



American Medical Association 2023 Interim Meeting Highlights

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The American Medical Association's (AMA) House of Delegates (HOD) met in November 2023 in National Harbor, Maryland. A central theme of the meeting was Medicare payment cuts, but a range of other topics were discussed. Summarized here are three resolutions considered by the HOD.

Medically appropriate psychotropic use and long-term care facilities

Nursing home residents and their families rely on nursing homes to provide quality care in a safe environment. Nursing homes are statutorily required to protect residents' rights. In 2011, the US Office of the Inspector General (OIG) raised quality and safety concerns about antipsychotic medication use for nursing home residents. The Centers for Medicare & Medicaid (CMS) began monitoring nursing home use of antipsychotics in 2012. OIG determined that between 2011 and 2019, 80% of Medicare's long-stay nursing home residents were prescribed a psychotropic drug (1,2). Given these and related concerns (such as the US Food and Drug Administration's Black Box warning regarding the risk of death for antipsychotics in patients with dementia), patients in long-term care facilities have suffered inappropriate tapering of psychotropics. Declines in antipsychotic prescribing during the CMS National Partnership occurred among long-term care residents in hospice, where use may be deemed clinically appropriate (3). At the Interim Meeting, physicians practicing in nursing homes and other geriatric settings testified in opposition to the proposed criminalization of prescribing psychotropic medications, expressing concerns that they cannot provide psychotropic medicine because of fears related to

current policies (4). The AMA adopted a resolution to advocate that CMS revise the existing measure for psychotropic prescribing in nursing homes to ensure residents have access to all medically appropriate care (4).

Reconsideration of physician assisted suicide (PAS) and adoption of the term “medical aid in dying” (MAID)

In 2016, the AMA official reiterated its opposition to PAS, declaring it incompatible with a physician’s role as healer, and noting PAS would be impossible to control and would pose a risk to society (5). Since then, PAS has been legalized in six additional states and Washington DC, and is now legal in 10 US jurisdictions (6). Although statutory requirements vary, in order to qualify for PAS, an individual must have a terminal illness (with a prognosis of six months or less), be able to self-administer the medication cocktail, make several requests for PAS (verbally as well as in writing), be of sound mind when making the requests, and be free from outside influence (7). In several European countries (and, as of 2024, in Canada), individuals with psychiatric illness are eligible for PAS (8). Although this is not the case in the US, Gaudiani et al. published a case series in which individuals with a psychiatric illness (anorexia nervosa) were approved for physician-assisted suicide on the premise that they suffered from a terminal form of anorexia (9). “Terminal anorexia,” a condition hitherto never described, appeared to have been formulated to ensure that the individuals in the case series conformed to the statutory regulations required for MAID. Many physicians who treat individuals with severe eating disorders responded by eschewing Gaudiani’s description of “terminal anorexia,” citing concerns regarding the capacity of individuals with a psychiatric illness such as anorexia to make decisions regarding PAS (10-13). Testimony proffered at the meeting reflected concern regarding the slippery slope of PAS, especially as it pertains to individuals with treatable illnesses, including but not limited to psychiatric ones.

The AMA adopted a resolution to oppose criminalization of physicians and other health professionals who engage in PAS at a patient's request and with their informed consent (14). The AMA will also oppose civil or criminal legal action against patients who engage in or attempt to engage in medical aid in dying. The resolution states that the term

“medical-aid-in-dying” (MAID) may be used in place of PAS in policies and directives. Despite these changes in policy, the AMA did not adopt a neutral stance on PAS/MAID. Before making any further changes to its position, the AMA will be reviewing government data, health services research, and clinical practices in domestic and international jurisdictions in which MAID is legal. Dr. Westmoreland testified in the hearing on this resolution.

Improving access to forensic medical evaluations and legal representation for asylum-seekers

Global conflicts, violence and the threat of persecution have led to a large increase in asylum seekers and refugees. Individuals seeking asylum often have a history of physical as well as emotional trauma. In the US, an increasing number of individuals apply for asylum, though the number being granted asylum has declined (15). Asylum seekers must demonstrate that they have suffered or will likely suffer persecution in their country of origin based on political opinion, race, religion, nationality, or ethnicity. Well-documented objective evidence of torture, ill-treatment or trauma has been shown to increase the likelihood of being granted asylum. According to a recent study, 89% of asylum seekers who had undergone a clinical evaluation were granted asylum, in contrast with a national average of 37.5% of asylum seekers (16).

A resolution was adopted to support efforts to train and recruit physicians to conduct medical and forensic psychiatric evaluations of asylum seekers through a training initiative (14). Dr. Piel testified in support of the resolution and the applicability to forensic psychiatric training.

Other resolutions relevant to AAPL members included protecting the health of patients incarcerated in for-profit prisons; improving access to post-acute medical care for patients with substance use disorders; and developing model principles on Good Samaritan protections for physicians under state and federal laws that would encourage the prompt rendering of emergency care. The AAPL delegation was active at the meeting, with testimony and consultation on a number of resolutions. In addition to those

mentioned, Dr. Piel testified on parameters for the use of health records in criminal proceedings and led the resolution review for the Committee on Constitution and Bylaws.

The AAPL delegation welcomed new AAPL Executive Director Dana Cooper to the meeting and said goodbye to Jackie Coleman, whom we thank for her years of service to the organization and leadership.

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