

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 7
(I-26)

Introduced by: Scott Landman, MD

Subject: Use of Artificial Intelligence in Medical Education and Scholarly Activity –
Ethical Considerations for Trainees

Referred to: Reference Committee

1 Whereas, scholarly activity and research productivity are important components of medical
2 student, resident physician, and fellow academic development and may contribute to
3 competitiveness for residency and fellowship opportunities¹; and
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5 Whereas, the average number of research experiences and publications reported by residency
6 applicants has risen across nearly all specialties¹; and
7

8 Whereas, artificial intelligence (AI), including generative AI and large language models, is
9 increasingly being incorporated into medical education, research, and scholarly activity,
10 providing trainees with tools capable of assisting with literature review, data organization,
11 writing, and other research-related tasks^{2,3}; and
12

13 Whereas, the increasing accessibility and capabilities of AI tools may create pressure for
14 medical students, resident physicians, and fellows to incorporate AI into scholarly work in order
15 to increase the speed or volume of research output or remain competitive with peers; and
16

17 Whereas, trainees may face uncertainty regarding when AI-assisted scholarly work is
18 appropriate, what level of AI assistance requires disclosure, and whether declining to use AI
19 may place them at a perceived academic or professional disadvantage; and
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21 Whereas, AMA Policy H-480.935 supports guidelines for the responsible use of augmented
22 intelligence in scientific publications, including disclosure of AI use, exclusion of AI systems as
23 authors, and the responsibility of human authors to validate AI-generated content; and
24

25 Whereas, AMA Code of Medical Ethics Opinion 7.1.1, “Physician Involvement in Research,”
26 establishes that physicians involved in research have an ethical obligation to protect the integrity
27 of research and to adhere to rigorous scientific and ethical standards in conducting, supervising,
28 and disseminating research; and
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30 Whereas, existing guidance addresses responsible use and transparency of AI but does not
31 specifically address the potential academic or professional pressure placed on medical
32 students, resident physicians, and fellows to use AI tools to enhance scholarly productivity;
33 therefore be it
34

35 RESOLVED, that our American Medical Association (AMA) amend Policy H-480.939,
36 “Augmented Intelligence in Health Care,” by addition to read as follows:
37

38 [...]

1 Our AMA supports the ethical and responsible use of artificial intelligence in medical research
 2 and scholarly activity, including appropriate human oversight and accountability for AI-assisted
 3 work; and our AMA opposes requiring or implicitly pressuring medical students, resident
 4 physicians, fellows, or physician researchers to use artificial intelligence as a condition of
 5 academic advancement, research participation, publication, or professional evaluation.

7 Our AMA encourage medical schools, residency programs, and fellowship programs to
 8 establish transparent expectations regarding permissible artificial intelligence use in trainee
 9 scholarly activity, including disclosure requirements and standards for maintaining human
 10 responsibility for the accuracy, integrity, and originality of scholarly work.

Fiscal Note: Minimal

REFERENCES

1. National Resident Matching Program. Charting Outcomes in the Match, 2024. <https://www.nrmp.org/match-data/2024/08/charting-outcomes-characteristics-of-applicants-who-match-to-their-preferred-specialty-2/>
2. Shi X, Jiang Z, Xiong L, Siu KC, Chen Z. Utilization of AI Among Medical Students and Development of AI Education Platforms in Medical Institutions: Cross-Sectional Study. *JMIR Hum Factors*. 2026;13:e81652. doi:10.2196/81652. PMID: 41505769; PMCID: PMC12782625.
3. Hart J. How are medical students actually using AI in their research projects? Teaching@Sydney. University of Sydney. Published March 17, 2026. <https://educational-innovation.sydney.edu.au/teaching@sydney/how-are-medical-students-actually-using-ai-in-their-research-projects/>
4. AMA Issue Brief: Augmented Intelligence in Health Care. 2023. <https://www.ama-assn.org/practice-management/digital-health/augmented-intelligence-medicine>
5. AMA Policy H-480.935 – Augmented Intelligence in Scientific Publications. American Medical Association House of Delegates.
6. AMA Policy H-480.939 – Augmented Intelligence in Health Care. American Medical Association House of Delegates.
7. AMA Code of Medical Ethics Opinion 7.1.1 – Physician Involvement in Research. <https://code-medical-ethics.ama-assn.org/ethics-opinions/physician-involvement-research>

RELEVANT AMA POLICY

Augmented Intelligence in Medical Education H-295.857

1. Our American Medical Association encourages:
 - a. accrediting and licensing bodies to study how AI should be most appropriately addressed in accrediting and licensing standards;
 - b. medical specialty societies and boards to consider production of specialty-specific educational modules related to AI;
 - c. research regarding the effectiveness of AI instruction in medical education on learning and clinical outcomes;
 - d. institutions and programs to be deliberative in the determination of when AI-assisted technologies should be taught, including consideration of established evidence-based treatments, and including consideration regarding what other curricula may need to be eliminated in order to accommodate new training modules;
 - e. stakeholders to provide educational materials to help learners guard against inadvertent dissemination of bias that may be inherent in AI systems;
 - f. the study of how differences in institutional access to AI may impact disparities in education for students at schools with fewer resources and less access to AI technologies;
 - g. enhanced training across the continuum of medical education regarding assessment, understanding, and application of data in the care of patients;
 - h. the study of how disparities in AI educational resources may impact health care disparities for patients in communities with fewer resources and less access to AI technologies;
 - i. institutional leaders and academic deans to proactively accelerate the inclusion of nonclinicians, such as data scientists and engineers, onto their faculty rosters in order to assist learners in their understanding and use of AI; and
 - j. close collaboration with and oversight by practicing physicians in the development of AI applications.

2. Our AMA will develop and disseminate model AI learning objectives and curricular toolkits aligned with existing AMA policy and AAMC principles.
3. Our AMA will collaborate with medical organizations to recognize AI literacy elements where appropriate.
4. Our AMA supports AI CME offerings to upskill the current workforce.
5. Our AMA will advocate for funding and faculty-development resources to implement and evaluate AI training initiatives.

[CME Rep. 04, A-19Appended: Res. 307, I-25]

Assessing the Potentially Dangerous Intersection Between AI and Misinformation H-480.935

1. Our American Medical Association will study and develop recommendations on the benefits and unforeseen consequences to the medical profession of large language models (LLM) such as, generative pretrained transformers (GPTs), and other augmented intelligence-generated medical advice or content, and that our AMA propose appropriate state and federal regulations with a report back at A-24.
2. Our AMA will work with the federal government and other appropriate organizations to protect patients from false or misleading AI-generated medical advice.
3. Our AMA will encourage physicians to educate our patients about the benefits and risks of consumers facing LLMs including GPTs.
4. Our AMA will support publishing groups and scientific journals to establish guidelines to regulate the use of augmented intelligence in scientific publications that include detailing the use of augmented intelligence in the methods, exclusion of augmented intelligence systems as authors, and the responsibility of authors to validate the veracity of any text generated by augmented intelligence.

[Res. 247, A-23; Reaffirmed: Res. 226, A-25]

Augmented Intelligence in Health Care H-480.939

Our American Medical Association supports the use and payment of augmented intelligence (AI) systems that advance the quadruple aim. AI systems should enhance the patient experience of care and outcomes, improve population health, reduce overall costs for the health care system while increasing value, and support the professional satisfaction of physicians and the health care team. To that end our AMA will advocate that:

1. Oversight and regulation of health care AI systems must be based on risk of harm and benefit accounting for a host of factors, including but not limited to: intended and reasonably expected use(s); evidence of safety, efficacy, and equity including addressing bias; AI system methods; level of automation; transparency; and, conditions of deployment.
2. Payment and coverage for all health care AI systems must be conditioned on complying with all appropriate federal and state laws and regulations, including, but not limited to those governing patient safety, efficacy, equity, truthful claims, privacy, and security as well as state medical practice and licensure laws.
3. Payment and coverage for health care AI systems intended for clinical care must be conditioned on
 - a. clinical validation.
 - b. alignment with clinical decision-making that is familiar to physicians.
 - c. high-quality clinical evidence.
4. Payment and coverage for health care AI systems must
 - a. be informed by real world workflow and human-centered design principles.
 - b. enable physicians to prepare for and transition to new care delivery models.
 - c. support effective communication and engagement between patients, physicians, and the health care team.
 - d. seamlessly integrate clinical, administrative, and population health management functions into workflow.
 - e. seek end-user feedback to support iterative product improvement.
5. Payment and coverage policies must advance affordability and access to AI systems that are designed for small physician practices and patients and not limited to large practices and institutions. Government-conferred exclusivities and intellectual property laws are meant to foster innovation, but constitute interventions into the free market, and therefore, should be appropriately balanced with the need for competition, access, and affordability.

6. Physicians should not be penalized if they do not use AI systems while regulatory oversight, standards, clinical validation, clinical usefulness, and standards of care are in flux. Furthermore, our AMA opposes:
 - a. Policies by payers, hospitals, health systems, or governmental entities that mandate use of health care AI systems as a condition of licensure, participation, payment, or coverage.
 - b. The imposition of costs associated with acquisition, implementation, and maintenance of healthcare AI systems on physicians without sufficient payment.
7. Liability and incentives should be aligned so that the individual(s) or entity(ies) best positioned to know the AI system risks and best positioned to avert or mitigate harm do so through design, development, validation, and implementation. Our AMA will further advocate:
 - a. Where a mandated use of AI systems prevents mitigation of risk and harm, the individual or entity issuing the mandate must be assigned all applicable liability.
 - b. Developers of autonomous AI systems with clinical applications (screening, diagnosis, treatment) are in the best position to manage issues of liability arising directly from system failure or misdiagnosis and must accept this liability with measures such as maintaining appropriate medical liability insurance and in their agreements with users.
 - c. Health care AI systems that are subject to non-disclosure agreements concerning flaws, malfunctions, or patient harm (referred to as gag clauses) must not be covered or paid and the party initiating or enforcing the gag clause assumes liability for any harm.
8. Our AMA, national medical specialty societies, and state medical associations:
 - a. Identify areas of medical practice where AI systems would advance the quadruple aim.
 - b. Leverage existing expertise to ensure clinical validation and clinical assessment of clinical applications of AI systems by medical experts.
 - c. Outline new professional roles and capacities required to aid and guide health care AI systems.
 - d. Develop practice guidelines for clinical applications of AI systems.
9. There should be federal and state interagency collaboration with participation of the physician community and other stakeholders in order to advance the broader infrastructural capabilities and requirements necessary for AI solutions in health care to be sufficiently inclusive to benefit all patients, physicians, and other health care stakeholders. (New HOD Policy)
10. AI is designed to enhance human intelligence and the patient-physician relationship rather than replace it.

[BOT Rep. 21, A-19Reaffirmation: A-22Reaffirmed: CSAPH Rep. 08, A-25Reaffirmed: Res. 226, A-25]