AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 610
(A-22)

Introduced by: Senior Physicians Section

Subject: Making AMA Meetings Accessible

Referred to: Reference Committee F

Whereas, AMA has as a major goal the reduction of health care disparities; and

Whereas, AMA's Code of Ethics Opinion 8.5 states that "physicians should: (h) strive to increase the diversity of the physician workforce as a step toward reducing health care disparities"; and

Whereas, The self-reported incidence of disability in the general US population is over 25%[1], and this is likely an under-estimate for a variety of reasons; and up to 40% in those over 65[2], while the self-reported incidence of disability in the US ***physician*** population is approximately 3.1%[3], which is undoubtedly an underestimate of the actual incidence, for a variety of historical and social reasons; and

Whereas, Discrimination against various marginalized physician membership populations has occurred in AMA throughout its history, and demographic surveys of AMA physician leadership as required by Policy G-600.035 do not include questions regarding disability, so there is no information in the CLRPD Report[4] on this important demographic variable amongst AMA leaders; and

Whereas, Intentional inclusion of individuals with disabilities in all aspects of AMA leadership will predictably lead to increased integration of persons with disabilities amongst members and leaders, and increased awareness of the lived experience and worldviews of physicians and patients with disabilities; and

Whereas, Provision of accommodations to promote full participation and accessibility by those with disabilities is required by the ADA[5] of all large employers (including AMA) and regulatory agencies and of places of public accommodation, extending even into internet accessibility; and

Whereas, On-site AMA meetings spread out through a variety of physical venues present unique challenges to participants who are mobility impaired or have other disability related impediments to participation; and

Whereas, AMA members who are experiencing temporary illness, injuries, caretaking responsibilities, or travel or mobility limitations may be unable to participate physically in on-site leadership meetings; and

Whereas, Pandemic exigency and non-disability related travel restriction has demonstrated the ability of organization such as our AMA to develop mechanisms for holding virtual meetings; and

Whereas, Hybrid (meaning on-site AS WELL AS virtual) meetings are being held by many organizations during the transition from pandemic, demonstrating the capability of organizations to make appropriate accommodations for accessibility to all participants; therefore be it

RESOLVED, That all future American Medical Association meetings be structured to provide accommodations for members who are able to physically attend, but who need assistance in order to meaningfully participate (Directive to Take Action); and be it further

RESOLVED, That our AMA investigate ways of allowing meaningful participation in all meetings of the AMA by members who are limited in their ability to physically attend meetings (Directive to Take Action); and be it further

RESOLVED, That our AMA revisit our criteria for selection of hotels and other venues for the HOD in order to facilitate maximum participation by members with disabilities (Directive to Take Action); and be it further

RESOLVED, That our AMA report back to the HOD by no later than the 2023 Annual Meeting with a plan on how to maximize HOD meeting participation for members with disabilities. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/03/22

REFERENCES

1. Okoro, C. A., Hollis, N. D., Cyrus, A. C., & Griffin-Blake, S. (2018). Prevalence of disabilities and health care access by disability status and type among adults—United States, 2016. *Morbidity and Mortality Weekly Report*, *67*(32), 882-887.
2. Centers for Disease Control and Prevention. Disability Impacts All of Us, https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html (Retrieved April 6, 2022).
3. Nouri, Z., Dill, M. J., Conrad, S. S., Moreland, C. J., & Meeks, L. M. (2021). Estimated prevalence of US physicians with disabilities. *JAMA network open*, *4*(3), e211254-e211254.
4. Demographic characteristics of the House of Delegates and AMA leadership. Report of the Council on Long Range Planning and Development. CLRPD Report 01-JUN-21. American Medical Association; 2021. Retrieved May 3, 2022. Report of the Council on Long Range Planning and Development | AMA (ama-assn.org)
5. ADA (Americans With Disabilities Act) of 1990. Public Law 101-336. 108th Congress, 2nd session (July 26, 1990) and Amendments. https://www.ada.gov/pubs/adastatute08.htm (Retrieved May 2, 2022).

RELEVANT AMA POLICY

8.5 Disparities in Health Care

Stereotypes, prejudice, or bias based on gender expectations and other arbitrary evaluations of any individual can manifest in a variety of subtle ways. Differences in treatment that are not directly related to differences in individual patientsclinical needs or preferences constitute inappropriate variations in health care. Such variations may contribute to health outcomes that are considerably worse in members of some populations than those of members of majority populations.
This represents a significant challenge for physicians, who ethically are called on to provide the same quality of care to all patients without regard to medically irrelevant personal characteristics.
To fulfill this professional obligation in their individual practices physicians should:
(a) Provide care that meets patient needs and respects patient preferences.
(b) Avoid stereotyping patients.
(c) Examine their own practices to ensure that inappropriate considerations about race, gender identify, sexual orientation, sociodemographic factors, or other nonclinical factors, do not affect clinical judgment.
(d) Work to eliminate biased behavior toward patients by other health care professionals and staff who come into contact with patients.
(e) Encourage shared decision making.

(f) Cultivate effective communication and trust by seeking to better understand factors that can influence patients health care decisions, such as cultural traditions, health beliefs and health literacy, language or other barriers to communication and fears or misperceptions about the health care system.
The medical profession has an ethical responsibility to:
(g) Help increase awareness of health care disparities.
(h) Strive to increase the diversity of the physician workforce as a step toward reducing health care disparities.
(i) Support research that examines health care disparities, including research on the unique health needs of all genders, ethnic groups, and medically disadvantaged populations, and the development of quality measures and resources to help reduce disparities.
AMA Principles of Medical Ethics: I,IV,VII,VIII,IX
The Opinions in this chapter are offered as ethics guidance for physicians and are not intended to establish standards of clinical practice or rules of law.
Issued: 2016

Support of Human Rights and Freedom H-65.965
Our AMA: (1) continues to support the dignity of the individual, human rights and the sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity, or transgender status, race, religion, disability, ethnic origin, national origin, or age; (3) opposes any discrimination based on an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies; (4) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage of appropriate hate crimes prevention legislation in accordance with our AMA's policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States.
Citation: CCB/CLRPD Rep. 3, A-14; Reaffirmed in lieu of: Res. 001, I-16; Reaffirmation: A-17

The Demographics of the House of Delegates G-600.035
1. A report on the demographics of our AMA House of Delegates will be issued annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty.
2. As one means of encouraging greater awareness and responsiveness to diversity, our AMA will prepare and distribute a state-by-state demographic analysis of the House of Delegates, with comparisons to the physician population and to our AMA physician membership every other year.
3. Future reports on the demographic characteristics of the House of Delegates should, whenever possible, identify and include information on successful initiatives and best practices to promote diversity within state and specialty society delegations.
Citation: CCB/CLRPD Rep. 3, A-12; Appended: Res. 616, A-14; Appended: CLRPD Rep. 1, I-15; Modified: Speakers Rep., I-17; Modified: BOT Rep. 27, A-19

Advocacy for Physicians and Medical Students with Disabilities D-615.977
Our AMA will: (1) establish an advisory group composed of AMA members who themselves have a disability to ensure additional opportunities for including physicians and medical students with disabilities in all AMA activities; (2) promote and foster educational and training opportunities for AMA members and the medical community at large to better understand the role disabilities can play in the healthcare work environment, including cultivating a rich understanding of so-called invisible disabilities for which accommodations may not be immediately apparent; (3) develop and promote tools for physicians with disabilities to advocate for themselves in their own workplaces, including a deeper understanding of the legal options available to physicians and medical students to manage their own disability-related needs in the workplace; and (4) communicate to employers and medical staff leaders the importance of including within personnel policies and medical staff bylaws

protections and reasonable accommodations for physicians and medical students with visible and invisible disabilities.
Citation: BOT Rep. 19, I-21

Strategies for Enhancing Diversity in the Physician Workforce H-200.951
Our AMA: (1) supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, disability status, sexual orientation, gender identity, socioeconomic origin, and rurality; (2) commends the Institute of Medicine (now known as the National Academies of Sciences, Engineering, and Medicine) for its report, "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce," and supports the concept that a racially and ethnically diverse educational experience results in better educational outcomes; (3) encourages the development of evidence-informed programs to build role models among academic leadership and faculty for the mentorship of students, residents, and fellows underrepresented in medicine and in specific specialties; (4) encourages physicians to engage in their communities to guide, support, and mentor high school and undergraduate students with a calling to medicine; (5) encourages medical schools, health care institutions, managed care and other appropriate groups to adopt and utilize activities that bolster efforts to include and support individuals who are underrepresented in medicine by developing policies that articulate the value and importance of diversity as a goal that benefits all participants, cultivating and funding programs that nurture a culture of diversity on campus, and recruiting faculty and staff who share this goal; and (6) continue to study and provide recommendations to improve the future of health equity and racial justice in medical education, the diversity of the health workforce, and the outcomes of marginalized patient populations.
Citation: CME Rep. 1, I-06; Reaffirmed: CME Rep. 7, A-08; Reaffirmed: CCB/CLRPD Rep. 4, A-13; Modified: CME Rep. 01, A-16; Reaffirmation A-16; Modified: Res. 009, A-21; Modified: CME Rep. 5, A-21

Advocacy for Physicians with Disabilities D-90.991
1. Our AMA will identify medical, professional and social rehabilitation, education, vocational training and rehabilitation, aid, counseling, placement services and other services which will enable physicians with disabilities to develop their capabilities and skills to the maximum and will hasten the processes of their social and professional integration or reintegration.
2. Our AMA supports physicians and physicians-in-training education programs about legal rights related to accommodation and freedom from discrimination for physicians, patients, and employees with disabilities.
Citation: Res. 617, A-19; Reaffirmed: CME Rep. 2, I-21; Modified: BOT Rep. 19, I-21