Your Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION AS AMENDED

1. Resolution 1 – Discharge Summary Reform
2. Resolution 2 – Protecting Healthcare Professional in Society
3. Resolution 3 – Availability of Personal Protective Equipment (PPE)
4. Resolution 4 – Using COVID-19 to Prepare for Future Emergencies
RECOMMENDED FOR ADOPTION AS AMENDED

(1) RESOLUTION 1 – DISCHARGE SUMMARY REFORM

RECOMMENDATION A:

Resolution 1 be **amended by insertion** to read as follows:

RESOLVED, That *the* American Medical Association coordinate with the American Hospital Association with input from the Centers for Medicare & Medicaid Services and other professional organizations as appropriate to revive the concise dictated (or use of Dragon) discharge summary that existed prior to electronic medical records for the sake of much improved patient care and safety (Directive to Take Action); and be it further

RECOMMENDATION B:

Resolution 1 be **amended by insertion** of a new Resolve:

RESOLVED, That *our* AMA actively promote that discharge summaries are prepared in such a manner as to include the circumstance of admission, the findings that led to the diagnosis and treatment plan, and the continuity of care needed for the patient upon discharge. Coordinated discharge planning should include discharge diagnosis, procedures performed, hospital course, pertinent lab and radiology findings, discharge medications, and follow-up care in a concise and usable narrative. (Directive to Take Action)

RECOMMENDATION C:

Resolution 1 be **adopted as amended**.

RESOLVED, That the American Medical Association coordinate with the American Hospital Association to revive the concise dictated (or via the use of medical speech recognition tools) discharge summary that existed prior to electronic medical records for the sake of much improved patient care and safety.

Your Reference Committee heard testimony strongly supporting this resolution but also voicing a desire to add specificity and direction. Testimony reflected the desire to see discharge summaries made more useful through better information and a more easily recognizable narrative of a patient’s experience during treatment without unnecessary additional information. We offer amendments accordingly and recommend that Resolution 1 be adopted as amended.
RECOMMENDATION A:

The first Resolve in Resolution 2 be amended by insertion and deletion to read as follows:

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

RECOMMENDATION B:

The second Resolve in Resolution 2 be deleted:

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

RECOMMENDATION C:

The third Resolve in Resolution 2 be amended by insertion and deletion to read as follows:

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

RECOMMENDATION D:

The fourth Resolve in Resolution 2 be deleted:

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

The fifth Resolve in Resolution 2 be deleted:

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

RECOMMENDATION F:

Resolution 2 be adopted as amended.

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

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

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

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

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

Your Reference Committee heard testimony indicating strong support for this resolution, though several supported additional language to encompass protections within the healthcare workplace as well. The Committee discussed the potential legal and regulatory difficulties in establishing a profession as a legally-protected status under state and federal law and felt that endorsing efforts to promote such a move, as well as allocate funds for financial coverage for medical personnel, could be prohibitive for the resolution’s success. Additionally, the Committee believed the impact of public education would not likely be successful and, based upon testimony, supported strengthening the ask that the AMA take action instead to work directly to reduce the risk of harm to medical professionals in and out of their workplaces. For these reasons, we recommend adoption of a reduced version of Resolution 2.
(3) RESOLUTION 3 – AVAILABILITY OF PERSONAL
PROTECTIVE EQUIPMENT (PPE)

RECOMMENDATION A:

The first Resolve in Resolution 3 be deleted:

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

RECOMMENDATION B:

The second Resolve in Resolution 3 be deleted:

RESOLVED, That our AMA supports minimum evidence-
based standards and national guidelines for PPE use,
reuse, and appropriate cleaning/decontamination during
surge conditions (Directive to Take Action); and be it
further

RECOMMENDATION C:

The third Resolve in Resolution 3 be amended by insertion
and deletion to read as follows:

RESOLVED, That our American Medical Association
actively supports that physicians and healthcare
professionals are empowered to use workplace
modifications to continue professional patient care when
they determine such action to be appropriate and in the
best interest of patient and physician wellbeing. 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.
(Directive to Take Action); and be it further

RECOMMENDATION D:

The fourth Resolve in Resolution 3 be deleted:

RESOLVED, 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 (Directive to Take Action); and be it further
RECOMMENDATION E:

The fifth Resolve in Resolution 3 be deleted:

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 PPE stores on hand as well as processes for rapid acquisition of additional PPE in the event of a pandemic (Directive to Take Action); and be it further

RECOMMENDATION F:

The sixth Resolve in Resolution 3 be deleted:

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 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. (Directive to Take Action); and be it further

RECOMMENDATION G:

The seventh Resolve in Resolution 3 be deleted:

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.

(Directive to Take Action)

RECOMMENDATION H:

Resolution 3 be adopted as amended.

RECOMMENDATION I:

Resolution 3 be immediately forwarded for consideration at the November 2020 Special Meeting of the AMA House of Delegates.

RESOLVED, That it is the responsibility of healthcare facilities to provide sufficient 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 integrally 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 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 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.

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.

Your Reference Committee heard testimony indicating support for this resolution with a particular focus on support for the ability and necessity of physicians being permitted to supplement PPE with their own equipment when they deem such action necessary in their professional judgement. Testimony also reflected the belief that physicians need to be empowered to take their own wellbeing into consideration, understanding their obligations to themselves, their colleagues, and their patients. While the Committee agreed with the intent of many of the Resolve clauses, it was concerned that they were not as potentially impactful as a call for direct support of physicians’ needs. The Committee also considered the possibility that many COVID-19-related items would likely be joined into a larger package for consideration before the House of Delegates and determined the third resolve of Resolution 3 to be the best suited for contribution to a larger effort.

(4) RESOLUTION 4 – USING COVID-19 TO PREPARE FOR FUTURE EMERGENCIES

RECOMMENDATION A:

The first Resolve in Resolution 4 be amended by insertion and deletion to read as follows:

RESOLVED, That our American Medical Association promote national awareness of the loss of medical practices due to COVID-19 that will disrupt healthcare availability permanently to all patients. Implications in terms of access to healthcare and the particular need for ongoing short term public support of all levels of health practices and institutions (Directive to Take Action); and be it further

RECOMMENDATION B:

The second Resolve in Resolution 4 be deleted:

RESOLVED, That our American Medical Association initiate a study on payment reform to devise a system that supports and sustains medical practices not only under routine circumstances but also in extended crises, with report back by 1-21. (Directive to Take Action)
RECOMMENDATION C:
Resolution 4 be adopted as amended with change in title to read:

COVID-19 WILL DISRUPT ACCESS TO HEALTHCARE

RECOMMENDATION D:
Resolution 4 be immediately forwarded for consideration at the November 2020 Special Meeting of the AMA House of Delegates.

RESOLVED, That our American Medical Association promote national awareness of the loss of medical practices due to COVID-19, implications in terms of access to health care and the particular need for ongoing short term public support of all levels of health practices and institutions (Directive to Take Action); and be if further

RESOLVED, That our American Medical Association initiate a study on payment reform to devise a system that supports and sustains medical practices not only under routine circumstances but also in extended crises. (Directive to Take Action)

Your Reference Committee heard testimony indicating support for this resolution though questions were raised as to whether a study was necessary given that many private and public entities are currently engaged in the impacts of payment reform on healthcare delivery and operations. The Committee also considered that the loss of practices and practice settings is a very real threat to the overall health and functioning of the country’s healthcare ecosystem and, accordingly, believed that stronger language supporting the potentially dire nature of such a threat was warranted in the first Resolve clause.