

AMA-MSS I'05 Resolutions Assigned to UT-Houston (# 13, 14, 15,)

Respectfully Submitted by: T.J. Seiter, Jr. – thomas.j.seiter@uth.tmc.edu

Resolution 13: Increasing Consumption of Fruits and Vegetables

I. Summary: This resolution asks the AMA to adopt policy encouraging the U.S. Department of Agriculture to significantly increase subsidies to domestic producers of fruits and vegetables, thereby lowering prices, thereby increasing consumption by those with lower income who are most susceptible to obesity, heart disease, stroke, and cancer, thereby contributing to prevention of those diseases, which would in turn save tax payer dollars.

II. Reasons for Support: The diseases mentioned are a crisis. This would probably work to some degree. It is critical to recognize the economics of the situation and attack the problem from that angle.

III. Reasons for Dissent: Farm subsidies are a very divisive issue. They are primarily designed to help the farmers, which only indirectly helps the consumer. The efficiency of the dollars spent would not be very high, especially compared to other methods of approaching the economic side of the issue. More fundamental issues might better be addressed such as better education leading to higher income and better health. If tax-payer dollars and AMA dues are spent putting out the fire, then we won't need to deal with the smoke.

IV. Citing of Relevant AMA Policy:

D-150.993 Obesity and Culturally Competent Dietary and Nutritional Guidelines. Food pyramid improvements including cultural and socioeconomic considerations.

D-60.990 Exercise and Healthy Eating for Children. Evidence-based nutrition standards for school cafeterias, and enhancement of exercise education.

D-440.980 Recognizing and Taking Action in Response to the Obesity Crisis. Study of obesity issue, and re-establish good phys-ed in schools.

H-150.953 Obesity as a Major Public Health Program. Recognition of complexity of the issue of obesity and steps to be taken to address it from a public health perspective.

H-440.902 Obesity as a Major Health Concern. Recognition of the cultural and socioeconomic factors of obesity.

V. Recommendation: Oppose. While it will take this type of creativity to fight the problem, we can spend money more wisely.

Resolution 14: Physician Objection to Treatment and Individual Patient Discrimination

I. Summary: Updates AMA ethical code regarding conscientious objection and right-to-choose issues. Recent lawsuits have shown a conflict in the AMA ethical code, specifically: can't discriminate based on sexual orientation, but can decline a potential patient when the treatment sought conflicts with the physician's beliefs. Specifically, in [Case: Benitez v. North Coast Women's Care Medical Group](#), a lesbian wanted insemination as an infertility treatment, but the doctor just delayed doing it instead of doing something else, like referring to another doctor. Also, there is the issue of pharmacies issuing abortion medication.

II. Reasons for Support: The AMA needs to provide clearer ethical guidance on these issues. The AMA has a responsibility to help physicians navigate the system to provide good care without compromising their values or being sued.

III. Reasons for Dissent: None.

IV. Citing of Relevant AMA Policy:

E-1.001 Principles of Medical Ethics. The ethics code of the AMA.

E-9.12 Patient-Physician Relationship: Respect for Law and Human Rights. Outlines contractual nature of relationship.

E-10.05 Potential Patients. Source of ethical conflict.

120.007MSS Patient Access to Legal Pharmaceuticals under Pharmacist Conscientious Objector Policy. Concerns providing alternative access when the pharmacist objects to issuing the medication.

H-65.993 Abuse of Medicine for Political Purposes. The AMA opposes the use of the practice of medicine to suppress political dissent wherever it may occur.

H-65.983 Nondiscrimination Policy. The AMA does not discriminate based on sexual orientation.

V. Recommendation: Support. It is important to keep ethical codes up to date with the times without diluting them, and that is what this does.

Resolution 15: Increasing Awareness of the Benefits and Risks Associated with Complementary and Alternative Medicine

I. Summary: Updates AMA policy on CAM to include CAM research, and to require medical school curriculums to cover risks and benefits of common CAM therapies, and provide CME on CAM.

II. Reasons for Support: This is a huge white elephant that the AMA cannot ignore. To effectively treat patients, physicians have to understand what they are doing with CAM outside the doctor's office. The only way to do that is through research and education. Also, this resolution approaches the issue in a way that doesn't make it seem like the AMA is endorsing CAM therapies that are ineffective, which is a public relations risk.

III. Reasons for Dissent: It may be difficult for medical schools to incorporate this into the curriculum if they feel like there is not enough information.

IV. Citing of Relevant AMA Policy:

H-480.964 Alternative Medicine.

H-480.973 Unconventional Medical Care in the United States.

V. Recommendation: Support.