

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 2
(I-20)

Introduced by: Matthew Gold, MD

Subject: Protecting Healthcare Professionals in Society

Referred to: OMSS Reference Committee
(TBD, Chair)

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- 1 WHEREAS, The American Medical Association's commitment to improving physician
2 professional satisfaction and practice sustainability is a cornerstone of AMA's strategic plan and
3 the AMA has developed policies supporting physician well-being; and
4 WHEREAS, There is growing evidence of increasing violence against physicians and other
5 healthcare workers, as well as public health officials, in the COVID-19 era worldwide and in the
6 United States^{1,2,3,4,5}; and
7 WHEREAS, Even before the advent of COVID-19, there was growing violence against
8 physicians and other healthcare workers both worldwide and in the United States^{6, 7,8,9,10,11,12};
9 and

¹ "Health workers become unexpected targets during COVID-19," *The Economist*. May 11, 2020.

<https://www.economist.com/international/2020/05/11/health-workers-become-unexpected-targets-during-covid-19>. Accessed Oct 2, 2020.

² "Afraid to be a nurse: Health workers under attack." *The New York Times*. April 27, 2020.

<https://www.nytimes.com/2020/04/27/world/americas/coronavirus-health-workers-attacked.html>. Accessed Oct 2, 2020.

³ "Attacks on health care in the context of COVID-19." World Health Organization. July 30, 2020. <https://www.who.int/news-room/feature-stories/detail/attacks-on-health-care-in-the-context-of-covid-19>. Accessed Oct 2, 2020.

⁴ "Attacks on public health officials during COVID-19." *JAMA*. Aug 5, 2020. <https://jamanetwork.com/journals/jama/fullarticle/276929>. Accessed Oct 2, 2020.

⁵ "Some public health officials are resigning amid threats during the Covid-19 pandemic." CNN. June 23, 2020.

<https://www.cnn.com/2020/06/22/us/health-officials-threats-coronavirus/index.html>. Accessed Oct 2, 2020.

⁶ "Protection of health workers, patients and facilities in times of violence – A report from the conference convened by the Center for Public Health and Human Rights, Bellagio, Italy." *World Health and Population*. March, 2014.

<https://www.longwoods.com/content/23757/protection-of-health-workers-patients-and-facilities-in-times-of-violence-a-report-from-the-confe>. Accessed Oct 2, 2020.

⁷ "Growing violence against doctors alarms medical profession." World Medical Association. April 17, 2015.

<https://www.wma.net/news-post/growing-violence-against-doctors-alarms-medical-profession/>. Accessed Oct 2, 2020.

⁸ "Physical and verbal violence against health care workers." *Sentinel Event Alert*. The Joint Commission. April 17, 2018.

https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_59_workplace_violence_4_13_18_final.pdf. Accessed Oct 2, 2020.

⁹ "Violence against health workers." World Health Organization.

https://www.who.int/violence_injury_prevention/violence/workplace/en/. Accessed Oct 2, 2020.

¹⁰ "Report on attacks on health care in emergencies." World Health Organization. 2016.

<https://www.who.int/hac/techguidance/attacksreport.pdf?ua=1>. Accessed Oct 2, 2020.

¹¹ "Should health-care workers press charges against violent patients?" *The Washington Post*. Nov 18, 2018.

https://www.washingtonpost.com/national/health-science/should-health-care-workers-press-charges-against-violent-patients/2018/11/16/668ad5c0-d7b6-11e8-a10f-b51546b10756_story.html. Accessed Oct 2, 2020.

¹² "WMA statement on violence and health." World Medical Organization. Oct, 2019 (Revised). <https://www.wma.net/policies-post/wma-statement-on-violence-and-health/>. Accessed Oct 2, 2020.

- 1 WHEREAS, There is incomplete information on the extent of, and potential strategies to combat
2 violence against physicians and healthcare workers in various settings^{13,14,15,16}; and
- 3 WHEREAS, Attacks on physicians and other health care workers have deleterious effects not
4 only on the affected individual, but society as a whole^{17,18,19,20}; and
- 5 WHEREAS, Many efforts to date to combat violence against physicians and other health care
6 workers in various settings have been scattered and incomplete^{21,22,23,24;25}; and
- 7 WHEREAS, Specific legal protection to deter violence against physicians and other health care
8 workers is one available level of protection^{26,27,28,29,30,31}; and

¹³ "Physical and verbal violence against health care workers." *Sentinel Event Alert*. The Joint Commission. April 17, 2018. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_59_workplace_violence_4_13_18_final.pdf. Accessed Oct 2, 2020.

¹⁴ "Report on attacks on health care in emergencies." World Health Organization. 2016. <https://www.who.int/hac/techguidance/attacksreport.pdf?ua=1>. Accessed Oct 2, 2020.

¹⁵ "Workplace violence against health care workers in the United States." *The New England Journal of Medicine*. April 28, 2016. <https://www.nejm.org/doi/full/10.1056/nejmra1501998>. Accessed Oct 2, 2020.

¹⁶ "WMA statement on violence and health." World Medical Organization. Oct, 2019 (Revised). <https://www.wma.net/policies-post/wma-statement-on-violence-and-health/>. Accessed Oct 2, 2020.

¹⁷ "Attacks on public health officials during COVID-19." *JAMA*. Aug 5, 2020. <https://jamanetwork.com/journals/jama/fullarticle/276929>. Accessed Oct 2, 2020.

¹⁸ "Report on attacks on health care in emergencies." World Health Organization. 2016. <https://www.who.int/hac/techguidance/attacksreport.pdf?ua=1>. Accessed Oct 2, 2020.

¹⁹ "Should health-care workers press charges against violent patients?" *The Washington Post*. Nov 18, 2018. https://www.washingtonpost.com/national/health-science/should-health-care-workers-press-charges-against-violent-patients/2018/11/16/668ad5c0-d7b6-11e8-a10f-b51546b10756_story.html. Accessed Oct 2, 2020.

²⁰ "WMA statement on violence and health." World Medical Organization. Oct, 2019 (Revised). <https://www.wma.net/policies-post/wma-statement-on-violence-and-health/>. Accessed Oct 2, 2020.

²¹ "Attacks on public health officials during COVID-19." *JAMA*. Aug 5, 2020. <https://jamanetwork.com/journals/jama/fullarticle/276929>. Accessed Oct 2, 2020.

²² "Patient-perpetuated harassment policies in patient bills of rights and responsibilities at US academic medical centers." *JAMA Network Open*. Sept 15, 2020. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770639>. Accessed Oct 2, 2020.

²³ "Should health-care workers press charges against violent patients?" *The Washington Post*. Nov 18, 2018. https://www.washingtonpost.com/national/health-science/should-health-care-workers-press-charges-against-violent-patients/2018/11/16/668ad5c0-d7b6-11e8-a10f-b51546b10756_story.html. Accessed Oct 2, 2020.

²⁴ "WMA leader issues warning over violence against physicians and healthcare." World Medical Association. May 22, 2017. <https://www.wma.net/news-post/wma-leader-issues-warning-over-violence-against-physicians-and-healthcare/>. Accessed Oct 2, 2020.

²⁵ "WMA statement on violence and health." World Medical Organization. Oct, 2019 (Revised). <https://www.wma.net/policies-post/wma-statement-on-violence-and-health/>. Accessed Oct 2, 2020.

²⁶ "Protection of health workers, patients and facilities in times of violence – A report from the conference convened by the Center for Public Health and Human Rights, Bellagio, Italy." *World Health and Population*. March, 2014.

<https://www.longwoods.com/content/23757/protection-of-health-workers-patients-and-facilities-in-times-of-violence-a-report-from-the-confe>. Accessed Oct 2, 2020.

²⁷ "Patient-perpetuated harassment policies in patient bills of rights and responsibilities at US academic medical centers." *JAMA Network Open*. Sept 15, 2020. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2770639>. Accessed Oct 2, 2020.

²⁷ "Should health-care workers press charges against violent patients?" *The Washington Post*. Nov 18, 2018.

²⁸ "Should health-care workers press charges against violent patients?" *The Washington Post*. Nov 18, 2018. https://www.washingtonpost.com/national/health-science/should-health-care-workers-press-charges-against-violent-patients/2018/11/16/668ad5c0-d7b6-11e8-a10f-b51546b10756_story.html. Accessed Oct 2, 2020.

²⁹ "WMA leader issues warning over violence against physicians and healthcare." World Medical Association. May 22, 2017. <https://www.wma.net/news-post/wma-leader-issues-warning-over-violence-against-physicians-and-healthcare/>. Accessed Oct 2, 2020.

³⁰ "WMA statement on violence and health." World Medical Organization. Oct, 2019 (Revised). <https://www.wma.net/policies-post/wma-statement-on-violence-and-health/>. Accessed Oct 2, 2020.

³¹ "WMA urges legislation on violence against physicians." World Medical Organization. Dec 19, 2019. <https://www.wma.net/news-post/wma-urges-legislation-on-violence-against-physicians/>. Accessed Oct 2, 2020.

1 WHEREAS, International health organizations have studied violence against health care
2 workers with outlined pathways to deal with it, including indemnification of health care
3 workers^{32,33,34,35,36,37}; and

4 WHEREAS, The AMA does not currently have policy specifically addressing violence against
5 physicians outside the “workplace;” therefore be it

6 RESOLVED, That our AMA study the incidence of antagonistic actions against health care
7 professionals outside the workplace, including physical violence, intimidating actions of word or
8 deed, and cyber-attacks, particularly those which appear motivated simply by their identification
9 as a health care professional (Directive to Take Action); and be it further

10
11 RESOLVED, That our AMA advocate to establish a special legal category of offense against
12 health care professionals akin to a ‘hate crime’ when offenses are primarily motivated by their
13 professional identity or actions (Directive to Take Action); and be it further

14
15 RESOLVED, That our AMA work with all interested stakeholders to improve safety of health
16 care workers including first responders and public health officials (Directive to Take Action); and
17 be it further

18
19 RESOLVED, That our AMA endeavor to educate the general population about the prevalence of
20 violence against healthcare professionals and promote a societal backlash against such
21 violence (Directive to Take Action); and be it further

22
23 RESOLVED, That our AMA advocate for institutional or governmental financial coverage for
24 injured medical personnel and other healthcare workers, and for compensated time off for
25 injured medical personnel and other healthcare workers, when such injuries arise from violence
26 primarily motivated by their professional identity or actions. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 9/16/2020

³² “Attacks on health care in the context of COVID-19.” World Health Organization. July 30, 2020. <https://www.who.int/news-room/feature-stories/detail/attacks-on-health-care-in-the-context-of-covid-19>. Accessed Oct 2, 2020.

³³ “Protection of health workers, patients and facilities in times of violence – A report from the conference convened by the Center for Public Health and Human Rights, Bellagio, Italy.” *World Health and Population*. March, 2014. <https://www.longwoods.com/content/23757/protection-of-health-workers-patients-and-facilities-in-times-of-violence-a-report-from-the-confe>. Accessed Oct 2, 2020.

³⁴ “Growing violence against doctors alarms medical profession.” World Medical Association. April 17, 2015. <https://www.wma.net/news-post/growing-violence-against-doctors-alarms-medical-profession/>. Accessed Oct 2, 2020.

³⁵ “WMA leader issues warning over violence against physicians and healthcare.” World Medical Association. May 22, 2017. <https://www.wma.net/news-post/wma-leader-issues-warning-over-violence-against-physicians-and-healthcare/>. Accessed Oct 2, 2020.

³⁶ “WMA statement on violence and health.” World Medical Organization. Oct, 2019 (Revised). <https://www.wma.net/policies-post/wma-statement-on-violence-and-health/>. Accessed Oct 2, 2020.

³⁷ “COVID-19 and violence against health-care – Safer COVID-19 response: Checklist for health-care services.” International Committee of the Red Cross. June 16, 2020. <https://www.icrc.org/en/publication/covid-19-and-violence-against-health-care-safer-covid-19-response-checklist-health-care>. Accessed Oct 2, 2020.

RELEVANT AMA POLICY:**Report 7 of the AMA Council on Science and Public Health (A-16): “Preventing violent acts against health care providers.”**

“Conclusion. Health care workers face a significant risk of workplace violence and more research is needed regarding the effectiveness of interventions to prevent workplace violence in the health care setting. OSHA has taken steps to encourage employers to enact workplace violence prevention plans to protect health care workers from acts of violence. However, given the risk, these actions do not go far enough. A number of states require health care facilities to implement workplace violence prevention plans. A federal standard would help ensure that health care employers across the country are prepared to address workplace violence.”

Violence and Abuse Prevention in the Health Care Workplace H-515.966

Our AMA encourages all health care facilities to: adopt policies to reduce and prevent all forms of workplace violence and abuse; develop a reporting tool that is easy for workers to find and complete; develop policies to assess and manage reported occurrences of workplace violence and abuse; make training courses on workplace violence prevention available to employees and consultants; and include physicians in safety and health committees.

Citation: Res. 424, I-98; Reaffirmed I-99; Reaffirmed: CSAPH Rep. 1, A-09; Modified: BOT Rep. 2, I-12; Reaffirmed in lieu of Res. 423, A-13; Modified: CSAPH Rep. 07, A-16.

Preventing Violent Acts Against Health Care Providers H-515.957

Our AMA: (1) encourages the Occupational Safety and Health Administration to develop and enforce a standard addressing workplace violence prevention in health care and social service industries; (2) encourages Congress to provide additional funding to the National Institute for Occupational Safety and Health to further evaluate programs and policies to prevent violence against health care workers; and (3) encourages the National Institute for Occupational Safety and Health to adapt the content of their online continuing education course on workplace violence for nurses into a continuing medical education course for physicians.

Citation: CSAPH Rep. 07, A-16

Preventing Violent Acts Against Health Care Providers D-515.983

Our AMA will (a) continue to work with other appropriate organizations to prevent acts of violence against health care providers and improve the safety and security of providers while engaged in caring for patients; and (b) widely disseminate information on effective workplace violence prevention interventions in the health care setting as well as opportunities for training.

Citation: Res. 437, A-08; Modified: CSAPH Rep. 2, I-10; Appended: Res. 607, A-15; Modified: CSAPH Rep. 07, A-16

Violent Acts Against Physicians H-515.982

Our AMA (1) condemns acts of violence against physicians involved in the legal practice of medicine; (2) will continue to take an active interest in the apprehension and prosecution of those persons committing assaults on physicians as a result of the physician's acting in a professional capacity; (3) will continue to monitor state legislative efforts on increased criminal penalties for assaults against health care providers; and (4) will continue to work with interested state and national medical specialty societies through all appropriate avenues, including state legislatures, when issues related to workplace violence inside and outside of the emergency department arise.

Citation: Res. 605, A-92; Reaffirmed I-99; Reaffirmed: CSAPH Rep. 1, A-09; Reaffirmed in lieu of Res. 608, A-12; Modified: BOT Rep. 2, I-12; Reaffirmed in lieu of Res. 423, A-13

ONLINE FORUM TESTIMONY:

I support this resolution and hope other delegates will do so also!

Lawrence Monahan, MD

Personal opinion

Violence against those in Healthcare has been compounded by COVID 19, especially against Public Health officials. I know many who have been threatened. We can do better. Let's better protect our Colleagues!

David Welsh, MD

Personal opinion

The intent of this resolution is important, and must be supported. But the first resolve merely states "outside" the workplace, and it should be amended to say "outside and within" the workplace. Sometimes these acts of violence occur within the health care setting. Next, what is the definition of "societal backlash"? Is Dr. Gold calling for more protest, riots, burnings, etc???? This language need to be struck from the resolution. With those changes, I strongly support this resolution.

Jay Gregory, MD

Personal opinion

I support this resolution after amending the first resolution to state "outside and within the workplace," as noted by Dr Gregory; and amending the 4th resolve to say "promote a societal backlash support against such violence" again as noted by Dr Gregory.

Kenneth Crabb, MD

Personal opinion

I support.

Ronald Frus, MD

Personal opinion

Louise Andrew, MD JD FIFEM, SPS Del speaking for myself as a retired Emergency Physician. STRONGLY support the intent of this well written, critical important and timely resolution. Most of my former colleagues have experienced violence prior to Covid-19, and all are now at risk for all of the reasons so clearly stated in the Whereases.

I support amendment by insertion of "and inside" (the workplace) in the first Resolved (this is btw AIP correct terminology)

Attacks on Anthony Fauci and others convince me that I must also promote amendment by insertion of "and Public Health Officials" in every relevant Resolved in which they are not already included, unless you want to insert a definitions section that specifies that Public Health Officials are covered the the definition of healthcare professionals,

I also share concern with others about the wording of the fourth Resolved ,

"That our AMA endeavor to (a) educate the general population about the prevalence of violence against healthcare professionals

and (b) promote a societal backlash against such violence..."

To me, the term "backlash" itself connotes possible violence. Perhaps we should substitute for the second sub Resolved "the devastating effect that such violence has on the ability of healthcare professionals to serve patients."

So the entire fourth Resolved would read "RESOLVED, "That our AMA endeavor to educate the general population about the prevalence of violence against healthcare professionals and the devastating effect that such violence has on the ability of healthcare professionals to serve patients."

Even if this happens to be duplicative of any previous policy, this whole arena is to me something that deserves repeated emphasis in an era that is characterized by so much willful ignorance and misrepresentation.

I personally would add "and willingness" to follow "the ability", because many colleagues have strongly reconsidered continuing their careers in a frontline specialty based on fear of further injuries. But I can also understand that if this fact is not carefully explained, such a term could be misinterpreted.

Thank you for the opportunity to comment.

Louise Andrew, MD

Personal opinion

A timely resolution. I see the above changes suggested by members as only strengthening the resolution. Well done!

David Golden, MD

Personal opinion

As a still practicing emergency physician, on behalf of myself and my faculty, residents, students and all staff working on our emergency departments, thx for this resolution. It's like "the front" of a war zone these days for all of us. Particularly favor Greg's amendment to include inside the workplace.

Theodore Christopher, MD

Personal opinion

The last resolved, advocacy for government or institutional compensation for time off following such an incident could be problematic for small offices. If such compensation is required of employing physicians, the viability of a small practice could be seriously compromised. There is a role for personal disability insurance.

Douglas Myers, MD

Personal opinion

I support the intent of this resolution. However, it may very well be seen as reaffirmation in the AMA HOD which is where we will have to send this if it passes our Section. To avoid this, I think that the best approach would be to amend resolution 2 to propose amending **Violent Acts Against Physicians H-515.982** by addition and deletion to contain the key aspects of our

resolution. We could also propose to functionally sunset the other policies if we incorporate their key concepts into our amendment of H-515.982.

Lee Perrin, MD

Personal opinion

Thank you for all your attention to this resolution and your generally favorable responses. I will address the main reservations:

- 1) Note that the AMA has policy on violence in the _workplace_, as I mentioned in the Whereas and which policies are listed by staff. Hence, I directed this resolved towards the omission of 'outside' the workplace - although H515.982 does include those attacked "as a result of the physician's acting in a professional capacity." I would like to avoid the prospect of this simply being said to be a "reaffirmation" of prior policy... I would be OK with amending the stand alone "outside" by adding ", as well as inside," the workplace, rather than the simple "and" so to acknowledge we already have policy for the latter, but this is a substantial extension of that policy and hence, different enough to stand alone.
- 2) I have no objection to adding the phrase "public health officials" where appropriate, though note that resolved 3 specifies these people are specifically to be protected in this class, as are first responders. I acknowledge that some public health officials may not be medically trained.
- 3) I used the term "backlash" as a deliberately provocative statement, but am happy to mute it a bit. I would substitute for "promote a societal backlash against such violence" with "promote societal rejection of such violence." Recall how we minimized smoking. It took years, and was only successful when most people literally 'frowned on' those who smoked in public. Similar intent, to change societal ignorance, or toleration to intolerance of violence against health care personnel of any type.
- 4) Dr. Andrew's suggestion to specify the intent of educating the public about violence against healthcare workers is fine, though one would assume such a campaign would highlight the relevant points and implications. I have no problem expanding the beginning of the third resolved with her words, with minor change, "That our AMA endeavor to educate the general population about the prevalence of violence against healthcare professionals, of the devastating effect that such violence has on the ability - in some cases even willingness - of healthcare professionals to serve patients and, especially, to promote societal rejection of such violence."
- 5) In stating, "...for institutional or governmental financial coverage for injured medical personnel and other healthcare workers..." I considered the term 'institutional' to imply large size. (I do not consider myself, in solo practice with one employee, an institution but perhaps I am, if of the 'pink elephant' breed...) Once again, were this resolved to be adopted, I would trust that there would be a lower limit to what 'institution' - apart from government - would encompass, as a practical matter. I had envisioned the government to be responsible where institutions could not support an injured healthcare worker. (My first instinct was to make it _only_ a governmental responsibility, but this is America... land of 'free enterprise' and some resistance to assuming the government will cover everything...) The mechanism, whether by self- or purchased insurance is a 'weed' item that need not be in a resolution. Perhaps a slight amendment of the wording could better inform: "...for larger institutional, and/or governmental financial coverage..."

I hope the above addresses the intent of the comments to a satisfactory degree.

Matthew Gold, MD

Personal opinion

Dr. Perrins's comment is well taken. It was posted while I was composing my overall response!
-Certainly, this is one approach. I might look at it as a fallback position, particularly if HOD
reference committee online comments lean towards re-affirmation.

Matthew Gold, MD

Personal opinion