

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 250
(A-24)

Introduced by: Michigan

Subject: Endorsement of the Uniform Health-Care Decisions Act

Referred to: Reference Committee B

1 Whereas, advance directives play a crucial role in ensuring that individuals' healthcare
2 preferences are respected and upheld, particularly in instances where they may become
3 incapacitated or unable to communicate their wishes; and
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5 Whereas, the American Medical Association (AMA) has a longstanding commitment to
6 promoting patient autonomy and supporting the implementation of policies that facilitate
7 informed decision-making in healthcare; and
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9 Whereas, the Uniform Health-Care Decisions Act (UHCDA), drafted and adopted by the
10 National Conference of Commissioners on Uniform State Laws (NCCUSL) in 2023 to update the
11 version of the UHCDA that the AMA House of Delegates approved in 1993, provides a
12 comprehensive framework for the creation, execution, and recognition of advance directives
13 across state jurisdictions; and
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15 Whereas, the UHCDA offers clarity and consistency in advance directive laws, thereby
16 streamlining the process for patients, healthcare providers, and legal entities involved in
17 healthcare decision-making; and
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19 Whereas, the UHCDA includes provisions for advance mental-health care directives, a topic
20 lacking in most existing state laws; and
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22 Whereas, the UHCDA uses a modern, functional definition of "capacity" that recognizes a
23 patient may lack capacity to make some decisions while retaining sufficient capacity to make
24 other decisions; and
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26 Whereas, the UHCDA contains a sample form written in plain language designed to increase
27 the number of people who complete an advance directive form and designate an agent under a
28 health-care power of attorney; and
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30 Whereas, the UHCDA contains useful procedures to determine who is empowered to make
31 decisions for a patient who has not designated an agent under a health-care power of attorney;
32 and
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34 Whereas, the UHCDA clearly defines the duties of health-care providers with respect to
35 advance directives and provides immunity for providers who act in good faith to comply with a
36 patient's or surrogate's instructions; and
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38 Whereas, the endorsement and adoption of the UHCDA by the AMA would align with its mission
39 to promote high-quality patient care, advance medical ethics, and facilitate effective
40 communication between patients, families, and healthcare professionals; and

1 Whereas, collaboration with state medical societies to advocate for the adoption of the UHCDA
2 at the state level would promote uniformity and reduce disparities in advance directive laws,
3 ultimately enhancing patient-centered care and respecting individual autonomy; therefore be it
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5 RESOLVED, that our American Medical Association amend policy D-140.968, "Standardized
6 Advance Directives," to read as follows:
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8 Our AMA will endorse the "Uniform Health-Care Decisions Act," which was drafted and adopted
9 by the National Conference of Commissioners on Uniform State Laws (NCCUSL) in 2023, and
10 work with our state medical societies to advocate for its adoption in the states. (Modify Current
11 HOD Policy)
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Fiscal Note: Minimal - less than \$1,000

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RELEVANT AMA POLICY

Standardized Advance Directives D-140.968

Our AMA will endorse the "Uniform Health-Care Decisions Act," which was drafted and adopted by the National Conference of Commissioners on Uniform State Laws (NCCUSL) in 1993, and work with our state medical societies to advocate for its adoption in the states.

Informed Consent and Decision-Making in Health Care H-140.989

(1) Health care professionals should inform patients or their surrogates of their clinical impression or diagnosis; alternative treatments and consequences of treatments, including the consequence of no treatment; and recommendations for treatment. Full disclosure is appropriate in all cases, except in rare situations in which such information would, in the opinion of the health care professional, cause serious harm to the patient.

(2) Individuals should, at their own option, provide instructions regarding their wishes in the event of their incapacity. Individuals may also wish to designate a surrogate decision-maker. When a patient is incapable of making health care decisions, such decisions should be made by a surrogate acting pursuant to the previously expressed wishes of the patient, and when such wishes are not known or ascertainable, the surrogate should act in the best interests of the patient.

(3) A patient's health record should include sufficient information for another health care professional to assess previous treatment, to ensure continuity of care, and to avoid unnecessary or inappropriate tests or therapy.

(4) Conflicts between a patient's right to privacy and a third party's need to know should be resolved in favor of patient privacy, except where that would result in serious health hazard or harm to the patient or others.

(5) Holders of health record information should be held responsible for reasonable security measures through their respective licensing laws. Third parties that are granted access to patient health care information should be held responsible for reasonable security measures and should be subject to sanctions when confidentiality is breached.

(6) A patient should have access to the information in his or her health record, except for that information which, in the opinion of the health care professional, would cause harm to the patient or to other people.

(7) Disclosures of health information about a patient to a third party may only be made upon consent by the patient or the patient's lawfully authorized nominee, except in those cases in which the third party has a legal or predetermined right to gain access to such information.

Encouraging the Use of Advance Directives and Health Care Powers of Attorney H-140.845

Our AMA will: (1) encourage health care providers to discuss with and educate young adults about the establishment of advance directives and the appointment of health care proxies; (2) encourage nursing homes to discuss with resident patients or their health care surrogates/decision maker as appropriate, a care plan including advance directives, and to have on file such care plans including advance directives; and that when a nursing home resident patient's advance directive is on file with the nursing home, that advance directive shall accompany the resident patient upon transfer to another facility; (3) encourage all physicians and their families to complete a Durable Power of Attorney for Health Care (DPAHC) and an Advance Directive (AD); (4) encourage all medical schools to educate medical students and residents about the importance of having a DPAHC/AD before becoming severely ill and encourage them to fill out their own DPAHC/AD; (5) along with other state and specialty societies, work with any state that has technical problems with their DPAHC/AD to correct those problems; (6) encourage every state medical association and their member physicians to make information about Living Wills and health care powers of attorney continuously available in patient reception areas; (7) (a) communicate with key health insurance organizations, both private and public, and their institutional members to include information regarding advance directives and related forms and (b) recommend to state Departments of Motor Vehicles the distribution of information about advance directives to individuals obtaining or renewing a driver's license; (8) work with Congress and the Department of Health and Human Services to (a) make it a national public health priority to educate the public as to the importance of having a DPAHC/AD and to encourage patients to work with their physicians to complete a DPAHC/AD and (b) to develop incentives to individuals who prepare advance directives consistent with our current AMA policies and legislative priorities on advance directives; (9) work with the Centers for Medicare and Medicaid Services to use the Medicare enrollment process as an opportunity for patients to receive information about advance health care directives; (10) continue to seek other strategies to help physicians encourage all their patients to complete their DPAHC/AD; and (11) advocate for the implementation of secure electronic advance health care directives.

Advance Directives During Pregnancy H-85.952

1. Our AMA vigorously affirms the patient-physician relationship as the appropriate locus of decision making and the independence and integrity of that relationship.
2. Our AMA will promote awareness and understanding of the ethical responsibilities of physicians with respect to advance care planning, the use of advance directives, and surrogate decision making, regardless of gender or pregnancy status, set out in the Code of Medical Ethics.
3. Our AMA recognizes that there may be extenuating circumstances which may benefit from institutional ethics committee review, or review by another body where appropriate.