DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2026 Interim Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Association.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-26)

Final Report of Reference Committee on Ethics and Bylaws

David Whalen, MD, Chair

RECOMMENDED FOR ADOPTION

1. BOT Report 15 - Gender-Based Pay Equity in Medicine
2. BOT Report 18 - Improving Usability of Electronic Health Records (EHRs) for Transgender and Gender Diverse Patients
3. BOT Report 23 - Specialty Society Representation in the House of Delegates - Five-Year Review
4. CCB Report 03 - Autonomy of House of Delegate Member Entities: Bylaw Clarification
5. CEJA Report 01 - Preserving Autonomy in the Patient-Physician Relationship
6. CEJA Report 02 - Clarifying Conscientious Objection
7. CEJA Report 03 - Guidelines on Chaperones for Sensitive Exams
8. CEJA Report 04 - Supporting Efforts to Strengthen Medical Staffs Through Collective Actions and/or Unionization
9. CEJA Report 05 - Care of Patients in Legal Custody
10. CEJA Report 07 - Physicians Are Not Providers
11. Resolution 001 - Recognition of Intersex Individuals and their Human Rights
12. Resolution 009 - Ensuring the Appropriate Placement of Children After Parental Deportation
13. Resolution 011 - Standards for Physician Communication of Executive Health Evaluations

RECOMMENDED FOR ADOPTION AS AMENDED

14. BOT Report 14 - Patient Options to Restrict Secondary Use of Their Healthcare Data
15. BOT Report 22 - Clarifying Conscientious Objection
16. CCB Report 01 - Clarifications regarding Establishment and Nominations to AMA Committees
17. CCB Report 02 - Amendments to Bylaws governing the AMA Sections
18. Resolution 005 - Opposing Trading on the Outcomes of Biomedical Research and Clinical Trials
19. Resolution 006 - Ethics of Medical Usury
20. Resolution 008 - Recognition of Moral Injury in the Physician Workforce

RECOMMENDED FOR ADOPTION IN LIEU OF

21. Resolution 007 - Opposing the Required Creation of “Detransition Clinics”

RECOMMENDED FOR REFERRAL

22. CEJA Report 06 - Recording Clinical Encounters
23. Resolution 010 - Preserving Human Dignity and Safety by Limiting Unnecessary Restraints and Monitoring

RECOMMENDED FOR NOT ADOPTION

24. Resolution 002 - Surgical Consent

RECOMMENDED FOR ADOPTION

(1) BOT REPORT 15 - GENDER-BASED PAY EQUITY IN MEDICINE

RECOMMENDATION:

Your Reference Committee recommends that BOT Report 02 be adopted and that remainder of the report be filed.

HOD ACTION: Recommendations in BOT Report 15 adopted and the remainder of the report filed.

The Board of Trustees recommends that the following be adopted, and the remainder of the report be filed.

1. That our American Medical Association encourage continued study of evidence-based interventions to promote gender pay equity for physicians. (New HOD Policy)

2. That AMA Policy D-65.989, "Advancing Gender Equity in Medicine," and AMA Policy H-65.961, "Principles for Advancing Gender Equity in Medicine," be reaffirmed. (Reaffirm HOD Policy)

3. That AMA Policy D-385.939, "Report on Gender-Based Pay Equity in Medicine," be rescinded as having been accomplished by this report. (Rescind HOD Policy)

Online testimony was in unanimous support. Your Reference Committee recommends that the report be adopted.

(2) BOT REPORT 18 - IMPROVING USABILITY OF ELECTRONIC HEALTH RECORDS (EHRS) FOR TRANSGENDER AND GENDER DIVERSE PATIENTS

RECOMMENDATION:

Your Reference Committee recommends that BOT Report 18 be adopted and the remainder of the report be filed.

HOD ACTION: Recommendations in BOT Report 18 adopted and the remainder of the report filed.

ADOPTED LANGUAGE:

Our AMA continue to support efforts by EHR vendors, health systems, and physician practices, and work with relevant collaborators (e.g., the ASTP/ONC,

LGBTQIA+ advocacy groups, and minors' privacy experts), to improve EHR usability for transgender and gender-diverse patients, with attention to strong privacy protections. (Modify Current HOD Policy)

The Board of Trustees recommends that Policy D-65.968 be amended by deletion as accomplished by this report, and that the remainder of the report be filed:

Our AMA continue to support efforts by EHR vendors, health systems, and physician practices, and work with relevant collaborators (e.g., the ASTP/ONC, LGBTQIA+ advocacy groups, and minors' privacy experts), to improve EHR usability for transgender and gender-diverse patients, with attention to strong privacy protections~~, and report back on this progress by I-26~~. (Modify Current HOD Policy)

Online testimony was in unanimous support. An amendment was proffered to specifically call out and add a short statement about preserving adolescent confidentiality. Your Reference Committee believes that this concern is already addressed in House and Ethics policy. Your Reference Committee recommends that the report be adopted.

(3) BOT REPORT 23 - SPECIALTY SOCIETY REPRESENTATION IN THE HOUSE OF DELEGATES - FIVE-YEAR REVIEW

RECOMMENDATION:

Your Reference Committee recommends that BOT Report 23 be adopted and the remainder of the report be filed.

HOD ACTION: Recommendations in BOT Report 23 adopted and the remainder of the report filed.

The Board of Trustees recommends that the following be adopted, and the remainder of this report be filed:

1. The American Academy of Insurance Medicine, American Academy of Sleep Medicine, American Association of Physicians of Indian Origin, American Society for Gastrointestinal Endoscopy, American Society for Radiation Oncology, American Society for Surgery of the Hand, American Society of Plastic Surgeons, and American Urological Association retain representation in the American Medical Association House of Delegates. (Directive to Take Action)

2. Having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in the AMA Bylaw B-8.5.2 AMSUS The Society of Federal Health Professionals be placed on probation and be given one year to work with AMA membership staff to increase their AMA membership. (Directive to Take Action)

No testimony was presented. Your Reference Committee recommends that the report be adopted.

(4) CCB REPORT 03 - AUTONOMY OF HOUSE OF DELEGATE MEMBER ENTITIES: BYLAW CLARIFICATION

RECOMMENDATION:

Your Reference Committee recommends that CCB Report 01 be adopted and the remainder of the report be filed.

HOD ACTION: Recommendations in CCB Report 03 adopted and the remainder of the report filed.

ADOPTED LANGUAGE:

2—House of Delegates
2.0.1 Composition and Representation. The House of Delegates is composed of delegates selected by recognized constituent associations and specialty societies, and other delegates as provided in this bylaw. A delegate may introduce resolutions into the House of Delegates, speak and debate on the floor of the House, offer an amendment to a pending matter, make motions, vote on items of business and vote in elections.
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2.0.1.6 Autonomy. The participation of any independent organization in the House of Delegates that is not an AMA Member Component Group is voluntary. Policy actions of the AMA do not in themselves bind an independent organization or subject it to any obligation that it does not voluntarily assume.
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7—Sections
7.0.1 Mission of the Sections. A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:

7.0.1.1 Involvement. To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the AMA.

7.0.1.2 Outreach. To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections.

7.0.1.3 Communication. To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section.

7.0.1.4 Membership. To promote AMA membership growth.

7.0.1.5 Representation. To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates.

7.0.1.6 Education. To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.

7.0.1.7 Support. Sections are established by the House of Delegates as Member Component Groups of the AMA, function under Rules approved by the Board of Trustees, and do not function autonomously. While the Sections may generate internal section positions to guide their advocacy within the House of Delegates, they may only create policy through the House of Delegates and are bound by AMA policy outside of the HOD. Section governing council members are not officers of the AMA and are not permitted to speak on behalf of the AMA, unless explicitly designated to do so by the Board of Trustees.

The Council on Constitution and Bylaws recommends that the following amendments to the Bylaws (shown in red and amended by insertion or ~~deletion~~) be adopted and that the remainder of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting following a one-day layover.

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(Modify Bylaws)

Online testimony was mixed, with a majority in favor of adoption. An amendment was proffered to 2.0.1 to add “independent organizations” to the list for clarification. In-person testimony was also mixed. The authors testified that the amendment would inadvertently limit the definition of independent organizations. Your Reference Committee recommends that the report as originally written be adopted.

(5) CEJA REPORT 01 - PRESERVING AUTONOMY IN THE PATIENT-PHYSICIAN RELATIONSHIP

RECOMMENDATION:

Your Reference Committee recommends that CEJA Report 01 be adopted and the remainder of the report be filed.

HOD ACTION: CEJA Report 01 adopted and the remainder of the report filed.

The Council on Ethical and Judicial affairs recommends that Policy D-140.944 be rescinded as having been accomplished by this report.

Limited online testimony was in unanimous support. Your Reference Committee recommends that the report be adopted.

(6) CEJA REPORT 02 - CLARIFYING CONSCIENTIOUS OBJECTION

RECOMMENDATION:

Your Reference Committee recommends that CEJA Report 02 be adopted and the remainder of the report be filed.

HOD ACTION: CEJA Report 02 adopted and the remainder of the report filed.

The Council on Ethical and Judicial Affairs recommends that the second directive of Policy D-140.945 be rescinded as having been accomplished by this report.

Limited online testimony was in unanimous support. Your Reference Committee recommends that the report be adopted.

(7) CEJA REPORT 03 - GUIDELINES ON CHAPERONES FOR SENSITIVE EXAMS

RECOMMENDATION:

Your Reference Committee recommends that CEJA Report 03 be adopted and the remainder of the report be filed.

HOD ACTION: CEJA Report 03 referred.

The Council on Ethical and Judicial Affairs recommends the following be adopted and the remainder of the report be filed:

1. Opinion 1.2.4, “Use of Chaperones,” be amended by deletion and addition as follows: Chaperones should be authorized members of the healthcare team. All chaperones should understand the responsibilities of the role and be aware of mechanisms for reporting unprofessional conduct in keeping with ethics guidance and without fear of retaliation. Physicians should establish clear expectations that chaperones will uphold professional and legal standards of privacy and confidentiality.

Respecting patient boundaries and promoting patient dignity requires providing a safe and therapeutic clinical encounter during sensitive examinations and procedures while also empowering patients. ~~Efforts to provide a comfortable and considerate atmosphere for the patient and the physician are part of respecting patients' dignity.~~ Such ~~These~~ efforts ~~may~~ include measures that promote patient privacy, such as providing appropriate gowns, private facilities for undressing, sensitive use of draping, clear~~ly explaining~~ explanations of various components of the physical examination, and the use of ~~having~~ a chaperone~~ available~~. While a sensitive exam is typically understood as one involving any examination of, or procedure involving, the genitalia, breasts, perianal region, or the rectum, physicians should be aware that a patient's personal history, beliefs, or identity may broaden their definition of what constitutes a sensitive examination or procedure.

Having a chaperone~~s~~ present ~~also~~ during a sensitive exam helps protect the integrity of the patient-physician relationship ~~prevent misunderstandings between patient and physician~~. Physicians should, as always, be mindful of any applicable legal or regulatory requirements regarding the use of chaperones. Additionally, ~~P~~physicians should:

(a) Make every reasonable effort to provide a chaperone for all sensitive exams, regardless of patient capacity, unless a delay in obtaining a chaperone would result in significant harm to the patient.

(b) Allow patients to decline the presence of a chaperone, unless the physician deems a chaperone necessary for the exam:

i. if the patient and physician cannot come to an agreement, then the physician may defer non-emergent examinations or procedures and refer the patient to another clinician;

ii. in emergency situations, the physician may proceed in providing care with the presence of a chaperone and document the rationale.

~~(c) Have an authorized member of the health care team serve as a chaperone. Physicians should establish clear expectations that chaperones will uphold professional standards of privacy and confidentiality.~~

~~(d) In general, use a chaperone even when a patient's trusted companion is present.~~

~~(e)~~(c) Minimize inquiries or history taking ~~of a sensitive nature~~ while a chaperone is present.

(d) Make a reasonable effort to accommodate the expressed preferences of the patient regarding the characteristics of their chaperone, consistent with the interests of patients, physicians, and the maintenance of professional boundaries.

(e) Allow a parent or guardian to act as the chaperone for young pediatric patients. If a parent or guardian is unavailable, or if their presence may interfere with the examination, another chaperone should be present. For adolescent patients, it is appropriate to use a chaperone either in addition to, or instead of, a family member or guardian as determined during shared decision-making between patient and physician.

All outpatient practices and inpatient services should have a policy regarding sensitive examinations and procedures that includes the use of chaperones to protect patients and minimize risk.

For nonsensitive examinations and procedures, patients may request a chaperone, and reasonable efforts should be made to make one available upon request.

(Modify HOD/CEJA Policy)

2. Policy D-140.950 be rescinded, as it has been accomplished by this report. (Rescind HOD Policy)

Online testimony was mixed between calls for referral and support. In-person testimony was also mixed. Calls for referral were concerned that the language in the recommendation to make "every reasonable effort" to provide a chaperone was not flexible enough with regard to various clinical settings (such as rural and small practices), staffing levels, and differences in available resources. Testimony in support voiced that "reasonable effort" does provide the necessary flexibility. Your Reference Committee recommends that the report be adopted.

(8) CEJA REPORT 04 - SUPPORTING EFFORTS TO STRENGTHEN MEDICAL STAFFS THROUGH COLLECTIVE ACTIONS AND/OR UNIONIZATION

RECOMMENDATION:

Your Reference Committee recommends that CEJA Report 04 be adopted and the remainder of the report be filed.

HOD ACTION: CEJA Report 04 referred.

The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of the report be filed:

1. That Opinion 1.2.10 be amended by addition and deletion with a change in title to read as follows:

Advocacy and Collective Actions by Physicians ~~Political Action by Physicians~~

Like all Americans, physicians enjoy the right to advocate for change in law and policy, in the public arena, and within their institutions. Indeed, physicians have an ethical responsibility to seek change when they believe the requirements of law, ~~or~~ policy, or practice are contrary to the best interests of patients. However, advocacy actions should not put the well-being of patients in jeopardy.

Collective action is one means by which physicians can advocate for patients, the health of communities, the profession, and their own health. Physicians have a responsibility to avoid disruption to patient care when engaging in any collective action. When considering collective actions that have the potential to be disruptive, whether aimed at changing the policies of government, the private sector, or their own institutions, there are additional considerations that should be addressed. These include avoiding harm to patients, minimizing the impact of actions on patient access to care, maintaining trust in the patient-physician relationship, fulfilling the responsibility to improve patient care, avoiding mental and physical harms to physicians, promoting physician well-being, upholding the values and integrity of the profession, and considering alternative measures that could reasonably be expected to achieve similar results with less potential effect on patient and physician well-being.

When considering participation ~~Physicians who participate~~ in advocacy activities, including collective actions:

(a) ~~Ensure that the health of patients is not jeopardized, and that patient care is not compromised.~~ Physicians should recognize that, in pursuing their primary commitment to patients, physicians can, and at times may have an obligation to, engage in collective political action to advocate for changes in law and institutional policy aimed at promoting patient care and well-being.

(b) ~~Avoid using disruptive means to press for reform. Strikes and other collective actions may reduce access to care, eliminate or delay needed care, and interfere with continuity of care and should not be used as a bargaining tactic. In rare circumstances, briefly limiting personal availability may be appropriate as a means of calling attention to the need for changes in patient care. Physicians should be aware that some actions may put them or their organizations at risk of violating antitrust laws or laws pertaining to medical licensure or malpractice.~~ Physicians may also engage in collective action to advocate for changes within their institutions, including changes in patient care practices, physician work conditions, health and well-being, and/or institutional culture that negatively affect patient care:

(i) physicians should refrain from collective action that would likely jeopardize the health of patients or compromise patient care;

(ii) physicians may, if non-disruptive actions fail, consider engaging in disruptive forms of collective action that do not compromise patient care, with the primary objective to improve patient care and outcomes by calling attention to and/or making needed changes in practices, protocols, incentives, expectations, structures, and/or institutional culture; and

(iii) physicians should avoid disruptive collective actions that would predictably and directly compromise patient care, including strikes, due to their potential to undermine physicians' primary duty to patient welfare, and should not use such actions primarily for physician self-interest.

(c) Physicians should avoid forming workplace or other alliances, such as unions, with ~~workers~~ colleagues and others who do not share physicians' primary and overriding commitment to patients.

(d) Physicians should refrain from using ~~undue influence or pressure colleagues~~ punitive or coercive means to force others to participate in advocacy activities or collective actions, or to penalize others ~~and should not punish colleagues, overtly or covertly,~~ for deciding not to participate in such activities. (Modify AMA Policy)

2. That Policy H-405.946(2) be rescinded as having been accomplished by this report. (Rescind AMA Policy)

Online testimony was mixed. In-person testimony was also mixed, with a majority overall in favor of adoption. Testimony in favor of referral voiced that the recommendations were too restrictive. Testimony in support of adoption noted that this report was initiated at Annual 2023, has gone through several iterations, and that this is an urgent issue that needs to be addressed now and should not be delayed any further. Your Reference Committee recommends that the report be adopted.

(9) CEJA REPORT 05 - CARE OF PATIENTS IN LEGAL CUSTODY

RECOMMENDATION:

Your Reference Committee recommends that CEJA 05 be adopted and the remainder of the report be filed.

HOD ACTION: CEJA Report 05 referred.

The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of this report be filed:

1. Patients in legal custody possess the same inherent human dignity and right to healthcare as all other patients. Regardless of custodial status, the formation of a patient-physician relationship obligates the physician to work to advance the good of the patient and to uphold respect for patients as persons. Physicians must approach patients in legal custody with a nonjudgmental regard and not allow invidious discrimination or assumptions about criminality to undermine their clinical judgment or the quality of care provided.

Patients in legal custody face unique circumstances that render them especially susceptible to harm and healthcare inequities. Understanding the historical, structural, institutional, and legal factors that contribute to their vulnerability provides essential insights that can assist physicians in upholding their ethical responsibilities and optimizing patient care. Confinement, surveillance, dependence on custodial officials, and loss of legal rights can disrupt access to healthcare services and challenge physicians' ability to uphold their ethical obligations to privacy, confidentiality, and the provision of safe, equitable care. Physicians must ensure the primacy of patient welfare and professional independence despite real or perceived conflicting loyalties to custodial authorities.

When caring for patients in legal custody, physicians should:
(a) Provide care according to the same professional standards that apply to all patients, and work to identify and eliminate individual and systemic biases that threaten their care.

(b) Mitigate real or perceived conflicts of interest and divided loyalties that may interfere with the delivery of equitable, high-quality care.

(c) Respect their right to make their own medical treatment decisions and optimize the ability of patients to provide informed consent, including for treatments at the end of life. For patients lacking medical decision-making capacity, utilize a legally authorized surrogate decision-maker who is free from conflicting loyalties to custodial authorities and who will make medical treatment decisions based on ethically appropriate standards unless otherwise legally compelled.

(d) Uphold patient privacy and confidentiality to the greatest extent possible. Limit disclosures of patient health information to custodial staff to the minimum amount necessary and obtain patient consent to disclose when possible.

(e) Attempt to mitigate the harms of shackling or other custodial restraints when imposed by custodial staff, and advocate for the least restrictive use of custodial restraints safely possible, especially when they interfere with care delivery, with special attention to those most vulnerable to harm.

(f) Strive to ensure safe disposition and continuity of care when patients are discharged or return to custody.

(g) Support efforts within healthcare institutions to identify and improve policies and procedures that create barriers to optimal care, establish mechanisms for documenting and reporting abuse and neglect, and mitigate conflicts of interest and conflicting loyalties that may threaten the physician's obligation to the primacy of patient welfare.

(h) Advocate with custodial staff and legal authorities to optimize patient access to high-quality, equitable medical care, and advocate for change when patient care or the ethical obligations of physicians are compromised by institutional policies and practices or custodial staff actions that are beyond the physician's control.

(New HOD/CEJA Policy)

2. That the third directive of Policy D-345.970 be rescinded as it has been accomplished by this report (Rescind AMA Policy)

Significant online testimony was in strong support. Limited in-person testimony was mixed, with calls for referral asking for language to address interactions with law enforcement as well as how the recommendations apply to children. Your Reference Committee recommends that the report be adopted.

(10) CEJA REPORT 07 - PHYSICIANS ARE NOT PROVIDERS

RECOMMENDATION:

Your Reference Committee recommends that CEJA Report 07 be adopted and the remainder of the report be filed.

HOD ACTION: CEJA Report 07 adopted and the remainder of the report filed.

The Council on Ethical and Judicial Affairs recommends that the fourth item of Policy H-405.942, "Physicians are not Providers," be rescinded as having been accomplished by this report.

Online testimony was in unanimous support. Your Reference Committee recommends that the report be adopted.

(11) RESOLUTION 001 - RECOGNITION OF INTERSEX INDIVIDUALS AND THEIR HUMAN RIGHTS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 001 be adopted.

HOD ACTION: Resolution 001 adopted.

RESOLVED, that the American Medical Association support the right of intersex individuals, including individuals with Differences of Sex Development (DSD) and variations in sexual characteristics (VSC), to have "intersex" or other inclusive alternatives, such as "X," beyond the sex binary available as a sex designation at birth or selected later in medical and legal documentation at both the federal and state levels. (New HOD Policy)

Online testimony was a majority in favor of adoption, with a minority in favor of a proffered amendment to instead advocate for an NIH study that would cover the issue outlined in the resolution. Your Reference Committee recommends that the resolution as written be adopted.

(12) RESOLUTION 009 - ENSURING THE APPROPRIATE PLACEMENT OF CHILDREN AFTER PARENTAL DEPORTATION

RECOMMENDATION:

Your Reference Committee recommends that Resolution 009 be adopted.

HOD ACTION: Resolution 009 adopted.

RESOLVED, that our American Medical Association support policies that preserve the ability of parents or primary caregivers who are detained or deported to participate in decisions regarding their child's health and wellbeing, including designation of an appropriate caregiver, consistent with the child's safety and applicable law (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for safe, timely, culturally and linguistically appropriate, and trauma-informed processes to ensure continuity of health care for children experiencing immigration enforcement-related separation from a parent or primary caregiver (New HOD Policy); and be it further

RESOLVED, that our AMA support privacy-protective mechanisms for secure communication between detained or deported parents and designated caregivers to facilitate continuity of care and health care decision-making. (New HOD Policy)

Online testimony was in unanimous support. Your Reference Committee recommends that the resolution be adopted.

(13) RESOLUTION 011 - STANDARDS FOR PHYSICIAN COMMUNICATION OF EXECUTIVE HEALTH EVALUATIONS

RECOMMENDATION:

Your Reference Committee recommends that Resolution 011 be adopted.

HOD ACTION: Resolution 001 adopted.

RESOLVED, that our American Medical Association develop best practices for physician-authored public summaries of presidential and vice-presidential health evaluations that promote accuracy, transparency, consistency, and national security whilst safeguarding patient privacy, distinguishing objective clinical findings from physician opinion, and identifying minimum recommended standards for public disclosure (Directive to Take Action); and be it further

RESOLVED, that our AMA encourage collaboration with appropriate national medical specialty societies, ethics organizations, and experts in executive medicine to develop consensus recommendations regarding physician communication of executive health information. (New HOD Policy)

Testimony was in near unanimous support. Your Reference Committee recommends that the resolution be adopted.

RECOMMENDED FOR ADOPTION AS AMENDED

(14) BOT REPORT 14 - PATIENT OPTIONS TO RESTRICT SECONDARY USE OF THEIR HEALTHCARE DATA

RECOMMENDATION A:

Your Reference Committee recommends that the recommendation be amended by addition as follows:

> That our American Medical Association continue to support healthcare data privacy practices that provide patients with options to withdraw or restrict secondary uses of their data, including ~~to~~ retroactive~~ly~~ withdrawal of their data from de-identified data sets where technically feasible. (New HOD Policy)

RECOMMENDATION B:

That BOT Report 14 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in BOT Report 14 adopted as amended and the remainder of the report filed.

ADOPTED LANGUAGE:

That our American Medical Association continue to support healthcare data privacy practices that provide patients with options to withdraw or restrict secondary uses of their data, including retroactive withdrawal of their data from de-identified data sets where technically feasible. (New HOD Policy)

The Board of Trustees recommends that Resolution 004-I-25 be adopted as amended by addition and deletion and the remainder of the report be filed.

That our American Medical Association continue to support healthcare data privacy practices that provide patients with options to withdraw or restrict secondary uses of their data, including ~~to~~ retroactive~~ly~~ withdrawal of their data from de-identified data sets. (New HOD Policy)

Online testimony was in general support. The one call for referral supported the general premise of the report but noted substantial operational challenges were not addressed. An amendment was proffered, with an additional testimony in support of the amendment, calling for the addition of “where technically feasible” to the end of the recommendation to recognize the limitation of withdrawal. Your Reference Committee recommends that the report be adopted as amended.

(15) BOT REPORT 22 - CLARIFYING CONSCIENTIOUS OBJECTION

RECOMMENDATION A:

Your Reference Committee recommends that the first recommendation be amended by addition and deletion as follows:

> 1. Our AMA supports physicians' right to exercise their conscience in the provision of care, but any conscientious refusal to provide care ~~should~~ must be done in keeping with their ethical obligations to not invidiously discriminate against individual patients or patient populations, including when such refusal does not meet a legal standard of invidious discrimination. (New HOD Policy)

RECOMMENDATION B:

That there be an addition of a new second recommendation as follows:

> 2. Our AMA affirms that the exercise of conscience pertains to a physician's objection to a specific intervention or service, not to the characteristics of the patient seeking it, and that it is not a legitimate exercise of conscience for a physician to: (a) decline to provide a service to a patient on the basis of race, ethnicity, religion, national origin, sex, sexual orientation, gender identity, marital or family status, disability, or other non-clinically relevant characteristic when the physician provides that same service to other patients; or (b) decline to provide routine, preventive, urgent, or other care unrelated to the objected-to service because of a patient's identity or because the patient has sought or received that service elsewhere. (New HOD Policy)

RECOMMENDATION C:

That new section 3 be amended by addition and deletion as follows:

> ~~2.~~ 3. Our AMA ~~encourages~~ affirms that in instances where physicians ~~who~~ exercise conscientious refusal, they have an obligation to provide a timely referral to patients ~~in cases where the physician exercises their right to conscientious refusal~~ to

another qualified physician or institution, or, where a deeply held, well-considered personal belief precludes referral, to provide accurate and impartial information on how to access the service, consistent with Code of Medical Ethics Opinion 1.1.7, in order to ~~reduce potential~~ prevent delays in care, and must not misrepresent the risks, benefits, or availability of the requested service. (New HOD Policy)

RECOMMENDATION D:

That there be an addition of a new fourth recommendation as follows:

4. Our AMA affirms that, notwithstanding any conscientious objection, physicians must provide care in emergencies and must continue to provide ongoing care until the patient's care has been transferred; and supports that physicians who anticipate declining particular services must inform prospective patients and the physician's employing or contracting institutions in advance, and that health care institutions must adopt policies that ensure patients' timely access to care when an individual physician declines to provide it. (New HOD Policy)

RECOMMENDATION E:

That BOT Report 22 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in BOT Report 22 adopted as amended and the remainder of the report filed.

ADOPTED LANGAUGE:

1. Our AMA supports physicians' right to exercise their conscience in the provision of care, but any conscientious refusal to provide care must be done in keeping with their ethical obligations to not invidiously discriminate against individual patients or patient populations, including when such refusal does not meet a legal standard of invidious discrimination. (New HOD Policy)

2. Our AMA affirms that the exercise of conscience pertains to a physician's objection to a specific intervention or service, not to the characteristics of the patient seeking it, and that it is not a legitimate exercise of conscience for a physician to: (a) decline to provide a service to a patient on the basis of race, ethnicity, religion, national origin, sex, sexual orientation, gender identity, marital or family status, disability, or other non-clinically relevant characteristic when the physician provides that same service to other patients; or (b) decline to provide

routine, preventive, urgent, or other care unrelated to the objected-to service because of a patient's identity or because the patient has sought or received that service elsewhere. (New HOD Policy)

3. Our AMA affirms that in instances where physicians exercise conscientious refusal, they have an obligation to provide a timely referral to patients to another qualified physician or institution, or, where a deeply held, well-considered personal belief precludes referral, to provide accurate and impartial information on how to access the service, consistent with Code of Medical Ethics Opinion 1.1.7, in order to prevent delays in care, and must not misrepresent the risks, benefits, or availability of the requested service. (New HOD Policy)

4. Our AMA affirms that, notwithstanding any conscientious objection, physicians must provide care in emergencies and must continue to provide ongoing care until the patient's care has been transferred; and supports that physicians who anticipate declining particular services must inform prospective patients and the physician's employing or contracting institutions in advance, and that health care institutions must adopt policies that ensure patients' timely access to care when an individual physician declines to provide it. (New HOD Policy)

The Board of Trustees recommends that the following be adopted and the reminder of this report be filed:

1. Our AMA supports physicians' right to exercise their conscience in the provision of care, but any conscientious refusal to provide care should be done in keeping with their ethical obligations to not invidiously discriminate against individual patients or patient populations. (New HOD Policy)

2. Our AMA encourages physicians to provide referral to patients in cases where the physician exercises their right to conscientious refusal, in order to reduce potential delays in care.

3. The first directive of D-140.945 be rescinded as having been accomplished by this report.

Online testimony was in strong support of a proffered amendment that added three new recommendations and amended the two existing recommendations. In-person testimony was similarly in strong support. Testimony in opposition noted that CEJA has already examined this issue in their Report 02 "Clarifying Conscientious Objection" and that recommendation E asking for CEJA to consider the issue is not needed. Your Reference Committee agrees and has struck Recommendation E and has modified Recommendation C for clarity. Your Reference Committee recommends that the report be adopted as amended.

(16) CCB REPORT 01 - CLARIFICATIONS REGARDING ESTABLISHMENT AND NOMINATIONS TO AMA COMMITTEES

RECOMMENDATION A:

Your Reference Committee recommends that section 5.3.10.1 be amended by deletion as follows:

> 5.3.10.1 An advisory committee will be ~~constituted~~ established by ~~a majority vote of~~ the Board for purposes of education and advocacy.

RECOMMENDATION B:

That CCB Report 01 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in CCB Report 01 adopted as amended and the remainder of the report filed.

ADOPTED LANGUAGE:

2—House of Delegates
***
2.13.6 Special Committees of the House of Delegates. The House may establish special committees for specified terms of one to three years. The number of members, the manner of their appointment and the functions of these committees shall be in accordance with motions authorizing their appointment. Any active member of the AMA is eligible to serve on a special committee of the House of Delegates. Members of special committees of the House of Delegates who are not members of the House of Delegates may present their reports in person to the House of Delegates and may participate in debate thereon, but are not entitled to vote in the House of Delegates. Special committees established under Bylaw 2.13.6 are distinct from committees appointed by the Board of Trustees under Section 5.3.10, and the term "special committee" as used in this Bylaw 2.13.6 refers exclusively to committees established by the House of Delegates.

2.13.6.1 Method of Reporting. Special Committees of the House of Delegates established under Bylaw 2.13.6 shall submit their reports to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the reports to the Special Committees as it deems appropriate, prior to transmitting the reports to the House of Delegates without delay or modifications by the Board. The Board may also submit written recommendations regarding the reports to the House of Delegates.

2.13.6.2 Special committees of the House of Delegates, regardless of their designated form, shall operate under the direction of the House and report to the Board of Trustees pursuant to Bylaw 2.13.6.1.

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2.13.7 Other Committees. The Speaker may establish such other committees as may be desirable for the efficient transaction of business of the House of Delegates.

2.13.7.1 Appointment. The Speaker shall appoint the Chair and other members of the committees. Membership on these committees is restricted to delegates and alternate delegates.

****

5—Board of Trustees

5.1.1 Officers and Committees. Immediately following the conclusion of the Annual Meeting, the Board shall organize by electing a Chair-elect~~,~~ and a Secretary, and by establishing committees necessary for its functions. The Chair shall appoint committee members.

****

5.3.10 Establishment and Appointment of Advisory and Ad Hoc Committees. Establish such advisory and ad hoc committees as necessary to carry out the purposes of the AMA and appoint their members. Committees appointed by the Board under Bylaw 5.3.10 are distinct from special committees established by the House of Delegates under Bylaw 2.13.6.

5.3.10.1 An advisory committee will be established by the Board for purposes of education and advocacy.

5.3.10.1.1 An advisory committee will have a governing council and a direct reporting relationship to the Board.

5.3.10.1.2 An advisory committee will not have representation in the House of Delegates.

5.3.10.1.3 An advisory committee will operate under a charter approved by the Board. The charter shall specify the committee's purpose, composition, membership criteria, terms of service for governing council members, and reporting obligations. The charter ~~that~~ will be subject to review and renewal by the Board at least every four years.

5.3.10.2 An ad hoc committee will be established by the Board as a workgroup or taskforce.

5.3.10.2.1 An ad hoc committee will operate under a charter approved by the Board. The charter shall specify the committee's purpose, composition, membership criteria, terms of service for members, and reporting obligations.

5.3.10.2.2 An ad hoc committee will not have representation in the House of Delegates.

5.3.10.2.3 ~~It~~ An ad hoc committee will operate for a specific purpose and for a prescribed period of time.

The Council on Constitution and Bylaws recommends that the following Bylaw amendments and deletions (shown in red and amended by insertion or ~~deletion~~) be adopted and that the remainder of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting following a one-day layover.

2—House of Delegates

***

2.13.6 Special Committees of the House of Delegates. The House may establish special committees for specified terms of one to ~~3~~ three years. The number of members, the manner of their appointment and the functions of these committees shall be in accordance with motions authorizing their appointment. Any active member of the AMA is eligible to serve on a special committee of the House of Delegates. Members of special committees of the House of Delegates who are not members of the House of Delegates may present their reports in person to the House of Delegates and may participate in debate thereon, but are not entitled to vote in the House of Delegates. Special committees established under Bylaw 2.13.6 are distinct from committees appointed by the Board of Trustees under Section 5.3.10, and the term "special committee" as used in this Bylaw 2.13.6 refers exclusively to committees established by the House of Delegates.

2.13.6.1 Method of Reporting. Special Committees of the House of Delegates established under Bylaw 2.13.6 shall submit their reports to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the reports to the Special Committees as it deems appropriate, prior to transmitting the reports to the House of Delegates without delay or modifications by the Board. The Board may also submit written recommendations regarding the reports to the House of Delegates.

2.13.6.2 Special committees of the House of Delegates, regardless of their designated form, shall operate under the direction of the House and report to the Board of Trustees pursuant to Bylaw 2.13.6.1.

***

2.13.7 Other Committees. The Speaker may establish ~~appoint~~ such other committees as may be desirable for the efficient transaction of business of the House of Delegates.

2.13.7.1 Appointment. The Speaker shall appoint the Chair and other members of the committees. Membership on these committees is restricted to delegates and alternate delegates.

****

5—Board of Trustees

5.1.1 Officers and Committees. Immediately following the conclusion of the Annual Meeting, the Board shall organize by electing a Chair-elect~~,~~ and a Secretary, and by establishing committees necessary for its functions. The Chair shall appoint committee members.

***

5.3.10 Establishment and Appointment of Advisory and Ad Hoc Committees. ~~Appoint~~ Establish such advisory and ad hoc committees as necessary to carry out the purposes of the AMA and appoint their members. Committees appointed by

the Board under Bylaw 5.3.10 are distinct from special committees established by the House of Delegates under Bylaw 2.13.6.

5.3.10.1 An advisory committee will be ~~constituted~~ established by a majority vote of the Board for purposes of education and advocacy.

5.3.10.1.1 ~~It~~ An advisory committee will have a governing council and a direct reporting relationship to the Board.

5.3.10.1.2 An advisory committee will not have representation in the House of Delegates.

5.3.10.1.3 An advisory committee will operate under a charter approved by the Board. The charter shall specify the committee's purpose, composition, membership criteria, terms of service for governing council members, and reporting obligations. The charter ~~that~~ will be subject to review and renewal by the Board at least every four years.

5.3.10.2 An ad hoc committee will be ~~constituted~~ established by the Board as a ~~special committee,~~ workgroup or taskforce.

5.3.10.2.1 An ad hoc committee will operate under a charter approved by the Board. The charter shall specify the committee's purpose, composition, membership criteria, terms of service for members, and reporting obligations.

5.3.10.2.2 An ad hoc committee will not have representation in the House of Delegates.

~~**5.3.10.2.1**~~

5.3.10.2.3 ~~It~~ An ad hoc committee will operate for a specific purpose and for a prescribed period of time.
(Modify Bylaws)

Online testimony was limited and mixed. In-person testimony was also limited and mixed, with a majority in support. An amendment was proffered by the authors to delete the reference to a "majority vote". Your Reference Committee recommends that the report be adopted as amended.

(17) CCB REPORT 02 - AMENDMENTS TO BYLAWS GOVERNING THE AMA SECTIONS

RECOMMENDATION A:

Your Reference Committee recommends that section 7.0.7 be amended by addition and deletion as follows:

> 7.0.6 ~~7.0.7~~ Rules. All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees. The Board of Trustees may approve, partially approve, or not approve~~, or approve with required modifications~~.

RECOMMENDATION B:

That sections 7.1.6.1 and 7.3.4.2 be amended by deletion as follows:

> 7.1.6.1 To adopt procedures for election of the resident and fellow sectional delegates and alternate delegates ~~for the Resident and Fellow Section~~ established in Bylaw 2.4~~, subject to the approval of the Board of Trustees~~.
>
> 7.3.4.2 To adopt procedures for election of ~~Medical Student Regional~~ medical student regional delegates and alternate delegates to the House of Delegates as established in Bylaw 2.3.3~~, subject to the approval of the Board of Trustees~~.

RECOMMENDATION C:

That CCB Report 02 be adopted as amended and the remainder of the report be filed.

HOD ACTION: Recommendations in CCB Report 02 adopted as amended and the remainder of the report filed.

ADOPTED LANGAUGE:

7.0.1 Mission of the Sections. A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:

***

7.0.3 Governing Council. There shall be a Governing Council for each Section to direct the programs and the activities of the Section. Each Section shall adopt rules governing the composition, election, terms and tenure of its Governing Council members. Each Section's programs and activities, as well as its rules governing the composition, election, term and tenure of Governing Council members, shall be subject to the approval of the Board of Trustees.

7.0.3.1 Qualifications. Members of each Section Governing Council must be members of the AMA and of the Section, unless otherwise provided in a section-specific bylaw. A Section Governing Council member may not serve concurrently as a voting member of more than one Section Governing Council or on an AMA Council while a voting member of a Section Governing Council.

7.0.3.2 Voting. Members of each Section Governing Council, including a chair and vice chair or chair-elect, shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in a section-specific bylaw.

7.0.4 Delegate and Alternate Delegate. Each Section shall elect a Delegate and Alternate Delegate to represent the Section in the House of Delegates, consistent with Bylaw 2.6.

7.0.5 Business Meetings. There shall be a Business Meeting of members of each Section prior to each meeting of the House of Delegates.

7.0.5.1 Purpose. The purposes of the Business Meeting shall be:

7.0.5.1.1To hear such reports and resolutions as may be appropriate.

7.0.5.1.2 To adopt resolutions for submission by the Section to the House of Delegates.

7.0.5.1.3 To consider other business and vote upon such matters as may properly come before the meeting.

7.0.5.1.4 To develop a section position on pending House of Delegates business items.

7.0.5.1.5 To hold elections for Governing Council members, unless otherwise specified in a section-specific bylaw.

7.0.6 Rules. All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees. The Board of Trustees may approve, partially approve, or not approve.

7.1 Resident and Fellow Section. ***

7.1.2 Cessation of Eligibility. If Governing Council member ceases to meet the membership requirements of Bylaw 7.1.1 prior to the expiration of the term for which elected, the term of such ~~officer or~~ member shall terminate and the position

shall be declared vacant. If a member completes residency or fellowship within 90 days prior to an Annual Meeting, the member shall be permitted to continue to serve in office until the completion of the Annual Meeting. An immediate past chair who completes residency or fellowship during their term as immediate past chair shall be permitted to serve as a nonvoting ex officio member of the Governing Council for the remainder of their immediate past chair term.

****

7.1.6 Additional Purposes of the Meeting. In addition to the purposes of the Business Meeting set forth in Bylaw 7.0.5.1, the purposes of the meeting shall include:

7.1.6.1 To adopt procedures for election of the resident and fellow sectional delegates and alternate delegates established in Bylaw 2.4.

7.1.6.2 To elect, at the business meeting prior to the Interim Meeting of the House of Delegates, resident and fellow sectional delegates and alternate delegates. Elected delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

7.2 Academic Physicians Section. ***

7.2.2 Elections. Membership on the Governing Council shall be determined through election by members of the Academic Physicians Section. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.2.2.1 Cessation of Eligibility. If a Governing Council member ceases to meet the membership requirements of Bylaw 7.2.1 prior to the expiration of the term for which elected, the term of such Governing Council member shall terminate and the position shall be declared vacant.

7.3 Medical Student Section. ***

7.3.2 Cessation of Eligibility. If a Governing Council member ceases to meet the membership requirements of Bylaw 7.3.1 prior to the expiration of the term for which elected, the term of such member shall terminate and the position shall be declared vacant. If the member graduates from an educational program during their term, the member shall be permitted to continue to serve in office for up to 200 days after graduation but not extending past the completion of the Annual Meeting following graduation.

****

7.3.4 Additional Purposes of the Meeting. In addition to the purposes of the Business Meeting set forth in Bylaw 7.0.5.1, the purposes of the meeting shall include:

7.3.4.1 To elect the medical student trustee at the Business Meeting prior to the Interim Meeting of the House of Delegates, as provided in Bylaw 3.5.6.1.

7.3.4.2 To adopt procedures for election of medical student regional delegates and alternate delegates to the House of Delegates as established in Bylaw 2.3.3.

7.3.4.3 To elect medical student regional delegates and alternate delegates at the business meeting prior to the Interim Meeting of the House of Delegates ~~AMA~~. Elected delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

7.4 Organized Medical Staff Section. *

7.4.3 Cessation of Eligibility. If Governing Council member ceases to meet the membership requirements of Bylaw 7.4.1 or ceases to be credentialed as a representative consistent with Bylaw 7.4.2 prior to the expiration of the term for which elected, the term of such member shall terminate and the position shall be declared vacant.

7.5 Young Physicians Section. *

***

7.6 International Medical Graduates Section. *

7.6.2 Elections. Membership on the Governing Council shall be determined through election by members of the IMG Section. Designation of specific offices of the Governing Council members shall be determined through election by members of the IMG Section present at the Section's Business Meeting at which the election is held.

7.6.2.1 Election of Governing Council Members. All members of the IMG Section shall be entitled to vote in elections of membership of the Governing Council. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.6.2.2 Election of the Chair-elect. All members of the IMG Section present at the Section's Business Meeting shall be entitled to elect the Chair-elect from among those Governing Council members elected by the Section. ~~Only~~ R~~r~~esident/fellow physicians shall be eligible to be elected only to the resident/fellow physician member ~~office~~ position.

7.6.3 Cessation of Eligibility. If Governing Council member ceases to meet the membership requirements of Bylaw 7.6.1 prior to the expiration of the term for which elected, the term of such member shall terminate and the position shall be declared vacant.

7.7 Underrepresented in Medicine Advocacy Section. *

7.7.2 Elections. Membership on the Governing Council shall be determined through election by members of the Underrepresented in Medicine Advocacy Section. All members of the Underrepresented in Medicine Advocacy Section, except provisional members, shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.7.2.1 Election of ~~Officers~~ the Chair and Vice Chair. The Governing Council shall elect a Chair and Vice Chair from among those Governing Council members elected by the Section.

7.7.2.2 Election of Alternate Delegate. The Governing Council shall elect an Alternate Delegate from among those Governing Council members elected by the Section.

7.7.3 Cessation of ~~Membership~~ Eligibility. If Governing Council member ceases to meet the membership requirements of Bylaw 7.7.1 prior to the expiration of the term for which elected, the term of such member shall terminate and the position shall be declared vacant.

7.7.3.1 Designated Section Member on the Governing Council. If the designated member of the Resident and Fellow Section or Young Physicians Section who has been elected to the Governing Council ceases to meet the criteria for membership in the section from which elected within 90 days prior to the Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which they cease to meet the membership requirement of the respective section. If the designated member of the Medical Student Section graduates from an educational program during their governing council term, such medical student member shall be permitted to serve in office for up to 200 days after graduation but not extending past the completion of the Annual Meeting following graduation.

7.7.3.2 Designated Section Member as Immediate Past Chair. A designated Section member who has been elected as Chair of the Governing Council, but who ceases to meet the criteria for membership in the section from which elected during their term as Immediate Past Chair, shall be permitted to complete the term of office, as long as they remain~~s~~ an active physician member of the AMA.

7.8 Integrated Physician Practice Section. ***
7.8.2 Governing Council. Only Associate Members of the Section are eligible to serve on the Governing Council and vote in elections and on items of business.

7.8.3 Cessation of Eligibility. If a Governing Council member ceases to meet the membership requirements of Bylaw 7.8.1.1 prior to the expiration of the term for which elected, the term of such member shall terminate and the position shall be declared vacant~~.~~

7.9 Senior Physicians Section. ***
7.9.2 Elections. Membership on the Governing Council shall be determined through election by members of the Senior Physicians Section. All members of the Senior Physicians Section shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.9.2.1 Election of Chair-Elect. The Governing Council shall elect its Chair-Elect from among those Governing Council members elected by the Section.

7.9.3 Cessation of Eligibility. If Governing Council member ceases to be an active member of the AMA prior to the expiration of the term for which elected, the term of such member shall terminate and the position shall be declared vacant.

7.10 Women Physicians Section. ***

7.10.2 Elections. Membership on the Governing Council shall be determined through election by members of the Women Physicians Section. All members of the Women Physicians Section shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.10.2.1 Election of Governing Council Leadership. The Governing Council shall elect its Chair and Vice Chair from among the Governing Council members.

7.10.3 Cessation of Eligibility. If a Governing Council member ceases to be an active member of the AMA prior to the expiration of the term for which elected, the term of such ~~officer or~~ member shall terminate and the position shall be declared vacant.

7.11 Private Practice Physicians Section. The Private Practice Physicians Section is a delineated Section.
*****

7.11.3 Cessation of Eligibility. If a Governing Council member ceases to meet the membership requirements of Bylaw 7.11.1 prior to the expiration of the term for which elected, the term of such officer or member shall immediately terminate and the position promptly shall be declared vacant.

7.12 LGBTQ+ Section. The LGBTQ+ Section is a delineated Section.
*****

7.12.2 Elections. Any Section member is eligible to serve on the Governing Council. All members of the Section shall be entitled to vote in elections. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Section and approved by the Board of Trustees.

7.12.2.1 The Governing Council shall elect its Chair and Vice Chair from among the Governing Council members elected by Section members.

7.12.3 Cessation of Eligibility. If a Governing Council member ceases to meet the membership requirements of Bylaw 7.12.1 prior to the expiration of the term for which elected, the term of such member shall terminate and the position shall be declared vacant.

7.12.3.1 Cessation of Eligibility of Designated Section Members. If the designated member of the Resident and Fellow Section or Young Physicians Section who has been elected to the governing council ceases to meet the criteria for membership in their respective section within 90 days prior to the Annual Meeting they will be permitted to continue to serve in their position until the conclusion of the Annual Meeting in the calendar year in which they cease to meet

the membership requirement of their section. If the designated member of the Medical Student Section graduates from an educational program during their governing council term, such medical student member shall be permitted to serve in office for up to 200 days after graduation but not extending past the completion of the Annual Meeting following graduation.

The Council on Constitution and Bylaws recommends that the following amendments to the Bylaws (shown in red and amended by insertion or ~~deletion~~) be adopted and that the remainder of the report be filed. Adoption requires the affirmative vote of two-thirds of the members of the House of Delegates present and voting following a one-day layover.

7.0.1 Mission of the Sections. A Section is a formal group of physicians or medical students directly involved in policymaking through a Section delegate and representing unique interests related to professional lifecycle, practice setting, or demographics. Sections shall be established by the House of Delegates for the following purposes:

***

7.0.3 Governing Council. There shall be a Governing Council for each Section to direct the programs and the activities of the Section. Each Section shall adopt rules governing the composition, election, terms and tenure of its Governing Council members. Each Section's ~~The~~ programs and activities, as well as its rules governing the composition, election, term and tenure of Governing Council members, shall be subject to the approval of the Board of Trustees ~~or the House of Delegates~~.

7.0.3.1 Qualifications. Members of each Section Governing Council must be members of the AMA and of the Section, unless otherwise provided in a section-specific bylaw. A Section Governing Council member may not serve concurrently as a voting member of more than one Section Governing Council or on an AMA Council while a voting member of a Section Governing Council.

7.0.3.2 Voting. Members of each Section Governing Council, including a chair and vice chair or chair-elect, shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in ~~this Bylaw~~ a section-specific bylaw.

~~**7.0.3.3 Additional Requirements.** Each Section shall adopt rules governing the composition, election, term, and tenure of its Governing Council.~~

~~**7.0.4 Officers.** Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers.~~

~~**7.0.4.1 Qualifications.** Officers of each Section must be members of the AMA and of the Section.~~

~~**7.0.4.2 Voting.** Officers of each Section shall be elected by the voting members of the Section, unless otherwise provided in this Bylaw.~~

~~**7.0.4.3 Additional Requirements.** Each Section shall adopt rules governing the titles, duties, election, term, and tenure of its officers.~~

7.0.4
~~**7.0.5**~~ **Delegate and Alternate Delegate.** Each Section shall elect a Delegate and Alternate Delegate to represent the Section in the House of Delegates, consistent with Bylaw 2.6.

7.0.5
~~**7.0.6**~~ **Business Meetings.** There shall be a Business Meeting of members of each Section prior to each meeting of the House of Delegates.

7.0.5.1
~~**7.0.6.1**~~ **Purpose.** The purposes of the Business Meeting shall be:

7.0.5.1.1
~~**7.0.6.1.1**~~ To hear such reports and resolutions as may be appropriate.

7.0.5.1.2
~~**7.0.6.1.3**~~ To adopt resolutions for submission by the Section to the House of Delegates.

7.0.5.1.3
~~**7.0.6.1.2**~~ To consider other business and vote upon such matters as may properly come before the meeting.

7.0.5.1.4 To develop a section position on pending House of Delegates business items.

7.0.5.1.5
~~**7.0.6.1.4**~~ To hold elections for Governing Council members, unless otherwise specified in a section-specific bylaw.

7.0.6
~~**7.0.7**~~ **Rules.** All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees. The Board of Trustees may approve, not approve, or approve with required modifications.

7.1 Resident and Fellow Section. ***
7.1.2 Cessation of Eligibility. If ~~any officer or~~ Governing Council member ceases to meet the membership requirements of Bylaw 7.1.1 prior to the expiration of the term for which elected, the term of such ~~officer or~~ member shall terminate and the position shall be declared vacant. If ~~the officer or~~ a member completes residency or fellowship within 90 days prior to an Annual Meeting, the ~~officer or~~ member shall be permitted to continue to serve in office until the completion of the Annual Meeting. An immediate past chair who completes residency or fellowship during their term as immediate past chair shall be permitted to serve as a nonvoting ex officio member of the Governing Council for the remainder of their immediate past chair term.
***

7.1.6 Additional Purposes of the Meeting. In addition to the purposes of the Business Meeting set forth in Bylaw ~~7.0.6.1~~ 7.0.5.1, the purposes of the meeting shall include:

7.1.6.1 To adopt procedures for election of the resident and fellow sectional delegates and alternate delegates ~~for the Resident and Fellow Section~~ established in Bylaw 2.4, subject to the approval of the Board of Trustees.

7.1.6.2 To elect, at the business meeting prior to the Interim Meeting of the House of Delegates~~AMA~~, resident and fellow sectional delegates and alternate delegates ~~for the Resident and Fellow Section~~. Elected delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

7.2 Academic Physicians Section. ***

7.2.2 Elections. Membership on the Governing Council shall be determined through election by members of the Academic Physicians Section. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.2.2.1 Cessation of Eligibility. If a~~ny~~ Governing Council member ceases to meet the membership requirements of Bylaw 7.2.1 prior to the expiration of the term for which elected, the term of such Governing Council member shall terminate and the position shall be declared vacant.

7.3 Medical Student Section. ***

7.3.2 Cessation of Eligibility. If a~~ny officer or~~ Governing Council member ceases to meet the membership requirements of Bylaw 7.3.1 prior to the expiration of the term for which elected, the term of such ~~officer or~~ member shall terminate and the position shall be declared vacant. If the ~~officer or~~ member graduates from an educational program during their term, the ~~officer or~~ member shall be permitted to continue to serve in office for up to 200 days after graduation but not extending past the completion of the Annual Meeting following graduation.

***

7.3.4 Additional Purposes of the Meeting. In addition to the purposes of the Business Meeting set forth in Bylaw ~~7.0.6.1~~ 7.0.5.1, the purposes of the meeting shall include:

7.3.4.1 To elect the medical student trustee at the Business Meeting prior to the Interim Meeting of the House of Delegates ~~AMA~~., as provided in Bylaw 3.5.6.1.

7.3.4.2 To adopt procedures for election of ~~Medical Student Regional~~ medical student regional delegates and alternate delegates to the House of Delegates as established in Bylaw 2.3.3, subject to the approval of the Board of Trustees.

7.3.4.3 To elect ~~Medical Student Regional~~ medical student regional delegates and alternate delegates at the business meeting prior to the Interim Meeting of ~~the~~ House of Delegates ~~AMA~~. Elected delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

7.4 Organized Medical Staff Section. ***

7.4.3 Cessation of Eligibility. If ~~any officer or~~ Governing Council member ceases to meet the membership requirements of Bylaw 7.4.1 or ceases to be credentialed as a representative consistent with Bylaw 7.4.2 prior to the expiration of the term for which elected, the term of such ~~officer or~~ member shall terminate and the position shall be declared vacant.

7.5 Young Physicians Section. ***
***

7.6 International Medical Graduates Section. *

7.6.2

~~7.6.3~~ **Elections.** Membership on the Governing Council shall be determined through election by members of the IMG Section. Designation of specific offices of the Governing Council members shall be determined through election by members of the IMG Section present at the Section's Business Meeting at which the election is held.

7.6.2.1

~~7.6.3.1~~ **Election of Governing Council Members.** All members of the IMG Section shall be entitled to vote in elections of membership of the Governing Council. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.6.2.2

~~7.6.3.2~~ ~~**Designation of Specific Offices.**~~ **Election of the Chair-elect.** All members of the IMG Section present at the Section's Business Meeting shall be entitled to elect the Chair-elect from among those Governing Council members elected by the Section. ~~Only~~ R~~r~~esident/fellow physicians shall be eligible to be elected only to the resident/fellow physician member ~~office~~ position.

7.6.3

~~7.6.2~~ **Cessation of ~~Membership~~ Eligibility.** If ~~any officer or~~ Governing Council member ceases to meet the membership requirements of Bylaw 7.6.1 prior to the expiration of the term for which elected, the term of such ~~officer or~~ member shall terminate and the position shall be declared vacant.

7.7 Underrepresented in Medicine Advocacy Section. *

7.7.2 Elections. Membership on the Governing Council shall be determined through election by members of the Underrepresented in Medicine Advocacy Section. All members of the Underrepresented in Medicine Advocacy Section, except provisional members, shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.7.2.1 Election of ~~Officers~~ the Chair and Vice Chair. The Governing Council shall elect ~~its~~ a Chair and Vice Chair from among ~~the~~ those Governing Council members elected by the Section.

7.7.2.2 Election of Alternate Delegate. The Governing Council shall elect an Alternate Delegate from among those Governing Council members elected by the Section.

7.7.3 Cessation of ~~Membership~~ Eligibility. If ~~any officer or~~ Governing Council member ceases to meet the membership requirements of Bylaw 7.7.1 prior to the expiration of the term for which elected, the term of such ~~officer or~~ member shall terminate and the position shall be declared vacant.

7.7.3.1 Designated Section ~~Representatives~~Member on the Governing Council. If ~~a representative~~ the designated member of the Resident and Fellow Section or Young Physicians Section who has been elected to the Governing Council ceases to meet the criteria for membership in the section from which elected within 90 days prior to the Annual Meeting, such member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which they cease to meet the membership requirement of the respective section. If ~~a representative~~ the designated member of the Medical Student Section graduates from an educational program during their governing council term, such medical student member shall be permitted to serve in office for up to 200 days after graduation but not extending past the completion of the Annual Meeting following graduation.

7.7.3.2 Designated Section ~~Representative~~ Member as Immediate Past Chair. A designated Section ~~representative~~ member who has been elected as C~~c~~hair of the Governing Council, but who ceases to meet the criteria for membership in the section from which elected during their term as Immediate Past Chair, shall be permitted to complete the term of office, as long as ~~the officer~~ they remain~~s~~ an active physician member of the AMA.

7.8 Integrated Physician Practice Section. ***
7.8.2 Governing Council ~~and Officers~~. Only Associate Members of the Section are eligible to ~~hold office or~~ serve on the Governing Council and vote in elections and on items of business.

7.8.3 Cessation of ~~Membership~~ Eligibility. If a Governing Council member ceases to meet the membership requirements of Bylaw 7.8.1.1 prior to the expiration of the term for which elected, the term of such ~~officer or~~ member shall terminate and the position shall be declared vacant~~ and a successor will be elected~~.

7.9 Senior Physicians Section. ***
7.9.2 Elections. Membership on the Governing Council shall be determined through election by members of the Senior Physicians Section. All members of the Senior Physicians Section shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.9.2.1 Election of Chair-Elect.~~Officers~~. The Governing Council shall elect ~~the Section~~ its Chair-Elect from among ~~the~~ those Governing Council members elected by the Section.

7.9.3 Cessation of ~~Membership~~ Eligibility. If ~~an officer or~~ Governing Council member ceases to be an active member of the AMA prior to the expiration of the term for which elected, the term of such ~~officer or~~ member shall terminate and the position shall be declared vacant.

7.10 Women Physicians Section. ***

7.10.2 Elections. Membership on the Governing Council shall be determined through election by members of the Women Physicians Section. All members of the Women Physicians Section shall be entitled to vote in elections of Governing Council members. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.10.2.1 Election of ~~Officers~~ Governing Council Leadership. The Governing Council shall elect its Chair and Vice Chair from among the Governing Council members.

7.10.3 Cessation of ~~Membership~~ Eligibility. If a~~n officer or~~ Governing Council member ceases to be an active member of the AMA prior to the expiration of the term for which elected, the term of such ~~officer or~~ member shall terminate and the position shall be declared vacant.

7.11 Private Practice Physicians Section. The Private Practice Physicians Section is a delineated Section.

***

7.11.3 Cessation of ~~Membership~~ Eligibility. If a~~n officer or~~ Governing Council member ceases to meet the membership requirements of Bylaw 7.11.1 prior to the expiration of the term for which elected, the term of such officer or member shall immediately terminate and the position promptly shall be declared vacant.

7.12 LGBTQ+ Section. The LGBTQ+ Section is a delineated Section.

***

7.12.2 Elections. Any Section member is eligible to ~~hold office or~~ serve on the Governing Council. All members of the Section shall be entitled to vote in elections. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Section and approved by the Board of Trustees.

7.12.2.1 The Governing Council shall ~~annually~~ elect its Chair and Vice Chair from among the Governing Council members elected by Section members.

7.12.3

~~7.12.2.2~~ Cessation of Eligibility. If a Governing Council member ceases to meet the membership requirements of Bylaw 7.12.1 prior to the expiration of the term for which elected, the term of such ~~officer or~~ member shall terminate and the position shall be declared vacant ~~and a successor will be elected~~.

7.12.3.1

~~7.12.2.3~~ Cessation of Eligibility of Designated Section Members. If ~~any~~ the designated member of the Resident and Fellow Section ~~resident/fellow~~ or ~~young physician member~~ Young Physicians Section who has been elected to ~~of~~ the governing council ceases to meet the criteria for membership in their respective section ~~they represent~~ within 90 days prior to the Annual Meeting they will be permitted to continue to serve in their position until the conclusion of the Annual Meeting in the calendar year in which they cease to meet the membership requirement of their section. If the designated member of the Medical Student Section ~~any medical student member~~ graduates from an educational program during their governing council term, such medical student member shall be permitted to serve in office for up to 200 days after

graduation but not extending past the completion of the Annual Meeting following graduation.

(Modify Bylaws)

Online testimony was heavily mixed. In-person testimony was also heavily mixed. The authors proffered an amendment to remove "subject to the approval of the board of trustees" in 7.1.6.1 and 7.3.4.2 and add the option for the Board to "partially approve" in 7.0.6. Testimony against voiced concerns about the phrase "approve with required modifications" in 7.0.6. Your Reference Committee recommends that the report be adopted as amended.

(18) RESOLUTION 005 - OPPOSING TRADING ON THE OUTCOMES OF BIOMEDICAL RESEARCH AND CLINICAL TRIALS

RECOMMENDATION A:

Your Reference Committee recommends that the second resolve clause be amended by deletion as follows:

~~RESOLVED, that our AMA asks the Council on Ethical and Judicial Affairs to review and update the Code of Medical Ethics to address participation by physicians, medical trainees and other research personnel in trading on the outcomes of biomedical research and clinical trials (Directive to Take Action)~~

RECOMMENDATION B:

That Resolution 005 be adopted as amended.

HOD ACTION: Resolution 005 adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association strongly oppose the inclusion of biomedical research, including clinical trial outcomes and regulatory approval decisions, as subjects of trading on online betting platforms or prediction markets. (New HOD Policy)

RESOLVED, that our American Medical Association strongly oppose the inclusion of biomedical research, including clinical trial outcomes and regulatory approval decisions, as subjects of trading on online betting platforms or prediction markets (New HOD Policy); and be it further

RESOLVED, that our AMA asks the Council on Ethical and Judicial Affairs to review and update the Code of Medical Ethics to address participation by physicians, medical trainees and other research personnel in trading on the outcomes of biomedical research and clinical trials (Directive to Take Action)

Online testimony was in strong support of the resolution, with a minority opposed to the first resolve. An amendment was proffered to the second resolve clause to add "in which they participate" at the end. Another amendment was proffered to the second resolve clause to request CEJA evaluate existing ethics guidance rather than direct that revision to the *Code* be made. Your Reference Committee recommends that the report be adopted as amended.

(19) RESOLUTION 006 - ETHICS OF MEDICAL USURY

RECOMMENDATION A:

Your Reference Committee recommends that the resolve clause for Resolution 006 be amended by addition and deletion as follows:

> RESOLVED, that our American Medical Association ~~recommends to CEJA that it develop statements and policy regarding the ethics of~~ support legislation and/or regulation opposing private insurance companies from offering interest bearing loans to patients ~~otherwise unable to afford medical debt~~. (Directive to Take Action)

RECOMMENDATION B:

That Resolution 006 be adopted as amended.

RECOMMENDATION C:

That the title of the resolution be changed to read as follows:

> MEDICAL USURY

HOD ACTION: Resolution 006 adopted as amended with a title change.

ADOPTED LANGUAGE:

"Medical Usury"

RESOLVED, that our American Medical Association support legislation and/or regulation opposing private insurance companies from offering interest bearing loans to patients. (Directive to Take Action)

RESOLVED, that our American Medical Association recommends to CEJA that it develop statements and policy regarding the ethics of private insurance companies offering interest bearing loans to patients otherwise unable to afford medical debt. (Directive to Take Action)

Online testimony was in general support. Two amendments were proffered to alter the resolve clause so that it offers new HOD policy rather than a request for a CEJA report, with one testimony in favor of amendment noting that insurance companies are not bound by our AMA *Code of Medical Ethics*. In-person testimony was in strong support of the resolution as amended, with a suggested title change to reflect the amendments. Your Reference Committee recommends that the resolution be adopted as amended.

(20) RESOLUTION 008 - RECOGNITION OF MORAL INJURY IN THE PHYSICIAN WORKFORCE

RECOMMENDATION A:

That the first resolve clause be amended be addition and deletion as follows:

> RESOLVED, that our American Medical Association (AMA) ~~defines~~ recognizes moral injury as the harm that occurs when healthcare professionals are compelled by systemic constraints to witness or to act in ways that transgress their moral beliefs and professional obligations, including the inability to deliver evidence-based, equitable, and patient-centered care~~ due to institutional, financial, or administrative barriers~~; and be it further

RECOMMENDATION B:

That the third resolve clause be amended by addition and deletion as follows:

~~RESOLVED, that our AMA study the prevalence, drivers, and impact of moral injury across the continuum of medical training and practice, including medical students, residents, and practicing physicians, and report back with recommendations for systemic interventions.~~ RESOLVED, that our American Medical Association, drawing upon existing research and evidence, develop recommendations for systemic interventions to address moral distress and moral injury among medical students, residents, and practicing physicians, including institutional, financial, administrative, and resource constraints that interfere with physicians' ability to provide medically necessary, evidence-based, and patient-centered care (Directive to Take Action).

RECOMMENDATION C:

That Resolution 008 be adopted as amended.

HOD ACTION: Resolution 008 adopted as amended.

ADOPTED LANGUAGE:

RESOLVED, that our American Medical Association (AMA) recognizes moral injury as the harm that occurs when healthcare professionals are compelled by systemic constraints to witness or to act in ways that transgress their moral beliefs and professional obligations, including the inability to deliver evidence-based, equitable, and patient-centered care; and be it further

RESOLVED, that our AMA recognizes moral injury as a distinct and significant threat to the wellbeing of medical students, residents, and physicians (New HOD Policy); and be it further

RESOLVED, that our American Medical Association, drawing upon existing research and evidence, develop recommendations for systemic interventions to address moral distress and moral injury among medical students, residents, and practicing physicians, including institutional, financial, administrative, and resource constraints that interfere with physicians' ability to provide medically necessary, evidence-based, and patient-centered care. (Directive to Take Action)

RESOLVED, that our American Medical Association defines moral injury as the harm that occurs when healthcare professionals are compelled by systemic constraints to act in ways that transgress their moral beliefs and professional obligations, including the inability to deliver evidence-based, equitable, and patient-centered care due to institutional, financial, or administrative barriers (New HOD Policy); and be it further

RESOLVED, that our AMA recognizes moral injury as a distinct and significant threat to the wellbeing of medical students, residents, and physicians (New HOD Policy); and be it further

RESOLVED, that our AMA study the prevalence, drivers, and impact of moral injury across the continuum of medical training and practice, including medical students, residents, and practicing physicians, and report back with recommendations for systemic interventions. (Directive to Take Action)

Online testimony was in strong support. Several amendments were proffered to clarify and strengthen the resolution. Your Reference Committee recognizes moral distress as an immediate psychological unease, while moral injury refers to deeper, longer-lasting harm when moral distress is sustained or repeated. Your Reference Committee recommends that the resolution be adopted as amended.

RECOMMENDED FOR ADOPTION IN LIEU OF

(21) RESOLUTION 007 - OPPOSING THE REQUIRED CREATION OF "DETRANSITION CLINICS"

RECOMMENDATION A:

That Alternative Resolution 007 be adopted in lieu of Resolution 007 as follows:

> "Protecting Patient Autonomy in Gender-Affirming Care"
>
> RESOLVED, That our American Medical Association oppose government mandates (e.g., legal settlements, executive orders, agency directives, or funding conditions) that establish or require specific models of care for individuals seeking to discontinue, modify, or reverse prior gender-affirming treatment, while supporting access to evidence-based, individualized care that respects and appropriately addresses their concerns, goals, and care needs, guided by shared decision-making within the patient-physician relationship.

HOD ACTION: Alternative Resolution 007 adopted in lieu of Resolution 007.

ADOPTED LANGUAGE:

"Protecting Patient Autonomy in Gender-Affirming Care"

RESOLVED, That our American Medical Association oppose government mandates (e.g., legal settlements, executive orders, agency directives, or funding conditions) that establish or require specific models of care for individuals seeking to discontinue, modify, or reverse prior gender-affirming treatment, while supporting access to evidence-based, individualized care that respects and appropriately addresses their concerns, goals, and care needs, guided by shared decision-making within the patient-physician relationship. (New HOD Policy)

RESOLVED, that our American Medical Association opposes creation of "Detransition Clinics" through mechanisms including but not limited to, legal settlements, executive orders, agency directives or funding conditions. (New HOD Policy)

Online testimony was in strong support. An amendment was proffered to clarify and strengthen the resolution, which included a title change and amending the resolve clause by substitution; this amendment was supported by the authors. Your Reference Committee recommends that Alternative Resolution 007 be adopted in lieu of Resolution 007.

RECOMMENDED FOR REFERAL

(22) CEJA REPORT 06 - RECORDING CLINICAL ENCOUNTERS

RECOMMENDATION:

Your Reference Committee recommends that CEJA Report 06 be referred.

HOD ACTION: CEJA Report 23 referred.

The Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of this report be filed:

1. Recording technologies can help improve the clinical experience but also present risks to privacy, safety, security, and trust. Any type of recording (audio, visual, or transcription) of the provided to a physician, constitutes a part of the medical record. The recording of a clinical encounter by either patient or physician necessitates that great care be taken not to cause undue harm to any party and requires transparency, communication, and trust. Covert recordings (by either physician or patient) endanger trust and harm the patient-physician relationship. Physicians should not record patients for non-medically relevant purposes, such as for a physician's personal use that is not medically related, even if patient consent might be obtained.

Conversely, physicians should help patients understand that they should not record clinical encounters without disclosing their intent to do so, obtaining consent where legally required, and acting in compliance with all legal and clinical regulations and should generally only record medical encounters with the intention of supporting their own well-being. If a patient asks to record a clinical encounter, physicians may inquire about the patient's intent and, if appropriate, help to ensure that recordings do not capture other patients or staff without their express consent to uphold privacy and confidentiality. If the physician suspects that a patient wishes to record a clinical encounter due to distrust, the physician should strive to find ways to build trust in the patient-physician relationship. In general, physicians should remember to maintain professionalism in all patient interactions and that all interactions have the potential to be recorded.

When recording clinical encounters, physicians should:

(a) Inform the patient (or authorized decision maker) of the intent to record and:
(i) the purpose of the recording;
(ii) that any uses of the recording will be limited to those related to healthcare;
(iii) that they may withdraw consent to being recorded at any time, including during recording, and, if so, what will be done with the recording;
(iv) their right to access and request that information recorded be amended for accuracy as part of their medical record;

(v) assure the patient that their information will be treated as confidential health information and stored securely but acknowledge that no information can be perfectly secured.

(b) Ensure that the patient has the opportunity to discuss any concerns about recording before, during, and after recording.

(c) Obtain consent from the patient (or the authorized decision maker) prior to recording whenever possible.

(d) In the case of minors, seek assent from the patient in addition to consent from the patient's parent or guardian.

(e) Ensure recordings are securely stored and, when necessary, properly destroyed, in keeping with ethics guidance for managing medical records.

(f) Engage openly with patients who wish to record their own clinical encounter. If the physician believes a patient recording compromises the patient-physician relationship, the physician may choose to terminate the relationship in keeping with ethics guidance.

To support patients and physicians, physician leaders in healthcare institutions should:

(g) Create clear policies and procedures for the use of recording devices within their institutions by physicians.

(h) Create clear policies and procedures for the use of recording devices within their institutions by patients and families.

(i) Make information regarding such policies and procedures highly visible to patients and families, including by providing written information regarding such policies to patients.

(j) Educate and train staff and volunteers about such policies and procedures.

(k) Train physicians and other medical staff on how to respond to patients recording or making requests to record.

(l) Advocate that patients only record clinical encounters in order to expressly support their well-being and not for retaliatory or other non-medically related purposes.

(m) Advocate that before recording, patients notify the physician of their intent to do so, explain their reasoning for doing so, and obtain consent from the physician to record the interaction.

(n) Minimize third-party exposure to patient care, including recordings and associated data. (New HOD/CEJA Policy)

2.That Opinion 3.1.2, "Patient Privacy & Outside Observers to the Clinical Encounter," be amended by addition and deletion as follows:

Individuals legitimately present during patient-physician encounters include those directly involved in the patient's care, and can include other members of the healthcare team or employees of pharmaceutical or medical device companies when they are present to provide technical assistance, in keeping with ethics guidance. However, recording technologies expand the notion of who counts as an outside observer by enabling third parties to access aspects of clinical encounters (including associated patient data) without being physically present at the time of a clinical encounter.

When individuals or entities who are not involved in providing care seek to observe patient-physician encounters, e.g., for educational, commercial, or governmental purposes, physicians should safeguard patient privacy by permitting such outside observers ~~to be present during~~ access to a clinical encounter only when:

(a) The patient has explicitly agreed to ~~the presence of~~ grant the observer(s) access. Outside observers or recordings 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.

(b) ~~The presence of~~Granting access to the observer, including access to recorded data, will not compromise care.

(c) The observer understands and has agreed to adhere to standards of medical privacy and confidentiality.

Under no circumstances should physicians accept payment from outside observers, including vendors, to allow ~~those observers~~ them to ~~be present during~~ observe a clinical encounter.

To support patients and physicians, healthcare institutions should:

(d) Ensure that granting access to third-party observers to clinical encounters, including access to patient data, does not cause harm to patients or patient populations.

(e) Minimize third-party exposure to patient care, including recordings or any associated patient data. (Modify HOD/CEJA Policy)

3.That Opinion 3.1.3, "Audio or Visual Recording Patients for Education in Health Care," be amended by deletion as follows:

Audio or visual recording of patients can be a valuable tool for educating healthcare 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 healthcare 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 healthcare 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. (Modify HOD/CEJA Policy)

Online testimony was universally in favor of referral. Calls for referral were in favor of the spirit of the report but raised concerns regarding language around declining consent, clarification regarding post-transcription recording, unintended documentation or retention obligations on interoperative surgical recordings, and feasibility issues. Your Reference Committee recommends that the report be referred.

(23) RESOLUTION 010 - PRESERVING HUMAN DIGNITY AND SAFETY BY LIMITING UNNECESSARY RESTRAINTS AND MONITORING

RECOMMENDATION:

Your Reference Committee recommends that Resolution 010 be referred.

HOD ACTION: Resolution 010 referred.

RESOLVED, that our American Medical Association advocate against the routine use of shackles, ankle monitors, or other restrictive or stigmatizing devices unless an individualized assessment by a qualified professional establishes a substantial safety need that cannot be addressed by less restrictive means (Directive to Take Action); and be it further

RESOLVED, that our AMA support policies requiring such measures to be the least restrictive necessary, regularly reassessed, and promptly discontinued when no longer needed, consistent with Code of Medical Ethics Opinion 1.2.7. (New HOD Policy)

Online testimony was mixed. Testimony in support noted the harms that the routine use of shackles, ankle monitors, or other restrictive or stigmatizing devices can cause. Testimony in opposition supported the resolution's intent but opposed the resolution as written. An amendment was proffered to substitute four new resolve clauses to reflect the National Commission on Correctional Health Care's related position statement. The authors noted that this resolution does not pertain to clinical settings. Your Reference Committee recommends that the resolution be referred.

RECOMMENDED FOR NOT ADOPTION

(24) RESOLUTION 002 - SURGICAL CONSENT

RECOMMENDATION:

Your Reference Committee recommends that Resolution 002 be not adopted.

HOD ACTION: Resolution 002 not adopted.

RESOLVED, that our American Medical Association re-evaluate its CEJA guidelines regarding initial decision for surgery and informed consent - as practice patterns have changed and more team-based care is being utilized - in order to prioritize and strengthen the physician-patient relationship prior to all medical procedures and interventions (Directive to Take Action); and be it further

RESOLVED, that our AMA facilitate the creation of specialty-specific guidelines, inclusive of the entire house of medicine, defining meaningful supervision and informed consent processes for physician-led care. (Directive to Take Action)

Online testimony was in general opposition to the resolution. Three amendments were proffered, with the general goal of narrowing the first resolve clause for specificity and deleting or modifying the second resolve clause. Your Reference Committee recommends that the resolution be not adopted.

Madam Speaker, this concludes the report of Reference Committee on Ethics and Bylaws. I would like to thank Dr. Samuel Mathis, Dr. Joseph Sanfrancesco, Dr. Ellia Ciammaichella, Dr. Lori Marshall, Dr. Nancy Ellerbroek, Dr. Eli Freiman and all those who testified before the committee.

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