

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 604  
(November 2020)

Introduced by: Senior Physicians Section

Subject: Timely Promotion and Assistance in Advance Care Planning and Advance Directives

Referred to: Reference Committee F

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1 Whereas, Every human being will confront mortality, and medical care and decision making at  
2 the end of life are best managed with the help of Advance Directives<sup>1,2</sup>; and  
3

4 Whereas, The COVID-19 pandemic has dramatically increased the number of people facing life  
5 threatening illness and even end-of-life, concomitantly with limited or no access to their loved  
6 ones at the bedside, which situation has exponentially increased stress on physicians and  
7 others caring for critically ill patients; and  
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9 Whereas, Advance Directives specify the extent of care a person wishes when they are unable  
10 to make medical decisions for themselves; and  
11

12 Whereas, Advance Directives are legal in every state, at no, or very low cost, and easily fillable  
13 forms are readily available from a variety of sources e.g. MOLST /POLST, including local  
14 medical organizations, AARP, state governments, faith-based groups, hospitals, and online; and  
15

16 Whereas, The use of Advance Directives has been shown to bring comfort, closure, peace-of-  
17 mind, and family support, and to reduce healthcare costs; and  
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19 Whereas, Studies show that only about 37% of Americans have completed Advance  
20 Directives and even physicians are known to be lax in modeling this beneficial health practice<sup>3</sup>;  
21 and  
22

23 Whereas, The substantially lower rate of completion of advance directives among minority  
24 populations has been identified as a health disparity and equity issue; and  
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26 Whereas, The source preferred by patients for information about advance care planning is their  
27 own physician, and advance care planning discussions between a physician and a patient are  
28 now reimbursable, yet it has not become a routine part of medical care; and despite past AMA  
29 recommendations, advance directive forms are not yet fully integrated as part of the medical  
30 record; and  
31

32 Whereas, Advance directives, when not routinely completed by patients or when not available to  
33 providers because they are not included in a medical record, are sometimes either not  
34 considered by, or not honored by providers; therefore be it

1 RESOLVED, That our American Medical Association: (1) begin an educational and media  
 2 campaign including billing and reimbursement information for physicians, encouraging  
 3 physicians to lead by example and complete their own advance directives, to help motivate the  
 4 routine provision of advance care planning to patients, so as to encourage and equip patients to  
 5 complete their own advance directives; (2) encourage practicing physicians to publicize the fact  
 6 of having executed their own advance directives, via educational materials posted and/or  
 7 available in offices and on websites, as a way of starting the conversation with patients and  
 8 families; and (3) urge all primary care physicians to immediately begin to include advance care  
 9 planning as a routine part of their adult patient care protocols, and that advance directives be  
 10 included in patients' medical records as a matter of course (Directive to Take Action); and be it  
 11 further

12  
 13 RESOLVED, That our AMA promote outreach (prioritized and made more urgent by the COVID-  
 14 19 pandemic) on: (1) the importance of advance directives with all its stakeholder groups and  
 15 with other organizations with which it has relationships; and (2) to the legal, medical, hospital,  
 16 medical education, and faith-based communities, as well as to interested citizens, to promote  
 17 completion of advance directives by all individuals who are of legal age and competent  
 18 (Directive to Take Action); and be it further

19  
 20 RESOLVED, That our AMA formally support the designation of April 16 of every year as  
 21 National Healthcare Decisions Day. (Directive to Take Action)

Fiscal Note: Estimated cost of implementation in excess of \$250K with ongoing annual costs.

Received: 10/05/20

<sup>1</sup> Pollack, K.M.; Morhaim, D.; and Williams, MA (2010, June). The Public's Perspectives on Advance Directives: Implications for State Legislative and Regulatory Policy. *Health Policy*. 96(1):57-63. doi: 10.1016/j.healthpol.2010.01.004. Epub 2010 Jan 27. Retrieved from: <https://www.sciencedirect.com/science/article/abs/pii/S0168851010000096>.

<sup>2</sup> Morhaim, D.K.; Pollack, K (2013, June). End-of-Life Care Issues: A Personal, Economic, Public Policy, and Public Health Crisis. *American Journal of Public Health (AJPH)*. 103(6): e8–e10. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698717/>.

<sup>3</sup> Reuters Health (2017, July 11). Over one third of U.S. Adults have Advanced Medical Directives. Retrieved from: <https://www.reuters.com/article/us-health-usa-advance-directives/over-one-third-of-u-s-adults-have-advanced-medical-directives-idUSKBN19W2NO>.