

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

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

Introduced by: Women Physicians Section, Academic Physicians Section

Subject: Safeguarding NIH-Funded and Other Women's Health Research in Peer-Reviewed Publishing

Referred to: Reference Committee (Assigned by HOD)

Whereas, U.S. Health Secretary Robert F. Kennedy Jr. has signaled his distrust of prominent peer-reviewed journals such as The Lancet and the New England Journal of Medicine, going so far as to state that the Trump administration intends to prevent government scientists, including those at the National Institutes of Health (NIH), from publishing in such journals in their current form<sup>1</sup>; and

Whereas, he further announced plans to create government-controlled "in-house" journals that would replace independent publications as the venue for federally funded research<sup>1</sup>; and

Whereas, a 2022 study of published in Proceedings of the National Academy of Sciences of 49 peer-reviewed journals found that articles with novel findings were more often published, refuting the Trump administration's belief that peer-reviewed journals uphold the status quo in an anti-scientific manner<sup>2</sup>; and

Whereas, The Lancet, JAMA, NEJM, and other high-impact journals are globally respected for their rigorous peer review processes and critical role in advancing evidence-based medicine, public trust, and global collaboration; and

Whereas, politicizing the dissemination of scientific research threatens the transparency, credibility, and independence of the U.S. biomedical research enterprise; and

Whereas, restricting where NIH-funded researchers can publish undermines academic freedom and may disproportionately harm early-career scientists, physician-scientists, and public health researchers<sup>3</sup>; and

Whereas, existing policy H-460.865 reaffirms the commitment of the AMA to protect and freely disseminate scientific knowledge, data and research in alignment with the First Amendment of the U.S. Constitution; and

Whereas, women's health remains under-researched and underfunded, with documented disparities in publication, funding, and representation in scientific literature<sup>4</sup>; and

Whereas, agency staff at the NIH and Veteran's Administration have already been encouraged to deny grants for projects including the word "women," in the administration's self-described effort to halt research concerning diversity, equity and inclusion<sup>5</sup>; and

Whereas, the AMA Women Physicians Section (WPS)—as the largest section within the AMA and a leading advocate for advancing equity in research and health outcomes—recognizes that limiting access to high-visibility publishing platforms may further marginalize research on women's health and underrepresented populations; therefore be it

RESOLVED, our American Medical Association supports the independence of scientific research concerning women and underrepresented populations and the integrity of peer-reviewed medical journals (New HOD Policy); and be it further

RESOLVED, that our AMA advocates for continued dissemination of rigorous women's health research in respected, independent journals and oppose measures that could silence or sideline these efforts (Directive to Take Action); and be it further

RESOLVED, that our AMA publicly supports the freedom of the National Institutes of Health and other federally funded scientists and researchers to publish in independent, peer-reviewed journals of their choosing (Directive to Take Action).

Fiscal Note: (Assigned by HOD)

Received: 08/17/2025

#### REFERENCES

1. Cirruzzo C. RFK Jr. threatens to bar government scientists from publishing in leading medical journals. Politico. May 27, 2025. <https://www.politico.com/news/2025/05/27/rfk-jr-nih-scientists-medical-journals-jama-lancet-nejm-00371349>
2. Teplitskiy M, Peng H, Blasco A, Lakhani KR. Is novel research worth doing? Evidence from peer review at 49 journals. Proc Natl Acad Sci U S A. 2022 Nov 22;119(47):e2118046119. doi:10.1073/pnas.2118046119 <https://www.pnas.org/doi/10.1073/pnas.2118046119>
3. Nuwer R. U.S. Budget Cuts Are Robbing Early-Career Scientists of Their Future. Scientific American. July 3, 2025. <https://www.scientificamerican.com/article/how-trumps-federal-funding-cuts-are-hurting-early-career-researchers-and/>
4. Funding research on women's health. Nat Rev Bioeng. 2024 Oct 11;2:797–798. doi:10.1038/s44222-024-00253-7 <https://www.nature.com/articles/s44222-024-00253-7>
5. Luthra S, Rodriguez B. What happens to health research when 'women' is a banned word? The 19th News. March 27, 2025. <https://19thnews.org/2025/03/women-lgbtq-health-research-trump-funding/>

#### RELEVANT AMA POLICY

##### H-460.973 Protection of Scientific Freedom from Special Interest Groups

The AMA reaffirms that the principles of scientific freedom for individual investigators should be upheld by all research funding agencies, administrators, and professional societies. [Sub. Res. 91, I-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: CSAPH Rep. 2, A-08; Reaffirmed: CSAPH Rep. 01, A-18]

##### H-460.895 Free Speech Applies to Scientific Knowledge

Our AMA will advocate that scientific knowledge, data, and research will continue to be protected and freely disseminated in accordance with the U.S. First Amendment. [Res. 228, A-17; Reaffirmed: BOT Rep. 14, I-18]

##### 8.5 Disparities in Health Care

Stereotypes, prejudice, or bias based on gender expectations and other arbitrary evaluations of any individual can manifest in a variety of subtle ways. Differences in treatment that are not directly related to differences in individual patients' clinical needs or preferences constitute inappropriate variations in health

care. Such variations may contribute to health outcomes that are considerably worse in members of some populations than those of members of majority populations.

This represents a significant challenge for physicians, who ethically are called on to provide the same quality of care to all patients without regard to medically irrelevant personal characteristics.

To fulfill this professional obligation in their individual practices physicians should:

- (a) Provide care that meets patient needs and respects patient preferences.
- (b) Avoid stereotyping patients.
- (c) Examine their own practices to ensure that inappropriate considerations about race, gender identity, sexual orientation, sociodemographic factors, or other nonclinical factors, do not affect clinical judgment.
- (d) Work to eliminate biased behavior toward patients by other health care professionals and staff who come into contact with patients.
- (e) Encourage shared decision making.
- (f) Cultivate effective communication and trust by seeking to better understand factors that can influence patients' health care decisions, such as cultural traditions, health beliefs and health literacy, language or other barriers to communication and fears or misperceptions about the health care system.

The medical profession has an ethical responsibility to:

- (g) Help increase awareness of health care disparities.
- (h) Strive to increase the diversity of the physician workforce as a step toward reducing health care disparities.
- (i) Support research that examines health care disparities, including research on the unique health needs of all genders, ethnic groups, and medically disadvantaged populations, and the development of quality measures and resources to help reduce disparities.

[Issued: 2016]

#### **H-525.988 Sex and Gender Differences in Medical Research**

Our AMA:

- (1) reaffirms that gender and sex exclusion in broad medical studies questions the validity of the studies' impact on the health care of society at large;
- (2) affirms the need to include people of all sexes and gender identities and expressions in studies that involve the health of society at large and publicize its policies;
- (3) supports increased funding into areas of women's health and sexual and gender minority health research;
- (4) supports increased research on women's health and sexual and gender minority health and the participation of women and sexual and gender minority communities in clinical trials, the results of which will permit development of evidence-based prevention and treatment strategies for all women and sexual and gender minority individuals from diverse cultural and ethnic groups, geographic locations, and socioeconomic status;
- (5) recommends that all medical/scientific journal editors require, where appropriate, a sex-based and gender-based analysis of data, even if such comparisons are negative; and
- (6) recommends that medical and scientific journals diversify their review processes to better represent women and sexual and gender minority individuals;
- (7) supports the FDA's requirement of actionable clinical trial diversity action plans from drug and device sponsors that include women and sexual and gender minority populations;
- (8) supports the FDA's efforts in conditioning drug and device approvals on post-marketing studies which evaluate the efficacy and safety of those products in women and sexual and gender minority populations when those groups were not adequately represented in clinical trials; and
- (9) supports and encourages the National Institutes of Health and other grant-making entities to fund post-market research investigating pharmacodynamics and pharmacokinetics for generic drugs that did not adequately enroll women and sexual and gender minority populations in their clinical trials, prioritizing instances when those populations represent a significant portion of patients or reported adverse drug events. [Res. 80, A-91; Appended: CSA Rep. 4, I-00; Modified: CSAPH Rep. 1, A-10; Reaffirmed: CSAPH Rep. 05, A-16; Modified: Res. 004, A-23; Modified: CSAPH Rep. 04, A-24]