

1 **AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-16)**
2 Report of Reference Committee on Amendments to Constitution and Bylaws
3 John P. Abenstein, MD, Chair
4

5
6 Your Reference Committee recommends the following consent calendar for acceptance:
7

8 **RECOMMENDED FOR ADOPTION**
9

- 10 1. Board of Trustees Report 5 – IOM “Dying in America” Report
11 2. Board of Trustees Report 12 – Specialty Society Representation in the HOD –
12 Five-Year Review
13 3. Council on Constitution & Bylaws Report 1 – Membership and Representation in
14 the Organized Medical Staff Section – Updated Bylaws
15 4. Council on Ethical and Judicial Affairs Report 2 – Competence, Self-Assessment
16 and Self Awareness
17

18 **RECOMMENDED FOR ADOPTION AS AMENDED**
19

- 20 5. Council on Constitution & Bylaws Report 2 – Bylaw Amendments Pertaining to
21 Late Resolutions and Emergency Business
22 6. Council on Ethical and Judicial Affairs Report 1 – Collaborative Care
23 7. Resolution 003 – Study of the Current Uses and Ethical Implications of Expanded
24 Access Programs
25 8. Resolution 004 – Addressing Patient Spirituality in Medicine
26 9. Resolution 005 – No Compromise on Anti-Female Genital Mutilation Policy
27 10. Resolution 006 – Effective Peer Review
28 11. Resolution 007 – Fair Process for Employed Physicians
29 12. Resolution 008 – Blood Donor Deferral Criteria Revisions
30

31 **RECOMMENDED FOR REFERRAL**
32

- 33 13. Board of Trustees Report 6 – Designation of Specialty Societies for
34 Representation in the House of Delegates
35 14. Board of Trustees Report 7 – Supporting Autonomy for Patients with Differences
36 of Sex Development
37 15. Board of Trustees Report 8 – Medical Reporting for Safety Sensitive Positions
38

39 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**
40

- 41 16. Resolution 001 – Support for the Decriminalization and Treatment of Suicide
42 Attempts Amongst Military Personnel
43 17. Resolution 002 – Living Organ Donation at the Time of Imminent Death
44

45 **RECOMMENDED FOR FILING**
46

- 47 18. Council on Ethical and Judicial Affairs Opinion 1 – Modernized *Code of Medical*
48 *Ethics*
49 19. Council on Ethical and Judicial Affairs Opinion 2 – Ethical Practice in
50 Telemedicine

- 1 20. Council on Ethical and Judicial Affairs Report 3 – CEJA and House of Delegates
- 2 Collaboration
- 3 21. Council on Ethical and Judicial Affairs Report 4 – Ethical Physician Conduct in
- 4 the Media

1 (1) BOARD OF TRUSTEES REPORT 5 – IOM “DYING IN
2 AMERICA” REPORT

3
4 RECOMMENDATION:

5
6 Madam Speaker, your Reference Committee recommends
7 that the recommendations in Board of Trustees Report 5
8 be adopted and the remainder of the report be filed.

9
10 Board of Trustees Report 5 reviews the Institute of Medicine’s “Dying in America” report,
11 and examines the ways in which the report’s analysis and recommendations compare to
12 the policies and programs of the AMA. Based on the findings of this examination, the
13 report recommends that our AMA reaffirm existing AMA policies, which effectively
14 promoted high-quality, patient-centered care for all patients at the end of life.

15
16 Testimony was overwhelmingly in favor of adoption of this report. Many believed it
17 provided a thorough review of the IOM “Dying in America” report, and that it carefully
18 compared and contrasted its recommendations with the existing policies of the AMA.
19 Although some testimony spoke to amending the language of the report contained in the
20 appendices, the reference committee noted that such changes were made in reference
21 to material that was cited verbatim from the IOM report, and therefore, cannot be altered.
22 Your Reference Committee recommends that Board of Trustees Report 5 be adopted.

23
24 (2) BOARD OF TRUSTEES REPORT 12 – SPECIALTY
25 SOCIETY REPRESENTATION IN THE HOD – FIVE-
26 YEAR REVIEW

27
28 RECOMMENDATION:

29
30 Madam Speaker, your Reference Committee recommends
31 that the recommendations in Board of Trustees Report 12
32 be adopted and the remainder of the report be filed.

33
34 Board of Trustees Report 12 reviewed specialty organizations seated in the House of
35 Delegates that were scheduled to submit information and materials for the 2016
36 American Medical Association Interim Meeting in compliance with the five-year review
37 process. The report recommends that the American Academy of Insurance Medicine,
38 American Association of Clinical Endocrinologists, American Society for Gastrointestinal
39 Endoscopy, American Society for Radiation Oncology, American Society for Surgery of
40 the Hand, American Urological Association, AMSUS-The Society of Federal Health
41 Professionals, North American Spine Society, Society for Vascular Surgery, and Society
42 of American Gastrointestinal and Endoscopic Surgeons retain representation in the
43 American Medical Association House of Delegates. The report also recommends that,
44 having failed to meet the requirements for continued representation in the AMA House of
45 Delegates as set forth in AMA Bylaw B-8.50, the American Academy of Sleep Medicine,
46 American Society of Cytopathology, and American Society of Plastic Surgeons be
47 placed on probation and be given one year to work with AMA membership staff to
48 increase their AMA membership.

1 The Board of Trustees introduced this report and there was no further testimony. Your
2 Reference Committee recommends that Board of Trustees Report 12 be adopted.

3
4 (3) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 1
5 – MEMBERSHIP AND REPRESENTATION IN THE
6 ORGANIZED MEDICAL STAFF SECTION – UPDATED
7 BYLAWS

8
9 RECOMMENDATION:

10
11 Madam Speaker, your Reference Committee recommends
12 that the recommendations in Council on Constitution and
13 Bylaws Report 1 be adopted and the remainder of the
14 report be filed.

15
16 Council on Constitution and Bylaws Report 1 addresses updated bylaws for the
17 membership and representation in the Organized Medical Staff Section (OMSS). The
18 report recommends that the amendments to the AMA Bylaws on OMSS be adopted with
19 regard to changes to Membership, Representatives to the Business Meeting, Cessation
20 of Eligibility, and Member Rights and Privileges, and that Policy G-615.101 be rescinded.

21
22 The Council on Constitution and Bylaws introduced this report and there was no further
23 testimony. Your Reference Committee recommends that Council on Constitution and
24 Bylaws Report 1 be adopted.

25
26 (4) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
27 REPORT 2 – COMPETENCE, SELF-ASSESSMENT AND
28 SELF AWARENESS
29
30 RECOMMENDATION:

31
32 Madam Speaker, your Reference Committee recommends
33 that the recommendations in Council on Ethical and
34 Judicial Affairs Report 2 be adopted and the remainder of
35 the report be filed.

36
37 Council on Ethical and Judicial Affairs Report 2 deals with the topic of physician
38 competence, self-assessment, and self-awareness. Central to medicine is the
39 expectation that a physician will provide competent care, and this report looks at the
40 benefits and limits of self-assessment, what it means to maintain expertise in one's
41 specialty and general medical knowledge, and the implicit and explicit influences that
42 can shape a physician's competence and self-awareness. The report offers ethical
43 guidance on how individual physicians (at all career stages) can engage in greater self-
44 reflection, and how the medical profession itself can refine the mechanisms it uses to
45 meaningfully assess physician competence.

46
47 This report received an equal amount of support for adoption and referral. Testimony
48 against the report pointed to concerns around the aging physician, cognitive decline, and
49 other chronic and short-term conditions that may be stigmatized by the report and its
50 guidance. Some noted that there are often times in a physician's life when they are not
51 in peak condition, yet that does not mean they are unable to provide quality care to

1 patients. Other testimony highlighted concerns about who will ultimately make the
2 determination of what competence in practice means. Testimony from the senior
3 physicians was particularly supportive. Based on the testimony heard, the reference
4 committee felt the report offered appropriate and useful guidance for physicians to assist
5 them in assessing their competence to practice medicine and provide quality patient
6 care. Your Reference Committee recommends that Council on Ethical and Judicial
7 Affairs Report 2 be adopted.

8
9 (5) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 2
10 – BYLAW AMENDMENTS PERTAINING TO LATE
11 RESOLUTIONS AND EMERGENCY BUSINESS

12
13 RECOMMENDATION A:

14
15 Madam Speaker, your Reference Committee recommends
16 that Recommendation 1 in Council on Constitution and
17 Bylaws Report 2 be adopted.

18
19 RECOMMENDATION B:

20
21 Madam Speaker, your Reference Committee recommends
22 that Recommendation 2 in Council on Constitution and
23 Bylaws Report 2 be referred.

24
25 Council on Constitution and Bylaws Report 2 addresses changes to the definitions of
26 late and emergency resolutions, outlines the handling of this resolutions from delegates,
27 and considers whether some elements currently in the bylaws related to the handling of
28 late and emergency business would be more appropriately defined in policy. The report
29 asks that our AMA adopt the amended language regarding late and emergency
30 resolutions in order to add greater clarity and efficiency when handling these items of
31 business.

32
33 Testimony regarding the first recommendation of this report was limited. The Council on
34 Constitution and Bylaws spoke briefly about this recommendation noting the current
35 need for implementing the bylaws changes regarding handling late and emergency
36 resolutions in the House. As there was no objection to the content of this
37 recommendation, your Reference Committee recommends that Recommendation 1 of
38 Council on Constitution and Bylaws Report 2 be adopted.

39
40 Testimony for this recommendation was met with considerable confusion, with most
41 favoring referral. House leadership stated that the Board of Trustees wants to be
42 transparent in its processes, but it was clear from testimony that as worded, rules
43 regarding voting parameters for consideration and/or adoption does not accomplish this
44 goal. Similar concerns were raised regarding other processes outlined by the
45 recommendation due to ambiguous language. Current and past members of the Council
46 on Constitution and Bylaws offered recommended that in order to appropriately remedy
47 these problems, the recommendation should be referred back to the Council for further
48 consideration. Therefore, your Reference Committee recommends that
49 Recommendation 2 of Council on Constitution and Bylaws Report 2 be referred.
50

1 (6) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
2 REPORT 1 – COLLABORATIVE CARE
3

4 RECOMMENDATION:
5

6 Madam Speaker, your Reference Committee recommends
7 that Council on Ethical and Judicial Affairs Report 1
8 be adopted as amended by CEJA on page 7, line 23 to
9 read as follows:

10
11 (a) Model ~~ethical~~ leadership by:

12
13 and the remainder of the report be filed.
14

15 Council on Ethical and Judicial Affairs Report 1 examines the ethical issues inherent in
16 the provision of physician-lead collaborative care. Within collaborative care teams,
17 physicians and other health care professional must work in concert to provide high
18 quality patient-centered care, establish mutual respect and trust throughout the team,
19 maintain avenues of communication, and uphold accountability for all team members.
20 The report outlines the types of leadership physicians should consider in leading such
21 teams, the variety of challenges collaborative care teams frequently encounter, and
22 offers ethical guidance on how physician leaders can promote and encourage the many
23 qualities that constitute an effective collaborative care team.
24

25 Testimony for this report was mixed. While the report received praise for addressing this
26 timely issue, conflicting concerns were heard about the ethical guidance contained
27 therein. Some felt that the report lacked clarity in determining who should serve in a
28 leadership role on a collaborative care team, yet others desired more openness in the
29 report in order to allow a greater variety of team members to assume this role. Concerns
30 were also expressed about the possibility of the report's language being misused by
31 insurance companies or hospitals to punish physicians. Of particular concern was the
32 use of the word "ethical" in recommendation (a) of the guidance, indicating a high bar of
33 conduct physicians might not be unable to attain in their practice. During its
34 deliberations, your Reference Committee felt that content and analyses of the report
35 were well considered and appropriate, but that the report could be improved by the
36 deletion of the word "ethical" in recommendation (a). The Council on Ethical and Judicial
37 Affairs was open to this suggestion and agreed to the editorial change. Therefore, your
38 Reference Committee recommends that Council on Ethical and Judicial Affairs Report 1
39 be adopted.
40

41 (7) RESOLUTION 003 – STUDY OF THE CURRENT USES
42 AND ETHICAL IMPLICATIONS OF EXPANDED ACCESS
43 PROGRAMS
44

45 RECOMMENDATION A:
46

47 Madam Speaker, your Reference Committee recommends
48 that the first Resolve of Resolution 003 be amended by
49 addition and deletion to read as follows:
50

1 RESOLVED, That our American Medical Association study
2 the implementation of expanded access programs,
3 accelerated approval mechanism, and payment reform
4 models meant to increase access of
5 experimental to investigational therapies, including
6 programs for infants and children (Directive to Take
7 Action); and be it further

8
9 RECOMMENDATION B:

10
11 Madam Speaker, your Reference Committee recommends
12 that the second Resolve of Resolution 003 be amended by
13 addition and deletion to read as follows:

14
15 RESOLVED, That our AMA study the ethics of expanded
16 access programs, accelerated approval mechanisms, and
17 payment reform models meant to increase access of
18 experimental to investigational therapies, including access
19 for infants and children. (Directive to Take Action).

20
21 RECOMMENDATION C:

22 Madam Speaker, your Reference Committee recommends
23 that Resolution 003 be adopted as amended.

24
25
26 Resolution 003 addresses recent actions at the federal and state level regarding
27 expanded access (i.e., “right to try”) programs that allow terminally ill patients greater
28 accessibility to investigational drug treatments. The resolution asks that our AMA study
29 the implementation of expanded access programs, accelerated approval mechanisms,
30 and payment reform models meant to increase access of experimental therapies.
31 Furthermore, the resolution asks that our AMA study the ethics of expanded access
32 programs, accelerated approval mechanisms, and payment reform models meant to
33 increase access of experimental therapies.

34
35 Testimony for this resolution was limited. Those offering testimony agreed that additional
36 research is needed to inform future policy and laws, but that pediatric populations need
37 to be included in this research agenda. Therefore, your Reference Committee
38 recommends that Resolution 003 be adopted as amended.

39
40 (8) RESOLUTION 004 – ADDRESSING PATIENT
41 SPIRITUALITY IN MEDICINE

42
43 RECOMMENDATION A:

44
45 Madam Speaker, your Reference Committee recommends
46 that the first Resolve of Resolution 004 be amended by
47 addition and deletion to read as follows:

48
49 RESOLVED, That our American Medical Association
50 recognize ~~support inquiry into, as well as discussion and~~
51 ~~consideration of,~~ the importance of individual patient

1 spirituality ~~as an important component of health~~ and its
2 impact on health (New HOD Policy); and be it further
3

4 RECOMMENDATION B:

5
6 Madam Speaker, your Reference Committee recommends
7 that the second Resolve of Resolution 004 be amended by
8 deletion to read as follows:
9

10 RESOLVED, That our AMA encourage ~~expanded patient~~
11 ~~access to spiritual care services. and resources beyond~~
12 ~~trained healthcare professionals.~~ (New HOD Policy)
13

14 RECOMMENDATION C:

15
16 Madam Speaker, your Reference Committee recommends
17 that Resolution 004 be adopted as amended.
18

19 Resolution 004 addresses the inclusion of religious and spiritual needs of patients in
20 their medical care. The resolution asks that our AMA support inquiry into, as well as
21 discussion and consideration of, individual patient spirituality as an important component
22 of health, and that our AMA encourage expanded patient access to spiritual care
23 services and resources beyond those provided by trained health care professionals.
24

25 Testimony largely supported this resolution. Those in favor of adoption discussed the
26 importance spirituality plays in a patient's care, with research showing that patients who
27 have their spiritual needs met during the course of their medical care demonstrate
28 improved health outcomes. Reservations were expressed about the wording of the
29 resolutions, however, particularly for the second resolve which led some to believe that it
30 promoted an unfunded mandate. Based on the testimony heard, your Reference
31 Committee recommends that Resolution 004 be adopted as amended.
32

33 (9) RESOLUTION 005 – NO COMPROMISE ON ANTI-
34 FEMALE GENITAL MUTILATION POLICY
35

36 RECOMMENDATION A:

37
38 Madam Speaker, your Reference Committee recommends
39 that the second Resolve of Resolution 005 be amended by
40 deletion to read as follows:
41

42 RESOLVED, That, ~~due to the public debate in 2016 over~~
43 ~~whether the medical community sanctions a proposed~~
44 ~~'nicking procedure,' our AMA condemns any and all forms~~
45 ~~of female genital mutilation ritual procedures including, but~~
46 ~~not limited to, 'nicking' or 'genital alteration' procedures~~
47 ~~done to the genitals of women and girls.~~ (New HOD Policy);
48 and be it further

49 RECOMMENDATION B:

50
51 Madam Speaker, your Reference Committee recommends

1 that the third Resolve of Resolution 005 be amended by
2 addition and deletion to read as follows:

3
4 RESOLVED, That our AMA, on behalf of the medical
5 community, actively advocate against the practice
6 of female genital mutilation FGM in all its forms. ~~(including~~
7 ~~the recently proposed ‘nicking’ and ‘alteration’ procedures)~~
8 ~~and effectively add the voice of America’s physicians to the~~
9 ~~voices of many anti-FGM activists and their organizations~~
10 ~~which advocate for the survivors and victims of~~
11 ~~FGM-(Directive to Take Action); and be it further~~

12
13 ~~14~~ RECOMMENDATION C:

15 Madam Speaker, your Reference Committee
16 recommends amendment by deletion of the fourth Resolve
17 of Resolution 005:

18
19 RESOLVED, That our AMA partner in this public advocacy
20 with reputable anti-FGM activists and survivors including,
21 but not limited to, Jaha Dukureh of the Tahirih Justice
22 Center, Waris Dirie of Desert Flower Foundation, Layla
23 Hussein of the Maya Center and the Dahlia Project, and
24 Nimco Ali of the Daughters of Eve or Safe Hands for Girls
25 to name a few ~~(Directive to Take Action); and be it further~~

26
27 ~~28~~ RECOMMENDATION D:

29 Madam Speaker, your Reference Committee recommends
30 that Resolution 005 be amended by addition of a new fifth
31 Resolve to read as follows:

32
33 RESOLVED, That it is unethical for physicians to engage
34 in the practice of female genital mutilation in all its forms.
35 (New HOD Policy)

36
37 ~~38~~ RECOMMENDATION E:

39 Madam Speaker, your Reference Committee recommends
40 that Resolution 005 be amended by addition of a new sixth
41 Resolve to read as follows:

42
43 RESOLVED, That our AMA considers that the practice of
44 female genital mutilation on minors is child abuse. (New
45 HOD Policy)

46
47 ~~48~~ RECOMMENDATION F:

48 Madam Speaker, your Reference Committee recommends
49 that Resolution 005 be adopted as amended.

50
51 Resolution 005 addresses the issue of female genital mutilation (FGM) and recent
52 attempts by some academics and physicians to redefine FGM and take a compromised

1 position on its practice. The resolution asks that our AMA do the following: 1) reaffirm its
2 policy against FGM, 2) further clarify its current position on FGM to explicitly state that
3 our AMA condemns any and all ritual procedures including, but not limited to, 'nicking' or
4 'genital alteration' procedures done to the genitals of women and girls, 3) actively
5 advocate against the practice of FGM in all its forms and effectively add the voice of
6 America's physicians to the voices of many anti-FGM human rights activists and their
7 organizations which advocate for the survivors and victims, 4) partner in the public
8 advocacy with reputable anti-FGM activists and survivors, and 5) educate its
9 membership and the American public about the harm of FGM prominently through its
10 website and provide resources about the ethics and medical harm of any and all forms of
11 FGM.

12
13 Testimony strongly favored the spirit of this resolution, with disagreement focusing
14 largely over the language of the resolve clauses. Many supported the first resolve, but
15 found resolves two through five to be unnecessarily inflammatory. Others noted that
16 despite the importance of the issue of female genital mutilation, cultural traditions around
17 its practice are not necessarily black and white, and that the language of AMA policy
18 should recognize this ambiguity. However, the reference committee, based on some
19 testimony but also their knowledge of the great psychological and physical harms of this
20 practice, as well as the rationale driving this practice, believes that female genital
21 mutilation in any form is an extreme violation of one's body, autonomy, and psyche.
22 When this practice is done in any form upon a minor, it is nothing less than child abuse.
23 Given the testimony heard and the deliberations of the reference committee, the
24 reference committee feels that amended language to the resolution best addresses the
25 aims of the resolution in a compromised fashion. Your Reference Committee
26 recommends that Resolution 005 be adopted as amended.

27
28 (10) RESOLUTION 006 – EFFECTIVE PEER REVIEW

29
30 RECOMMENDATION A:

31
32 Madam Speaker, your Reference Committee recommends
33 that Resolution 006 be amended by addition and deletion
34 to read as follows:

35
36 RESOLVED, That our American Medical Association study
37 the current environment for effective peer review, on both a
38 federal and state basis, in order to update its current policy
39 to include strategies for promoting effective peer review
40 by ~~employed~~ physicians and to as well consider a national
41 strategy for protecting all physicians from retaliation as a
42 result from participating in effective peer review. (Directive
43 to Take Action)

44 RECOMMENDATION B:

45
46 Madam Speaker, your Reference Committee recommends
47 that Resolution 006 be adopted as amended.

48
49 Resolution 006 addresses the peer review system for removing incompetent physicians
50 from practice, but notes that current AMA policy does not appear to reflect the dramatic
51 recent change in workplace arrangements nor protect employed physicians from
52 retaliation as a result of participation in effective peer review. The resolution asks that

1 our AMA study the current environment for effective peer review, on both a federal and
2 state basis, in order to update its current policy to include strategies for promoting
3 effective peer review by employed physicians as well as consider a national strategy for
4 protecting all physicians from retaliation as a result from participating in effective peer
5 review.

6
7 Testimony for this resolution was overwhelmingly in support of adoption, with some
8 amendments offered to clarify language. Testimony spoke to the increasing number of
9 physicians who are employed in large hospital systems or health care organizations
10 where they exert less and less control over their employment situations and patient care.
11 As a result, having effective, legitimate peer review processes in place can offer greater
12 protections. Given the importance of having quality peer review systems in place that
13 can prevent retaliatory actions by employers, those offering testimony lauded the need
14 for further study by the AMA on this topic. To a lesser extent, some questions were
15 raised about the language of the resolve clauses and whether the resolution as currently
16 worded could have unintended consequences for pursuing this study. Your Reference
17 Committee recommends that Resolution 006 be adopted as amended.

18
19 (11) RESOLUTION 007 – FAIR PROCESS FOR EMPLOYED
20 PHYSICIANS

21
22 RECOMMENDATION A:

23
24 Madam Speaker, your Reference Committee recommends
25 that the first Resolve of Resolution 007 be amended by
26 addition and deletion to read as follows:

27
28 RESOLVED, That our American Medical Association
29 support whistleblower protections for health
30 care ~~providers~~ professionals and parties who raise
31 questions ~~of that include, but are not limited to, issues~~
32 of quality, safety, and efficacy of health care and are
33 adversely treated by any health care organization or entity
34 (New HOD Policy); and be it further

35
36 RECOMMENDATION B:

37
38 Madam Speaker, your Reference Committee recommends
39 that Resolution 007 be adopted as amended.

40 Resolution 007 addresses fair processes for employed physicians given that employed
41 physicians face unique challenges that may contribute to physician burnout, including
42 fears of retaliation. Resolution 007 asks that our AMA support whistleblower protections
43 for health care providers and parties who raise questions of quality, safety, and efficacy
44 of health care and are adversely treated by any health care organization or entity.
45 Furthermore, the resolution asks that our AMA advocate for protection in medical staff
46 bylaws to minimize negative repercussions for physicians who report problems within
47 their workplace.

48
49 Testimony was unanimously in support of this resolution. All testimony spoke to the need
50 for greater protections for physicians who raise questions of quality, safety and efficacy

1 within their health care organization, and that the AMA should support these physicians
2 in their efforts. Some minor amendments were offered to clarify the goals of the resolve
3 clauses. Your Reference Committee recommends that Resolution 007 be adopted as
4 amended.

5
6 (12) RESOLUTION 008 – BLOOD DONOR DEFERRAL
7 CRITERIA REVISIONS

8
9 RECOMMENDATION A:

10 Madam Speaker, your Reference Committee recommends
11 that the first Resolve of Resolution 008 be amended by
12 addition and deletion to read as follows:

13
14
15 RESOLVED, That our American Medical Association
16 amend Policy H-50.973 by addition and deletion to read as
17 follows:

18
19 Blood Donor Deferral Criterial H-50.973

20 Our AMA: (1) supports the use of rational, scientifically-
21 based blood and tissue donation deferral periods that are
22 fairly and consistently applied to donors according to
23 their level of individual risk; and (2) opposes all policies the
24 current lifetime a on deferral on of blood and tissue
25 donations from men who have sex with men that are not
26 based on the in science scientific literature; and (3)
27 supports research into Individual Risk Assessment criteria
28 for blood donation. (Modify Current HOD Policy)

29
30 RECOMMENDATION B:

31
32 Madam Speaker, your Reference Committee recommends
33 that Resolution 008 be adopted as amended.

34
35 Resolution 008 asks that the AMA amend Policy H-50.973 Blood Donor Deferral Criteria
36 to support research into Individual Risk Assessment criteria for blood donation and to
37 oppose deferral of blood and tissue donations from men who have sex with men which
38 are not based in science.

39 Testimony was largely in favor of adopting this resolution. All those offering testimony
40 briefly spoke of the discriminatory nature of the blood donation deferral policy, and
41 supported amending the AMA's existing policy on this topic. Your Reference Committee
42 recommends that Resolution 008 be adopted as amended.

43
44 (13) BOARD OF TRUSTEES REPORT 6 – DESIGNATION OF
45 SPECIALTY SOCIETIES FOR REPRESENTATION IN
46 THE HOUSE OF DELEGATES

47
48 RECOMMENDATION:

49
50 Madam Speaker, your Reference Committee recommends
51 that Board of Trustees Report 6 be referred.

1
2 Board of Trustees Report 6 addresses the issue of the representation of specialty
3 societies in the House of Delegates. This report recommends that the current specialty
4 society delegate allocation system be discontinued, and that specialty society delegate
5 allocation be determined in a manner so that the total number of national specialty
6 society delegates shall be equal to the total number of delegates apportioned to
7 constituent societies under section 2.1.1 of AMA bylaws, and that this distribution is
8 based on the latest available membership data for each society.
9

10 Testimony for this report was strongly in favor of adoption. Following several attempts to
11 address specialty society representation, the report was commended as being the best
12 solution to date for addressing this complicated formula. Representatives from specialty
13 societies that are directly affected by the recommendations of this report were
14 particularly in support of adoption. Confusion around the practical operation of the
15 report's recommendations started to arise, however, based on questions presented
16 during the hearing and executive session. The Reference Committee feels that these
17 questions need to be addressed before the report can be adopted. Your Reference
18 Committee suggests that the following ambiguities should be addressed: how does
19 inclusion of new specialty societies (especially halfway through the year) impact parity
20 with state numbers; what happens when two specialty societies are equally qualified to
21 lose or gain a delegate but there is only one delegate to be lost or gained; how is parity
22 achieved when states are evaluated yearly but specialty societies are not; and how often
23 (during the five year review or at mandatory or optional other intervals?) is specialty
24 society membership calculated. Your Reference Committee therefore recommends that
25 Board of Trustees Report 6 be referred.
26

27 (14) BOARD OF TRUSTEES REPORT 7 – SUPPORTING
28 AUTONOMY FOR PATIENTS WITH DIFFERENCES OF
29 SEX DEVELOPMENT
30

31 RECOMMENDATION:
32

33 Madam Speaker, your Reference Committee recommends
34 that Board of Trustees Report 7 be referred.
35

36 Board of Trustees Report 7 focuses on the autonomous decision making of pediatric
37 patients born with differences of sex development (DSD), specifically the issue of
38 medically necessary versus medically unnecessary procedures for those with DSD. The
39 report recommends that our AMA support optimal management of DSD through
40 individualized, multidisciplinary care that: (1) seeks to foster the well-being of the child
41 and the adult he or she will become; (2) respects the rights of the patient to participate in
42 decisions and, except when life-threatening circumstances require emergency
43 intervention, defers medical or surgical intervention until the child is able to participate in
44 decision making; and (3) provides psychosocial support to promote patient and family
45 well-being.
46

47 The testimony for this report was largely in favor of referral, although there were some
48 who spoke in favor of adoption. Those supporting the report and its recommendation
49 noted that its content was thoughtful and matched the policies of other organizations
50 working on difference in sex development issues. Despite this support, many concerns

1 were heard regarding the unintended consequences of the report recommendation
2 (particularly around interventions that may be clinically necessary but not life-threatening
3 or emergent) and the lack of expert insight on the medical complexities inherent in
4 addressing difference of sex development in pediatric patients. Testimony noted that
5 when this report is reconsidered, the recommendations should be developed in
6 collaboration with experts in pediatric endocrinology, urology, psychiatry and law.
7 Therefore, your Reference Committee recommends that Board of Trustees Report 7 be
8 referred.

9
10 (15) BOARD OF TRUSTEES REPORT 8 – MEDICAL
11 REPORTING FOR SAFETY SENSITIVE POSITIONS
12 RECOMMENDATION:

13
14
15 Madam Speaker, your Reference Committee recommends
16 that Board of Trustees Report 8 be referred.

17
18 Board of Trustees Report 8 examines the topic of mandatory reporting of significant
19 medical conditions for employees in safety sensitive positions in order to better protect
20 the public. The report finds that national standards already exist for employees in safety-
21 sensitive positions for their physical and mental health, which require employees to be
22 cleared for work by DOT-certified physicians, and that the likely gain in public safety that
23 would be achieved by mandatory reporting is at present undemonstrated. The report,
24 therefore, recommends that our AMA not adopt resolution 14-A-16, “Medical Reporting
25 for Safety-Sensitive Positions.”

26
27 The testimony for this report was limited. The authors of the resolution calling for the
28 creation of this report felt strongly that the report content missed the resolution’s original
29 intent. Although there are systems in place to screen pilots and others in safety sensitive
30 positions for serious medical conditions, it was stated that these patients often look for
31 medical care outside of these systems, and subsequently fail to be reported. In light of
32 the report’s deficiencies, it was suggested in the testimony that the Council on Ethical
33 and Judicial Affairs update its existing opinion 8.2 (Impaired Drivers and Their
34 Physicians) and opinion 9.3.2 (Physician Responsibilities to Impaired Colleagues) in
35 consideration of the content of the Pilot Bill of Rights. The reference committee suggests
36 a different approach. Because of the failure of the report to accurately address the
37 ethical and public health dimensions of this subject, your Reference Committee felt that
38 the issues of safety sensitive positions should be examined through a joint report of the
39 Council on Ethical and Judicial Affairs and the Council on Science and Public Health.
40 Your Reference Committee recommends that Board of Trustee Report 8 be referred.

41
42 (16) RESOLUTION 001 – SUPPORT FOR THE
43 DECRIMINALIZATION AND TREATMENT OF SUICIDE
44 ATTEMPTS AMONGST MILITARY PERSONNEL

45
46 RECOMMENDATION:

47
48 Madam Speaker, your Reference Committee recommends
49 that Policy D-345.994, Policy H-60.937, Policy D-510.996,
50 Policy H-65.965, and Policy H-510.988 be reaffirmed in
51 lieu of Resolution 001.
52

1 Resolution 001 addresses the issue of suicide attempts in the military, which, since
2 1949, have been treated by the Department of Defense with criminal charges regardless
3 of the intent of the service member. The resolution asks that our AMA support efforts to
4 decriminalize suicide attempts in the military, and that our AMA support efforts to provide
5 treatment for attempted suicide survivors in lieu of punishment by the military.
6

7 Testimony for this resolution was largely in favor of spirit of the resolution, though there
8 was debate as to whether to adopt the resolution or support reaffirmation of existing
9 AMA policy. All agreed that it is wrong for the military to criminally punish its members
10 who have attempted suicide. Testimony revealed that the practice of doing so is
11 outdated. Those serving in the military and those who treat members of the military
12 stated that they have never witnessed this practice, and that military personnel who have
13 attempted suicide have received appropriate medical treatment for their conditions, not
14 criminal sanctions. Attention was also drawn to changes in federal military policy that are
15 in the process of addressing this controversial issue. The Reference Committee strongly
16 condemns the criminal punishment of attempted suicide by members of the military;
17 however, in light of the evidence presented during the hearing, supports the reaffirmation
18 of current AMA policy. Therefore, your Reference Committee recommends that Policy D-
19 345.994, Policy H-60.937, Policy D-510.996, Policy H-65.965, and Policy H-510.988 be
20 reaffirmed in lieu of Resolution 001.
21

22 D-345.994 Increasing Detection of Mental Illness and Encouraging Education

23 1. Our AMA will work with: (A) mental health organizations, state, specialty, and local
24 medical societies and public health groups to encourage patients to discuss mental
25 health concerns with their physicians; and (B) the Department of Education and state
26 education boards and encourage them to adopt basic mental health education designed
27 specifically for preschool through high school students, as well as for their parents,
28 caregivers and teachers.
29

30 2. Our AMA will encourage the National Institute of Mental Health and local health
31 departments to examine national and regional variations in psychiatric illnesses among
32 immigrant, minority, and refugee populations in order to increase access to care and
33 appropriate treatment. Res. 412, A-06 Appended: Res. 907, I-12
34

35 H-60.937 Teen and Young Adult Suicide in the United States

36 Our AMA recognizes teen and young-adult suicide as a serious health concern in the
37 US. Res. 424, A-05 Reaffirmed: CSAPH Rep. 1, A-15
38

39 D-510.996 Military Care in the Public and Private Sector

40 Our AMA will use its influence to expedite quality medical care, including mental health
41 care, for all military personnel and their families by developing a national initiative and
42 strategies to utilize civilian health care resources to complement the federal health care
43 systems. Res. 444, A-07
44

45 H-65.965 Support of Human Rights and Freedom

46 Our AMA: (1) continues to support the dignity of the individual, human rights and the
47 sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the
48 denial to any human being of equal rights, privileges, and responsibilities commensurate
49 with his or her individual capabilities and ethical character because of an individual's sex,
50 sexual orientation, gender, gender identity, or transgender status, race, religion,

1 disability, ethnic origin, national origin, or age; (3) opposes any discrimination based on
2 an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic
3 origin, national origin or age and any other such reprehensible policies; (4) recognizes
4 that hate crimes pose a significant threat to the public health and social welfare of the
5 citizens of the United States, urges expedient passage of appropriate hate crimes
6 prevention legislation in accordance with our AMA's policy through letters to members of
7 Congress; and registers support for hate crimes prevention legislation, via letter, to the
8 President of the United States. CCB/CLRPD Rep. 3, A-14

9
10 H-510.988 Supporting Awareness of Stress Disorders in Military Members and Their
11 Families

12 Our AMA supports efforts to educate physicians and supports treatment and diagnosis
13 of stress disorders in military members, veterans and affected families and continue to
14 focus attention and raise awareness of this condition in partnership with the Department
15 of Defense and the Department of Veterans Affairs. Sub. Res. 401, A-10

16
17 (17) RESOLUTION 002 – LIVING ORGAN DONATION AT THE
18 TIME OF IMMINENT DEATH

19
20 RECOMMENDATION:

21
22 Madam Speaker, your Reference Committee recommends
23 that Policy H-370.959, Policy D-370.985, Policy H-370.964,
24 and Policy H-370.961 be reaffirmed in lieu of Resolution
25 002.

26
27 Resolution 002 addresses the issue of living organ donation at the time of imminent
28 death for the donor. The resolution asks our AMA to study the implications of the
29 removal of barriers to living organ donation at the time of imminent death.

30
31 Testimony for this resolution was mixed. Those in support of the resolution focused on
32 the resolution's call to study living organ donation at the time of imminent death,
33 particularly given the dire needs of organ recipients in the United States. Additional
34 support for the resolution recommended a multidisciplinary approach to studying this
35 topic, including incorporating the insight of outside experts in the field of transplantation.
36 Others stood against this resolution, pointing out that the United Network for Organ
37 Sharing ethics committee recently conducted a study of this topic, and concluded that it
38 was too contentious and not feasible. While several amendments were offered to help
39 focus the goals of this resolution, your Reference Committee determined that existing
40 AMA policy properly addresses the request of the resolution to study methods of
41 increasing organ donation. Your Reference Committee recommends that Policy H-
42 370.959, Policy D-370.985, Policy H-370.964, and Policy H-370.961 be reaffirmed in lieu
43 of Resolution 002.

44
45 H-370.959 Methods to Increase the US Organ Donor Pool

46 In order to encourage increased levels of organ donation in the United States, our
47 American Medical Association: (1) supports studies that evaluate the effectiveness of
48 mandated choice and presumed consent models for increasing organ donation; (2)
49 urges development of effective methods for meaningful exchange of information to
50 educate the public and support well-informed consent about donating organs; and (3)

1 encourages continued study of ways to enhance the allocation of donated organs and
2 tissues. BOT Rep. 13, A-15

3
4 D-370.985 Organ Donation

5 Our AMA will study potential models for increasing the United States organ donor pool.
6 Res. 1, A-14 Reaffirmed in lieu of Res. 5, I-14

7
8 H-370.964 Surrogate Consent for Living Organ Donation

9 Our AMA opposes the practice of surrogate consent for living organ donation from
10 patients in a persistent vegetative state. Res. 7, A-12

11
12 H-370.961 Ethical Procurement of Organs for Transplantation

13 Our AMA will continue to monitor ethical issues related to organ transplantation and
14 develop additional policy as necessary. BOT Rep. 13, A-08

15
16 (18) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
17 OPINION 1 – MODERNIZED CODE OF MEDICAL
18 ETHICS

19
20 RECOMMENDATION:

21
22 Madam Speaker, your Reference Committee recommends
23 that Council on Ethical and Judicial Affairs Opinion 1 be
24 filed.

25
26 Council on Ethical and Judicial Affairs Opinion 1 files the modernized Code of Medical
27 Ethics, which was adopted in whole at the 2016 Annual Meeting of the House of
28 Delegates.

29
30 Testimony on this opinion was limited, and focused on developing a better
31 understanding of the processes by which Council on Ethical and Judicial Affairs reports
32 are adopted by the House and then developed as opinions. Although some small
33 changes were made to the language of CEJA Report 1 following the adoption of the
34 modernized Code of Medical Ethics at A-16, the changes reflected testimony heard at
35 that meeting and no concern was raised about this new language. Members from CEJA
36 addressed questions posed during testimony, offering greater insight to finalization of the
37 opinion. Your Reference Committee recommends that Council on Ethical and Judicial
38 Affairs Opinion 1 be filed.

39
40 (19) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
41 OPINION 2 – ETHICAL PRACTICE IN TELEMEDICINE

42
43 RECOMMENDATION:

44
45 Madam Speaker, your Reference Committee recommends
46 that Council on Ethical and Judicial Affairs Opinion 2 be
47 filed.

48
49 Council on Ethical and Judicial Affairs Opinion 1 files the opinion on Ethical Practice in
50 Telemedicine, which was adopted at the 2016 Annual Meeting of the House of

1 Delegates.

2
3 Council on Ethical and Judicial Affairs was unintentionally extracted and there were no
4 concerns with the opinion. Therefore, your Reference Committee recommends that
5 Council on Ethical and Judicial Affairs Opinion 2 be filed.

6
7 (20) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
8 REPORT 3 – CEJA AND HOUSE OF DELEGATES
9 COLLABORATION

10
11 RECOMMENDATION:

12 Madam Speaker, your Reference Committee recommends
13 that Council on Ethical and Judicial Affairs Report 3
14 be filed.

15
16
17 Policy D-600.957, adopted at A-16, asked the AMA to evaluate (1) how the collaborative
18 process between the House of Delegates and the Council on Ethical and Judicial Affairs
19 can best be improved to allow HOD input to CEJA deliberation while still preserving
20 CEJA autonomy; and (2) how a periodic review of *Code of Medical Ethics* guidelines and
21 reports can best be implemented. This report proposes several ways in which these can
22 be accomplished.

23
24 Testimony for this report highlighted concerns as to whether report accurately addressed
25 the resolution that prompted its creation. The authors of the resolution stated that the
26 original resolves of the resolution identified six points that were to be addressed by the
27 Council on Ethical and Judicial Affairs, and more broadly, the HOD. However, those
28 providing testimony felt that none of those points had been addressed regarding CEJA's
29 collaborative process, and that the report itself was the opposite of the process they had
30 hoped to engage in. Therefore, your Reference Committee recommends that CEJA
31 Report 3 be filed.

32 (21) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
33 REPORT 4 – ETHICAL PHYSICIAN CONDUCT IN THE
34 MEDIA

35
36 RECOMMENDATION:

37
38 Madam Speaker, your Reference Committee recommends
39 that Council on Ethical and Judicial Affairs Report 4 be
40 filed.

41
42 Council on Ethical and Judicial Affairs Report 4 is an informational report with a status
43 update on the response to Policy D-140.957 which seeks to address concerns about the
44 conduct of physicians who make medical information available to the public through
45 various media outlets.

46
47 This informational report was extracted from the consent calendar and heard in
48 reference committee. The concern and reason for extraction was that it errantly states
49 that the final report will not explicitly acknowledge conflicts of interest, which was a
50 particular concern in the original resolution. However, the final report will in fact address

- 1 conflicts of interest. Therefore, your Reference Committee recommends that Council on
- 2 Ethical and Judicial Affairs Report 4 be filed.

1 Madam Speaker, this concludes the report of Reference Committee C&B. I would like to
2 thank Tom Anderson, MD; Mark Bair, MD; Jenny Boyer, MD; Jason Hall, MD; Elizabeth
3 Peterson, MD; and Adam Rubin, MD; and all those who testified before the committee,
4 as well as our AMA staff, including Danielle Chaet and Rick Weinmeyer.

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