CONSENT CALENDAR FOR APPROVAL

BOT Report 14  Protection of Physician Freedom of Speech
In response to a referred resolution, the BOT recommends keeping the language to maintain the spirit of the original resolution while omitting the “good faith” language debated by the HOD, which will give the AMA greater ability to support physicians, including support from the AMA Litigation Center.

CEJA Report 01  Competence, Self-Assessment and Self-Awareness
Beyond medical school, residency, specialty boards, privileging and credentialing, this report examines maintaining competency as a physician throughout his or her career, periods of stress or other transition points. While noting that there are many fallacies in self-assessment, the report encourages physicians to cultivate self-awareness and self-observation while seeking feedback from third parties.

CEJA Report 03  Amendment to E-2.2.1, “Pediatric Decision Making”
This report, in response to resolutions referred to CEJA asking the AMA to affirm that surgeries in pediatric patients with differences in sex development be delayed, until the patient can have meaningful input. In their report, CEJA elucidates that evidence to guide such decisions is both limited and contested. CEJA notes that due to the lack of clinical consensus in these situations, guidance is not in their purview. CEJA offers recommendations for physicians handling such situations at the conclusion of their report.

CEJA Report 04  CEJA Role in Implementing H-140.837, “Anti-Harassment Policy”
After the HOD recommended that CEJA have the authority and responsibility to discipline members to address allegations of harassment during meetings associated with the AMA, CEJA has concluded this is not in their purview and does not have the resources to perform this function for the AMA.

CEJA Report 05  Physicians’ Freedom of Speech
Believing that the Code informs on the topic already, CEJA recommends not adopting language that would support physicians not being subjected to disciplinary or termination actions based on their actions under freedom of speech law to express their personal opinions.

002  Protecting the Integrity of Public Health Data Collection
Introduced by GLMA, the resolution asks for inclusion of sexual orientation and gender identity data to be included in national and state surveys, citing efforts to remove such data from the National Survey of Older Americans Act (funds critical services that keep older adults healthy and independent) and the NCVS (one of two main sources of data on crime in the United States and is a vital source of national data on policy-relevant subjects related to hate crimes, intimate-partner violence, and other criminal victimization subjects). Second resolved could be strengthened by changing to affirmative of inclusion.

003  Mental Health Issues and Use of Psychotropic Drugs for Undocumented Immigrant Children
This resolution, submitted by Indiana, asks the AMA to oppose governmental practice of separating undocumented migrant children from their parents after crossing into the US. The first resolved clause may need wordsmithing, as there appears to be a fragment at the end of the sentence. Furthermore, in response to reports of children receiving psychotropic, sedatives and anti-seizure medications at a facility in Texas, without their parents’ consent after they were separated from their families, the second resolved asks that the AMA oppose this practice except in emergency circumstances. The third resolved clause asks for the government to develop policies to decrease stress and trauma associated with the separation for these children.
RESOLUTIONS FOR DISCUSSION

001 Support of a National Registry for Advance Directives
Noting that there is no national central registry for power of attorney, living will or advance directive information, the resolution asks that the AMA advocate to establish one which is free, confidential and secure.

CEJA Report 02 Study Aid-in-Dying as End of Life Option / The Need to Distinguish “Physician Assisted Suicide” and “Aid-in Dying”
CEJA, in their report, advocates for “physician assisted suicide” versus “death with dignity” phraseology, even though they may be negative connotations with the former. With feedback from the literature, other professional organizations, open forums, previous HOD testimony and examining practices from other countries, CEJA recommends that referred resolutions not be adopted, where the AMA would take a neutral stance on the practice.