

AMERICAN MEDICAL ASSOCIATION ORGANIZED MEDICAL STAFF SECTION

Resolution: 3
(I-20)

Introduced by: David Welsh, MD

Subject: Availability of Personal Protective Equipment (PPE)

Referred to: OMSS Reference Committee
(TBD, Chair)

Whereas, Physicians have an ethical duty to serve during pandemics¹, and

Whereas, First responders such as EMTs, paramedics, police officers, and firefighters likewise have a duty to act in service of the public, but place “scene safety” and personal safety as a doctrinal priority², and

Whereas, Physicians have a duty to advocate on behalf of their personal safety and their patients’ safety³, and

Whereas, Physicians who receive an occupational exposure to an infectious disease and then inadvertently spread that disease to their friends, family, uninfected patients, and the general public potentially worsen the spread of any infectious disease⁴, and

Whereas, During the COVID-19 pandemic, PPE supplies - including surgical masks, passive respirator (e.g. N95) masks, powered air purifying respirator (PAPR) hoods, face shields, and gowns - were in short supply, forcing healthcare workers to reuse masks or enter rooms with lower levels of protection than were recommended and deemed appropriate by authorities on disease control and prevention including the Occupational Safety and Health Administration and the Centers for Disease Control and Prevention⁵, and

Whereas, As physicians, nurses, and other healthcare workers advocated internally within their hospitals and healthcare facilities to be allowed to wear personal PPE and externally to local and national media about the inadequacy of supplied PPE, they were threatened with reduction in hours or termination⁶, and

¹ See page 3 - “A Declaration of Professional Responsibility, H-140.922”

² Klein TA, Tadi P. EMS, Scene Safety. [Updated 2020 May 15]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK557615/>

³ See page 4 - “Patient Safety, H-335.965”

⁴ “Interim U.S. guidance for risk assessment and work restrictions for healthcare personnel with potential exposure to COVID-19,” Centers for Disease Control and Prevention. June 18, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. Accessed Oct 2, 2020.

⁵ “Optimizing personal protective equipment (PPE) supplies,” Centers for Disease Control and Prevention. July 16, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. Accessed Oct 2, 2020.

⁶ “Hospitals tell doctors they’ll be fired if they speak out about lack of gear,” *Bloomberg*. March 31, 2020. <https://www.bloomberg.com/news/articles/2020-03-31/hospitals-tell-doctors-they-ll-be-fired-if-they-talk-to-press>. Accessed Oct 2, 2020.

1 Whereas, the AMA, the American Academy of Emergency Medicine, the American College of
2 Emergency Physicians, The American College of Surgeons, The Joint Commission, the Council
3 of Medical Specialty Societies, and other organizations published strong statements supporting
4 the rights of healthcare workers to wear additional PPE and objecting to adverse employment
5 actions related to using supplemental PPE and advocacy, therefore be it

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7 RESOLVED, That it is the responsibility of healthcare facilities to provide sufficient PPE for all
8 employees and staff in the event of a pandemic, natural disaster, or other surge in patient
9 volume or PPE need, and be it further,

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11 RESOLVED, That our AMA supports minimum evidence-based standards and national
12 guidelines for PPE use, reuse, and appropriate cleaning / decontamination during surge
13 conditions, and be it further

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15 RESOLVED, That physicians and healthcare professionals must be permitted to use their
16 professional judgement and augment institution-provided PPE with additional, appropriately
17 decontaminated, personally-provided PPE without penalty, and be it further,

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19 RESOLVED, That our AMA affirms that the medical staff of each health care institution should
20 be integrally involved in disaster planning, strategy and tactical management of ongoing crises,
21 and be it further

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23 RESOLVED, That our AMA work with The Joint Commission, the American Nurses
24 Credentialing Center, the Center for Medicare and Medicaid Services, and other regulatory and
25 certifying bodies to ensure that credentialing processes for healthcare facilities include
26 consideration of adequacy of PPE stores on hand as well as processes for rapid acquisition of
27 additional PPE in the event of a pandemic, and be it further

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29 RESOLVED, That the AMA study the physician's ethical duty to serve in a pandemic including
30 but not limited to the following considerations:

- 31 1. The availability and adequacy of institutional supplied PPE and whether
- 32 inadequate PPE modifies a physician's duty to act,
- 33 2. Whether a physician's duty to act is modified by the personal health of the
- 34 physician and/or those with whom the physician has regular extended contact,
- 35 3. Whether a physician's duty to their personal and population safety allows them to
- 36 speak with local and national media about the safety of their work environment
- 37 as it relates to the risk it places on themselves, their immediate family and
- 38 regular social contacts, and the public at large,
- 39 4. How medical students, residents, and fellows are affected in the setting of a
- 40 pandemic in terms of their ethical obligation to care for patients, ramifications to
- 41 their education, and the protections necessary given their vulnerable status,
- 42 5. The ethical obligation of healthcare institutions and the federal government to
- 43 protect the physical and emotional wellbeing of physicians and other healthcare
- 44 workers during and after a pandemic.

45
46 RESOLVED, That our AMA support a physician's ability to participate in public commentary
47 regarding an institution's inability to provide adequate clinical resources and/or health and
48 environmental safety conditions necessary to provide appropriate and safe care of care for
49 patients and physicians during a pandemic or natural disaster.

Received: 9/19/2020

RELEVANT AMA POLICY:

A Declaration of Professional Responsibility H-140.900

Our AMA adopts the Declaration of Professional Responsibility

DECLARATION OF PROFESSIONAL RESPONSIBILITY: MEDICINE's SOCIAL CONTRACT WITH HUMANITY

Preamble

Never in the history of human civilization has the well being of each individual been so inextricably linked to that of every other. Plagues and pandemics respect no national borders in a world of global commerce and travel. Wars and acts of terrorism enlist innocents as combatants and mark civilians as targets. Advances in medical science and genetics, while promising to do great good, may also be harnessed as agents of evil. The unprecedented scope and immediacy of these universal challenges demand concerted action and response by all.

As physicians, we are bound in our response by a common heritage of caring for the sick and the suffering. Through the centuries, individual physicians have fulfilled this obligation by applying their skills and knowledge competently, selflessly and at times heroically. Today, our profession must reaffirm its historical commitment to combat natural and man-made assaults on the health and well being of humankind. Only by acting together across geographic and ideological divides can we overcome such powerful threats. Humanity is our patient.

Declaration

We, the members of the world community of physicians, solemnly commit ourselves to: (1) Respect human life and the dignity of every individual.

(2) Refrain from supporting or committing crimes against humanity and condemn any such acts.

(3) Treat the sick and injured with competence and compassion and without prejudice.

(4) Apply our knowledge and skills when needed, though doing so may put us at risk.

(5) Protect the privacy and confidentiality of those for whom we care and breach that confidence only when keeping it would seriously threaten their health and safety or that of others.

(6) Work freely with colleagues to discover, develop, and promote advances in medicine and public health that ameliorate suffering and contribute to human well-being.

(7) Educate the public and polity about present and future threats to the health of humanity.

(8) Advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being.

(9) Teach and mentor those who follow us for they are the future of our caring profession.

We make these promises solemnly, freely, and upon our personal and professional honor.

Citation: CEJA Rep. 5, I-01; Reaffirmed: A-07; Reaffirmed: CEJA Rep. 04, A-17

Patient Safety H-335.965

Our AMA: (1) continues its advocacy efforts in the area of patient safety and work to promote a meaningful long-term approach to ensure greater patient safety in the delivery of health care in our nation; and (2) continues to advance non-punitive, evidenced-based health systems error data collection as well as strong legal protections for participants in safety programs. At a minimum, these protections must ensure that all information reported or otherwise gathered in the process of patient safety and error reporting programs (including any data, report, memorandum, analysis, statement, or other communication) intended either for internal use, or to be shared with others solely for the same purposes, remain confidential and not be subject to discovery in legal proceedings. Such protections must extend from the time of reporting to post-incident review activities and with regard to the repositories of identifiable data from such reporting programs.

Citation: Sub Res. 202, A-00; Reaffirmed: BOT Rep. 13, I-00; Reaffirmed: A-01; Reaffirmed I-03; Reaffirmed: A-05; Modified: CSAPH Rep. 1, A-15

Code of Medical Ethics – 9.3.1 Physician Health & Wellness

When physician health or wellness is compromised, so may the safety and effectiveness of the medical care provided. To preserve the quality of their performance, physicians have a responsibility to maintain their health and wellness, broadly construed as preventing or treating acute or chronic diseases, including mental illness, disabilities, and occupational stress.

To fulfill this responsibility individually, physicians should:

(a) Maintain their own health and wellness by:

(i) following healthy lifestyle habits;

(ii) ensuring that they have a personal physician whose objectivity is not compromised.

(b) Take appropriate action when their health or wellness is compromised, including:

(i) engaging in honest assessment of their ability to continue practicing safely;

(ii) taking measures to mitigate the problem;

(iii) taking appropriate measures to protect patients, including measures to minimize the risk of transmitting infectious disease commensurate with the seriousness of the disease;

(iv) seeking appropriate help as needed, including help in addressing substance abuse.

Physicians should not practice if their ability to do so safely is impaired by use of a controlled substance, alcohol, other chemical agent or a health condition.

Collectively, physicians have an obligation to ensure that colleagues are able to provide safe and effective care, which includes promoting health and wellness among physicians.

AMA Principles of Medical Ethics: I,II,IV

The Opinions in this chapter are offered as ethics guidance for physicians and are not intended to establish standards of clinical practice or rules of law.

Citation: Issued 2016

ONLINE FORUM TESTIMONY:

Who or how does one define "adequate PPE"?

Edgar Boyd, MD

Personal opinion

This is an important and timely issue. Many are still required to re-use PPE or supply their own. Colleagues continue to become ill and die from COVID 19. This issue is also being considered by other sections. Please speak up. Let's come together to help our Colleagues. Help make this resolution better. Thank you for your consideration.

David Welsh, MD

Personal opinion

Strong support. Good resolution.

Jay Gregory, MD

Personal opinion

I would urge passage of this resolution.

Kenneth Crabb, MD

Personal opinion

Nice resolution, Dave. PPE has become a major concern for all...worry about RESOLVE #3 (some physicians may THINK they have the right judgement and want to augment PPE with their own, but what if they simply do not have the knowledge are are incorrect?). #4 is a no-brainer...I would think most institutional disaster plans have to be approved by the medical staff executive committee. Love #5! and support study of all issues in #6. I would think collaborative statement with other stakeholders (i.e. AAMC, AHA, etc.) would make #7 more palatable.

Theodore Christopher, MD

Personal opinion

I support the intent of this resolution. We should pass this and ask the the Council on Public Health work on making it happen. We should probably request a report of actions taken and active recommendations to be given to the AMA HOD at A-21.

Lee Perrin, MD

Personal opinion

This resolution is a collaborative effort with several other sections.

I appreciate that our version includes "That our AMA affirms that the medical staff of each health care institution should be integrally involved in disaster planning, strategy and tactical management of ongoing crises," which makes it particularly relevant to our section.

The last Resolved, "That our AMA support a physician's ability to participate in public commentary regarding an institution's inability to provide adequate clinical resources and/or health and environmental safety conditions necessary to provide appropriate and safe care of

care for patients and physicians during a pandemic or natural disaster" I believe should be reworded to be at once more pointed, and more fair. The issue is not that a physician has or hasn't the "ability" to speak out, but rather will not be censured by the institution for doing so. Conversely, while we should reserve the right to report on shortfalls/failures of an institution, we also should acknowledge we might have something positive to say.

Therefore, I would propose the following substitution: "...support a physician's right to participate in public commentary, without censure, regarding an institution's inability, as well as ability, to provide adequate clinical resources...

Full disclosure: As one of a number of collaborators, I had proposed something like the above to the group without any change made.

Matthew Gold, MD

Personal opinion