Whereas, Existing American Medical Association policy inconsistently uses gendered language—
in particular, gender pronouns—when referring to physicians, medical students, patients, and
others, most often referencing generic individuals with traditionally male and sometimes female
pronouns (“he/him/his”, “he or she”, “his or hers”); and

Whereas, One of many examples of gendered language is AMA Policy H-140.951, which states
“Our AMA believes that the primary mission of the physician is to use his best efforts and skill in
the care of his patients...”; and

Whereas, The American medical profession is increasingly gender diverse: 50.5% of all current
U.S. medical students are women, and there many medical students and physicians who have
other genders that are not male or female, including gender-expansive, gender-fluid, gender-
nonconforming, genderqueer, nonbinary, and others; and

Whereas, The frequent default use of male pronouns to describe generic physicians in AMA
policy (for example, using “him” and “his” as pronouns for “the physician”) may reinforce
patriarchal (pro-male) bias in medicine and disadvantage physicians who do not use such
pronouns; and

Whereas, The AMA should aspire to use gender-neutral language where feasible, recognizing
that American physicians and the patients we serve have diverse gender identities and may use
similarly diverse personal pronouns; and

Whereas, One solution for correcting the bias established by using traditionally male pronouns
as default in AMA policy is to replace them with gender-neutral pronouns such as “they”, “them”,
“their”, and “theirs”, which are pronouns used by many gender non-binary individuals and may
also be used to collectively describe people of all genders; and

Whereas, The pronouns “they”, “them”, “their”, and “theirs” have long been widely accepted as
both singular and plural pronouns, allowing them to be incorporated into AMA policy with great
flexibility; and

Whereas, Adopting consistent gender-neutral pronouns and other non-gendered language into
AMA policy would be an efficient and adequate way to collectively reference medical students,
physicians, patients, and others of all genders; and

Whereas, Updating the language in our AMA’s policies to be maximally inclusive is a simple act
that aligns with our organization’s work to document and appreciate the diversity in sexual
orientation and gender identity (SOGI) of our members as well as to champion gender equity
and non-discrimination in medicine and society; and
WHEREAS, AMA policy D-65.990, which calls on the AMA to standardize existing and future language relating to LGBTQ people, establishes precedent for this timely action; therefore be it

RESOLVED, That our American Medical Association (1) revise all relevant policies to utilize gender-neutral pronouns and other non-gendered language in place of gendered language where such text inappropriately appears, and (2) utilize gender-neutral pronouns and other non-gendered language in future policies where gendered language does not specifically need to be used. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/13/22

REFERENCES:


RELEVANT AMA POLICY

**Strategies for Enhancing Diversity in the Physician Workforce H-200.951**

Our AMA: (1) supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, disability status, sexual orientation, gender identity, socioeconomic origin, and rurality; (2) commends the Institute of Medicine (now known as the National Academies of Sciences, Engineering, and Medicine) for its report, "In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce," and supports the concept that a racially and ethnically diverse educational experience results in better educational outcomes; (3) encourages the development of evidence-informed programs to build role models among academic leadership and faculty for the mentorship of students,
residents, and fellows underrepresented in medicine and in specific specialties; (4) encourages physicians to engage in their communities to guide, support, and mentor high school and undergraduate students with a calling to medicine; (5) encourages medical schools, health care institutions, managed care and other appropriate groups to adopt and utilize activities that bolster efforts to include and support individuals who are underrepresented in medicine by developing policies that articulate the value and importance of diversity as a goal that benefits all participants, cultivating and funding programs that nurture a culture of diversity on campus, and recruiting faculty and staff who share this goal; and (6) continue to study and provide recommendations to improve the future of health equity and racial justice in medical education, the diversity of the health workforce, and the outcomes of marginalized patient populations.


Principles for Advancing Gender Equity in Medicine H-65.961

Our AMA:
1. declares it is opposed to any exploitation and discrimination in the workplace based on personal characteristics (i.e., gender);
2. affirms the concept of equal rights for all physicians and that the concept of equality of rights under the law shall not be denied or abridged by the U.S. Government or by any state on account of gender;
3. endorses the principle of equal opportunity of employment and practice in the medical field;
4. affirms its commitment to the full involvement of women in leadership roles throughout the federation, and encourages all components of the federation to vigorously continue their efforts to recruit women members into organized medicine;
5. acknowledges that mentorship and sponsorship are integral components of one’s career advancement, and encourages physicians to engage in such activities;
6. declares that compensation should be equitable and based on demonstrated competencies/expertise and not based on personal characteristics;
7. recognizes the importance of part-time work options, job sharing, flexible scheduling, re-entry, and contract negotiations as options for physicians to support work-life balance;
8. affirms that transparency in pay scale and promotion criteria is necessary to promote gender equity, and as such academic medical centers, medical schools, hospitals, group practices and other physician employers should conduct periodic reviews of compensation and promotion rates by gender and evaluate protocols for advancement to determine whether the criteria are discriminatory; and
9. affirms that medical schools, institutions and professional associations should provide training on leadership development, contract and salary negotiations and career advancement strategies that include an analysis of the influence of gender in these skill areas.

Our AMA encourages: (1) state and specialty societies, academic medical centers, medical schools, hospitals, group practices and other physician employers to adopt the AMA Principles for Advancing Gender Equity in Medicine, and (2) academic medical centers, medical schools, hospitals, group practices and other physician employers to: (a) adopt policies that prohibit harassment, discrimination and retaliation; (b) provide anti-harassment training; and (c) prescribe disciplinary and/or corrective action should violation of such policies occur. Citation: BOT Rep. 27, A-19

Promotion of LGBTQ-Friendly and Gender-Neutral Intake Forms D-315.974

Our AMA will develop and implement a plan with input from the Advisory Committee on LGBTQ Issues and appropriate medical and community based organizations to distribute and promote the adoption of the recommendations pertaining to medical documentation and related forms in AMA policy H-315.967, Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation, to our membership.

Citation: Res. 014, A-18

Nondiscriminatory Policy for the Health Care Needs of LGBTQ Populations H-65.976

Our AMA encourages physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, health care workers, or employees to include "sexual orientation, sex, or gender identity" in any nondiscrimination statement.
Citation: Res. 414, A-04; Modified: BOT Rep. 11, A-07; Modified: Res. 08, A-16; Modified: Res. 903, I-17
Utilization of "LGBTQ" in Relevant Past and Future AMA Policies D-65.990

Our AMA will: (1) utilize the terminology lesbian, gay, bisexual, transgender, and queer and the abbreviation LGBTQ in all future policies and publications when broadly addressing this population; (2) revise all relevant and active policies to utilize the abbreviation LGBTQ in place of the abbreviations LGBT and GLBT where such text appears; and (3) revise all relevant and active policies to utilize the terms lesbian, gay, bisexual, transgender, and queer to replace lesbian, gay, bisexual, and transgender where such text appears.

Citation: Res. 016, A-18