

A Resolution Writing Guide for Medical Students

(Courtesy of Stanley Wang, JD - TMA-MSS Chair 1998-99)

I. Introduction

So, you want to make a difference ... you want your voice to be heard. How would you like to have your ideas acted upon by some of the most powerful and visible national (AMA) and statewide (TMA) health care advocates? On more than one occasion, a medical student's idea has led to legislative action in Congress, and thus to widespread changes in health policy.

Resolution writing is the primary means by which a medical student can affect health policy through the AMA or TMA. A resolution (Fig. 1) consists of at least one call to action ("Resolved clause") accompanied by supporting statements or facts ("Whereas clauses"). Once a resolution is written, it is submitted to the AMA-MSS or TMA-MSS where it is debated. Then the resolution may be passed, defeated, postponed, or referred to committee for further study. If passed by the MSS and, subsequently, the HOD, the resolution becomes a binding call to action by which the AMA or TMA will abide. This call to action can lead to legislative proposals and lobbying efforts, national or statewide medical recommendations, or numerous other activities through which the AMA and TMA affect health policy.

Writing a resolution and seeing it through to fruition can be an intimidating process. This resolution writing guide is intended to explain the process (and hopefully encourage more medical students to write resolutions) by providing step-by-step descriptions and suggestions for writing a resolution. Please also refer to the guidelines provided by the AMA-MSS Delegate and Alternate Delegate to the AMA-HOD, which can be found at <http://www.ama-assn.org/mem-data/special/ama-mss/assembly/i97reswr.htm> and also in the Governing Council Updates.

II. Developing the Resolution

FIRST, you must come up with an idea, a way to improve medicine and the public health. Often, resolutions are written to correct a new problem or implement a new procedure, but many resolutions simply seek to clarify or modify existing medical, legal, or ethical standards.

There are many sources of ideas for resolutions: personal experiences, medical journals (JAMA, NEJM, etc.), general publications (Newsweek, USA Today, CNN Interactive, etc.), government documents (CDC reports, FDA notices, etc.), and so on. Once you have an idea, evaluate it by asking yourself some questions:

Will it improve the public's health or the practice of medicine?

Is this the most efficient and practical way to do it?

Are there any potentially negative consequences?

SECOND, before going any further, you should research existing AMA or TMA policy. **One of the most common downfalls of MSS resolutions is REDUNDANCY!!** Ask yourself:

Will the resolution be significantly different from existing policy?

Does it conflict with existing policy? If so, is this desirable **and defensible**?

Sources of existing AMA policy include:

PolicyFinder (an *excellent* searchable compendium: http://enet.ama-assn.org/public/freefile/ama_a98.exe)

AMA Policy Compendium
MSS Digest of Actions
MSS Services: **Rebecca Gierhahn** [(800)262-3211, ext. 4753, Rebecca_Gierhahn@ama-assn.org]

Sources of existing TMA policy include:

TMA Policy Compendium

MSS/RFS Coordinator: **Ann Pargac** [(800)880-1300, ext. 1402, ann.pargac@texmed.org]

Be sure to contact Rebecca or Ann early on to make sure that your efforts do not duplicate the most recent actions of the AMA or TMA.

You may also want to check existing federal and state laws and regulations to ensure that your resolution does not duplicate or conflict with existing legal requirements (unless conflict is desirable and defensible).

THIRD, do the necessary background research to support your cause. Try to find relevant AMA or TMA policies, statistics, analyses, surveys, commentaries, etc. both for and against your resolution. *Be sure to keep a record of your references.* This information will be used to develop your Whereas clauses and may also affect what you say and how you say it when you defend your resolution during debate at the MSS (or HOD!) Assembly.

Sources of background information include:

Existing AMA/TMA policies

MEDLINE

Libraries (medical, law, public, etc.)

Internet (Yahoo, AMA/TMA web sites, government/Congressional web sites, etc.)

Medical journals

Other journals

You should also contact the student representatives on the various AMA and TMA councils and committees. To find out who these students are and how to get in touch with them, contact Rebecca Gierhahn or Ann Pargac.

Another great source of information is the TMA library. You can call the TMA library and have them do searches and pull articles for you on a given topic for free. Inquire at (800) 880-1300.

III. Writing the Resolution

Please refer to Figure 1 as necessary.

INTRODUCED BY: You should list the author(s) of the resolution. If there are multiple authors, they are often (but not always) listed in order of decreasing contribution to the resolution. Authors should be identified according to the school(s) which they attend. Once the resolution is passed by a body of students, that body may be listed as the introducing party (e.g. if the resolution is passed by the TMA-MSS and forwarded to the AMA-MSS, the resolution would then read "Introduced by: Texas Delegation").

TITLE. This is the first impression people get of your resolution. The title should succinctly state the main issue addressed by the resolution. The title should not mislead readers as to the content of the resolution (e.g. "Prenatal Care" for a resolution that seeks primarily to ban abortions).

WHEREAS CLAUSES. Each Whereas clause should provide a clear statement or fact in support of the Resolved clause or its necessity. Each Whereas clause should be succinct--*no more than one sentence long*. Whereas clauses can describe the problem that the Resolved clause is intended to address, explain how the Resolved clause will correct the problem, or otherwise defend or support the Resolved clause in any other way. Statements of fact should generally be footnoted with an appropriate reference.

RESOLVED CLAUSE(S). *Each Resolved clause must be able to stand on its own*. Commonly, during the debate of a resolution with two Resolved clauses, one Resolved clause is defeated or eliminated by amendment, leaving only the remaining Resolved clause. Thus, it is very important that each Resolved clause contains an actionable request and makes sense when read alone. *Resolved clauses should each be a single sentence in length*. Be aware of the difference between an “internal” resolution which affects MSS policy (Resolved, That the TMA-MSS ...) and an “external” resolution which affects the entire AMA or TMA (Resolved, That the TMA ...). Use separate Resolved clauses for internal and external action items.

FISCAL NOTE. Do not put a fiscal note on the resolution that you submit. Staff will add its fiscal evaluation after the resolution has been submitted. Be sure to triple check your resolution for spelling and grammatical errors. Also, try to limit your resolution to *one page*.

IV. Submitting the Resolution

Be aware of all AMA or TMA deadlines for resolutions. If the resolution is urgent, it may be submitted after a deadline; however, it will then be up to the Rules Committee and a vote of approval by 2/3 of the Assembly or HOD to determine whether your resolution is truly urgent and deserving of immediate consideration.

To submit your resolution to the AMA-MSS, send a copy via e-mail to the AMA-MSS at mss@ama-assn.org and follow it up by phoning Rebecca Gierhahn. Also, consider submitting your AMA-MSS resolution through the TMA-MSS or AMA-MSS Section III, where it can be debated, approved, and forwarded to the AMA-MSS. This gives your resolution the advantage of having the full support of the large, influential Texas Delegation or Section III to the AMA-MSS Assembly. When forwarding a resolution to the AMA-MSS, please provide a copy to Ann Pargac, TMA Section Coordinator.

To submit your resolution for consideration by the TMA-MSS, send a copy via e-mail (preferably as a MSWord document) to Ann Pargac, fax her a copy (512-370-1693), or mail a copy to her at 401 W. 15th St., Austin, TX 78701. Follow up with a phone call to Ann to ensure that she has received your resolution.

Similarly, when submitting resolutions to the AMA-HOD or TMA-HOD, it is wise to first go through the MSS and gain the support of the entire medical student section.

If possible, submit a copy of your references along with your resolution or, alternatively, to the reference committee that will be handling your resolution.

V. Debating the Resolution

Debate on your resolution begins *prior to* the Assembly. It helps if you can have preliminary discussions with AMA-MSS or TMA-MSS members from other medical schools. Not only will you develop rapport with these students and probably gain their support at the Assembly (as well as the support of those whom they influence), you may also learn of new arguments for and against your resolution and thus be able to prepare yourself more fully for debate at the Assembly.

Avenues of communication for these preliminary discussions include:

Direct contact with members
MSSNET and other listservs (e.g. Section III)
AMA Enet (<http://enet.ama-assn.org>)
Discussion at school or state caucuses

Spend some time preparing for debate by reviewing your references, outlining your arguments and counter-arguments, and discussing your resolution with your classmates, friends, family, patients, or anyone else who can provide a different perspective.

It is important to be there to defend your resolution at the Assembly, or to have someone who is familiar with your resolution be there to do it for you. **At the TMA House of Delegates, only section delegates can defend resolutions on the floor of the House. This also applies to the AMA-HOD. However, non- HOD members are allowed to testify on behalf of a resolution during the TMA-HOD and/or AMA-HOD Reference Committee Hearings.** Many resolutions have been defeated simply because nobody was there to answer an easy question brought up at the Assembly.

Work the crowds at the Assembly beforehand. Simply meeting people and making new friends, even while not discussing your resolution, can improve your chances for winning the approval of the Assembly when the time comes for voting on your resolution.

Be the first to speak on your resolution [at the MSS Assembly (and/or TMA-HOD or AMA-HOD if you are a delegate) and in any reference committees beforehand]. Introduce yourself and briefly explain why the resolution is necessary and should be passed. Defuse the main arguments against your resolution before they can be brought up, while letting marginal arguments against your resolution lie (especially those you came up with yourself), as they may not even be brought up in debate. If you feel that your counter-arguments are forceful and persuasive, you may consider leaving yourself open for the opposing argument so that you can eloquently state your counter-arguments. Be amenable to editorial changes, or even minor amendments, if they do not change the effect of your resolution. You will win the votes of those who suggested or supported those changes.

After all is said and done, your resolution will be voted upon. If defeated, do not be discouraged because many, many other good resolutions have been defeated in the past, often for insignificant reasons. If referred to committee, take note and consider submitting additional information to the committee (or even making a personal appearance at the committee to defend your resolution or rebut arguments made on the floor). If passed, follow up on your resolution at the HOD and through implementation.

VI. Concluding Remarks

I hope that this guide is helpful to you, and I encourage you to develop your ideas into resolutions and submit them. The only way to ensure that national and state health policy is well-considered is to make sure that all ideas are available for debate, and the only way to ensure that is for you to voice your ideas through the resolution writing process. Please feel free to contact any member of your TMA Executive Council if you have any questions or would like advice about any part of this process.

Stanley Wang, JD - TMA-MSS Chair 1998-1999

Figure 1. Sample resolution submitted to TMA-MSS Assembly

TEXAS MEDICAL ASSOCIATION MEDICAL STUDENT SECTION

Resolution: #1

Introduced by: Stanley Wang, University of Texas Southwestern Medical School/University of Pennsylvania Law School
K. Christopher McMains, University of Texas Southwestern Medical School
Vishal Nigam, Baylor College of Medicine
Monique Spillman, University of Texas Southwestern Medical School

Subject: Out-of-Hospital Do-Not-Resuscitate (DNR) Orders

Whereas, The right of a competent person to refuse medical treatment is a constitutionally protected liberty interest¹; and

Whereas, A Do-Not Resuscitate (DNR) order represents an exertion of this legal right; and

Whereas, The AMA supports the use of DNR orders requested by “chronically and terminally ill patients confined to home or other community setting”² or “patients at risk of cardiac or respiratory failure”³; and

Whereas, The wording of current policy might be construed as being applicable in only certain out-of-hospital situations²; and

Whereas, While the use of in-hospital DNRs is common, there is no national standard for out-of-hospital DNRs, and patients residing in non-institutional settings may thus be revived against their wishes; and

Whereas, The Texas legislature has recently passed legislation which allows patients to legally utilize out-of-hospital DNR orders⁴ and calls for the use of DNR identification devices to facilitate the determination of a patient’s DNR status by medical personnel⁵; therefore be it

RESOLVED, That the AMA support the extension of the right of terminally and chronically ill patients to utilize DNR orders in all non-hospital settings; and be it further

RESOLVED, That the AMA develop model legislation similar to the Texas statute which protects the rights of terminally and chronically ill patients to have their DNR wishes honored by emergency personnel in all out-of-hospital settings.

References:

- 1 This interest is protected under the Due Process clause of the Fourteenth Amendment to the U.S. Constitution. *Cruzan v. Director, Missouri Department of Health*, 497 U.S. 261, 278 (1990); *Washington v. Harper*, 494 U.S. 210 (1990); *Winston v. Lee* 470 U.S. 753 (1985); *Mills v. Rogers*, 457 U.S. 291 (1982); *Schmerber v. California*, 384 U.S. 757 (1966). Note, however, that in some compelling circumstances a competing state interest may override the individual's liberty interest. *Jacobson v. Massachusetts*, 197 U.S. 11 (1905); *Youngberg v. Romeo*, 457 U.S. 307 (1982).
- 2 American Medical Association. Policy Compendium. HOD Policy 140.962.
- 3 American Medical Association. Policy Compendium. CEJA Opinion E-2.22.
- 4 1995 TX S.B. 673, as amended by 1995 TX S.B. 1161 (codified at Tex. Health & Safety Code §§674.001-674.024 (1997)).
- 5 Texas Health & Safety Code §674.010 (1997).

Figure 1. Sample resolution submitted to AMA-MSS Assembly

AMERICAN MEDICAL ASSOCIATION MEDICAL STUDENT SECTION

Resolution: #(assigned by AMA)
(A-2000)

Introduced by: Texas Delegation (provided that it has been adopted and forwarded by the TMA-MSS)

Subject: Out-of-Hospital Do-Not-Resuscitate (DNR) Orders

Referred to: Reference Committee A
John Doe, Chair

Whereas, The right of a competent person to refuse medical treatment is a constitutionally protected liberty interest¹; and

Whereas, A Do-Not Resuscitate (DNR) order represents an exertion of this legal right; and

Whereas, The AMA supports the use of DNR orders requested by “chronically and terminally ill patients confined to home or other community setting”² or “patients at risk of cardiac or respiratory failure”³; and

Whereas, The wording of current policy might be construed as being applicable in only certain out-of-hospital situations²; and

Whereas, While the use of in-hospital DNRs is common, there is no national standard for out-of-hospital DNRs, and patients residing in non-institutional settings may thus be revived against their wishes; and

Whereas, The Texas legislature has recently passed legislation which allows patients to legally utilize out-of-hospital DNR orders⁴ and calls for the use of DNR identification devices to facilitate the determination of a patient’s DNR status by medical personnel⁵; therefore be it

RESOLVED, That the AMA support the extension of the right of terminally and chronically ill patients to utilize DNR orders in all non-hospital settings; and be it further

RESOLVED, That the AMA develop model legislation similar to the Texas statute which protects the rights of terminally and chronically ill patients to have their DNR wishes honored by emergency personnel in all out-of-hospital settings.

References:

- 1 This interest is protected under the Due Process clause of the Fourteenth Amendment to the U.S. Constitution. *Cruzan v. Director, Missouri Department of Health*, 497 U.S. 261, 278 (1990); *Washington v. Harper*, 494 U.S. 210 (1990); *Winston v. Lee* 470 U.S. 753 (1985); *Mills v. Rogers*, 457 U.S. 291 (1982); *Schmerber v. California*, 384 U.S. 757 (1966). Note, however, that in some compelling circumstances a competing state interest may override the individual's liberty interest. *Jacobson v. Massachusetts*, 197 U.S. 11 (1905); *Youngberg v. Romeo*, 457 U.S. 307 (1982).
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