

RESOLUTIONS

Note: Testimony on each item is summarized in the reference committee reports. Items considered on the reaffirmation calendar do not appear in the reference committee reports and were handled as part of the Committee on Rules and Credentials Supplementary Report on Sunday, June 8. The following resolutions were handled on the reaffirmation calendar: 116, 119, 121, 122, 123, 128, 214, 216, 221, 402, 404, 405, 406, 407, 417, 418, 419, 720, 722, 726, 728, 729 and 731.

1. ORGAN DONATION Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).

**HOUSE ACTION: ADOPTED AS FOLLOWS
WITH CHANGE IN TITLE**
See Policy TBD.

RESOLVED, That our American Medical Association study potential models for increasing the United States organ donor pool.

2. MODERNIZATION OF HIV SPECIFIC CRIMINAL LAWS Introduced by Medical Student Section

Reference committee hearing: see report of [Reference Committee on Amendments to Constitution and Bylaws](#).

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION ADOPTED
POLICY H-20.914 AMENDED**

RESOLVED, That American Medical Association Policy H-20.914 be amended by addition as follows:

H-20.914 Discrimination and Criminalization Based on HIV Seropositivity

Our AMA: (1) Remains cognizant of and concerned about society's perception of, and discrimination against, HIV-positive people; (2) Condemns any act, and opposes any legislation of categorical discrimination based on an individual's actual or imagined disease, including HIV infection; this includes Congressional mandates calling for the discharge of otherwise qualified individuals from the armed services solely because of their HIV seropositivity; (3) Encourages vigorous enforcement of existing anti-discrimination statutes; incorporation of HIV in future federal legislation that addresses discrimination; and enactment and enforcement of state and local laws, ordinances, and regulations to penalize those who illegally discriminate against persons based on disease; and (4) Encourages medical staff to work closely with hospital administration and governing bodies to establish appropriate policies regarding HIV-positive patients; (5) Supports consistency of federal and/or state laws with current medical and scientific knowledge including avoidance of any imposition of punishment based on health and disability status; and (6) Encourages public education and understanding of the stigma created by HIV criminalization statutes and subsequent negative clinical and public health consequences.

RECOMMENDATION B:

Mr. Speaker, your Reference Committee recommends that Resolution 1 be adopted as amended.

RECOMMENDATION C:

Mr. Speaker, your Reference Committee recommends that the title of Resolution 1 be changed to read as follows:

ORGAN DONATION

HOD ACTION: Resolution 1 be adopted as amended with change in title.

Resolution 1 asks that our AMA reconsider the ethical implications of a presumed consent model in organ donation and other avenues for increasing the number of registered organ donors in the US.

Testimony favored adoption of this report. The authors of the report provided an amendment which deleted "presumed consent" as a model of increasing the organ donor pool to specifically be studied. Eliminating this term allows for study of all models of increasing the organ donor pool. The recommended change in title reflects the deletion of the "presumed consent" term. Testimony also specifically mentioned the importance of pilot studies of financial incentives, which your Reference Committee believes would fall under the array of models to be studied and does not need to be specifically included in the Resolved. Your Reference Committee also agrees with testimony suggesting deletion of the word "ethical" as a specific consideration to study; doing so will allow the study to look not only at the ethical considerations, but the economic as well. Your Reference Committee recommends that Resolution 1 be adopted as amended.

(14) RESOLUTION 2 - MODERNIZATION OF HIV SPECIFIC CRIMINAL LAWS

RECOMMENDATION A:

Mr. Speaker, your Reference Committee recommends that the following Substitute Resolution 2 be adopted:

RESOLVED, That AMA Policy H-20.914 be amended by addition as follows: H-20.914 Discrimination and Criminalization Based on HIV Seropositivity
Our AMA: (1) Remains cognizant of and concerned about society's perception of, and discrimination against, HIV-positive people; (2) Condemns any act, and opposes any legislation of categorical discrimination based on an individual's actual or imagined disease, including HIV infection; this includes Congressional mandates calling for the discharge of otherwise qualified individuals from the armed services solely because of their HIV seropositivity; (3) Encourages vigorous enforcement of existing anti-discrimination statutes; incorporation of HIV in future federal legislation that addresses discrimination; and enactment and enforcement of state and local laws, ordinances, and regulations to penalize those who illegally discriminate against persons based on disease; ~~and~~ (4) Encourages medical staff to work closely with hospital administration and governing bodies to establish appropriate policies regarding HIV-positive patients; (5) Supports consistency of federal and/or state laws with current medical and scientific knowledge including avoidance of any imposition of punishment based on health and disability status; and (6) Encourages public education and understanding of the stigma created by HIV criminalization statutes and subsequent negative clinical and public health consequences.
(Modify Current HOD Policy)

HOD ACTION: Substitute Resolution 2 adopted.

Resolution 2 asks that our AMA amend H-20.914 to include criminalization based on HIV seropositivity. The resolution also supports consistency of federal and state laws with current medical and scientific knowledge and accepted human rights-based approaches to disease control and prevention, in concordance with current AMA Policy condemning any act and opposing any legislation of categorical discrimination based on an individual's actual or imagined HIV infection.

Testimony largely favored adoption of this resolution. Those providing testimony for the resolution noted that it provides an important dimension to House policy and that it is consistent with the policies of other organizations that focus on issues of infectious disease and HIV. Testimony speaking against the resolution discussed the inconsistencies in states on the issue of HIV-specific criminal laws, and that the phrases "human rights-based approaches" and "unwarranted punishment" are vague. Your Reference Committee therefore clarified the language recommended in Resolution 2, and recommends that Substitute Resolution 2 be adopted.

**(15) COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS REPORT 1 -
PHYSICIAN EXERCISE OF CONSCIENCE****RECOMMENDATION:**

Mr. Speaker, your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 1 be referred.

HOD ACTION: Council on Ethical and Judicial Affairs Report 1 referred.

Council on Ethical and Judicial Report 1 examines the implications for patients, physicians and the medical profession when conflict arises between a physician's professional commitments and his or her deeply held personal moral beliefs. It offers guidance on when a physician's professional commitments should outweigh personal beliefs as well as when physicians should have freedom to act according to the dictates of conscience while still protecting patients' interests.

Considerable testimony was provided regarding this report, with many strongly arguing for referral. Those testifying in support of adoption stated that the Council on Ethical and Judicial Affairs presented a thoughtful and thorough report that appropriately balances a physician's right of conscience with the medical needs of patients, and that the recommendations of the report provide necessary ethical guidance where there currently is none. Testimony opposed to adoption, however, noted several concerns. In particular, there was considerable testimony questioning the use of the word "prospectively" in recommendation (b) which was unclear in its definition and could create ambiguity for application in practice. The body of this report provides a clear explanation of this term, but unfortunately that clarity did not extend to the recommendation. The considerable confusion heard in testimony leads your Reference Committee to urge CEJA to make that particular recommendation clearer so physicians needing this guidance can fully understand it. Further, missing from this report on page 2, line 27, is the classification of gender as a protected class. Therefore, your Reference Committee recommends that Council on Ethical and Judicial Affairs Report 1 be referred.

**(16) RESOLUTION 5 - AMERICAN BOARD OF MEDICAL SPECIALTIES
SHOULD ADHERE TO ITS MISSION****RECOMMENDATION:**

Mr. Speaker, your Reference Committee recommends that Resolution 5 be not adopted.

HOD ACTION: Resolution 5 referred.

Resolution 5 asks that our AMA communicate to the ABMS our AMA's opposition to scope of practice limitations through board certifications.