Your Reference Committee recommends the following consent calendar for acceptance:

**RECOMMENDED FOR ADOPTION**

2. Board of Trustees Report 12 – Specialty Society Representation in the HOD – Five-Year Review
3. Council on Constitution & Bylaws Report 1 – Membership and Representation in the Organized Medical Staff Section – Updated Bylaws
4. Council on Ethical and Judicial Affairs Report 2 – Competence, Self-Assessment and Self Awareness

**RECOMMENDED FOR ADOPTION AS AMENDED**

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

**RECOMMENDED FOR REFERRAL**

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

**RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

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

**RECOMMENDED FOR FILING**

18. Council on Ethical and Judicial Affairs Opinion 1 – Modernized *Code of Medical Ethics*
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(1) BOARD OF TRUSTEES REPORT 5 – IOM “DYING IN AMERICA” REPORT

RECOMMENDATION:

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

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

Testimony was overwhelmingly in favor of adoption of this report. Many believed it provided a thorough review of the IOM “Dying in America” report, and that it carefully compared and contrasted its recommendations with the existing policies of the AMA. Although some testimony spoke to amending the language of the report contained in the appendices, the reference committee noted that such changes were made in reference to material that was cited verbatim from the IOM report, and therefore, cannot be altered.

Your Reference Committee recommends that Board of Trustees Report 5 be adopted.

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

RECOMMENDATION:

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

Board of Trustees Report 12 reviewed specialty organizations seated in the House of Delegates that were scheduled to submit information and materials for the 2016 American Medical Association Interim Meeting in compliance with the five-year review process. The report recommends that the American Academy of Insurance Medicine, American Association of Clinical Endocrinologists, American Society for Gastrointestinal Endoscopy, American Society for Radiation Oncology, American Society for Surgery of the Hand, American Urological Association, AMSUS-The Society of Federal Health Professionals, North American Spine Society, Society for Vascular Surgery, and Society of American Gastrointestinal and Endoscopic Surgeons retain representation in the American Medical Association House of Delegates. The report also recommends that, having failed to meet the requirements for continued representation in the AMA House of Delegates as set forth in AMA Bylaw B-8.50, the American Academy of Sleep Medicine, American Society of Cytopathology, and American Society of Plastic Surgeons be placed on probation and be given one year to work with AMA membership staff to increase their AMA membership.
The Board of Trustees introduced this report and there was no further testimony. Your Reference Committee recommends that Board of Trustees Report 12 be adopted.

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

RECOMMENDATION:

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

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

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

(4) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 2 – COMPETENCE, SELF-ASSESSMENT AND SELF AWARENESS

RECOMMENDATION:

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

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

This report received an equal amount of support for adoption and referral. Testimony against the report pointed to concerns around the aging physician, cognitive decline, and other chronic and short-term conditions that may be stigmatized by the report and its guidance. Some noted that there are often times in a physician’s life when they are not in peak condition, yet that does not mean they are unable to provide quality care to
patients. Other testimony highlighted concerns about who will ultimately make the
determination of what competence in practice means. Testimony from the senior
physicians was particularly supportive. Based on the testimony heard, the reference
committee felt the report offered appropriate and useful guidance for physicians to assist
them in assessing their competence to practice medicine and provide quality patient
care. Your Reference Committee recommends that Council on Ethical and Judicial
Affairs Report 2 be adopted.

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

RECOMMENDATION A:

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

RECOMMENDATION B:

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

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

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

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

REPORT 1 – COLLABORATIVE CARE

RECOMMENDATION:

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

(a) Model ethical leadership by:

and the remainder of the report be filed.

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

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

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

RECOMMENDATION A:

Madam Speaker, your Reference Committee recommends
that the first Resolve of Resolution 003 be amended by
addition and deletion to read as follows:
RESOLVED, That our American Medical Association study the implementation of expanded access programs, accelerated approval mechanism, and payment reform models meant to increase access of experimental to investigational therapies, including programs for infants and children (Directive to Take Action); and be it further

RECOMMENDATION B:

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

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

RECOMMENDATION C:

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

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

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

(8) RESOLUTION 004 – ADDRESSING PATIENT SPIRITUALITY IN MEDICINE

RECOMMENDATION A:

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

RESOLVED, That our American Medical Association recognize support inquiry into, as well as discussion and consideration of, the importance of individual patient
spirituality as an important component of health and its impact on health (New HOD Policy); and be it further

RECOMMENDATION B:

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

RESOLVED, That our AMA encourage expanded patient access to spiritual care services and resources beyond those provided by trained healthcare professionals. (New HOD Policy)

RECOMMENDATION C:

Madam Speaker, your Reference Committee recommends that Resolution 004 be adopted as amended.

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

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

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

RECOMMENDATION A:

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

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

RECOMMENDATION B:

Madam Speaker, your Reference Committee recommends
that the third Resolve of Resolution 005 be amended by
addition and deletion to read as follows:

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

RECOMMENDATION C:
Madam Speaker, your Reference Committee
recommends amendment by deletion of the fourth Resolve
of Resolution 005:

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

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

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

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

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

RECOMMENDATION F:
Madam Speaker, your Reference Committee recommends
that Resolution 005 be adopted as amended.

Resolution 005 addresses the issue of female genital mutilation (FGM) and recent
attempts by some academics and physicians to redefine FGM and take a compromised
position on its practice. The resolution asks that our AMA do the following: 1) reaffirm its policy against FGM, 2) further clarify its current position on FGM to explicitly state that our AMA condemns any and all ritual procedures including, but not limited to, ‘nicking’ or ‘genital alteration’ procedures done to the genitals of women and girls, 3) actively advocate against the practice of FGM in all its forms and effectively add the voice of America’s physicians to the voices of many anti-FGM human rights activists and their organizations which advocate for the survivors and victims, 4) partner in the public advocacy with reputable anti-FGM activists and survivors, and 5) educate its membership and the American public about the harm of FGM prominently through its website and provide resources about the ethics and medical harm of any and all forms of FGM.

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

(10) RESOLUTION 006 – EFFECTIVE PEER REVIEW

RECOMMENDATION A:
Madam Speaker, your Reference Committee recommends that Resolution 006 be amended by addition and deletion to read as follows:

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

RECOMMENDATION B:
Madam Speaker, your Reference Committee recommends that Resolution 006 be adopted as amended.

Resolution 006 addresses the peer review system for removing incompetent physicians from practice, but notes that current AMA policy does not appear to reflect the dramatic recent change in workplace arrangements nor protect employed physicians from retaliation as a result of participation in effective peer review. The resolution asks that
our AMA study the current environment for effective peer review, on both a federal and state basis, in order to update its current policy to include strategies for promoting effective peer review by employed physicians as well as consider a national strategy for protecting all physicians from retaliation as a result from participating in effective peer review.

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

(11) RESOLUTION 007 – FAIR PROCESS FOR EMPLOYED PHYSICIANS

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

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

RECOMMENDATION B:
Madam Speaker, your Reference Committee recommends that Resolution 007 be adopted as amended.

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

Testimony was unanimously in support of this resolution. All testimony spoke to the need for greater protections for physicians who raise questions of quality, safety and efficacy
within their health care organization, and that the AMA should support these physicians in their efforts. Some minor amendments were offered to clarify the goals of the resolve clauses. Your Reference Committee recommends that Resolution 007 be adopted as amended.

(12) RESOLUTION 008 – BLOOD DONOR DEFERRAL CRITERIA REVISIONS

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

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

Blood Donor Deferral Criteria H-50.973
Our AMA: (1) supports the use of rational, scientifically-based blood and tissue donation deferral periods that are fairly and consistently applied to donors according to their level of individual risk; and (2) opposes all policies the current lifetime on deferral on of blood and tissue donations from men who have sex with men that are not based on the scientific literature; and (3) supports research into Individual Risk Assessment criteria for blood donation. (Modify Current HOD Policy)

RECOMMENDATION B: Madam Speaker, your Reference Committee recommends that Resolution 008 be adopted as amended.

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

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

(13) BOARD OF TRUSTEES REPORT 6 – DESIGNATION OF SPECIALTY SOCIETIES FOR REPRESENTATION IN THE HOUSE OF DElegates

RECOMMENDATION: Madam Speaker, your Reference Committee recommends that Board of Trustees Report 6 be referred.
Board of Trustees Report 6 addresses the issue of the representation of specialty societies in the House of Delegates. This report recommends that the current specialty society delegate allocation system be discontinued, and that specialty society delegate allocation be determined in a manner so that the total number of national specialty society delegates shall be equal to the total number of delegates apportioned to constituent societies under section 2.1.1 of AMA bylaws, and that this distribution is based on the latest available membership data for each society.

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

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

The testimony for this report was largely in favor of referral, although there were some who spoke in favor of adoption. Those supporting the report and its recommendation noted that its content was thoughtful and matched the policies of other organizations working on difference in sex development issues. Despite this support, many concerns
were heard regarding the unintended consequences of the report recommendation
(particularly around interventions that may be clinically necessary but not life-threatening
or emergent) and the lack of expert insight on the medical complexities inherent in
addressing difference of sex development in pediatric patients. Testimony noted that
when this report is reconsidered, the recommendations should be developed in
collaboration with experts in pediatric endocrinology, urology, psychiatry and law.
Therefore, your Reference Committee recommends that Board of Trustees Report 7 be
referred.

(15) BOARD OF TRUSTEES REPORT 8 – MEDICAL
REPORTING FOR SAFETY SENSITIVE POSITIONS

RECOMMENDATION:
Madam Speaker, your Reference Committee recommends
that Board of Trustees Report 8 be referred.

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

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

(16) RESOLUTION 001 – SUPPORT FOR THE
DECriminalization AND TREATMENT OF SUICIDE
ATTEMPTS AMONGST MILITARY PERSONNEL

RECOMMENDATION:
Madam Speaker, your Reference Committee recommends
that Policy D-345.994, Policy H-60.937, Policy D-510.996,
Policy H-65.965, and Policy H-510.988 be reaffirmed in
lieu of Resolution 001.
Resolution 001 addresses the issue of suicide attempts in the military, which, since 1949, have been treated by the Department of Defense with criminal charges regardless of the intent of the service member. The resolution asks that our AMA support efforts to decriminalize suicide attempts in the military, and that our AMA support efforts to provide treatment for attempted suicide survivors in lieu of punishment by the military.

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

D-345.994 Increasing Detection of Mental Illness and Encouraging Education
1. Our AMA will work with: (A) mental health organizations, state, specialty, and local medical societies and public health groups to encourage patients to discuss mental health concerns with their physicians; and (B) the Department of Education and state education boards and encourage them to adopt basic mental health education designed specifically for preschool through high school students, as well as for their parents, caregivers and teachers.

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

H-60.937 Teen and Young Adult Suicide in the United States
Our AMA recognizes teen and young-adult suicide as a serious health concern in the US. Res. 424, A-05 Reaffirmed: CSAPH Rep. 1, A-15

D-510.996 Military Care in the Public and Private Sector
Our AMA will use its influence to expedite quality medical care, including mental health care, for all military personnel and their families by developing a national initiative and strategies to utilize civilian health care resources to complement the federal health care systems. Res. 444, A-07

H-65.965 Support of Human Rights and Freedom
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. CCB/CLRPD Rep. 3, A-14

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

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

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

RECOMMENDATION:


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

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

H-370.959 Methods to Increase the US Organ Donor Pool

In order to encourage increased levels of organ donation in the United States, our American Medical Association: (1) supports studies that evaluate the effectiveness of mandated choice and presumed consent models for increasing organ donation; (2) urges development of effective methods for meaningful exchange of information to educate the public and support well-informed consent about donating organs; and (3)
encourages continued study of ways to enhance the allocation of donated organs and
tissues. BOT Rep. 13, A-15

D-370.985 Organ Donation
Our AMA will study potential models for increasing the United States organ donor pool.
Res. 1, A-14 Reaffirmed in lieu of Res. 5, I-14

H-370.964 Surrogate Consent for Living Organ Donation
Our AMA opposes the practice of surrogate consent for living organ donation from
patients in a persistent vegetative state. Res. 7, A-12

H-370.961 Ethical Procurement of Organs for Transplantation
Our AMA will continue to monitor ethical issues related to organ transplantation and
develop additional policy as necessary. BOT Rep. 13, A-08

COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
OPINION 1 – MODERNIZED CODE OF MEDICAL ETHICS

RECOMMENDATION:

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

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

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

COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
OPINION 2 – ETHICAL PRACTICE IN TELEMEDICINE

RECOMMENDATION:

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

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

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

(20) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS
REPORT 3 – CEJA AND HOUSE OF DElegates
COLLABORATION

RECOMMENDATION:
Madam Speaker, your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 3 be filed.

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

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

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

RECOMMENDATION:
Madam Speaker, your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 4 be filed.

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

This informational report was extracted from the consent calendar and heard in reference committee. The concern and reason for extraction was that it errantly states that the final report will not explicitly acknowledge conflicts of interest, which was a particular concern in the original resolution. However, the final report will in fact address
conflicts of interest. Therefore, your Reference Committee recommends that Council on
Ethical and Judicial Affairs Report 4 be filed.
Madam Speaker, this concludes the report of Reference Committee C&B. I would like to thank Tom Anderson, MD; Mark Bair, MD; Jenny Boyer, MD; Jason Hall, MD; Elizabeth Peterson, MD; and Adam Rubin, MD; and all those who testified before the committee, as well as our AMA staff, including Danielle Chaet and Rick Weinmeyer.

Thomas M. Anderson, MD
Illinois

Mark N. Bair, MD
Utah

Jenny Boyer, MD
(Alternate) Oklahoma

Jason Hall, MD, JD
(Alternate) American College of Medical Quality

Elizabeth Peterson, MD
Washington

Adam Rubin, MD
(Alternate) American Academy of Dermatology

John Abenstein, MD, MSEE
Minnestoa
Chair