AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 006
(I-23)

Introduced by: Medical Student Section

Subject: Inappropriate Use of Health Records in Criminal Proceedings

Referred to: Reference Committee on Amendments to Constitution and Bylaws

Whereas, every US state has a higher incarceration rate than any other high-income country, and patients experience high rates of chronic disease and psychiatric illness in prison1-5; and

Whereas, 34 states use discretionary parole, where a panel of individuals may grant an individual release from prison based on criminal history, program participation, and behavior while incarcerated, but irrelevant factors such as time of day of parole review and age and race of the individual may inappropriately affect interpretations and decisions6-8; and

Whereas, patients with extensive medical management, including psychotherapy, may have their health documentation inappropriately included in their parole portfolios even when not pertinent to a case, inflating the size of portfolios, increasing the workload perceived by parole boards, and negatively impacting chances of a fair parole decision9-11; therefore be it

RESOLVED, that our American Medical Association encourage collaboration with relevant parties, including state and county medical societies, the American College of Correctional Physicians, and the American Bar Association, on efforts to preserve patients’ rights to privacy regarding medical care while incarcerated while ensuring appropriate use of medical records in parole and other legal proceedings to protect incarcerated individuals from punitive actions related to their medical care. (New HOD Policy)

Fiscal Note: Modest - between $1,000 - $5,000

Received: 09/27/2023

REFERENCES
RELEVANT AMA POLICY

D-430.993 Study of Best Practices for Acute Care of Patients in the Custody of Law Enforcement or Corrections

1. Our AMA supports the development of: (1) best practices for acute care of patients in the custody of law enforcement or corrections, (2) clearly defined and consistently implemented processes between health care professionals and law enforcement that (a) can best protect patient confidentiality, privacy, and dignity while meeting the needs of patients, health professionals, and law enforcement and (b) ensures security measures do not interfere with the capacity to provide medical, mental health, pregnancy, end of life care, palliative care, and substance use care, especially in emergency situations, and (3) if conflict arises during an incarcerated individual’s hospitalization that the hospital’s bioethics committee should convene to address the issue and not a law enforcement liaison.

2. Our AMA affirms that: (1) the adoption of best practices in the acute care of patients in the custody of law enforcement or corrections is an important effort in achieving overall health equity for the U.S. as a whole, and (2) it is the responsibility of the medical staff to ensure quality and safe delivery of care for incarcerated patients.

3. Our AMA supports universal coverage of essential health benefits for all individuals in the custody of law enforcement or corrections and who are incarcerated.

4. Our AMA will work with interested parties, including but not limited to, the American College of Emergency Physicians and the American College of Correctional Physicians, to develop model federal legislation requiring health care facilities to inform patients in custody about their rights as a patient under applicable federal and state law. [Res. 407, A-22; Modified: CSAPH Rep. 06, A-23]