which Discriminate,
and AMA Policy G-630.040, Principles on Corporate Relationships, in its overarching non-
discrimination policy; (Directive to Take Action) and be it further

orientation, gender identity, age, or for any other reason unrelated to character, competence, ethics,
professional status or professional activities.
RESOLVED, That our AMA reaffirm AMA Policy G-600.067, References to Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment; (Directive to Take Action) and be it further

RESOLVED, That our AMA will study the feasibility and need for a comprehensive Business Conduct Standards Policy to be fully integrated with the Conflict of Interest Policy, and report back to the AMA House of Delegates within 18 months; (Directive to Take Action) and be it further

RESOLVED, That our AMA provide an update on its comprehensive Diversity and Inclusion Strategy to the AMA House of Delegates within 24 months. (Directive to Take Action)

Fiscal Note: Estimated cost of $6,500 to study

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RELEVANT AMA POLICY

References to Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment G-600.067

Discrimination. B-1.4

Support of Human Rights and Freedom H-65.965

Discriminatory Policies that Create Inequities in Health Care H-65.963

Principles for Advancing Gender Equity in Medicine H-65.961

9.5.5 Gender Discrimination in Medicine

Organizations Which Discriminate H-65.988

Principles on Corporate Relationships G-630.040

Aging Retirement and Hiring Practices H-25.996