AMERICAN OSTEOPATHIC ASSOCIATION

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98th ANNUAL AOA HOUSE OF DELEGATES MEETING
As of July 23, 2018

HOUSE OF DELEGATES' PUBLIC AFFAIRS REFERENCE COMMITTEE

(400 series) - This reference committee reviews and considers matters relating to public and industrial health, research and physical fitness.

Res. No.	Resolution Title	Submitted By	Action
H-400	Blood Donors, Increasing the Number of (H400-A/13)	BSAPH	APPROVED *(for sunset)*
H-401	Gambling Disorder (H401-A/13)	BSAPH	APPROVED
H-402	Environmental Health (H402-A/13)	BSAPH	APPROVED
H-403	Airbags in Automobiles (H403-A/13)	BSAPH	REFERRED
H-404	Choosing Wisely Campaign (H404-A/13)	BOCER	APPROVED
H-405	Cervical Cancer, Screening for (H405-A/13)	BSAPH	APPROVED
H-406	Healthy Life Styles (H406-A/13)	BSAPH	APPROVED
H-407	Medication Take-Back Program (H407-A/13)	BSAPH	APPROVED
H-408	Fire Prevention – Teaching of (H408-A/13)	BSAPH	APPROVED
H-409	Healthy People 2010 (H409-A/13)	BSAPH	APPROVED
H-410	Distribution of Sterile Syringes and Needles to IV Drug Abusers – Approval of (H410-A/13)	BSAPH	APPROVED *(for sunset)*
H-411	Immunizations (H411-A/13)	BSAPH	APPROVED
H-412	Patient Education (H413-A/13)	BSAPH	APPROVED
H-413	Pediatric Drug Testing (H414-A/13)	BFHP	APPROVED *(for sunset)*
H-414	Substance Abuse (H415-A/13)	BSAPH	APPROVED as AMENDED
H-415	Tuberculosis Medical Training (H416-A/13)	BSAPH	APPROVED
H-416	Pediatric Medical Imaging (H417-A/13)	BSAPH	APPROVED
H-417	Disaster Preparedness Planning (H420-A/13)	BSAPH	APPROVED as AMENDED
H-418	Distracted Driver Awareness (H421-A/13)	BSGA	APPROVED as AMENDED
H-419	Pediatric Obesity (H423-A/13)	BSAPH	APPROVED

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Res. No.	Resolution Title	Submitted By	Reference Committee
H-420	Osteopathic Manipulative Treatment of Somatic Dysfunction of the Head, Safety in (H426-A/13)	BOCER	APPROVED as AMENDED
H-421	Physician-Patient Relationship as Related to Proposed Gun Control Laws, Protection of the (H427-A/13)	BSAPH	REFERRED
H-422	Energy Drinks (H428-A/13)	BSAPH	APPROVED
H-423	"Opioid Overdose" Deaths in America – Epidemic (H429-A/13)	BSAPH	APPROVED
H-424	Human Immunodeficiency Virus (HIV) Testing – Clinical and Public Health Application of (H430-A/13)	BSAPH	APPROVED
H-425	Breastfeeding Exclusivity (H433-A/12)	BSAPH	APPROVED as AMENDED
H-426	Breastfeeding – Protecting (H600-A/13)	BFHP	APPROVED
H-427	American Osteopathic Association Makes Public Statement and Develops Protocols to Prevent Sexual Abuse of Patients	MOA	APPROVED as AMENDED
H-428	Concerns in Homeless Population	MOA	APPROVED as AMENDED
H-429	Patient Discrimination of Osteopathic Physicians	IOMA	REFERRED
H-430	Physician Assisted Death (Response to RES. NO. H-341 - A/2017 TASK FORCE TO STUDY PHYSICIAN AID IN DYING)	ELPTF	DISAPPROVED

SUBJECT: H400-A/13 BLOOD DONORS, INCREASING THE NUMBER OF

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be SUNSET:

H400-A/13 BLOOD DONORS, INCREASING THE NUMBER OF

The American Osteopathic Association (AOA) stand with the American Red Cross, American Blood Centers and American Association of Blood Banks (AABB) in calling to end the indefinite deferment period for Men who have sex with Men (MSM), and supports the American Red Cross, AABB and American Blood Banks request that the FDA modify the exclusion criteria for MSM to be consistent with deferrals for those judged to be at an increased risk of infection. 2013.

Behavior-Based Blood Donors Deferrals in the Era of Nucleic Acid Testing (NAT)
Blood Products Advisory Committee, March 9, 2006
Steven Kleinman, MD - Senior Medical Advisor, AABB

AABB, America's Blood Centers (ABC) and American Red Cross (ARC) thank the Food and Drug Administration (FDA) for the opportunity to speak at today's meeting. AABB, ABC, and ARC commend FDA for holding a workshop to review the issues associated with the deferral of prospective blood donors on the basis of an elicited history of behavioral risk. In the context of that workshop, we would like to comment on the deferral criteria for men who have previously had sex with men.

On September 14th, 2000, AABB spoke before the Blood Products Advisory Committee, making the following recommendation:
"Since 1997 AABB has advocated that the deferral period for male to male sex be changed to 12 months. Modifying the deferral time period for male to male sexual contact to 12 months will make that deferral period consistent with the deferral period for other potentially high risk sexual exposures and will improve the clarity and consistency of the donor screening questions. The potential donor will be directed to focus on recent, rather than remote risk behaviors and should have better recall for answers to the screening questions."

The recommendation was not accepted, largely on the grounds that any relaxation in the criteria would increase the number of Human Immunodeficiency virus (HIV) seropositive individuals presenting to give blood and thereby increase risk to recipients because of false negative laboratory screening or inadvertent release of infectious units. We now have evidence to show that the vast majority of donors with prevalent infections will be positive by both antibody tests and nucleic acid amplification testing (NAT), thus assuring redundancy in laboratory testing.

AABB, ABC and ARC believe that the current lifetime deferral for men who have had sex with other men is medically and scientifically unwarranted and recommend that deferral criteria be modified and made comparable with criteria for other groups at increased risk for sexual transmission of transfusion-transmitted infections. Presenting blood donors judged to be at

risk of exposure via heterosexual routes are deferred for one year while men who have had sex with another man even once since 1977 are permanently deferred.

Current duplicate testing using NAT and serologic methods allow detection of HIV- infected donors between 10 and 21 days after exposure. Beyond this window period, there is no valid scientific reason to differentiate between individuals infected a few months or many years previously. The FDA-sanctioned Uniform Donor History Questionnaire was developed recognizing the importance of stimulating recall of recent events to maximize the identification of donors at risk for incident, that is, recent, infections. From the perspective of eliciting an appropriate risk history for exposure to HIV and other sexually transmitted infections, the critical period is the three weeks immediately preceding donation since false negative NAT and serology reflect these window-period infections, and the length of these window periods provide the scientific basis for the deferral periods imposed for at risk sexual behaviors.

It does not appear rational to broadly differentiate sexual transmission via male-to-male sexual activity from that via heterosexual activity on scientific grounds. Neither does it seem reasonable to extend this reasoning to other infectious agents. To many, this differentiation is unfair and discriminatory, resulting in negative attitudes to blood donor eligibility criteria, blood collection facilities and, in some cases, to cancellation of blood drives. We think FDA should consider that the continued requirement for a deferral standard seen as scientifically marginal and unfair or discriminatory by individuals with the identified characteristic may motivate them to actively ignore the prohibition and provide blood collection facilities with less accurate information.

AABB, ABC and ARC acknowledge the concern that relaxation of deferral criteria may increase the number of presenting donors who are marker positive. However, this impact has not been measured directly; it has only been modeled using what may be incomplete assumptions. The blood collectors are willing to assist in collecting data regarding the actual impact of changes in the deferral, in order to allow for informed decision-making, and/or for the development of additional, appropriate interventions to ameliorate the impact.

In summary, AABB, ABC and ARC believe that the deferral period for men who have had sex with other men should be modified to be consistent with deferrals for those judged to be at risk of infection via heterosexual routes. We believe that this consideration should also be extended to donors of human cells, tissues and cellular and tissue-based products.

AABB is an international association dedicated to advancing transfusion and cellular therapies worldwide. Our members include 1800 hospital and community blood centers, transfusion and transplantation services and 8000 individuals involved in activities related to transfusion and transplantation medicine. For over 50 years, AABB has established voluntary standards and inspected and accredited institutions. Our members are responsible for virtually all of the blood collected and more than 80 percent of the blood transfused in this country. AABB's highest priority is to maintain and enhance the safety and availability of the nation's blood supply.

Founded in 1962, America's Blood Centers is North America's largest network of community-based blood programs. Seventy-seven blood centers operate more than 600 collection sites in 45 U.S. states and Canada, providing half of the United States, and all of Canada's volunteer donor blood supply. These blood centers serve more than 180 million people and provide blood products and services to more than 4,200 hospitals and health care facilities across North America. ABC's U.S. members are licensed and regulated by the U.S. Food & Drug Administration. Canadian members are regulated by Health Canada.

The American Red Cross, through its 35 Blood Services Regions and five National Testing Laboratories, supplies nearly half of the nation's blood supply. Over six million units of Whole Blood were collected from more than four million Red Cross volunteer donors, separated into 12 million components, and supplied to 3000 hospitals to meet the transfusion needs of patients last year.

Explanatory Statement:
In 2016, the FDA changed the deferment to 12 months which is consistent with selection criteria for other activities that are used to safeguard the blood supply from equivalent risks of transfusion-transmissible infections.

https://www.fda.gov/BiologicsBloodVaccines/BloodBloodProducts/QuestionsaboutBlood/ucm108186.htm

http://www.aabb.org/advocacy/statements/Pages/statement161215.aspx

ACTION TAKEN **APPROVED *(for sunset)***

DATE **July 22, 2018**

SUBJECT: H401-A/13 GAMBLING DISORDER

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H401-A/13 GAMBLING DISORDER

The American Osteopathic Association supports research on gambling disorder. 1998; revised 2003; reaffirmed 2008; reaffirmed as amended 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H402-A/13 ENVIRONMENTAL HEALTH

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H402-A/13 ENVIRONMENTAL HEALTH
The American Osteopathic Association strongly encourages the federal government to increase its efforts to promote standards which will prevent human suffering and death from environmental threats and hazards; and reaffirms its commitment to support governmental agencies' efforts in eradicating environmentally related health risks. 1970; revised 1978; reaffirmed 1983; revised 1988; reaffirmed 1993; revised 1998, 2003; reaffirmed 2008; reaffirmed 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H403-A/13 AIRBAGS IN AUTOMOBILES

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H403-A/13 AIRBAGS IN AUTOMOBILES

The American Osteopathic Association: (1) supports the ongoing efforts of the National Safety Council (NSC), the National Highway Traffic and Safety Administration (NHTSA), the National Transportation Safety Board (NTSB), and other responsible safety organizations to educate the public regarding the proper use of safety belts, child safety seats and airbags; (2) urges continued corporate development and research into safer airbags; (3) encourages the National Safety Council, the National Highway Traffic and Safety Administration, the National Transportation Safety Board, and other responsible safety organizations to educate the public regarding the benefits and potential dangers of airbags, and (4) urges these organizations continue to examine adult and child fatalities resulting from airbag deployment. 1993; revised 1998, 2003; revised and reaffirmed 2008; reaffirmed 2013.

Reference Committee Explanatory Statement:
This resolution is being referred back to the Bureau of Scientific Affairs and Public Health (BSAPH) to develop a white paper on all automotive safety, including airbags.

ACTION TAKEN **REFERRED *(to BSAPH)***

DATE **July 22, 2018**

SUBJECT: H404-A/13 CHOOSING WISELY CAMPAIGN

SUBMITTED BY: Bureau of Osteopathic Clinical Education and Research

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED as AMENDED:

H404-A/13 CHOOSING WISELY CAMPAIGN

The American Osteopathic Association (AOA) endorses THE SPIRIT OF the "Choosing Wisely Campaign" to help disseminate information and education to patients and health care providers to make ~~wise~~ PRUDENT decisions IN THE EVALUATION AND MANAGEMENT OF MEDICAL CONDITIONS. ~~and will forward information on the Choosing Wisely Campaign to the osteopathic specialty colleges for review and recommendations.~~ THE AOA ALSO SUPPORTS A HIGHER LEVEL OF COMMITMENT TO INCREASING THE EVIDENCE BASE FOR THE EFFECTIVENESS OF OSTEOPATHIC MANIPULATIVE TREATMENT WITH THE ULTIMATE GOAL OF SUBMITTING IT TO BE INCLUDED IN THE CAMPAIGN. 2013.

ACTION TAKEN **APPROVED** *(as amended)*

DATE **July 22, 2018**

SUBJECT: H405-A/13 CERVICAL CANCER, SCREENING FOR

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H405-A/13 CERVICAL CANCER, SCREENING FOR

The American Osteopathic Association encourages all osteopathic physicians and students to continue to educate themselves and their patients on current guidelines related to cervical cancer screening using the Pap and HPV testing. 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H406-A/13 HEALTHY LIFE STYLES

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H406-A/13 HEALTHY LIFE STYLES

The American Osteopathic Association promotes guidelines for healthy life styles and will continue to work with Congress and related state and federal health care agencies to develop those guidelines. A healthy life style includes healthy eating, regular exercise and maintaining a healthy weight. Healthy eating is based on a diet rich in fruits and vegetables, with limited intake of fat, sugar and salt. A healthy life style eliminates the use of tobacco and illicit drugs, and limits alcohol intake. A healthy life style also includes proper care for mental health and encourages connection with one's community. 1992; revised 1997, 2002; 2007; reaffirmed as amended 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H407-A/13 MEDICATION TAKE-BACK PROGRAM

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H407-A/13 MEDICATION TAKE-BACK PROGRAM

The American Osteopathic Association supports the national prescription drug take-back day that aims to provide a safe, convenient and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications; and encourages its state associations and local agencies to sponsor take-back medication days on a frequent basis but at least annually. 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H408-A/13 FIRE PREVENTION – TEACHING OF

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H408-A/13 FIRE PREVENTION – TEACHING OF

The American Osteopathic Association supports fire prevention education. 1988; revised 1993, 1998, 2003; 2008; reaffirmed 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H409-A/13 HEALTHY PEOPLE 2010

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED as AMENDED:

H409-A/13 HEALTHY PEOPLE ~~2010~~2020

The American Osteopathic Association supports "Healthy People ~~2010~~2020." 1998, revised 2003; 2008 [referred for review and comment 2013].

ACTION TAKEN **APPROVED** *(as amended)*

DATE **July 22, 2018**

SUBJECT: H410-A/13 DISTRIBUTION OF STERILE SYRINGES AND NEEDLES TO IV DRUG ABUSERS – APPROVAL OF

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be SUNSET:

H410-A/13 DISTRIBUTION OF STERILE SYRINGES AND NEEDLES TO IV DRUG ABUSERS – APPROVAL OF

The American Osteopathic Association supports the controlled distribution of sterile syringes and needles to IV drug abusers to help abate the spread of blood borne pathogens and to provide an. Opportunity for intervention. 1998; revised 2003; 2008; reaffirmed as amended 2013.

Explanatory Statement:
In 2017, the HOD passed a resolution and white paper H443-A/17 HARM REDUCTION MODALITIES FOR PEOPLE WHO INJECT DRUGS. This white paper addresses this issue.

http://www.osteopathic.org/inside-aoa/about/leadership/aoa-policy-search/Documents/H443-A2017-HARM-REDUCTION-MODALITIES-FOR-PEOPLE-WHO-INJECT-+DRUGS.pdf

ACTION TAKEN **APPROVED** *(for sunset)*

DATE **July 22, 2018**

SUBJECT: H411-A/13 IMMUNIZATIONS

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H411-A/13 IMMUNIZATIONS

The American Osteopathic Association supports the Centers for Disease Control and Prevention in its efforts to achieve a high compliance rate among infants, children and adults by encouraging osteopathic physicians to immunize patients of all ages when appropriate; supports the HHS National Vaccine Implementation Plan; and encourages third-party payers to pay for vaccines and their administration. 1993; revised 1998, 2003; 2008; reaffirmed as amended 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H413-A/13 PATIENT EDUCATION

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H413-A/13 PATIENT EDUCATION

The American Osteopathic Association reaffirms its commitment to the advancement of patient education to promote a better understanding of personal health and wellness. 1983; revised 1988, 1993, 1998, 2003; 2008; reaffirmed 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H414-A/13 PEDIATRIC DRUG TESTING

SUBMITTED BY: Bureau of Federal Health Programs

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau of Federal Health Programs recommend that the following policy be SUNSET:

H414-A/13 PEDIATRIC DRUG TESTING

The American Osteopathic Association supports legislation requiring all pharmaceutical companies to ensure all medications with potential therapeutic benefits for children are tested for their use and that all new appropriate medications to be studied in children at the same time, or soon after, the drug is approved for use in adults. 2003; 2008; reaffirmed 2013.

Explanatory Statement:
New laws on books which make this no longer necessary – *Pediatric Research Equity Act (PREA) and Best Pharmaceuticals for Children Act (BPCA)*

ACTION TAKEN **APPROVED** ***(for sunset)***

DATE **July 22, 2018**

SUBJECT: H415-A/13 SUBSTANCE ABUSE

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H415-A/13 SUBSTANCE ~~ABUSE~~ USE DISORDER

The American Osteopathic Association encourages its members, to maintain current knowledge of addictive substances with a high potential for abuse, and of appropriate treatment techniques, and supports health **CARE** and ~~law enforcement agencies~~ **COMMUNITY SUPPORT AGENCIES** in their efforts to eliminate substance ~~abuse~~ **USE DISORDER**, and urges all members of the osteopathic profession to participate in the prevention and rehabilitation of persons suffering from substance ~~abuse~~ **USE DISORDER** and the disease of addiction. 1978; revised 1983, 1988, 1993, 1998, 2003; 2008; reaffirmed as amended 2013.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 22, 2018**

SUBJECT: H416-A/13 TUBERCULOSIS MEDICAL TRAINING

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H416-A/13 TUBERCULOSIS MEDICAL TRAINING

The American Osteopathic Association supports tuberculosis prevention programs carried out by the Centers for Disease Control and Prevention (CDC), The National Institutes of Health (NIH) and other organizations and encourages the use of the CDC's core curriculum on tuberculosis by osteopathic physicians who treat patients diagnosed with tuberculosis or who are at high risk for tuberculosis disease or infection. 1993; revised 1998; reaffirmed 2003; 2008; reaffirmed as amended 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H417-A/13 PEDIATRIC MEDICAL IMAGING

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H417-A/13 PEDIATRIC MEDICAL IMAGING

The American Osteopathic Association supports the reduction of excess ionizing radiation exposure of the pediatric population and urges its members involved in medical imaging of pediatric patients to review the latest research and educational materials from the National Cancer Institute and other organizations and pledge to do their part to "child-size" the radiation dose used in children's imaging. 2008; reaffirmed as amended 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H420-A/13 DISASTER PREPAREDNESS PLANNING

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H420-A/13 DISASTER PREPAREDNESS PLANNING
The American Osteopathic Association supports the Centers for Disease Control and Prevention's (CDC) Centers for Public Health Preparedness programs established to strengthen terrorism and emergency preparedness by linking academic expertise to state and local health agency needs, including programs that focus on vulnerable populations such as**, BUT NOT LIMITED TO,** pregnant women, new mothers, ~~newborns and~~ infants**, AND THE ELDERLY**. 2008; reaffirmed as amended 2013.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 22, 2018**

SUBJECT: H421-A/13 DISTRACTED DRIVER AWARENESS

SUBMITTED BY: Bureau on State Government Affairs

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on State Government Affairs recommend that the following policy be REAFFIRMED as AMENDED:

H421-A/13 DISTRACTED ~~DRIVERS~~ DRIVING~~AWARENESS~~

The American Osteopathic Association ~~will continue to~~ supportS APPROPRIATE legislation **TO ENSURE SAFE DRIVING WITHOUT DISTRACTIONS** ~~TO REDUCE regarding the banning of activities causing distraction while driving.~~ 2008; reaffirmed 2013.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 22, 2018**

SUBJECT: H423-A/13 PEDIATRIC OBESITY

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H423-A/13 PEDIATRIC OBESITY

The American Osteopathic Association (AOA) encourages dissemination of research related to pediatric obesity and continuing medical education (CME) activities; encourages primary care physicians to teach and use body mass index (BMI) measurements; and encourages physicians providing health care to children to (2008; reaffirmed as amended 2013):

(1) Monitor their patients for excessive weight gain;

(2) Discuss the possible long and short term consequences of excessive weight gain (e.g., cardiovascular and respiratory problems) with patients and parents and institute a treatment plan or a referral as appropriate;

(3) Advise patients to engage in moderate, physical activity daily, limit television, computer and video games, and spend family time together in physical activities; and

(4) Advise parents to eat together as a family, set goals for the appropriate number of fruits and vegetables per day, serve portion sizes that are right for a child's age, limit snacking on empty calorie foods, and serve as role models for eating healthy foods.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H426-A/13 OSTEOPATHIC MANIPULATIVE TREATMENT OF SOMATIC DYSFUNCTION OF THE HEAD, SAFETY IN

SUBMITTED BY: Bureau of Osteopathic Clinical Education and Research

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau of Osteopathic Clinical Education and Research recommend that the following policy be REAFFIRMED:

H426-A/13 OSTEOPATHIC MANIPULATIVE TREATMENT OF SOMATIC DYSFUNCTION OF THE HEAD, SAFETY IN

The American Osteopathic Association (1) promotes public awareness of the complexity and vulnerability of the human central nervous system; (2) promotes public awareness for the safe intervention of physical forces to the head by the educated hands of a trained osteopathic physician; (3) advocates full disclosure to patients of all requirements for accredited education, qualifying training and licensure of AOA recognized medical treatments including osteopathic manipulative treatment of the head; (4) promotes health care laws which supports the teaching of medical interventions to fully qualified professionals; (5) hold the position that medical licensure is the most appropriate foundation for the practice of osteopathic medicine and surgery including osteopathic manipulative treatment of somatic dysfunction of the head including ~~osteopathy in the cranial field~~**OSTEOPATHIC CRANIAL MANIPULATIVE MEDICINE**; and believes that the practice of OMT of somatic dysfunction of the head and ~~osteopathy in the cranial field field~~**OSTEOPATHIC CRANIAL MANIPULATIVE MEDICINE** requires a professional clinical diagnosis, complete medical treatment plan, professional ethics and appropriate follow-up care. 2013.

Reference Committee Explanatory Statement:
In the 1960's, the use of the terms "osteopathic physicians" and "osteopathic philosophy" became preferred terms over "osteopath" and "osteopathy."

In 1994, a resolution was passed at the HOD endorsing the use of preferred terms according to the Glossary of Osteopathic Terminology.

In 2014, the Educations Council on Osteopathic Principles (ECOP), as the authors and editors of the Osteopathic Glossary, voted to change the term "osteopathy in the cranial field" to "osteopathic cranial manipulative medicine."

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 22, 2018**

SUBJECT: H427-A/13 PHYSICIAN-PATIENT RELATIONSHIP AS RELATED TO PROPOSED GUN CONTROL LAWS, PROTECTION OF THE

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED as AMENDED:

H427-A/13 PHYSICIAN-PATIENT RELATIONSHIP AS RELATED TO PROPOSED GUN CONTROL LAWS, PROTECTION OF THE

While the American Osteopathic Association supports measures that save the community at large from gun violence, the AOA opposes public policy that mandates reporting of information regarding patients and gun ownership or use of guns except in those cases where there is duty to protect, as established by the Tarasoff ruling, for fear of degrading the valuable trust established in the physician-patient relationship. THE AOA RECOMMENDS THAT DURING ROUTINE PATIENT CARE, PHYSICIANS ASK PATIENTS AND/ OR CAREGIVERS ABOUT THE PRESENCE OF FIREARMS IN THE HOME AND COUNSEL PATIENTS WHO OWN FIREARMS ABOUT THE POTENTIAL DANGERS INHERENT IN GUN OWNERSHIP, ESPECIALLY IF CHILDREN ARE PRESENT. 2013.

Reference Committee Explanatory Statement:
The amendment, as written, is a separate resolution (unrelated to the Tarasoff ruling) and should be resubmitted as such.

ACTION TAKEN **REFERRED *(to BSAPH)***

DATE **July 22, 2018**

SUBJECT: H428-A/13 ENERGY DRINKS

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H428-A/13 ENERGY DRINKS
The American Osteopathic Association supports community awareness and education regarding the effects and potential dangers of consuming energy drinks, and encourages physicians to screen for the use of energy drinks. 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H429-A/13 "OPIOID OVERDOSE" DEATHS IN AMERICA – EPIDEMIC

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H429-A/13 "OPIOID OVERDOSE" DEATHS IN AMERICA – EPIDEMIC
The American Osteopathic Association recommends systematic evaluation of all available interventions to prevent opioid overdose deaths including patient education and the normalization of take home Naloxone. 2013.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H430-A/13 HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING – CLINICAL AND PUBLIC HEALTH APPLICATION OF

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H430-A/13 HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING – CLINICAL AND PUBLIC HEALTH APPLICATION OF

The American Osteopathic Association supports widespread application of HIV testing in the clinical setting particularly for those at risk for HIV infection as determined by physician evaluation; supports continued anonymous testing and counseling programs in public health facilities to maximize individual participation; supports mandatory HIV testing only for source patients, in cases of rape or incest, or in cases of an accidental exposure in patients who are at risk for HIV/AIDS; and supports the following recommendation of the American College of Osteopathic Obstetricians and Gynecologists:

A. Healthcare Workers
   1. Healthcare workers have a minimal risk of acquiring HIV infection from patients; however, this risk is much greater than the extremely remote possibility of transmission to patients.
   2. Properly used universal precautions are effective in the prevention of transmission of bodily fluids between healthcare workers and patients and diminish the risk of infection. Serologic testing of patients and/or healthcare workers for the purposes of infection control does not prevent the transmission of HIV infection nor enhance the effectiveness of universal precautions. The AOA supports and encourages patients who know they are HIV positive to inform their physician that they are HIV positive prior to receiving medical care.
   3. The AOA opposes mandatory testing of patients and healthcare workers as there is no scientific data supporting the efficacy of such testing in the prevention of HIV transmission in the healthcare setting. Should any state or the federal government legislate mandatory HIV testing for any group, the AOA is opposed to any such legislation which does not include the entire population because such legislation discriminates against certain groups. The AOA affirms the right of HIV-infected individuals to practice their occupations in a manner which does not present any identifiable risk of transmission of disease and pledges itself to promote the ability of these individuals to continue productive careers so long as they can do so responsibly and safely.
   4. The AOA supports programs for effective education and implementation of universal precautions in all healthcare settings.

B. Public and Patient Education

1. Although studies have demonstrated an improved awareness of HIV infection and its modes of transmission, myths and misconceptions persist.
2. The AOA supports public education programs that provide accurate, up-to-date and clearly stated information regarding HIV transmission. The AOA urges increased governmental appropriations for implementing public health measures to assist in halting the increasing incidence of HIV and AIDS.
3. Primary care physicians occupy a central role in education of patients regarding preventative healthcare in general and are in an ideal position to serve a central role in HIV prevention.
4. The AOA encourages all osteopathic physicians to be knowledgeable in HIV risk evaluations and to incorporate candid and nonjudgmental assessment of related risk behaviors in routine patient care.

C. Medical Education

1. Osteopathic medical students and physicians in training are particularly vulnerable to the socioeconomic consequences of occupationally acquired HIV infection. The osteopathic profession bears a unique responsibility to provide for their maximum protection and social wellbeing.

All osteopathic medical schools and postdoctoral training programs should make available: life, health and disability insurance including coverage for occupationally acquired HIV infection; effective education and training in AIDS, infection control and universal precautions. 1991; revised 1992; reaffirmed 1997, revised 2003; reaffirmed 2013.

Explanatory Statement:
An infectious disease specialist recommended by ACOOG reviewed the AOA policy and concluded that it is in line with the most current CDC guidelines and recommendations on testing which are from 2006.

ACTION TAKEN **APPROVED** *(for reaffirmation)*

DATE **July 22, 2018**

SUBJECT: H433-A/12 BREASTFEEDING EXCLUSIVITY

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H433-A/12 BREASTFEEDING EXCLUSIVITY

The American Osteopathic Association supports ~~the~~ dissemination of information ~~for the~~ **BY** practicing physician about the health benefits associated with the ~~duration and~~ exclusivity of breastfeeding for six months. **ADDITIONALLY, IN HARMONY WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AMERICAN ACADEMY OF PEDIATRICS, AND AMERICAN ACADEMY OF FAMILY PHYSICIANS, THE ENCOURAGEMENT OF BREASTFEEDING SHOULD CONTINUE WHILE ADDING COMPLEMENTARY SOLID FOODS FOR AT LEAST ONE YEAR.** 2002; reaffirmed 2007; 2012.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 22, 2018**

SUBJECT: H600-A/13 BREASTFEEDING – PROTECTING

SUBMITTED BY: Bureau of Federal Health Programs

REFERRED TO: Committee on Public Affairs

RESOLVED, that the Bureau of Federal Health Programs recommend that the following policy be REAFFIRMED as AMENDED:

H600-A/13 BREASTFEEDING <u>MOTHERS</u> – PROTECTING

The American Osteopathic Association ~~encourages its members to contact their elected officials in~~ supportS ~~of~~ legislation protecting the rights of breastfeeding MOTHERS ~~and urges the AOA Bureau on Federal Health Programs to add this issue to their legislative agenda~~. 2003; amended 2008; reaffirmed 2013.

ACTION TAKEN **APPROVED** ***(as amended)***

DATE **July 22, 2018**

SUBJECT: AMERICAN OSTEOPATHIC ASSOCIATION MAKES PUBLIC STATEMENT AND DEVELOPS PROTOCOLS TO PREVENT SEXUAL ABUSE OF PATIENTS

SUBMITTED BY: Maine Osteopathic Association

REFERRED TO: Committee on Public Affairs

WHEREAS, the foundation of the osteopathic medicine philosophy starts with the trust that exists between patients and their physicians; and

WHEREAS, the American Osteopathic Association ~~is in~~ **HAS** a public position ~~to~~ **THAT** denounce and condemn**S** sexual harassment and abuse; now, therefore be it

~~RESOLVED, that the American Osteopathic Association (AOA) issue a public statement denouncing sexual abuse and sexual misconduct; and be it further~~

RESOLVED, that the American Osteopathic Association **SUPPORT** develop**MENT OF** a toolkit with templates of comprehensive **UNIFORM** protocols for adoption by osteopathic institutions **AND ORGANIZATIONS** to protect patients from abuse; ~~and very strongly support protocols~~ **TO** be implemented so that suspected violations are investigated and appropriately referred **TO LEGAL AUTHORITIES** for prosecution **WHEN APPROPRIATE**.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 22, 2018**

SUBJECT: CONCERNS IN HOMELESS POPULATION

SUBMITTED BY: Michigan Osteopathic Association

REFERRED TO: Committee on Public Affairs

WHEREAS, the 2017 Annual Homeless Assessment Report (AHAR) stated that nearly 600,000 people were experiencing homelessness on any given night in the United States; and

WHEREAS, the rates of homelessness increased for the first time in over seven years in 2017, and, the population living outside when compared to those living in shelters substantially increased; and

WHEREAS, homelessness, including living outside or in a shelter, has been found to increase the risk of mortality by 60% when compared to populations with homes due to unmanaged chronic disease, poor mental health, exposure to infectious disease, and injury; and

WHEREAS, individuals experiencing homelessness access care at the emergency department three times more than the general population, and are often hospitalized for conditions that could be managed in a primary care setting; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) encourage all physicians to partner with their communities to understand barriers to health, and advocate to improve access to healthcare for people experiencing homelessness; and, be it further

RESOLVED, that the AOA support through education and advocacy dissemination of social and health related resources and programs that serve individuals and families experiencing a homeless situation and their care providers; and, be it further,

RESOLVED, that the AOA advocate, promote, and ~~develop~~ **SUPPORT** programs that ensure delivery of primary and preventive healthcare to all underserved populations, including those experiencing homelessness.

References:

1. The United States Department of Housing and Urban Development. 2017 Annual Homeless Assessment Report (AHAR) to Congress. December 2017.
2. Morrison, DS. Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. Int J of Epidemiology. 2009;38: 877-883
3. White, BM, Newman, SD. Access to Primary Care Services Among the Homeless: A Synthesis of the Literature Using the Equity of Access to Medical Care Framework. J Primary Care & Comm Health. 2015;6(2): 77-87.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 22, 2018**

SUBJECT: PATIENT DISCRIMINATION OF OSTEOPATHIC PHYSICIANS

SUBMITTED BY: Iowa Osteopathic Medical Association

REFERRED TO: Committee on Public Affairs

WHEREAS, the American Osteopathic Association has taken a strong position against Osteopathic Physicians discriminating against patients because of, but not limited to their race, color, religion, gender, sexual orientation, gender identity or national origin; and

WHEREAS, patients by our code of ethics are assured autonomy in their choice of physician; and

WHEREAS, patients may refuse to allow a physician to treat them based on the physician's race, color, religion, gender, sexual orientation, gender identity or national origin; and

WHEREAS, this is an abuse and misinterpretation by the patient of their protected autonomy; and

WHEREAS, ethically, physicians must act in a professional manner in an emergency situation to save life and limbs, even though previously ordered by the patient to not participate in the patient's care because of the physician's race, color, religion, gender, sexual orientation, gender identity or national origin; now, therefore be it

RESOLVED, that American Osteopathic Association (AOA) will raise awareness of patients as to the danger to them when they abuse their autonomy by refusing care from a physician due solely to the physician's race, color, religion, gender, sexual orientation, gender identity, or national origin; and, be it further

RESOLVED, that the AOA will support a physician when they have responded to an emergency situation and rendered care to an individual who has previously refused care from that physician due to the physician's race, color, religion, gender, sexual orientation, gender identity or national origin; and, be it further

RESOLVED, that the AOA deem the act of a physician rendering emergency care to a patient who has previously refused the physician's services due to the physician's race, color, religion, gender, sexual orientation, gender identity or national origin to be an ethical act.

Reference Committee Explanatory Statement:
The Committee refers this resolution back to Iowa Osteopathic Medical Association for clarity and reconstruction.

ACTION TAKEN **REFERRED *(to IOMA)***

DATE **July 22, 2018**

SUBJECT: PHYSICIAN ASSISTED DEATH (Response to RES. NO. H-341 - A/2017 TASK FORCE TO STUDY PHYSICIAN AID IN DYING)

SUBMITTED BY: End of Life Policy Task Force

REFERRED TO: Committee on Public Affairs

WHEREAS, the House of Delegates approved H-341 - A/2017 TASK FORCE TO STUDY PHYSICIAN AID IN DYING; and

WHEREAS, the End of Life Policy Task Force was appointed by the AOA President and charged with examining AOA ethical policy concerning physician aid-in-dying including a review of relevant literature, data, and current state laws, deliberating whether current AOA ethical policy should be reaffirmed or amended, and reporting the results of their deliberations to the AOA House of Delegates at its 2018 Annual Business Meeting; and

WHEREAS, the End of Life Policy Task Force met by conference call and reviewed current AOA policies H346-A/17 PHYSICIAN ASSISTED DEATH and H438-A/17 END OF LIFE CARE – POLICY STATEMENT ON, and

WHEREAS, the End of Life Policy Task Force reviewed statistics for the states that have enacted Death With Dignity laws, the policies of other medical associations including national associations (AMA, ACP, AAFP, AAHPM) and state associations where Death With Dignity laws have passed, and appropriate literature, and

WHEREAS, the End of Life Policy Task Force made appropriate revisions to AOA policies H346-A/17 PHYSICIAN ASSISTED DEATH and H438-A/17 END OF LIFE CARE – POLICY STATEMENT ON; now, therefore be it

RESOLVED, that the House of Delegates adopt the attached revised policies H346-A/17 PHYSICIAN ASSISTED DEATH and H438-A/17 END OF LIFE CARE – POLICY STATEMENT ON.

Explanatory Statement:
See attached revised policies H346-A/17 PHYSICIAN ASSISTED DEATH and H438-A/17 END OF LIFE CARE – POLICY STATEMENT ON.

Reference Committee Explanatory Statement:
The Committee recommends disapproval because the resolution conflicts with the Osteopathic oath and with individual state laws.

ACTION TAKEN **DISAPPROVED**

DATE **July 22, 2018**

H346-A/17 PHYSICIAN ASSISTED DEATH
The American Osteopathic Association: (1) will provide information on the care of the seriously ill to physicians and the public; (2) will provide osteopathic physicians with continuing medical education on palliative therapies utilized to provide patients with an improved quality of life; (3) recommends that osteopathic medical colleges and osteopathic post-graduate medical education programs include specific courses of study on pain management and palliative care ~~of the seriously ill~~, specifically addressing the goals, objectives and value of hospice and palliative medicine; (4) urges that continuing medical education programs include information and resources for physicians on supportive care valuable to their patients, including, but not limited to hospice and palliative care; (5) urges that the osteopathic profession take a leadership role in providing the public with information on the alternatives to physician assisted death; (6) recognizes that physician assisted death ~~("death with dignity")~~ is a complex biomedical and ethical issue that merits serious discussion within our profession; ~~and~~ (7) opposes legislation that mandates or legalizes individual physician participation in physician assisted death; AND (8) RECOGNIZES THAT PHYSICIANS SHOULD BE ABLE TO CHOOSE NOT TO PARTICIPATE IN PHYSICIAN ASSISTED DEATH, BUT ALSO NOT BE DISCRIMINATED AGAINST IF THEY CHOOSE TO PARTICIPATE BASED ON THEIR STATE LAWS. 1997; reaffirmed 2002; 2007; reaffirmed as amended 2012; reaffirmed 2017

Current AOA resolutions related to Physician Assisted Death:
H305-A2017-ADVANCE DIRECTIVES
H409-A2017-PRENATAL-AND-PEDIATRIC-HOSPICE-AND-PALLIATIVE-CARE-SUPPORT-FOR
H411-A2017-HOSPICE-CARE-PROGRAMS-AOA-SUPPORT-FOR
H438-A2017 END OF LIFE CARE – POLICY STATEMENT ON

H438-A/17 END OF LIFE CARE – POLICY STATEMENT ON
The American Osteopathic Association (AOA) approves the attached white paper on end of life care and (1) encourages all osteopathic physicians to maintain competency in end of life care through educational programs ~~such as the web-based osteopathic Education for Professionals on End of Life Care (Osteopathic EPEC) modules~~; (2) supports the development, distribution and implementation of comprehensive curricula to train medical students, interns, residents and physicians in end of life CARE issues; (3) urges osteopathic medical schools and appropriate training programs to support innovative approaches to instruction in geriatric medicine and ~~end-of-life~~ PALLIATIVE care; (4) encourages all osteopathic physicians to stay current with their individual state statutes on end of life care; (5) supports public policies which uphold a patient's right to a "Do Not RESUSCITATE" (DNR) ~~Attempt Resuscitation" (DNAR)~~ and/or ~~allow natural death~~ "ALLOW NATURAL DEATH" (AND) ~~(and)~~, designation AS determined by the patient or, if the patient LACKS DECISION-MAKING CAPACITY ~~is incompetent~~, by the family, attending physicians, patient advocate, and/or Durable MEDICAL Power Of ~~Health Care~~ Attorney (DMPOA) ~~(DPOA)~~; (6) encourages all osteopathic physicians to engage patients and their families in discussion and documentation of advance care planning regarding end of life decisions; (7) will work to implement policies to ensure hospice and palliative services for all individuals, including the developmentally challenged, children, and other special populations; and (8) urges ~~that~~ osteopathic physicians TO recognize the importance of cultural diversity in perspectives on death, suffering, bereavement and rituals at the end of life, and incorporate cultural assessment into their comprehensive evaluation of the patient and family; the AOA will work to identify sources of

culturally appropriate information on advance directives, palliative care, and end of life ethical issues in populations served by osteopathic physicians. 2005; revised 2010; reaffirmed as amended 2015; reaffirmed as amended 2017

AMERICAN OSTEOPATHIC ASSOCIATION
END OF LIFE CARE

The osteopathic approach to care can be particularly beneficial at the end of life. Attending to the patient and family holistically is a key principle of osteopathic medicine. Osteopathic palliative care improves the quality of life of patients and their families facing serious illness through prevention and relief of physical, psychosocial and spiritual/EXISTENTIAL suffering. Osteopathic palliative care utilizes many modalities of treatment including osteopathic manipulative medicine.

End of life decisions should be the result of the collaboration and mutual informing of the patient, the patient's family and health care professionals, each sharing his or her own expertise to help the patient make the best possible decision.

Adults with decision-making capacity should be informed of their choices and that they have the legal and ethical right to make their own decisions about their end of life care, including the right to receive or refuse recommended life-sustaining or life-prolonging medical treatment. This position honors the patient's autonomy and liberty as guaranteed in the United States Constitution and the Patient Self-Determination Act. This right exists even when the physician disagrees with the patient's decisions.

Patients without decision-making capacity have the right to assurance that their previously executed instructive advance directives, such as living wills, proxy directives (Durable Medical Power of Attorney - DMPOA) and Physician Orders for Life Sustaining Treatment (POLST) will be honored to guide others in delivering their health care. It should be noted that the term "physician" may also mean "medical" in this context. Advance directives delineate treatment options selected by an individual and enable decisions to be made by reviewing these documented wishes. The principle of "substituted judgment" allows for a proxy to speak for an individual who is unable to do so, based upon close personal knowledge of the incapacitated person. The principle of "best interests" (what the reasonable and informed patient would select) is invoked if the individual's wishes are not known. The over-riding issue is not what the family or friends want for the patient at end of life, but rather what would the patient want for himself or herself. If the patient were to awaken and be able to fully understand the circumstances, what decisions would the patient make? If the answer is clear, it is unethical, except in extraordinary circumstances, not to follow the patient's wishes.

Creating ***advance directives*** (living wills or designating a Durable Medical Power of Attorney) is ~~to be~~ encouraged IN advance of a life threatening situation with the assistance of trusted professionals. Persons holding the DMPOA/legally designated proxy should make decisions in accordance with the patient's previously expressed preferences. Living wills document the desired treatments but leave much room for interpretation when the situation doesn't match the directives, so a combination may be best. If no DMPOA/legally designated proxy has been selected and there is no state approved surrogate available and the patient has not executed an advance~~d~~ directive or expressed preferences for care at end of life, then decisions should be made based on the principle of "best interests". When there is disagreement, confusion or a request for another opinion, the use of an ethics committee is to be encouraged. Quality of life should be viewed from the patient's perspective in all these decisions because quality of life can only be self-determined. Extreme caution must be exercised when trying to determine what constitutes quality of life for another person as research has shown that patients consistently assess their quality of life to be better than their

caregivers think the patients do. Unfortunately, no documentation or proxy designation can definitively prevent or curtail disagreements between family members.

Palliative care is always appropriate when patients and families are facing a life threatening illness. The osteopathic physician understands that physical suffering from pain, dyspnea and other end of life symptoms can be relieved with good osteopathic medical management. The patient may also need psychosocial and spiritual assistance to address suffering in those domains as well. Hospice and palliative care services provide invaluable benefits to families and patients. The earliest possible involvement of hospice in the end of life care of patients should be encouraged.

The existence of a medical technology does not mandate its use. A physician is not required to provide ***futile medical care*** though it may be difficult to determine that a requested treatment is actually futile. A life-prolonging treatment may allow a terminally ill patient to achieve an important life goal such as seeing a grandchild, but in other cases aggressive therapies serve only to prolong suffering and expense associated with the dying process. The physician should employ full disclosure and compassionate honesty in discussing a treatment's likely benefits and burdens. If agreement cannot be reached, a consultation with an ethics committee is appropriate. If an ethics committee is not available, it may be necessary to seek the assistance of a court-appointed guardian. When a patient and physician cannot align their goals and treatment approaches, a congenial transfer of care may be necessary. Patient abandonment is unethical.

Withholding or withdrawing life sustaining treatments are considered morally, legally, and ethically identical because the end results are the same. When the benefit of a treatment is uncertain a time-limited trial is frequently advisable to help clarify prognosis. Offering treatment and then withdrawing it if it proves to be ineffective or burdensome is preferable to not offering the treatment at all.

Artificial nutrition and hydration may actually prolong the dying process. The use of artificial nutrition and hydration involves invasive medical procedures with potential side effects and complications. A decision to not provide or to discontinue this intervention may pose significant challenges to professional caregivers as well as to families. Physicians need to assist patients and families to understand the role of artificial nutrition and hydration at the end of life. Research has shown that dying patients do not experience hunger or thirst. IT IS IMPORTANT FOR PROFESSIONAL CAREGIVERS TO UNDERSTAND THE PHYSIOLOGY OF DYING IN ORDER TO EXPLAIN OPTIONS TO PATIENTS AND FAMILIES TO MAKE INFORMED DECISIONS.

"Do Not Resuscitate/DNR" status is appropriate for patients who are dying from a primary illness or injury, or for whom cardiopulmonary resuscitation (CPR) would not be effective or for whom the burden of treatment outweighs the benefit. It is important to ensure that patients with DNR status receive all comfort care and appropriate treatments. A DNR status does not preclude treatment of correctable conditions. CPR efforts that involve a deliberate decision not to attempt aggressively to bring a patient back to life are not appropriate and a clear ethical violation.

~~***Physician assisted suicide***~~ ***PHYSICIAN ASSISTED DEATH*** is generally defined as a patient obtaining the assistance of a physician to secure the means to cause his/her own death. ~~Physician assisted suicide~~ PHYSICIAN ASSISTED DEATH is legal only as determined by specific state law. The request for ~~physician assisted suicide~~ PHYSICIAN ASSISTED DEATH is frequently a call for help. Individuals may request ~~physician assisted suicide~~ PHYSICIAN ASSISTED DEATH for reasons other than pain, e.g., inability to cope, fear of being a burden, or FEAR OF LOSS ~~lack~~ of control. The alternative to ~~physician assisted suicide~~ PHYSICIAN ASSISTED DEATH is

physicians who are committed to providing excellence in end of life care and continuing to attend their dying patients. Community resources such as hospice programs should be made available to all patients. Hospice and palliative care principles do not support ~~physician assisted suicide~~ PHYSICIAN ASSISTED DEATH and euthanasia remains an illegal practice.

Legal involvement to resolve end of life conflicts is sometimes inevitable, but is usually not the approach of choice. Legislative "remedies" including single-person and single-situation laws are also inappropriate. By far, the best approach to prevention/resolution of conflict is by documented END OF LIFE ~~advanced~~ CARE planning, good communication, and the assistance of an ethics committee WHEN NECESSARY. Collection of "clear and convincing evidence" of the patient wishes as cited in a US Supreme Court decision, as well as the principles of "substituted judgment" and "best interests" discussed above apply to the decision-making process.

Families of patients living with a terminal illness also have needs: the need to understand the dying process, the need to have cultural and religious differences understood and respected, the need to process grief. The osteopathic physician understands the important contribution of the family to the patient's overall wellbeing and includes the family in the palliative plan of care.

Patients living with a life threatening illness as well as those who are terminally ill have a right to ***relief of pain*** as well as relief of other physical symptoms. Fear of regulatory scrutiny should never be a deterrent to the prescription of adequate doses of analgesic medications. State licensing boards of medicine and pharmacy should provide assurance to physicians that this care is appropriate and protected under the law. Osteopathic colleges and graduate medical education programs are encouraged to review curricula in order that adequate education in osteopathic pain management is provided to osteopathic trainees at all levels of their education. Physicians in practice will want to avail themselves of educational opportunities such as Osteopathic-EPEC to stay current in pain management and other aspects of end of life care. Osteopathic physicians should always assure their patients that they will provide safe and comfortable dying. Alternatively, patients may elect to suffer significant pain so that they remain alert and engaged until death. In every circumstance, patient autonomy for decision-making must be upheld.

At the end of life, the goal is comfort for the patient and psychosocial support of the family. Osteopathic physicians, through their holistic approach, are well suited to provide quality end of life care. DO's are in a unique position to provide important leadership in enhancing end of life care in the United States. There is no finer gift that osteopathic physicians can give than to provide excellent care through all phases of life and no one is better suited to the task.
Nota bene: In an area as sensitive as end of life, no white paper can address all scenarios and permutations. It should be understood that this white paper presents general guidelines, and osteopathic physicians will always tailor appropriate management to the needs of their individual patients and families.

Current AOA resolutions related to the Policy STATEMENT on End of Life Care:

H305-A2017-ADVANCE DIRECTIVES
H346-A2017-PHYSICIAN ASSISTED DEATH
H409-A2017-PRENATAL-AND-PEDIATRIC-HOSPICE-AND-PALLIATIVE-CARE-SUPPORT-FOR
H411-A2017-HOSPICE-CARE-PROGRAMS-AOA-SUPPORT-FOR