

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 1
(I-21)

Introduced by: Jessica Adkins, MD

Subject: Bereavement Leave for Medical Students and Physicians

Referred to: Reference Committee

1 Whereas, The aging of the U.S. population stands to increase the number of senior citizens
2 dying every year, and the bereavement felt by their loved ones in all sectors, including medical
3 students and physicians; and¹

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5 Whereas, Medical students and physicians also suffer emotional trauma related to reproductive
6 complications such as pregnancy loss, as 10% of known pregnancies end in miscarriage or
7 stillbirth,² and many students and physicians suffer failure of assisted reproductive technology
8 and adoption; and

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10 Whereas, States of mental and emotional distress have been associated with unsafe patient
11 care, as demonstrated in a 2016 systematic review that found poor wellbeing and moderate to
12 high levels of burnout in healthcare staff were associated, in the majority of studies reviewed,
13 with poor patient safety outcomes such as medical errors; and³

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15 Whereas, The Fair Labor Standards Act and the Family and Medical Leave Act do not require a
16 U.S. employer to provide an employee with paid leave to attend a funeral, grieve a family
17 member, or grieve a pregnancy loss; and⁴

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19 Whereas, Only 60% of private-sector workers were granted paid bereavement leave in 2012,
20 per a report from the Bureau of Labor Statistics; and⁵

21
22 Whereas, Other countries have instituted bereavement leave policies, such as Canada and
23 France which guarantee three to five days of bereavement leave to employees suffering the
24 loss of a close family member,⁶ and India and New Zealand which have pregnancy loss laws
25 entitling Indian women to 6 weeks of paid leave and New Zealand women and their partners to
26 3 days of paid leave; and⁷

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28 Whereas, AMA policy H-405.960 Policies for Parental, Family and Medical Necessity Leave
29 sets precedent for the AMA providing detailed recommendations for medical schools, residency
30 programs, medical specialty boards, the ACGME, and medical group practices to provide leave
31 benefits to their medical students and physicians; therefore be it

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33 RESOLVED, That our AMA adopts as policy the following guidelines for, and encourages the
34 implementation of, Bereavement Leave for Medical Students and Physicians:

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36 1. Our AMA urges medical schools, residency training programs, medical specialty boards,
37 the Accreditation Council for Graduate Medical Education, and medical group practices
38 to incorporate and/or encourage development of bereavement leave policies as part of
39 the physician's standard benefit agreement.

1 2. Recommended components of bereavement leave policies for medical students and
2 physicians include:
3 a. policy and duration of leave for the death of close family members, extended
4 family members, close friends, and associates;
5 b. definitions of those qualifying as close family members and extended family
6 members;
7 c. whether cases requiring extensive travel qualify for additional days of leave and,
8 if so, how many days;
9 d. policy and duration of leave for an event impacting pregnancy or fertility including
10 pregnancy loss, an unsuccessful round of intrauterine insemination or of an
11 assisted reproductive technology procedure, a failed adoption arrangement, a
12 failed surrogacy arrangement, or an event that impacts pregnancy or fertility;
13 e. whether leave is paid or unpaid;
14 f. whether obligations and time must be made up; and
15 g. whether make-up time will be paid.
16 3. Our AMA encourages residency programs, specialty boards, and medical group
17 practices to incorporate into their bereavement leave policies a three-day
18 minimum leave allowance for the death of close family members and events of
19 reproductive loss, with the understanding that no physician or medical student should be
20 required to take a minimum leave.
21 4. Medical students and physicians who are unable to work beyond the defined
22 bereavement leave period because of physical or psychological stress, medical
23 complications of pregnancy loss, or another related reason should refer to their
24 institution's sick leave policy, family and medical leave policy, and other benefits on the
25 same basis as other physicians who are temporarily unable to work for other reasons.
26 5. Our AMA endorses the concept of equal bereavement leave for pregnancy loss and
27 other such events impacting fertility in a physician or their partner as a benefit for
28 medical students and physicians regardless of gender or gender identity.
29 6. Staffing levels and scheduling are encouraged to be flexible enough to allow for
30 coverage without creating intolerable increases in the workloads of other physicians,
31 particularly those in residency programs.
32 7. These policies as above should be freely available online and in writing to all applicants
33 to medical school, residency, or fellowship.

Fiscal Note:

References:

1. Jordan J. (2020, June 25). 65 and Older Population Grows Rapidly as Baby Boomers Age. United States Census Bureau. <https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html>. Retrieved September 10, 2021.
2. Wilcox AJ, Weinberg CR, O'Connor JF, et al. Incidence of early loss of pregnancy. *N Engl J Med.* 1988 Jul 28;319(4):189-94.
3. Hall LH, Johnson J, Watt I, et al. Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. *PLoS One.* 2016;11(7):e0159015. doi:10.1371/journal.pone.0159015. Published July 8, 2016. Retreived September 10, 2021
4. Funeral leave. United States Department of Labor. <https://www.dol.gov/general/topic/benefits-leave/funeral-leave>. Accessed September 10, 2021.
5. Van Giezen RW. Paid leave in private industry over the past 20 years. Beyond the Numbers. <https://www.bls.gov/opub/btn/volume-2/paid-leave-in-private-industry-over-the-past-20-years.htm>. Published August 1, 2013. Accessed September 18, 2021.
6. Tveten J. When it comes to bereavement leave, the U.S. is unspeakably cruel. *Salon.* https://www.salon.com/2019/09/30/when-it-comes-to-bereavement-leave-the-u-s-is-unspeakably-cruel_partner/. Published August 12, 2020. Accessed September 17, 2021.

7. Wamsley L. New Zealand approves paid leave after a miscarriage. NPR.
<https://www.npr.org/2021/03/25/981309826/new-zealand-approves-paid-leave-after-a-miscarriage>.
Published March 25, 2021. Accessed September 17, 2021.

Relevant AMA Policy:

H-405.960 Policies for Parental, Family and Medical Necessity Leave

AMA adopts as policy the following guidelines for, and encourages the implementation of, Parental, Family and Medical Necessity Leave for Medical Students and Physicians:

1. Our AMA urges medical schools, residency training programs, medical specialty boards, the Accreditation Council for Graduate Medical Education, and medical group practices to incorporate and/or encourage development of leave policies, including parental, family, and medical leave policies, as part of the physician's standard benefit agreement.
2. Recommended components of parental leave policies for medical students and physicians include: (a) duration of leave allowed before and after delivery; (b) category of leave credited; (c) whether leave is paid or unpaid; (d) whether provision is made for continuation of insurance benefits during leave, and who pays the premium; (e) whether sick leave and vacation time may be accrued from year to year or used in advance; (f) how much time must be made up in order to be considered board eligible; (g) whether make-up time will be paid; (h) whether schedule accommodations are allowed; and (i) leave policy for adoption.
3. AMA policy is expanded to include physicians in practice, reading as follows: (a) residency program directors and group practice administrators should review federal law concerning maternity leave for guidance in developing policies to assure that pregnant physicians are allowed the same sick leave or disability benefits as those physicians who are ill or disabled; (b) staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in other physicians' workloads, particularly in residency programs; and (c) physicians should be able to return to their practices or training programs after taking parental leave without the loss of status.
4. Our AMA encourages residency programs, specialty boards, and medical group practices to incorporate into their parental leave policies a six-week minimum leave allowance, with the understanding that no parent should be required to take a minimum leave.
5. Residency program directors should review federal and state law for guidance in developing policies for parental, family, and medical leave.
6. Medical students and physicians who are unable to work because of pregnancy, childbirth, and other related medical conditions should be entitled to such leave and other benefits on the same basis as other physicians who are temporarily unable to work for other medical reasons.
7. Residency programs should develop written policies on parental leave, family leave, and medical leave for physicians. Such written policies should include the following elements: (a) leave policy for birth or adoption; (b) duration of leave allowed before and after delivery; (c) category of leave credited (e.g., sick, vacation, parental, unpaid leave, short term disability); (d) whether leave is paid or unpaid; (e) whether provision is made for continuation of insurance benefits during leave and who pays for premiums; (f) whether sick leave and vacation time may be accrued from year to year or used in advance; (g) extended leave for resident physicians with extraordinary and long-term personal or family medical tragedies for periods of up to one year, without loss of previously accepted residency positions, for devastating conditions such as terminal illness, permanent disability, or complications of pregnancy that threaten maternal or fetal life; (h) how time can be made up in order for a resident physician to be considered board eligible; (i) what period of leave would result in a resident physician being required to complete an extra or delayed year of training; (j) whether time spent in making up a leave will be paid; and (k) whether schedule accommodations are allowed, such as reduced hours, no night call, modified rotation schedules, and permanent part-time scheduling.
8. Our AMA endorses the concept of equal parental leave for birth and adoption as a benefit for resident physicians, medical students, and physicians in practice regardless of gender or gender identity.
9. Staffing levels and scheduling are encouraged to be flexible enough to allow for coverage without creating intolerable increases in the workloads of other physicians, particularly those in residency programs.
10. Physicians should be able to return to their practices or training programs after taking parental leave, family leave, or medical leave without the loss of status.
11. Residency program directors must assist residents in identifying their specific requirements (for example, the number of months to be made up) because of leave for eligibility for board certification and must notify residents on leave if they are in danger of falling below minimal requirements for board

eligibility. Program directors must give these residents a complete list of requirements to be completed in order to retain board eligibility.

12. Our AMA encourages flexibility in residency training programs, incorporating parental leave and alternative schedules for pregnant house staff.

13. In order to accommodate leave protected by the federal Family and Medical Leave Act, our AMA encourages all specialties within the American Board of Medical Specialties to allow graduating residents to extend training up to 12 weeks after the traditional residency completion date while still maintaining board eligibility in that year.

14. These policies as above should be freely available online and in writing to all applicants to medical school, residency or fellowship. [Res. CCB/CLRPD Rep. 4, A-13; Modified: Res. 305, A-14; Modified: Res. 904, I-14]