Whereas, Physicians have an ethical duty to serve during pandemics; 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 priority1; and

Whereas, Physicians have a duty to advocate on behalf of their personal safety and their patients’ safety; 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 disease2; and

Whereas, During the COVID-19 pandemic, Personal Protective Equipment (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 Prevention3; 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 termination4; and

Whereas, The AMA, AAEM, ACEP, AMA, ACS, the Joint Commission, the Council of Medical Specialty Societies, and other organizations published strong statements supporting the rights of healthcare workers to wear additional PPE and objecting to adverse employment actions related to using supplemental PPE and advocacy; therefore be it

RESOLVED, That it is the responsibility of healthcare facilities to provide sufficient Personal Protective Equipment (PPE) for all employees and staff in the event of a pandemic, natural disaster, or other surge in patient volume or PPE need; and be it further

RESOLVED, That our AMA supports minimum evidence-based standards and national guidelines for PPE use, reuse, and appropriate cleaning/decontamination during surge conditions; and be it further
RESOLVED, That physicians and healthcare professionals must be permitted to use their professional judgement and augment institution-provided PPE with additional, appropriately decontaminated, personally-provided PPE without penalty; and be it further

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

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

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

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

RESOLVED, That this resolution be immediately forwarded to the 2020 House of Delegates Special Meeting.

Fiscal Note:

References:

Relevant AMA Position Statements:

410.027R AMA Response to Epidemics and Pandemics
That our AMA (1) provide regular updates in a timely manner on any disease classified by the World Health Organization as urgent epidemics or pandemics potentially affecting the US population; (2) that our AMA work with the CDC and international health organizations to provide organizational assistance to curb epidemics, including calling on American physicians to provide needed resources such as human capital and patient care related supplies; and (3) that our AMA encourage relevant specialty societies to
educate their members on specialty-specific issues relevant to new and emerging epidemics and pandemics. (Resolution 5, I-14) [See also: AMA Policy H-440.835] Sub. Res. 925, I-14; Reaffirmed: Res. 418, A-17

Relevant AMA Policy:

H-140.900 A 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.

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

H-335.965 Patient Safety
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-incidence review activities and with regard to the repositories of identifiable data from such reporting programs.

Code of Medical Ethics: 8.4 Ethical Use of Quarantine and Isolation
Although physicians’ primary ethical obligation is to their individual patients, they also have a long-recognized public health responsibility. In the context of infectious disease, this may include the use of quarantine and isolation to reduce the transmission of disease and protect the health of the public. In such situations, physicians have a further responsibility to protect their own health to ensure that they remain able to provide care. These responsibilities potentially conflict with patients’ rights of self-determination and with physicians’ duty to advocate for the best interests of individual patients and to provide care in emergencies.

With respect to the use of quarantine and isolation as public health interventions in situations of epidemic disease, individual physicians should:
(a) Participate in implementing scientifically and ethically sound quarantine and isolation measures in keeping with the duty to provide care in epidemics.
(b) Educate patients and the public about the nature of the public health threat, potential harm to others, and benefits of quarantine and isolation.
(c) Encourage patients to adhere voluntarily to quarantine and isolation.
(d) Support mandatory quarantine and isolation when a patient fails to adhere voluntarily.
(e) Inform patients about and comply with mandatory public health reporting requirements.
(f) Take appropriate protective and preventive measures to minimize transmission of infectious disease from physician to patient, including accepting immunization for vaccine-preventable disease, in keeping with ethics guidance.
(g) Seek medical evaluation and treatment if they suspect themselves to be infected, including adhering to mandated public health measures.

The medical profession, in collaboration with public health colleagues and civil authorities, has an ethical responsibility to:
(h) Ensure that quarantine measures are ethically and scientifically sound:
(i) use the least restrictive means available to control disease in the community while protecting individual rights;
(ii) without bias against any class or category of patients.
(j) Advocate for the highest possible level of confidentiality when personal health information is transmitted in the context of public health reporting.
(k) Advocate for access to public health services to ensure timely detection of risks and implementation of public health interventions, including quarantine and isolation.
(l) Advocate for protective and preventive measures for physicians and others caring for patients with communicable disease.
(m) Develop educational materials and programs about quarantine and isolation as public health interventions for patients and the public.

*AMA Principles of Medical Ethics: I,III,VI,VII,VIII*