AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 602
(JUN-21)

Introduced by: Senior Physicians Section

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

Referred to: Reference Committee F

Whereas, Every human being will confront mortality, and it is widely acknowledged that medical care and decision making at the end-of-life are best managed both ethically and medically with the use of Advance Directives;¹² and

Whereas, The COVID-19 pandemic has dramatically increased the number of people facing life threatening illness and even end-of-life decisions, concomitant with limited or no access to their loved ones at the bedside, which has exponentially increased stress on physicians and others caring for critically ill patients; and

Whereas, The recent resurgence in COVID infections, hospitalizations and deaths makes this a continuing high priority issue under the J-21 HOD Prioritization Matrix; and

Whereas, Advance directives specify the extent of care a person wishes when they are unable to make medical decisions for themselves and often, due to hospital isolation requirements under COVID-19, no one is available to speak for them; and

Whereas, The use of advance directives has been shown to bring comfort, closure, peace-of-mind, and family support to patients and to physicians providing critical and terminal care, while also reducing healthcare costs; and

Whereas, Advance directives are legal in every state, at no, or very low cost, and easily fillable forms are readily available from a variety of sources, e.g., MOLST/POLST, and MyDirectives, including local medical organizations, AARP, state governments, faith-based groups, hospitals, and others, yet are underutilized; and

Whereas, AMA Code of Ethics Opinion 5.1, “Advance Care Planning,” encourages physicians and patients to plan in advance for decisions about care in the event of a life-threatening illness or injury, emphasizes that such discussions should not begin only after a potentially fatal illness or injury has befallen a patient, and urges that physicians should regularly encourage all patients, regardless of age or health status to consider these issues, periodically review with them their goals, preferences, and chosen decision maker, and include notes from these conversations in medical records; and

Whereas, AMA Code of Ethics Opinion 5.2, “Advance Directives,” discusses the importance of documenting advance care planning discussions; and
Whereas, Despite ethical directives, studies show that only about 37% of Americans have completed advance directives and physicians have also been shown to be lax in modeling this beneficial health practice;³ and

Whereas, The substantially lower rate of completion of advance directives among minority populations has been identified as a health disparity and equity issue, bringing this concern squarely into one of the highest priority areas for our AMA; and

Whereas, The source preferred by patients for information about advance care planning is their own physician, and advance care planning discussions between a physician and a patient are now reimbursable, yet advance care planning has still not become a routine part of medical practice; and despite past AMA recommendations and ethical guidelines, Advance Directive forms are not yet fully integrated as part of the medical record; and

Whereas, Advance directives, when not completed by patients or when not available to providers because they are not included in the medical record, may not be found, considered by, or honored by providers, prompting ethical concerns¹ and moral distress⁴; therefore be it

RESOLVED, That our American Medical Association begin a low cost in-house educational effort aimed at physicians, to include relevant billing and reimbursement information, encouraging physicians to lead by example and complete their own advance directives (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage practicing physicians to voluntarily publicize the fact of having executed our own advance directives, and to share readily available educational materials regarding the importance and components of advance directives in offices and on practice websites, as a way of starting the conversation with patients and families (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA strongly encourage all primary care physicians to include advance care planning as a routine part of their adult patient care protocols, and also to include advance directive documentation in patients' medical records as a suggested standard health maintenance practice (Modify Current HOD Policy); and be it further

RESOLVED, That our AMA collaborate (prioritized and made more urgent by the ongoing COVID-19 pandemic) with stakeholder groups, such as legal, medical, hospital, medical education, and faith-based communities as well as interested citizens, to promote completion of advance directives by all individuals who are of legal age and competent to make healthcare decisions (Directive to Take Action); and be it further

RESOLVED, That our AMA actively promote the officially recognized designation of April 16 as National Healthcare Decisions Day. (New HOD Policy)

Fiscal Note: Moderate - between $5,000 - $10,000

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AUTHOR'S STATEMENT OF PRIORITY

This resolution represents a high, but not a top priority issue for our AMA. This resolution affects all physicians and patients, with a greater potential impact on senior physicians and patients who have increased vulnerability both to infection and death from Covid. Additionally, lack of AD has disproportionately affected underrepresented or disadvantaged patient populations.

As we near 600,000 deaths from Covid-19 (up to 63% of whom may not have had AD) with frontline colleagues daily facing the distress of making life and death decisions for patients unable to speak for themselves (and pandemic policies preventing family members at the bedside) there is a high likelihood of ongoing negative impact if we continue to overlook this issue, and do not act now to encourage active modeling and facilitation of creation of AD. Modeling healthful behaviors by physicians is consistent with our mission and strategic plan. The resolution calls for action that is likely to have meaningful impact, and requires a more proactive approach, incorporating the rationale and evidence for more active promotion of existing policy or significant modification of current policy, so as to immediately begin to address this important issue.

AMA has prior policy on this issue, but an important gap exists in that there has not been evidence of active implementation of existing policy. An AMA resolution is one of the most appropriate avenues to address this issue.

REFERENCES

RELEVANT AMA POLICY

H-85.950 - Support of a National Registry for Advance Directives
H-85.956 - Educating Physicians About Advance Care Planning
H-390.916 - Payment for Patient Counseling Regarding Advance Care Planning
D-140.968 - Standardized Advance Directives
E-5.1 Code of Medical Ethics - Advance Care Planning
E-5.2 Code of Medical Ethics - Advance Directives