AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: (Assigned by HOD)
(I-25)

Introduced by: Women Physicians Section

Subject: Ensuring Ethical Use of Wearable Recording Devices in Clinical Encounters

Referred to: Reference Committee (Assigned by HOD)

Whereas, wearable smart devices with discreet recording capabilities, such as Ray-Ban Meta glasses and other similar technologies, are increasingly accessible to physicians and patients alike; and

Whereas, these devices may have always-on or easily activated photo, audio, or video recording functionality that can be difficult to detect, potentially enabling covert documentation of clinical encounters; and

Whereas, existing healthcare technology companies report an interest in integrating popular artificial intelligence scribes with wearable smart devices[1]; and

Whereas, AMA Ethics Opinion 3.1.3, "Audio or Visual Recording Patients for Education in Health Care," outlines necessary consent and privacy protections for educational recordings, but does not explicitly address personal, wearable, or commercial recording devices used by individual clinicians or patients in routine care; and

Whereas, patients have a reasonable expectation of privacy in the clinical setting, and undisclosed recording—whether by the clinician or patient—risks undermining trust in the physician-patient relationship, violates ethical norms, and may conflict with state or federal law; and

Whereas, sensitive physical examinations, including breast, pelvic, genital, and rectal exams, require heightened attention to patient dignity and privacy, and the presence of wearable recording devices during such exams—even if not actively recording—may compromise patient trust and comfort; and

Whereas, there is currently no clear AMA policy guiding the ethical and privacy considerations for physician-worn recording devices outside of institutional educational or telehealth settings; therefore be it

RESOLVED, that our American Medical Association consider developing new ethical guidance to address the use of personal or wearable recording devices—including eyeglass-mounted cameras—by physicians and patients in clinical encounters, including provisions that:

a. Require informed patient consent prior to any recording,
b. Prohibit covert or undisclosed use of such devices in clinical care,
c. Recommend that such non-clinical visual recording devices not be worn during physical examinations of the breast, pelvic, genital, or rectal areas, regardless of recording status, and

RESOLVED, that our AMA work with appropriate entities and organizations to develop model institutional policies on the ethical use, disclosure, and documentation of wearable and ambient personal recording technologies in health care settings.

Fiscal Note: (Assigned by HOD)

Received: 08/17/2025

REFERENCES

1. https://getvim.com/blog/ambient-scribe/

RELEVANT AMA POLICY

3.1.3 Audio or Visual Recording Patients for Education in Health Care

Audio or visual recording of patients can be a valuable tool for educating health care professionals, but physicians must balance educational goals with patient privacy and confidentiality. The intended audience is bound by professional standards of respect for patient autonomy, privacy, and confidentiality, but physicians also have an obligation to ensure that content is accurate and complete and that the process and product of recording uphold standards of professional conduct.

To safeguard patient interests in the context of recording for purposes of educating health care professionals, physicians should:

a. Ensure that all nonclinical personnel present during recording understand and agree to adhere to medical standards of privacy and confidentiality.
b. Restrict participation to patients who have decision-making capacity. Recording should not be permitted when the patient lacks decision-making capacity except in rare circumstances and with the consent of the parent, legal guardian, or authorized decision maker.
c. Inform the patient (or authorized decision maker, in the rare circumstances when recording is authorized for minors or patients who lack decision-making capacity):
    i. about the purpose of recording, the intended audience(s), and the expected distribution;
    ii. about the potential benefits and harms (such as breach of privacy or confidentiality) of participating;
    iii. that participation is voluntary and that a decision not to participate (or to withdraw) will not affect the patient's care;
    iv. that the patient may withdraw consent at any time and if so, what will be done with the recording;
    v. that use of the recording will be limited to those involved in health care education, unless the patient specifically permits use by others.
d. Ensure that the patient has had opportunity to discuss concerns before and after recording.
e. Obtain consent from a patient (or the authorized decision maker):
    i. prior to recording whenever possible;
    ii. before use for educational purposes when consent could not be obtained prior to recording.
f. Respect the decision of a patient to withdraw consent.
g. Seek assent from the patient for participation in addition to consent by the patient's parent or guardian when participation by a minor patient is unavoidable.
h. Be aware that the act of recording may affect patient behavior during a clinical encounter and thereby affect the film's educational content and value.
i. Be aware that the information contained in educational recordings should be held to the same protections as any other record of patient information. Recordings should be securely stored and properly destroyed, in keeping with ethics guidance for managing medical records.
j. Be aware that recording creates a permanent record of personal patient information and may be considered part of the medical record and subject to laws governing medical records.
[Issued: 2016]

3.1.4 Audio or Visual Recording of Patients for Public Education

Audio and/or visual recording of patient care for public broadcast is one way to help educate the public about health care. However, no matter what medium is used, such recording poses challenges for protecting patient autonomy, privacy, and confidentiality. Filming cannot benefit a patient medically and may cause harm. As advocates for their patients, physicians have an obligation to protect patient interests and ensure that professional standards are upheld. Physicians also have a responsibility to ensure that information conveyed to the public is complete and accurate (including the risks, benefits, and alternatives of treatments).

Physicians involved in recording patients for public broadcast should:

(a) Participate in institutional review of requests to record patient interactions.
(b) Require that persons present for recording purposes who are not members of the health care team:
    (i) minimize third-party exposure to the patient's care; and
    (ii) adhere to medical standards of privacy and confidentiality.
(c) Encourage recording personnel to engage medical specialty societies or other sources of independent expert review in assessing the accuracy of the product.
(d) Refuse to participate in programs that foster misperceptions or are otherwise misleading.
(e) Restrict participation to patients who have decision-making capacity. Recording should not be permitted when the patient lacks decision-making capacity except in rare circumstances and with the consent of the parent, legal guardian, or authorized decision maker.
(f) Inform a patient (or authorized decision maker) who is to be recorded:
    (i) about the purpose for which patient encounters with physicians or other health care professionals will be recorded;
    (ii) about the intended audience(s);
    (iii) that the patient may withdraw consent at any time prior to recording and up to an agreed on time before the completed recording is publicly broadcast, and if so, what will be done with the recording;
    (iv) that at any time the patient has the right to have recording stopped and recording personnel removed from the area;
    (v) whether the patient will be allowed to review the recording before broadcast and the degree to which the patient may edit the final product; and
    (vi) whether the physician was compensated for his participation and the terms of that compensation.
(g) Ensure that the patient has had the opportunity to address concerns before and after recording.
(h) Ensure that the patient's consent is obtained by a disinterested third party not involved with the production team to avoid potential conflict of interest.
(i) Request that recording be stopped and recording personnel removed if the physician (or other person involved in the patient's care) perceives that recording may jeopardize patient care.
(j) Ensure that the care they provide and the advice they give to patients regarding participation in recording is not influenced by potential financial gain or promotional benefit to themselves, their patients, or the health care institution.
(k) Remind patients and colleagues that recording creates a permanent record and may in some instances be considered part of the medical record. [Issued: 2016]