AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 516

(A-22)

Introduced by: Undersea and Hyperbaric Medical Society

Subject: Oppose "Mild Hyperbaric" Facilities from Delivering Unsupported Clinical

Treatments

Referred to: Reference Committee E

Whereas, So called "mild hyperbaric facilities" have become numerous in the very recent past consisting of at least 288 locations in 31 states in the United States; and

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Whereas, These centers are treating and charging clients mostly for scientifically unsupported disease entities and conditions without any or with inadequate evidence and without intention to analyze results and add to the compendium of medical knowledge; and

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Whereas, These centers take advantage of vulnerable populations including those suffering from autism, multiple sclerosis, cerebral palsy, and post-stroke injuries; and

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Whereas, These centers offer clients improvement in general health and wellness without any substantiating science or even reasonably predicated mechanisms; and

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Whereas, When "mild hyperbaric" centers do treat conditions in which published experience and scientific evidence support the use of hyperbaric oxygen, they fail to use time-tested protocols. Typically, their treatments deliver pressures just over 1.0 ATA (atmospheres absolute) and less than 1.4 ATA. They also fail to deliver inhaled oxygen concentrations near 100% oxygen to the patient. Both of these fall very short of time-tested treatment parameters; and

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Whereas, Treatments are offered without physician oversight or prescription, and without appropriately trained staff; and

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Whereas, Treatments are delivered often in unsafe environments with inadequately trained staff and without required safety and fire suppression equipment in chambers that are not FDA-certified and for which no 510K application has been made; therefore be it

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RESOLVED, That our American Medical Association oppose the operation of "mild hyperbaric

28 facilities" unless and until effective treatments can be delivered in safe facilities with

appropriately trained staff including physician supervision and prescription and only when the

30 intervention has scientific support or rationale. (New HOD Policy)

Fiscal Note: Not yet determined

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