

AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Resolution: 1
(November 2021)

Introduced by: AMA-YPS Resolutions Committee

Subject: Integrity of Health Professional Behavior During a Public Health Crisis

Referred to: AMA-YPS Reference Committee

1 Whereas, Our AMA has long combatted misrepresentation in science and medicine and
2 advanced the elevation of objective evidence for "the betterment of public health"; and
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4 Whereas, Disinformation about the SARS-CoV-2 virus and COVID-19, including transmission,
5 treatment, and prevention via vaccination and public health initiatives such as masking, is
6 widespread and dangerous; and
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8 Whereas, Health professionals who peddle untested treatments and cures for COVID-19 put the
9 public at risk; and
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11 Whereas, Health professionals who provide vaccine exemptions for non-medical reasons and
12 flout masking efforts put the public at risk; and
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14 Whereas, Specialty boards share in our AMA mission to improve the betterment of public health
15 and address physician misconduct and behavior inconsistent with ethical standards; and
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17 Whereas, Health professionals making public statements that are directly contrary to prevailing
18 medical evidence without new evidence to support their claims can constitute unprofessional
19 conduct that can harm the public; therefore be it
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21 RESOLVED, That our AMA work with health professional societies to address disinformation
22 that undermines public health initiatives (Directive to Take Action); and be it further
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24 RESOLVED, That our AMA collaborate with licensing bodies and specialty boards to utilize
25 incentives and punitive measures, including but not limited to, the suspension or revocation of
26 one's medical license, to ensure health professionals do not undermine public health
27 interventions designed for "the betterment of public health." (Directive to Take Action)

Fiscal note: Modest - between \$1,000 - \$5,000.

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RELEVANT AMA POLICY

[Physician and Health Institution Publicity and Responsibility H-445.985](#)

Our American Medical Association encourages physicians when engaged in public discourse
related to health and medical science to disclose whether stated positions are based on peer-
reviewed evidence, standard of care, or personal opinion. (Res. 6, A-15)

8.3 Physicians' Responsibilities in Disaster Response & Preparedness

Whether at the national, regional, or local level, responses to disasters require extensive involvement from physicians individually and collectively. Because of their commitment to care for the sick and injured, individual physicians have an obligation to provide urgent medical care during disasters. This obligation holds even in the face of greater than usual risks to physicians' own safety, health, or life.

However, the physician workforce is not an unlimited resource. Therefore, when providing care in a disaster with its inherent dangers, physicians also have an obligation to evaluate the risks of providing care to individual patients versus the need to be available to provide care in the future.

With respect to disaster, whether natural or manmade, individual physicians should:

Take appropriate advance measures, including acquiring and maintaining appropriate knowledge and skills to ensure they are able to provide medical services when needed.

Collectively, physicians should:

Provide medical expertise and work with others to develop public health policies that:

- are designed to improve the effectiveness and availability of medical services during a disaster;
- are based on sound science;
- are based on respect for patients.

Advocate for and participate in ethically sound research to inform policy decisions.

An Urgent Initiative to Support COVID-19 Vaccination and Information Programs D-440.921

Our AMA will institute a program to promote the integrity of a COVID-19 vaccination information program by: (1) educating physicians on speaking with patients about COVID-19 infection and vaccination, bearing in mind the historical context of "experimentation" with vaccines and other medication in communities of color, and providing physicians with culturally appropriate patient education materials; (2) educating the public about up-to-date, evidence-based information regarding COVID-19 and associated infections as well as the safety and efficacy of COVID-19 vaccines, by countering misinformation and building public confidence; (3) forming a coalition of health care and public health organizations inclusive of those respected in communities of color committed to developing and implementing a joint public education program promoting the facts about, promoting the need for, and encouraging the acceptance of COVID-19 vaccination; (4) supporting ongoing monitoring of COVID-19 vaccines to ensure that the evidence continues to support safe and effective use of vaccines among recommended populations; and (5) educating physicians and other healthcare professionals on means to disseminate accurate information and methods to combat medical misinformation online.

Creating a Congressionally-Mandated Bipartisan Commission to Examine the U.S. Preparations for and Response to the COVID-19 Pandemic to Inform Future Efforts D-440.923

Our AMA will advocate for passage of federal legislation to create a congressionally-mandated bipartisan commission composed of scientists, physicians with expertise in pandemic preparedness and response, public health experts, legislators and other stakeholders, which is to examine the U.S. preparations for and response to the COVID-19 pandemic, in order to inform and support future public policy and health systems preparedness. 2. In advocating for legislation to create a congressionally-mandated bipartisan commission, our AMA will seek to ensure key provisions are included, namely that the delivery of a specific end product (i.e., a report) is required by the commission by a certain period of time, and that adequate funding be provided in order for the commission to complete its deliverables.

References:

1. AAEM-ACEP Joint Statement on Physician Misinformation. Accessed September 18, 2021. <https://www.aaem.org/resources/statements/joint-endorsed/physician-misinformation>.
2. Brumfiel, G. This Doctor Spread False Information About COVID. She Still Kept Her Medical License. NPR. September 14, 2021. Accessed September 18, 2021. <https://www.npr.org/sections/health-shots/2021/09/14/1035915598/doctors-covid-misinformation-medical-license>.
3. American Board of Emergency Medicine. ABEM Statement about ABEM-Certified Physicians Providing Misleading and Inaccurate Information to the Public. ABEM. August 26, 2021. Accessed September 18, 2021. <https://www.abem.org/public/news-events/news/2021/08/27/abem-statement-about-abem-certified-physicians-providing-misleading-and-inaccurate-information-to-the-public>.
4. Federation of State Medical Boards. FSMB: Spreading COVID-19 Vaccine Misinformation May Put Medical License at Risk. FSMB. July 29, 2021. Accessed September 18, 2021. <https://www.fsmb.org/advocacy/news-releases/fsmb-spreading-covid-19-vaccine-misinformation-may-put-medical-license-at-risk/>.