

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Emergency Resolution: 1
(I-25)

Introduced by: Elana Sitnik, MD, Rajadhar Reddy, MD, Hari Iyer, MD, Laurie Lapp, MD, Paul Emenogu, MD, Samantha Pavlock, MD, Daniel Lee, MD

Subject: Ensuring That Our AMA Remains Free from Medical Misinformation, Political Manipulation, and Commercial Self-Promotion

Whereas, the House of Delegates (HOD) constitutes the authoritative policy body of organized medicine, and its credibility relies on remaining unsullied by political staging, commercial advantage, or reputational rehabilitation; and

Whereas, the American Medical Association (AMA) has repeatedly asserted in CEJA opinions and policy that physicians must not misuse their medical authority for commercial, partisan, or non-evidence-based messaging, including:

- AMA Principles of Medical Ethics II & V, requiring honesty and scientific integrity
- CEJA Opinion 9.6.6, condemning marketing of unproven treatments
- CEJA Opinion 1.2.11, on public health reporting and the professional duty to avoid misleading the public
- Policy D-440.914, on combatting public health disinformation disseminated by health professionals and affirming that the use of health credentials to spread health-related disinformation is subject to disciplinary action; and

Whereas, inviting or platforming individuals whose public careers have included: spreading misinformation or disinformation; monetized pseudoscientific claims, endorsements of non-evidence-based health products; and amplification of scientifically unsupported health messaging, and the use of clinical or public health credentials to achieve those ends risks public perception that the AMA is affiliated with or conferring tacit institutional legitimacy on conduct inconsistent with AMA policy and the values of the medical profession; and

Whereas, our AMA has an affirmative responsibility to protect the public from misinformation, to defend the scientific and ethical basis of medical practice, and to shield its own policy-making processes from appropriation for political spectacle or commercial branding; and

Whereas, our AMA being associated with individuals who spread misinformation, especially for commercial gain, and misuse their clinical and public health credentials directly threatens the independence of the House and erodes public trust in the medical profession; therefore be it

RESOLVED, that our American Medical Association (AMA) state unequivocally that individuals with documented histories of disseminating medical misinformation or disinformation, promoting non-evidence-based care, or misusing clinical or public health authority to achieve those ends, especially for commercial gain, shall not be invited to speak or appear in a ceremonial capacity at AMA meetings and events; and be it further;

RESOLVED, that our AMA will not extend symbolic legitimacy to individuals whose public actions undermine the scientific and ethical foundations of medicine and public health; and be it further

1
2 RESOLVED, that our AMA-RFS immediately forward this resolution to the AMA House of
3 Delegates at the 2025 Interim Meeting.
4

Fiscal Note: Minimal

RELEVANT AMA POLICY

Addressing Public Health Disinformation Disseminated by Health Professionals D-440.914

Our American Medical Association will collaborate with relevant health professional societies and other stakeholders:

- a. On efforts to combat public health disinformation disseminated by health professionals in all forms of media.
- b. Address disinformation that undermines public health initiatives.
- c. Implement a comprehensive strategy to address health-related disinformation disseminated by health professionals that includes:
 1. Maintaining our AMA as a trusted source of evidence-based information for physicians and patients.
 2. Ensuring that evidence-based medical and public health information is accessible by engaging with publishers, research institutions and media organizations to develop best practices around paywalls and preprints to improve access to evidence-based information and analysis.
 3. Addressing disinformation disseminated by health professionals via social media platforms and addressing the monetization of spreading disinformation on social media platforms.
 4. Educating health professionals and the public on how to recognize disinformation as well as how it spreads.
 5. Considering the role of health professional societies in serving as appropriate fact-checking entities for health-related information disseminated by various media platforms.
 6. Encouraging continuing education to be available for health professionals who serve as fact-checker to help prevent the dissemination of health-related disinformation.
 7. Ensuring licensing boards have the authority to take disciplinary action against health professionals for spreading health-related disinformation and affirms that all speech in which a health professional is utilizing their credentials is professional conduct and can be scrutinized by their licensing entity.
 8. Ensuring specialty boards have the authority to take action against board certification for health professionals spreading health-related disinformation.
 9. Encouraging state and local medical societies to engage in dispelling disinformation in their jurisdictions.

[Res. 411, I-21; Modified: BOT Rep. 15, A-22]

AMA Principles of Medical Ethics II & V

CEJA Opinion 9.6.6

CEJA Opinion 1.2.11