

AMERICAN MEDICAL ASSOCIATION YOUNG PHYSICIANS SECTION

Resolution: 2
(November 2021)

Introduced by: Albert L. Hsu, MD

Subject: Considerations for an “AMA Disinformation Task Force”

Referred to: AMA-YPS Reference Committee

1 Whereas, Our AMA has strong policy in support of physician autonomy, and a broad
2 interpretation of physician scope-of-practice; and
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4 Whereas, The American Board of Medical Specialties issued a statement¹ expressing concern
5 “about the serious public health effects of the persistent spread of misinformation regarding the
6 COVID-19 virus. Misinformation has been directly linked to much of the vaccine hesitancy and
7 disregard for practical safeguards against infection, including masking and distancing, and is a
8 contributing factor hindering national efforts to combat the virus;” and
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10 Whereas, The Federation of State Medical Boards issued a statement¹ that “spreading COVID-
11 19 vaccine misinformation may put your medical license at risk,” noting that:
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13 “Physicians who generate and spread COVID-19 vaccine misinformation or
14 disinformation are risking disciplinary action by state medical boards, including the
15 suspension or revocation of their medical license. Due to their specialized knowledge
16 and training, licensed physicians possess a high degree of public trust and therefore
17 have a powerful platform in society, whether they recognize it or not. They also have an
18 ethical and professional responsibility to practice medicine in the best interests of their
19 patients and must share information that is factual, scientifically grounded and
20 consensus-driven for the betterment of public health. Spreading inaccurate COVID-19
21 vaccine information contradicts that responsibility, threatens to further erode public trust
22 in the medical profession and puts all patients at risk;” and
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24 Whereas, One report³ states that “just 12 people are behind most vaccine hoaxes on social
25 media,” and
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27 Whereas, There is significant erosion of public trust in government and other institutions; and
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29 Whereas, Our AMA and other organizations should be careful not to be perceived as
30 suppressing legitimate points-of-view, while also publicly pushing back against misinformation
31 and disinformation in public health; therefore, be it
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33 RESOLVED, That our AMA work with other interested organizations to consider creating a
34 “Disinformation Task Force” to address dangerous public health misinformation on social media,
35 while adhering to the principles of (1) respecting physician autonomy, (2) being wary of
36 perceptions of suppressing legitimate interpretations of science and data, and (3) recognizing
37 the evolving nature of COVID and similar public health emergencies (Directive to Take Action);
38 and
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40 RESOLVED, That this resolution be forwarded to the AMA-HOD at November 2021 Special
41 Meeting of the AMA House of Delegates. (Directive to Take Action)

Fiscal note: Minimal – less than \$1,000

References:

1. “ABMS Issues Statement Supporting Role of Medical Professionals in Preventing COVID-19 Misinformation,” at <https://www.abms.org/news-events/abms-issues-statement-supporting-role-of-medical-professionals-in-preventing-covid-19-misinformation/>, dated 9/13/21, accessed 10/3/21
2. “FSMB: Spreading COVID-19 Vaccine misinformation may put medical license at risk” at <https://www.fsmb.org/advocacy/news-releases/fsmb-spreading-covid-19-vaccine-misinformation-may-put-medical-license-at-risk/>, dated 7/29/21, accessed 10/3/21
3. “Just 12 people are behind most vaccine hoaxes on social media,” on NPR.org at <https://www.npr.org/2021/05/13/996570855/disinformation-dozen-test-facebooks-tweeters-ability-to-curb-vaccine-hoaxes> dated 5/14/21, accessed 10/3/21

RELEVANT AMA POLICY

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. (Res. 408, I-20; Reaffirmed: Res. 228, A-21; Reaffirmed: Res. 421, A-21)

Competence, Self-Assessment and Self-Awareness H-140.829

The expectation that physicians will provide competent care is central to medicine. It undergirds professional autonomy and the privilege of self-regulation granted by society. To this end, medical schools, residency and fellowship programs, specialty boards, and other health care organizations regularly assess physicians’ technical knowledge and skills. However, as an ethical responsibility competence encompasses more than medical knowledge and skill. It requires physicians to understand that as a practical matter in the care of actual patients, competence is fluid and dependent on context. Each phase of a medical career, from medical school through retirement, carries its own implications for what a physician should know and be able to do to practice safely and to maintain effective relationships with patients and with colleagues. Physicians at all stages of their professional lives need to be able to recognize when they are and when they are not able to provide appropriate care for the patient in front of them or the patients in their practice as a whole.

To fulfill the ethical responsibility of competence, individual physicians and physicians in training should strive to:

- (a) Cultivate continuous self-awareness and self-observation.
- (b) Recognize that different points of transition in professional life can make different demands on competence.
- (c) Take advantage of well-designed tools for self-assessment appropriate to their practice settings and patient populations.
- (d) Seek feedback from peers and others.
- (e) Be attentive to environmental and other factors that may compromise their ability to bring appropriate skills to the care of individual patients and act in the patient's best interest.
- (f) Maintain their own health, in collaboration with a personal physician, in keeping with ethics guidance on physician health and wellness.
- (g) Intervene in a timely, appropriate, and compassionate manner when a colleague's ability to practice safely is compromised by impairment, in keeping with ethics guidance on physician responsibilities to impaired colleagues.

Medicine as a profession should continue to refine mechanisms for assessing knowledge and skill and should develop meaningful opportunities for physicians and physicians in training to hone their ability to be self-reflective and attentive in the moment.

Physician Independence and Self-Governance D-225.977

Our AMA will: (1) continue to assess the needs of employed physicians, ensuring autonomy in clinical decision-making and self-governance; and (2) promote physician collaboration, teamwork, partnership, and leadership in emerging health care organizational structures, including but not limited to hospitals, health care systems, medical groups, insurance company networks and accountable care organizations, in order to assure and be accountable for the delivery of quality health care.

Use of Practice Parameters H-410.970

Our AMA: (1) urges organizations that have developed practice parameters to recognize that practice parameters are educational tools, not mechanisms to determine reimbursement or credentialing, to assist physicians in clinical decision making and are not replacements for clinical decision making. Physicians must retain autonomy to vary from practice parameters without retribution in order to provide the quality of care that meets the individual needs of their patients; (2) encourages physicians to be cost conscious and to exercise discretion, consistent with good medical care, when implementing practice parameters; and (3) encourages physician organizations developing practice parameters to include appropriate explanatory disclaimers to ensure that practice parameters are used in a manner that is consistent with AMA policy.