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3 **DISCLAIMER**

4 **The following is a preliminary report of actions taken by the House of Delegates at**  
5 **its 2016 Interim Meeting and should not be considered final. Only the Official**  
6 **Proceedings of the House of Delegates reflect official policy of the Association.**  
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8 AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (I-16)  
9 Report of Reference Committee on Amendments to Constitution and Bylaws  
10 John P. Abenstein, MD, Chair  
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12  
13 Your Reference Committee recommends the following consent calendar for acceptance:  
14

15 **RECOMMENDED FOR ADOPTION**

- 16  
17 1. Board of Trustees Report 5 – IOM “Dying in America” Report  
18 2. Board of Trustees Report 12 – Specialty Society Representation in the HOD –  
19 Five-Year Review  
20 3. Council on Constitution & Bylaws Report 1 – Membership and Representation in  
21 the Organized Medical Staff Section – Updated Bylaws  
22 4. Council on Ethical and Judicial Affairs Report 2 – Competence, Self-Assessment  
23 and Self Awareness  
24

25 **RECOMMENDED FOR ADOPTION AS AMENDED**

- 26  
27 5. Council on Constitution & Bylaws Report 2 – Bylaw Amendments Pertaining to  
28 Late Resolutions and Emergency Business  
29 6. Council on Ethical and Judicial Affairs Report 1 – Collaborative Care  
30 7. Resolution 003 – Study of the Current Uses and Ethical Implications of Expanded  
31 Access Programs  
32 8. Resolution 004 – Addressing Patient Spirituality in Medicine  
33 9. Resolution 005 – No Compromise on Anti-Female Genital Mutilation Policy  
34 10. Resolution 006 – Effective Peer Review  
35 11. Resolution 007 – Fair Process for Employed Physicians  
36 12. Resolution 008 – Blood Donor Deferral Criteria Revisions  
37

38 **RECOMMENDED FOR REFERRAL**

- 39  
40 13. Board of Trustees Report 6 – Designation of Specialty Societies for  
41 Representation in the House of Delegates  
42 14. Board of Trustees Report 7 – Supporting Autonomy for Patients with Differences  
43 of Sex Development  
44 15. Board of Trustees Report 8 – Medical Reporting for Safety Sensitive Positions  
45

46 **RECOMMENDED FOR REAFFIRMATION IN LIEU OF**

- 47  
48 16. Resolution 001 – Support for the Decriminalization and Treatment of Suicide  
49 Attempts Amongst Military Personnel  
50 17. Resolution 002 – Living Organ Donation at the Time of Imminent Death  
51

1 **RECOMMENDED FOR FILING**

- 2
- 3 18. Council on Ethical and Judicial Affairs Opinion 1 – Modernized *Code of Medical*
- 4 *Ethics*
- 5 19. Council on Ethical and Judicial Affairs Opinion 2 – Ethical Practice in
- 6 Telemedicine
- 7 20. Council on Ethical and Judicial Affairs Report 3 – CEJA and House of Delegates
- 8 Collaboration
- 9 21. Council on Ethical and Judicial Affairs Report 4 – Ethical Physician Conduct in
- 10 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 **HOD ACTION: Board of Trustees Report 5 adopted.**

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

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

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

29  
30 RECOMMENDATION:

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

35  
36 **HOD ACTION: Board of Trustees Report 12 adopted.**

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

1 American Society of Cytopathology, and American Society of Plastic Surgeons be  
2 placed on probation and be given one year to work with AMA membership staff to  
3 increase their AMA membership.

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

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

11  
12 RECOMMENDATION:

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

18  
19 **HOD ACTION: Council on Constitution and Bylaws Report**  
20 **1 adopted.**

21  
22  
23 Council on Constitution and Bylaws Report 1 addresses updated bylaws for the  
24 membership and representation in the Organized Medical Staff Section (OMSS). The  
25 report recommends that the amendments to the AMA Bylaws on OMSS be adopted with  
26 regard to changes to Membership, Representatives to the Business Meeting, Cessation  
27 of Eligibility, and Member Rights and Privileges, and that Policy G-615.101 be rescinded.

28  
29 The Council on Constitution and Bylaws introduced this report and there was no further  
30 testimony. Your Reference Committee recommends that Council on Constitution and  
31 Bylaws Report 1 be adopted.

32  
33 (4) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
34 REPORT 2 – COMPETENCE, SELF-ASSESSMENT AND  
35 SELF AWARENESS

36  
37 RECOMMENDATION:

38  
39 Madam Speaker, your Reference Committee recommends  
40 that the recommendations in Council on Ethical and  
41 Judicial Affairs Report 2 be adopted and the remainder of  
42 the report be filed.

43  
44 **HOD ACTION: Council on Ethical and Judicial Affairs**  
45 **Report 2 referred.**

46  
47  
48 Council on Ethical and Judicial Affairs Report 2 deals with the topic of physician  
49 competence, self-assessment, and self-awareness. Central to medicine is the  
50 expectation that a physician will provide competent care, and this report looks at the  
51 benefits and limits of self-assessment, what it means to maintain expertise in one's

1 specialty and general medical knowledge, and the implicit and explicit influences that  
2 can shape a physician's competence and self-awareness. The report offers ethical  
3 guidance on how individual physicians (at all career stages) can engage in greater self-  
4 reflection, and how the medical profession itself can refine the mechanisms it uses to  
5 meaningfully assess physician competence.

6  
7 This report received an equal amount of support for adoption and referral. Testimony  
8 against the report pointed to concerns around the aging physician, cognitive decline, and  
9 other chronic and short-term conditions that may be stigmatized by the report and its  
10 guidance. Some noted that there are often times in a physician's life when they are not  
11 in peak condition, yet that does not mean they are unable to provide quality care to  
12 patients. Other testimony highlighted concerns about who will ultimately make the  
13 determination of what competence in practice means. Testimony from the senior  
14 physicians was particularly supportive. Based on the testimony heard, the reference  
15 committee felt the report offered appropriate and useful guidance for physicians to assist  
16 them in assessing their competence to practice medicine and provide quality patient  
17 care. Your Reference Committee recommends that Council on Ethical and Judicial  
18 Affairs Report 2 be adopted.

19  
20 (5) COUNCIL ON CONSTITUTION AND BYLAWS REPORT 2  
21 – BYLAW AMENDMENTS PERTAINING TO LATE  
22 RESOLUTIONS AND EMERGENCY BUSINESS

23  
24 RECOMMENDATION A:

25  
26 Madam Speaker, your Reference Committee recommends  
27 that Recommendation 1 in Council on Constitution and  
28 Bylaws Report 2 be adopted.

29  
30 RECOMMENDATION B:

31  
32 Madam Speaker, your Reference Committee recommends  
33 that Recommendation 2 in Council on Constitution and  
34 Bylaws Report 2 be referred.

35  
36 **HOD ACTION: Council on Constitution and Bylaws Report**  
37 **2 adopted.**

38  
39  
40 Council on Constitution and Bylaws Report 2 addresses changes to the definitions of  
41 late and emergency resolutions, outlines the handling of this resolutions from delegates,  
42 and considers whether some elements currently in the bylaws related to the handling of  
43 late and emergency business would be more appropriately defined in policy. The report  
44 asks that our AMA adopt the amended language regarding late and emergency  
45 resolutions in order to add greater clarity and efficiency when handling these items of  
46 business.

47  
48 Testimony regarding the first recommendation of this report was limited. The Council on  
49 Constitution and Bylaws spoke briefly about this recommendation noting the current  
50 need for implementing the bylaws changes regarding handling late and emergency

1 resolutions in the House. As there was no objection to the content of this  
2 recommendation, your Reference Committee recommends that Recommendation 1 of  
3 Council on Constitution and Bylaws Report 2 be adopted.

4  
5 Testimony for this recommendation was met with considerable confusion, with most  
6 favoring referral. House leadership stated that the Board of Trustees wants to be  
7 transparent in its processes, but it was clear from testimony that as worded, rules  
8 regarding voting parameters for consideration and/or adoption does not accomplish this  
9 goal. Similar concerns were raised regarding other processes outlined by the  
10 recommendation due to ambiguous language. Current and past members of the Council  
11 on Constitution and Bylaws offered recommended that in order to appropriately remedy  
12 these problems, the recommendation should be referred back to the Council for further  
13 consideration. Therefore, your Reference Committee recommends that  
14 Recommendation 2 of Council on Constitution and Bylaws Report 2 be referred.

15  
16 (6) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
17 REPORT 1 – COLLABORATIVE CARE

18  
19 RECOMMENDATION:

20  
21 Madam Speaker, your Reference Committee recommends  
22 that Council on Ethical and Judicial Affairs Report 1  
23 be adopted as amended by CEJA on page 7, line 23 to  
24 read as follows:

25  
26 (a) Model ~~ethical~~ leadership by:

27  
28 and the remainder of the report be filed.

29  
30 **HOD ACTION: Council on Ethical and Judicial Affairs**  
31 **Report 1 adopted.**

32  
33 Council on Ethical and Judicial Affairs Report 1 examines the ethical issues inherent in  
34 the provision of physician-lead collaborative care. Within collaborative care teams,  
35 physicians and other health care professional must work in concert to provide high  
36 quality patient-centered care, establish mutual respect and trust throughout the team,  
37 maintain avenues of communication, and uphold accountability for all team members.  
38 The report outlines the types of leadership physicians should consider in leading such  
39 teams, the variety of challenges collaborative care teams frequently encounter, and  
40 offers ethical guidance on how physician leaders can promote and encourage the many  
41 qualities that constitute an effective collaborative care team.

42  
43 Testimony for this report was mixed. While the report received praise for addressing this  
44 timely issue, conflicting concerns were heard about the ethical guidance contained  
45 therein. Some felt that the report lacked clarity in determining who should serve in a  
46 leadership role on a collaborative care team, yet others desired more openness in the  
47 report in order to allow a greater variety of team members to assume this role. Concerns  
48 were also expressed about the possibility of the report's language being misused by  
49 insurance companies or hospitals to punish physicians. Of particular concern was the  
50 use of the word "ethical" in recommendation (a) of the guidance, indicating a high bar of

1 conduct physicians might not be unable to attain in their practice. During its  
2 deliberations, your Reference Committee felt that content and analyses of the report  
3 were well considered and appropriate, but that the report could be improved by the  
4 deletion of the word “ethical” in recommendation (a). The Council on Ethical and Judicial  
5 Affairs was open to this suggestion and agreed to the editorial change. Therefore, your  
6 Reference Committee recommends that Council on Ethical and Judicial Affairs Report 1  
7 be adopted.

8  
9 (7) RESOLUTION 003 – STUDY OF THE CURRENT USES  
10 AND ETHICAL IMPLICATIONS OF EXPANDED ACCESS  
11 PROGRAMS

12  
13 RECOMMENDATION A:

14  
15 Madam Speaker, your Reference Committee recommends  
16 that the first Resolve of Resolution 003 be amended by  
17 addition and deletion to read as follows:

18  
19 RESOLVED, That our American Medical Association study  
20 the implementation of expanded access programs,  
21 accelerated approval mechanism, and payment reform  
22 models meant to increase access of  
23 experimental to investigational therapies, including  
24 programs for infants and children (Directive to Take  
25 Action); and be it further

26  
27 RECOMMENDATION B:

28  
29 Madam Speaker, your Reference Committee recommends  
30 that the second Resolve of Resolution 003 be amended by  
31 addition and deletion to read as follows:

32  
33 RESOLVED, That our AMA study the ethics of expanded  
34 access programs, accelerated approval mechanisms, and  
35 payment reform models meant to increase access of  
36 experimental to investigational therapies, including access  
37 for infants and children. (Directive to Take Action).

38  
39 RECOMMENDATION C:

40  
41 Madam Speaker, your Reference Committee recommends  
42 that Resolution 003 be adopted as amended.

43  
44 **HOD ACTION: Resolution 003 adopted as amended.**

45  
46 Resolution 003 addresses recent actions at the federal and state level regarding  
47 expanded access (i.e., “right to try”) programs that allow terminally ill patients greater  
48 accessibility to investigational drug treatments. The resolution asks that our AMA study  
49 the implementation of expanded access programs, accelerated approval mechanisms,  
50 and payment reform models meant to increase access of experimental therapies.  
51 Furthermore, the resolution asks that our AMA study the ethics of expanded access

1 programs, accelerated approval mechanisms, and payment reform models meant to  
2 increase access of experimental therapies.

3  
4 Testimony for this resolution was limited. Those offering testimony agreed that additional  
5 research is needed to inform future policy and laws, but that pediatric populations need  
6 to be included in this research agenda. Therefore, your Reference Committee  
7 recommends that Resolution 003 be adopted as amended.

8  
9 (8) RESOLUTION 004 – ADDRESSING PATIENT  
10 SPIRITUALITY IN MEDICINE

11  
12 RECOMMENDATION A:

13  
14 Madam Speaker, your Reference Committee recommends  
15 that the first Resolve of Resolution 004 be amended by  
16 addition and deletion to read as follows:

17  
18 RESOLVED, That our American Medical Association  
19 recognize ~~support inquiry into, as well as discussion and~~  
20 ~~consideration of, the importance of~~ individual patient  
21 spirituality ~~as an important component of health~~ and its  
22 impact on health (New HOD Policy); and be it further

23  
24 RECOMMENDATION B:

25  
26 Madam Speaker, your Reference Committee recommends  
27 that the second Resolve of Resolution 004 be amended by  
28 deletion to read as follows:

29  
30 RESOLVED, That our AMA encourage ~~expanded patient~~  
31 access to spiritual care services. ~~and resources beyond~~  
32 ~~trained healthcare professionals.~~ (New HOD Policy)

33  
34 RECOMMENDATION C:

35  
36 Madam Speaker, your Reference Committee recommends  
37 that Resolution 004 be adopted as amended.

38  
39 **HOD ACTION: Resolution 004 adopted as amended.**

40  
41  
42 Resolution 004 addresses the inclusion of religious and spiritual needs of patients in  
43 their medical care. The resolution asks that our AMA support inquiry into, as well as  
44 discussion and consideration of, individual patient spirituality as an important component  
45 of health, and that our AMA encourage expanded patient access to spiritual care  
46 services and resources beyond those provided by trained health care professionals.

47  
48 Testimony largely supported this resolution. Those in favor of adoption discussed the  
49 importance spirituality plays in a patient's care, with research showing that patients who  
50 have their spiritual needs met during the course of their medical care demonstrate



1 improved health outcomes. Reservations were expressed about the wording of the  
2 resolutions, however, particularly for the second resolve which led some to believe that it  
3 promoted an unfunded mandate. Based on the testimony heard, your Reference  
4 Committee recommends that Resolution 004 be adopted as amended.

5  
6 (9) RESOLUTION 005 – NO COMPROMISE ON ANTI-  
7 FEMALE GENITAL MUTILATION POLICY

8  
9 RECOMMENDATION A:

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

13  
14  
15 ~~RESOLVED, That, due to the public debate in 2016 over~~  
16 ~~whether the medical community sanctions a proposed~~  
17 ~~'nicking procedure,' our AMA condemns any and all forms~~  
18 ~~of female genital mutilation ritual procedures including, but~~  
19 ~~not limited to, 'nicking' or 'genital alteration' procedures~~  
20 ~~done to the genitals of women and girls (New HOD Policy);~~  
21 ~~and be it further~~

22 RECOMMENDATION B:

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

26  
27  
28 ~~RESOLVED, That our AMA, on behalf of the medical~~  
29 ~~community, actively advocate against the practice~~  
30 ~~of female genital mutilation FGM in all its forms. (including~~  
31 ~~the recently proposed 'nicking' and 'alteration' procedures)~~  
32 ~~and effectively add the voice of America's physicians to the~~  
33 ~~voices of many anti-FGM activists and their organizations~~  
34 ~~which advocate for the survivors and victims of~~  
35 ~~FGM (Directive to Take Action); and be it further~~

36  
37 RECOMMENDATION C:

38 Madam Speaker, your Reference Committee  
39 recommends amendment by deletion of the fourth Resolve  
40 of Resolution 005:

41  
42  
43 ~~RESOLVED, That our AMA partner in this public advocacy~~  
44 ~~with reputable anti-FGM activists and survivors including,~~  
45 ~~but not limited to, Jaha Dukureh of the Tahirih Justice~~  
46 ~~Center, Waris Dirie of Desert Flower Foundation, Layla~~  
47 ~~Hussein of the Maya Center and the Dahlia Project, and~~  
48 ~~Nimco Ali of the Daughters of Eve or Safe Hands for Girls~~  
49 ~~to name a few (Directive to Take Action); and be it further~~

50  
51 RECOMMENDATION D:

52 Madam Speaker, your Reference Committee recommends  
53

1 that Resolution 005 be amended by addition of a new fifth  
2 Resolve to read as follows:

3  
4 RESOLVED, That it is unethical for physicians to engage  
5 in the practice of female genital mutilation in all its forms.  
6 (New HOD Policy)  
7

8 RECOMMENDATION E:

9  
10 Madam Speaker, your Reference Committee recommends  
11 that Resolution 005 be amended by addition of a new sixth  
12 Resolve to read as follows:

13  
14 RESOLVED, That our AMA considers that the practice of  
15 female genital mutilation on minors is child abuse. (New  
16 HOD Policy)

17 RECOMMENDATION F:

18  
19 Madam Speaker, your Reference Committee recommends  
20 that Resolution 005 be adopted as amended.

21  
22 **HOD ACTION: Resolution 005 referred.**  
23

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

37  
38 Testimony strongly favored the spirit of this resolution, with disagreement focusing  
39 largely over the language of the resolve clauses. Many supported the first resolve, but  
40 found resolves two through five to be unnecessarily inflammatory. Others noted that  
41 despite the importance of the issue of female genital mutilation, cultural traditions around  
42 its practice are not necessarily black and white, and that the language of AMA policy  
43 should recognize this ambiguity. However, the reference committee, based on some  
44 testimony but also their knowledge of the great psychological and physical harms of this  
45 practice, as well as the rationale driving this practice, believes that female genital  
46 mutilation in any form is an extreme violation of one's body, autonomy, and psyche.  
47 When this practice is done in any form upon a minor, it is nothing less than child abuse.  
48 Given the testimony heard and the deliberations of the reference committee, the  
49 reference committee feels that amended language to the resolution best addresses the

1 aims of the resolution in a compromised fashion. Your Reference Committee  
2 recommends that Resolution 005 be adopted as amended.

3  
4 (10) RESOLUTION 006 – EFFECTIVE PEER REVIEW

5  
6 RECOMMENDATION A:

7  
8 Madam Speaker, your Reference Committee recommends  
9 that Resolution 006 be amended by addition and deletion  
10 to read as follows:

11  
12 RESOLVED, That our American Medical Association study  
13 the current environment for effective peer review, on both a  
14 federal and state basis, in order to update its current policy  
15 to include strategies for promoting effective peer review  
16 by ~~employed~~ physicians and to as well consider a national  
17 strategy for protecting all physicians from retaliation as a  
18 result from participating in effective peer review. (Directive  
19 to Take Action)

20 RECOMMENDATION B:

21  
22 Madam Speaker, your Reference Committee recommends  
23 that Resolution 006 be adopted as amended.

24  
25 **HOD ACTION: Resolution 006 adopted as amended.**

26  
27 Resolution 006 addresses the peer review system for removing incompetent physicians  
28 from practice, but notes that current AMA policy does not appear to reflect the dramatic  
29 recent change in workplace arrangements nor protect employed physicians from  
30 retaliation as a result of participation in effective peer review. The resolution asks that  
31 our AMA study the current environment for effective peer review, on both a federal and  
32 state basis, in order to update its current policy to include strategies for promoting  
33 effective peer review by employed physicians as well as consider a national strategy for  
34 protecting all physicians from retaliation as a result from participating in effective peer  
35 review.

36  
37 Testimony for this resolution was overwhelmingly in support of adoption, with some  
38 amendments offered to clarify language. Testimony spoke to the increasing number of  
39 physicians who are employed in large hospital systems or health care organizations  
40 where they exert less and less control over their employment situations and patient care.  
41 As a result, having effective, legitimate peer review processes in place can offer greater  
42 protections. Given the importance of having quality peer review systems in place that  
43 can prevent retaliatory actions by employers, those offering testimony lauded the need  
44 for further study by the AMA on this topic. To a lesser extent, some questions were  
45 raised about the language of the resolve clauses and whether the resolution as currently  
46 worded could have unintended consequences for pursuing this study. Your Reference  
47 Committee recommends that Resolution 006 be adopted as amended.

48  
49 (11) RESOLUTION 007 – FAIR PROCESS FOR EMPLOYED  
50 PHYSICIANS

51  
52 RECOMMENDATION A:

1  
2 Madam Speaker, your Reference Committee recommends  
3 that the first Resolve of Resolution 007 be amended by  
4 addition and deletion to read as follows:

5  
6 RESOLVED, That our American Medical Association  
7 support whistleblower protections for health  
8 care ~~providers~~ professionals and parties who raise  
9 questions ~~of that include, but are not limited to,~~ issues  
10 of quality, safety, and efficacy of health care and are  
11 adversely treated by any health care organization or entity  
12 (New HOD Policy); and be it further

13  
14 RECOMMENDATION B:

15  
16 Madam Speaker, your Reference Committee recommends  
17 that Resolution 007 be adopted as amended.

18 **HOD ACTION: Resolution 007 adopted as amended.**

19  
20 Resolution 007 addresses fair processes for employed physicians given that employed  
21 physicians face unique challenges that may contribute to physician burnout, including  
22 fears of retaliation. Resolution 007 asks that our AMA support whistleblower protections  
23 for health care providers and parties who raise questions of quality, safety, and efficacy  
24 of health care and are adversely treated by any health care organization or entity.  
25 Furthermore, the resolution asks that our AMA advocate for protection in medical staff  
26 bylaws to minimize negative repercussions for physicians who report problems within  
27 their workplace.

28  
29 Testimony was unanimously in support of this resolution. All testimony spoke to the need  
30 for greater protections for physicians who raise questions of quality, safety and efficacy  
31 within their health care organization, and that the AMA should support these physicians  
32 in their efforts. Some minor amendments were offered to clarify the goals of the resolve  
33 clauses. Your Reference Committee recommends that Resolution 007 be adopted as  
34 amended.

35  
36 (12) RESOLUTION 008 – BLOOD DONOR DEFERRAL  
37 CRITERIA REVISIONS

38  
39 RECOMMENDATION A:

40  
41 Madam Speaker, your Reference Committee recommends  
42 that the first Resolve of Resolution 008 be amended by  
43 addition and deletion to read as follows:

44  
45 RESOLVED, That our American Medical Association  
46 amend Policy H-50.973 by addition and deletion to read as  
47 follows:

48  
49 Blood Donor Deferral Criterial H-50.973

50 Our AMA: (1) supports the use of rational, scientifically-  
51 based blood and tissue donation deferral periods that are

1 fairly and consistently applied to donors according to  
2 their level of individual risk; and (2) opposes all policies the  
3 current lifetime a on deferral ~~en~~ of blood and tissue  
4 donations ~~from men who have sex with men~~ that are not  
5 based on the in science—scientific literature; and (3)  
6 supports research into Individual Risk Assessment criteria  
7 for blood donation. (Modify Current HOD Policy)  
8

9 RECOMMENDATION B:

10  
11 Madam Speaker, your Reference Committee recommends  
12 that Resolution 008 be adopted as amended.

13  
14 **HOD ACTION: Resolution 008 adopted as amended.**

15  
16  
17 Resolution 008 asks that the AMA amend Policy H-50.973 Blood Donor Deferral Criteria  
18 to support research into Individual Risk Assessment criteria for blood donation and to  
19 oppose deferral of blood and tissue donations from men who have sex with men which  
20 are not based in science.

21 Testimony was largely in favor of adopting this resolution. All those offering testimony  
22 briefly spoke of the discriminatory nature of the blood donation deferral policy, and  
23 supported amending the AMA's existing policy on this topic. Your Reference Committee  
24 recommends that Resolution 008 be adopted as amended.  
25

26 (13) BOARD OF TRUSTEES REPORT 6 – DESIGNATION OF  
27 SPECIALTY SOCIETIES FOR REPRESENTATION IN  
28 THE HOUSE OF DELEGATES  
29

30 RECOMMENDATION:

31  
32 Madam Speaker, your Reference Committee recommends  
33 that Board of Trustees Report 6 be referred.  
34

35 **HOD ACTION: Board of Trustees Report 6 adopted as**  
36 **amended.**

37  
38 **1. That the current specialty society delegation**  
39 **allocation system (using a formula that incorporates**  
40 **the ballot) be discontinued; and that specialty**  
41 **society delegate allocation in the House of**  
42 **Delegates be determined so that the total number of**  
43 **national specialty society delegates shall be equal**  
44 **to the total number of delegates apportioned to**  
45 **constituent societies under section 2.1.1 (and**  
46 **subsections thereof) of AMA bylaws, and will be**  
47 **distributed based on the latest available**  
48 **membership data for each society, which is**  
49 **generally from the society's most recent five year**

1 review, but may be determined annually at the  
2 society's request. (Directive to Take Action)  
3

4 2. b) iii) In the case of a tie, the previous year's data  
5 will be used as a tie breaker. In the case of an  
6 additional delegate being necessary, the society  
7 that was closest to gaining a delegate in the  
8 previous year will be awarded the delegate. In the  
9 case of a delegate reduction being necessary, the  
10 society that was next closest to losing a delegate in  
11 the previous year will lose a delegate. (Directive to  
12 Take Action)  
13

14 Board of Trustees Report 6 addresses the issue of the representation of specialty  
15 societies in the House of Delegates. This report recommends that the current specialty  
16 society delegate allocation system be discontinued, and that specialty society delegate  
17 allocation be determined in a manner so that the total number of national specialty  
18 society delegates shall be equal to the total number of delegates apportioned to  
19 constituent societies under section 2.1.1 of AMA bylaws, and that this distribution is  
20 based on the latest available membership data for each society.  
21

22 Testimony for this report was strongly in favor of adoption. Following several attempts to  
23 address specialty society representation, the report was commended as being the best  
24 solution to date for addressing this complicated formula. Representatives from specialty  
25 societies that are directly affected by the recommendations of this report were  
26 particularly in support of adoption. Confusion around the practical operation of the  
27 report's recommendations started to arise, however, based on questions presented  
28 during the hearing and executive session. The Reference Committee feels that these  
29 questions need to be addressed before the report can be adopted. Your Reference  
30 Committee suggests that the following ambiguities should be addressed: how does  
31 inclusion of new specialty societies (especially halfway through the year) impact parity  
32 with state numbers; what happens when two specialty societies are equally qualified to  
33 lose or gain a delegate but there is only one delegate to be lost or gained; how is parity  
34 achieved when states are evaluated yearly but specialty societies are not; and how often  
35 (during the five year review or at mandatory or optional other intervals?) is specialty  
36 society membership calculated. Your Reference Committee therefore recommends that  
37 Board of Trustees Report 6 be referred.  
38

39 (14) BOARD OF TRUSTEES REPORT 7 – SUPPORTING  
40 AUTONOMY FOR PATIENTS WITH DIFFERENCES OF  
41 SEX DEVELOPMENT  
42

43 RECOMMENDATION:  
44

45 Madam Speaker, your Reference Committee recommends  
46 that Board of Trustees Report 7 be referred.  
47

48 **HOD ACTION: Board of Trustees Report 7 referred.**  
49  
50

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

11  
12 The testimony for this report was largely in favor of referral, although there were some  
13 who spoke in favor of adoption. Those supporting the report and its recommendation  
14 noted that its content was thoughtful and matched the policies of other organizations  
15 working on difference in sex development issues. Despite this support, many concerns  
16 were heard regarding the unintended consequences of the report recommendation  
17 (particularly around interventions that may be clinically necessary but not life-threatening  
18 or emergent) and the lack of expert insight on the medical complexities inherent in  
19 addressing difference of sex development in pediatric patients. Testimony noted that  
20 when this report is reconsidered, the recommendations should be developed in  
21 collaboration with experts in pediatric endocrinology, urology, psychiatry and law.  
22 Therefore, your Reference Committee recommends that Board of Trustees Report 7 be  
23 referred.

24  
25 (15) BOARD OF TRUSTEES REPORT 8 – MEDICAL  
26 REPORTING FOR SAFETY SENSITIVE POSITIONS  
27 RECOMMENDATION:

28  
29  
30 Madam Speaker, your Reference Committee recommends  
31 that Board of Trustees Report 8 be referred.

32  
33 **HOD ACTION: Board of Trustees Report 8 referred.**

34  
35  
36 Board of Trustees Report 8 examines the topic of mandatory reporting of significant  
37 medical conditions for employees in safety sensitive positions in order to better protect  
38 the public. The report finds that national standards already exist for employees in safety-  
39 sensitive positions for their physical and mental health, which require employees to be  
40 cleared for work by DOT-certified physicians, and that the likely gain in public safety that  
41 would be achieved by mandatory reporting is at present undemonstrated. The report,  
42 therefore, recommends that our AMA not adopt resolution 14-A-16, "Medical Reporting  
43 for Safety-Sensitive Positions."

44  
45 The testimony for this report was limited. The authors of the resolution calling for the  
46 creation of this report felt strongly that the report content missed the resolution's original  
47 intent. Although there are systems in place to screen pilots and others in safety sensitive  
48 positions for serious medical conditions, it was stated that these patients often look for  
49 medical care outside of these systems, and subsequently fail to be reported. In light of  
50 the report's deficiencies, it was suggested in the testimony that the Council on Ethical  
51 and Judicial Affairs update its existing opinion 8.2 (Impaired Drivers and Their  
52 Physicians) and opinion 9.3.2 (Physician Responsibilities to Impaired Colleagues) in

1 consideration of the content of the Pilot Bill of Rights. The reference committee suggests  
2 a different approach. Because of the failure of the report to accurately address the  
3 ethical and public health dimensions of this subject, your Reference Committee felt that  
4 the issues of safety sensitive positions should be examined through a joint report of the  
5 Council on Ethical and Judicial Affairs and the Council on Science and Public Health.  
6 Your Reference Committee recommends that Board of Trustee Report 8 be referred.

7  
8 (16) RESOLUTION 001 – SUPPORT FOR THE  
9 DECRIMINALIZATION AND TREATMENT OF SUICIDE  
10 ATTEMPTS AMONGST MILITARY PERSONNEL

11  
12 RECOMMENDATION:

13  
14 Madam Speaker, your Reference Committee recommends  
15 that Policy D-345.994, Policy H-60.937, Policy D-510.996,  
16 Policy H-65.965, and Policy H-510.988 be reaffirmed in  
17 lieu of Resolution 001.

18  
19 **HOD ACTION: Policy D-345.994, Policy H-60.937, Policy D-**  
20 **510.996, Policy H-65.965, and Policy H-510.988 reaffirmed**  
21 **in lieu of Resolution 001.**

22  
23  
24  
25 Resolution 001 addresses the issue of suicide attempts in the military, which, since  
26 1949, have been treated by the Department of Defense with criminal charges regardless  
27 of the intent of the service member. The resolution asks that our AMA support efforts to  
28 decriminalize suicide attempts in the military, and that our AMA support efforts to provide  
29 treatment for attempted suicide survivors in lieu of punishment by the military.

30  
31 Testimony for this resolution was largely in favor of spirit of the resolution, though there  
32 was debate as to whether to adopt the resolution or support reaffirmation of existing  
33 AMA policy. All agreed that it is wrong for the military to criminally punish its members  
34 who have attempted suicide. Testimony revealed that the practice of doing so is  
35 outdated. Those serving in the military and those who treat members of the military  
36 stated that they have never witnessed this practice, and that military personnel who have  
37 attempted suicide have received appropriate medical treatment for their conditions, not  
38 criminal sanctions. Attention was also drawn to changes in federal military policy that are  
39 in the process of addressing this controversial issue. The Reference Committee strongly  
40 condemns the criminal punishment of attempted suicide by members of the military;  
41 however, in light of the evidence presented during the hearing, supports the reaffirmation  
42 of current AMA policy. Therefore, your Reference Committee recommends that Policy D-  
43 345.994, Policy H-60.937, Policy D-510.996, Policy H-65.965, and Policy H-510.988 be  
44 reaffirmed in lieu of Resolution 001.

45  
46 D-345.994 Increasing Detection of Mental Illness and Encouraging Education

47 1. Our AMA will work with: (A) mental health organizations, state, specialty, and local  
48 medical societies and public health groups to encourage patients to discuss mental  
49 health concerns with their physicians; and (B) the Department of Education and state  
50 education boards and encourage them to adopt basic mental health education designed



1 specifically for preschool through high school students, as well as for their parents,  
2 caregivers and teachers.

3  
4 2. Our AMA will encourage the National Institute of Mental Health and local health  
5 departments to examine national and regional variations in psychiatric illnesses among  
6 immigrant, minority, and refugee populations in order to increase access to care and  
7 appropriate treatment. Res. 412, A-06 Appended: Res. 907, I-12

8  
9 H-60.937 Teen and Young Adult Suicide in the United States

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

12  
13 D-510.996 Military Care in the Public and Private Sector

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

18  
19 H-65.965 Support of Human Rights and Freedom

20 Our AMA: (1) continues to support the dignity of the individual, human rights and the  
21 sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the  
22 denial to any human being of equal rights, privileges, and responsibilities commensurate  
23 with his or her individual capabilities and ethical character because of an individual's sex,  
24 sexual orientation, gender, gender identity, or transgender status, race, religion,  
25 disability, ethnic origin, national origin, or age; (3) opposes any discrimination based on  
26 an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic  
27 origin, national origin or age and any other such reprehensible policies; (4) recognizes  
28 that hate crimes pose a significant threat to the public health and social welfare of the  
29 citizens of the United States, urges expedient passage of appropriate hate crimes  
30 prevention legislation in accordance with our AMA's policy through letters to members of  
31 Congress; and registers support for hate crimes prevention legislation, via letter, to the  
32 President of the United States. CCB/CLRPD Rep. 3, A-14

33  
34 H-510.988 Supporting Awareness of Stress Disorders in Military Members and Their  
35 Families

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

40  
41 (17) RESOLUTION 002 – LIVING ORGAN DONATION AT THE  
42 TIME OF IMMINENT DEATH

43  
44 RECOMMENDATION:

45  
46 Madam Speaker, your Reference Committee recommends  
47 that Policy H-370.959, Policy D-370.985, Policy H-370.964,  
48 and Policy H-370.961 be reaffirmed in lieu of Resolution  
49 002.  
50

**HOD ACTION: Policy H-370.959, Policy D-370.985, Policy H-370.964, and Policy H-370.961 reaffirmed in lieu of Resolution 002.**

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

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

RECOMMENDATION:

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

4  
5 **HOD ACTION: Council on Ethical and Judicial Affairs**  
6 **Opinion 1 filed.**

7  
8  
9 Council on Ethical and Judicial Affairs Opinion 1 files the modernized Code of Medical  
10 Ethics, which was adopted in whole at the 2016 Annual Meeting of the House of  
11 Delegates.

12  
13 Testimony on this opinion was limited, and focused on developing a better  
14 understanding of the processes by which Council on Ethical and Judicial Affairs reports  
15 are adopted by the House and then developed as opinions. Although some small  
16 changes were made to the language of CEJA Report 1 following the adoption of the  
17 modernized Code of Medical Ethics at A-16, the changes reflected testimony heard at  
18 that meeting and no concern was raised about this new language. Members from CEJA  
19 addressed questions posed during testimony, offering greater insight to finalization of the  
20 opinion. Your Reference Committee recommends that Council on Ethical and Judicial  
21 Affairs Opinion 1 be filed.

22  
23 (19) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
24 OPINION 2 – ETHICAL PRACTICE IN TELEMEDICINE

25  
26 RECOMMENDATION:

27  
28 Madam Speaker, your Reference Committee recommends  
29 that Council on Ethical and Judicial Affairs Opinion 2 be  
30 filed.

31  
32 **HOD ACTION: Council on Ethical and Judicial Affairs**  
33 **Opinion 2 filed.**

34  
35  
36 Council on Ethical and Judicial Affairs Opinion 1 files the opinion on Ethical Practice in  
37 Telemedicine, which was adopted at the 2016 Annual Meeting of the House of  
38 Delegates.

39  
40 Council on Ethical and Judicial Affairs was unintentionally extracted and there were no  
41 concerns with the opinion. Therefore, your Reference Committee recommends that  
42 Council on Ethical and Judicial Affairs Opinion 2 be filed.

43  
44 (20) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
45 REPORT 3 – CEJA AND HOUSE OF DELEGATES  
46 COLLABORATION

47  
48 RECOMMENDATION:

49  
50 Madam Speaker, your Reference Committee recommends

1 that Council on Ethical and Judicial Affairs Report 3  
2 be filed.

3  
4 **HOD ACTION: Council on Ethical and Judicial Affairs**  
5 **Report 3 referred.**

6  
7  
8 Policy D-600.957, adopted at A-16, asked the AMA to evaluate (1) how the collaborative  
9 process between the House of Delegates and the Council on Ethical and Judicial Affairs  
10 can best be improved to allow HOD input to CEJA deliberation while still preserving  
11 CEJA autonomy; and (2) how a periodic review of *Code of Medical Ethics* guidelines and  
12 reports can best be implemented. This report proposes several ways in which these can  
13 be accomplished.

14  
15 Testimony for this report highlighted concerns as to whether report accurately addressed  
16 the resolution that prompted its creation. The authors of the resolution stated that the  
17 original resolves of the resolution identified six points that were to be addressed by the  
18 Council on Ethical and Judicial Affairs, and more broadly, the HOD. However, those  
19 providing testimony felt that none of those points had been addressed regarding CEJA's  
20 collaborative process, and that the report itself was the opposite of the process they had  
21 hoped to engage in. Therefore, your Reference Committee recommends that CEJA  
22 Report 3 be filed.

23  
24 (21) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS  
25 REPORT 4 – ETHICAL PHYSICIAN CONDUCT IN THE  
26 MEDIA

27  
28 RECOMMENDATION:

29  
30 Madam Speaker, your Reference Committee recommends  
31 that Council on Ethical and Judicial Affairs Report 4 be  
32 filed.

33  
34 **HOD ACTION: Council on Ethical and Judicial Affairs**  
35 **Report 4 filed.**

36  
37  
38 Council on Ethical and Judicial Affairs Report 4 is an informational report with a status  
39 update on the response to Policy D-140.957 which seeks to address concerns about the  
40 conduct of physicians who make medical information available to the public through  
41 various media outlets.

42  
43 This informational report was extracted from the consent calendar and heard in  
44 reference committee. The concern and reason for extraction was that it errantly states  
45 that the final report will not explicitly acknowledge conflicts of interest, which was a  
46 particular concern in the original resolution. However, the final report will in fact address  
47 conflicts of interest. Therefore, your Reference Committee recommends that Council on  
48 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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