CONSENT CALENDAR FOR APPROVAL

BOT Report 0 5   Effective Peer Review
This report attempts to address the issue of hospital retaliation against physicians participating in peer review in which the hospital may have been seen in a bad light. Current federal and state peer review protections, and current AMA policies do not specifically include this scenario. Opening federal law to amending could open NPDB so is not recommended. The report calls for amending AMA policies to include retaliation, and provide aid to state and national societies to seek changes in current state protections.

BOT Report 0 7   Medical Reporting for Safety-Sensitive Positions
Addresses the FAA BasicMed program which allows non-commercial aviators to have their medical certification completed by any licensed physician. Recommends educating physicians regarding mental health and other conditions of concern, advocate for a uniform reporting mechanisms, and asks CEJA to review the implications of this system.

CC&B 01*   Amended Bylaws – Specialty Society Representation – Five Year Review
At A17, 2 specialty societies that had not met membership requirements after a 1 year grace period. After back and forth in the house, and a vote to give another 1 year grace period, they were terminated. This report reviews the background of the bylaws governing this, identifies some unanswered issues regarding those rules, and proposes bylaw language to clarify those issues.

CEJA Report 01*   Competence, Self-Assessment and Self-Awareness
Explores the issue commitment to competence and attempts to set an ethical standards by which physicians can endeavor to maintain competence throughout their careers through self-awareness, self-assessment, and external feedback.

CEJA Report 0 2   Ethical Physician Conduct in the Media
Explores the relationship between physicians and the public through various media roles, and the ethical implications. Puts forth recommendations for physicians to follow to ensure their media presence follows ethical guidelines, as “physicians first.”

CEJA Report 0 3   Supporting Autonomy for Patients with Differences of Sex Development (DSD)
BOT 7-I-16, which was in response to a medical student resolution of the same name, was referred to CEJA to create ethical guidelines for surgery on pediatric DSD patients. Current AMA policy does not address treatment of DSD patients. This proposes changes to policy “Pediatric Decision Making” to include language regarding these issues, and preserving the child’s right to an “open future.”

002   Intimate Partner Violence Policy and Immigration
calls the AMAM to advocate for a reexamination of mandatory domestic violence reporting and it’s possible adverse impact on care of undocumented persons, and work with stakeholders on clarifying what should trigger reporting, what the implication of mandatory reporting are.

003   Revision of AMA Policy Regarding Sex Workers
Seeks to replace the word prostitution or prostitute with “sex work” or “sex workers” in policy re: AIDS prevention as the former is felt to have a stigma that is detrimental to public health efforts.
Tissue Handling
sets policy that laws directing that tissue from pregnancy termination not be treated any differently that tissue from other medical procedures (i.e. not be legislated that it be interred)

CONSENT CALENDAR FOR DENIAL

RESOLUTIONS

FOR DISCUSSION

CEJA Report 04*  Mergers of Secular and Religiously Affiliated Health Care Institutions
Looks at the implications of religious and secular health care systems merging and the possible impact on access to care, especially care not in the ethical directive of the religious (predominantly catholic) institutions. In some areas, these institutions may become the only source of care and concern is that access may be impacted. “choices for care at the end of life, reproductive health care services, and, by some reports, certain services for transgender individuals may all be affected. Limitations on women’s health services have been a focus of concern for obstetricians and gynecologists associated with or employed by religiously affiliated hospitals, with reports of conflict over both elective and clinically indicated surgical sterilization, and management of miscarriage. Restricted access to services can have a disproportionate impact on poor women, and women in rural areas where religiously affiliated institutions are the only providers of care “which may result in ethical conflicts for the physicians at the merging entities. This report recommend rescinding prior policy and replacing with new policy as outlined which essentially states that access to the previous range of services should be preserved, and the effect of mergers on access to the range of care be monitored. I think this should be amended or sent back because there is no suggestion about what happens if the merged facilities fail to provide the range of services provided by the previous independent facilities (e.g. re: reproductive options) it has no real teeth and once a merger occurs it is hard to “unring to bell.’

001  Disaggregation of Data Concerning the Status of Asian-Americans
Asks that our AMA support disaggregation of data regarding Asian-Americans due to the socioeconomic disparities within subgroups. This resolution is fairly vague in how these subgroups should be defined and needs further clarification otherwise it does not seem to add to existing AMA policy IMO

005*  Protection of Physician Freedom of Speech
looks for policy supporting physicians ability to express medical opinion (e.g. use of opioids or marijuana) in public speaking without fear of litigation, and directs litigation center to provide support for constituents sued for expressing good faith medical opinions

006*  Physicians’ Freedom of Speech
seeks to change policy to protect freedom of speech, especially on social media, from being subject to disciplinary action or termination. Seems overly broad, protecting the “expression of personal opinions” can be pretty extreme as recent social media events have demonstrated