Student 2
Agenda and Resolutions

National Conference of Family Medicine Residents and Medical Students
July 27 -29, 2017 – Kansas City, MO

1. Resolution No. S2-201 — Sunscreen in Schools
2. Resolution No. S2-202 — Sex and Gender-Based Medicine in Family Medicine
3. Resolution No. S2-203 — Resources for Physician Spouse/Significant Others to Address Physician Burnout
4. Resolution No. S2-204 — Update the AAFP Position and Policy on the Cash-Bond System to Reflect the Negative Impacts on Individual and Community Health
5. Resolution No. S2-205 — CME for Gender Affirming Care for Transgender Individuals
6. Resolution No. S2-206 — Advocating Investigation and Support of Lifestyle Medicine by AAFP
7. Resolution No. S2-207 — Establishing the Routine Exchange of Preferred Pronouns and Name Between the Patient and Physician
8. Resolution No. S2-208 — Oppose Medically Unnecessary Genital Surgeries on Intersex Children
9. Resolution No. S2-209 — Incorporating “Environmental Justice” in AAFP Communications

1 **Resolution NO. S2-201**
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3 **Sunscreen in Schools**
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5 Introduced by: Ishak Elkhal, Portland, Oregon
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7 WHEREAS, Many states require students to leave and apply sunscreen in a nurse's office, and
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9 WHEREAS, sunscreen is a relatively safe compound according to the American Academy of
10 Dermatology, and
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12 WHEREAS, requiring students to go to the nurse's station to apply sunscreen adds an
13 unnecessary barrier to sunscreen use, and
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15 WHEREAS, significant sunburns early in life greatly increases someone's risk of developing skin
16 cancer, now, therefore, be it
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18 RESOLVED, That the American Academy of Family Physicians publicly endorse allowing the
19 use of sunscreen in schools without requiring a nurse's approval, and be it further
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21 RESOLVED, That the American Academy of Family Physicians work with and encourage
22 chapters to actively pursue legalisation of sunscreen in schools without a nurse's approval.

Resolution NO. S2-202

Sex and Gender-Based Medicine in Family Medicine

Introduced by: Anne Drolet, Flint, Michigan
Lauren Smith, Flint, Michigan
Haben Debessai, Flint, Michigan
Linh-An Cao, Flint, Michigan
Nabiha Hashmi, Rochester, Michigan
Bradley Hamlin, Grand Rapids, Michigan
Mia Bareman, Grand Rapids, Michigan

WHEREAS, The cellular biology, gene expression, and hormonal profile differs between sexes and genders, and influence the clinical presentation, progression, and outcome for a variety of diseases, and

WHEREAS, there are demonstrated sex and gender differences in drug responses to therapeutic doses due to variations in gene expression leading to increases in adverse effects disproportionately in the female sex, and

WHEREAS, sex- and gender-based medical education is a critical component in the pursuit of more personalized medicine, and

WHEREAS, the Institute of Medicine supports the advent and implementation of sex- and gender-based medicine in daily practice of patient care due to its multifactorial impact on overall patient health and disease prognosis, and

WHEREAS, the American Academy of Family Physicians currently has policy stating their physicians are responsible for providing comprehensive and continuing care of women, and

WHEREAS, sex- and gender-based medicine (SGBM) may not currently be addressed in graduate medical education, and medical students and residents may not fully understand the impact of these differences on patient care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians encourage the inclusion of sex- and gender-based medicine in clinical education, including but not limited to, medical school, residency, and continuing medical education programs.

Resolution NO. S2-203

Resources for Physician Spouse/Significant Others to Address Physician Burnout

Introduced by: Craig Steiner, Boise, Idaho
Justin Reed, Nampa, Idaho

WHEREAS, Physician spouses/significant others (S/SO) play a critical role in physician well-being, and

WHEREAS, strain placed on physician-S/SO relationships contributes to physician burnout, and

WHEREAS, physician burnout has negative impacts on patient care and physician safety, and

WHEREAS, there is currently limited support and/or resources for physician S/SO's, and

WHEREAS, the AAFP Family Physician Well-Being Initiative is working to improve physician well-being at multiple levels including individual and physician culture, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop tools and resources addressing physician-spouses/significant others relationship well-being, and be it further

RESOLVED, That resources for physician spouses/significant others well-being are located in an easily accessible location on the American Academy of Family Physicians website, not behind the website firewall.

Resolution NO. S2-204

Update the AAFP Position and Policy on the Cash-Bond System to Reflect the Negative Impacts on Individual and Community Health

Introduced by: Emma Richardson, Chicago, Illinois
Maya Siegel, Baltimore, Maryland
Allison Yeh, Houston, Texas

WHEREAS, The current criminal justice system in many counties and states in the U.S. utilizes a cash-based bail system that requires that individuals who have been accused but not convicted of a crime to pay a cash deposit, known as “bond”, to obtain release from jail before their trial, and

WHEREAS, 443,000 of 630,000 (70.3%) individuals who were being detained in local jails are “pre-trial” and have not been convicted of a crime and 9 in 10 individuals who remain in jail pretrial are there because they have not posted a bond (e.g., not because they have been deemed a safety risk by a judge), and

WHEREAS, the American Academy of Family Physicians already identifies direct health issues related to incarceration (e.g., exposure to infectious diseases such as tuberculosis) and significant negative impacts of incarceration on families, communities, and social determinants of health, including housing and employment, and

WHEREAS, the system described disproportionately affects persons of color as well as individuals and communities with limited financial resources who cannot afford bond, now therefore, be it

RESOLVED, That the American Academy of Family Physicians update the existing position paper on “Incarceration and Health: a Family Medicine Perspective” to explicitly identify pre-trial detention due to inability to pay bond as a public health issue that negatively impacts the health of individuals and communities across the United States, and be it further

RESOLVED, That the American Academy of Family Physicians draft a policy regarding the negative impacts of the cash-bond bail system on public health and communities and its disproportionate impact on the health and well-being of individuals and communities with limited financial resources.

Resolution NO. S2-205

CME for Gender Affirming Care for Transgender Individuals

Introduced by: Brianna Muller, Portland, Oregon
Julia Ruby, Portland, Oregon

WHEREAS, 33% of US transgender individuals have delayed or not sought preventive care because of experiences of health care discrimination, and

WHEREAS, 78% of transgender individuals wished to initiate hormone treatment, only 49% had ever received it, and

WHEREAS, the current AAFP continuing medical education (CME) module on transgender health is combined with many other issues of gender and sexuality education and does not address medical transition specifically, and

WHEREAS, the University of California San Francisco Center of Excellence for Transgender Health has published explicit guidelines and informed consent documents specific to primary and gender-affirming care of transgender and gender nonconforming people, and

WHEREAS, the World Professional Association for Transgender Health deems it within the scope of primary care to provide gender-affirming care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians seek speakers for future Family Medicine Experience (FMX) conferences with expertise regarding the initiation and sustainment of gender-affirming care, including hormone therapy and related treatment, and be it further

RESOLVED, That the American Academy of Family Physicians have separate CME training for issues specific to health disparities among transgender patients and how to provide gender-affirming care as opposed to combining with peripherally related topics, and be it further

RESOLVED, That the American Academy of Family Physicians advocate and support the position that gender-affirming care is a vital aspect of primary care for transgender individuals and should occur in primary care settings.

Resolution NO. S2-206

Advocating Investigation and Support of Lifestyle Medicine by AAFP

Introduced by: Patricia Poling, Oak Park, Michigan
Alexander Ludwig, Detroit, Michigan
Tiffani Strickland, Detroit, Michigan

WHEREAS, More than 80% of healthcare dollars are spent on the treatment of chronic disease stemming from unhealthy lifestyle choices, and

WHEREAS, addressing lifestyle and behavior change is a key component of primary care, and

WHEREAS, lifestyle interventions are considered first line treatments to prevent, treat, and reverse disease, and

WHEREAS, the American College of Lifestyle Medicine (ACLM) is an established organization that advocates for the use of clinical lifestyle medicine (LM), has established competencies regarding LM, and is implementing board certification for LM, and

WHEREAS, the Lifestyle Medicine Education Collaborative (LMEd) offers resources to expand the implementation of medical education curriculum regarding lifestyle medicine, and

WHEREAS, the American Academy of Family Physicians supports the use of lifestyle intervention by physicians, and family medicine residencies are beginning to form lifestyle medicine concentrations, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians investigate the use of clinical lifestyle medicine and support its representation in medical student and resident medical education, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate a collaboration with American College of Lifestyle Medicine (ACLM) and the Lifestyle Medicine Education Collaborative (LMEd) and consider incorporating more lifestyle medicine (LM) resources into the AAFP website, and presentations and workshops into AAFP conferences.

1 **Resolution NO. S2-207**
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3 **Establishing the Routine Exchange of Preferred Pronouns and Name Between the Patient**
4 **and Physician**
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6 Introduced by: Yang Sheng, Cleveland, Ohio
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8 WHEREAS, The LGBTQ+ community (especially the transgender community) has been less
9 healthy than the general population, in part due to underutilization of the healthcare system, and
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11 WHEREAS, a significant number of family physicians lack training in LGBTQ+ care to
12 consistently and respectfully address a patient with their preferred name and pronoun, often
13 despite the notation of such information in the medical records, and
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15 WHEREAS, addressing the patient with the wrong name and pronoun has deterred patients
16 from the LGBTQ+ community from seeking care with a primary care provider, now, therefore, be
17 it
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19 RESOLVED, That the American Academy of Family Physicians will encourage training for
20 doctors to routinely introduce themselves to patients with their preferred name and pronouns
21 and then asking for the patient's name and pronoun preference, with consideration for non-
22 binary nomenclature; such a routine can help normalize the physician's inquiry into and the
23 respect of a patient's chosen identity.

Resolution NO. S2-208

Oppose Medically Unnecessary Genital Surgeries on Intersex Children

Introduced by: Stephen Whitfield, Chicago, Illinois
Emma Richardson, Chicago, Illinois
Maya Siegel, Baltimore, Maryland

WHEREAS, Many intersex people are subjected to genital-altering surgeries in infancy and early childhood without their consent or assent, and

WHEREAS, many intersex adults consider the surgeries performed on them in childhood to have been a traumatic act with profound and enduring negative impacts on their health and quality of life, leading to decreased sexual function and increased incidence of substance use disorders and suicide, and

WHEREAS, existing evidence does not support the idea that variant genitalia confer a greater risk of psychosocial problems than normalized genital anatomy, and

WHEREAS, the risk of neoplasia in intersex individuals, which is often cited as the justification for surgical interventions, has not been quantified with robust research and, therefore, does not demonstrate the existence of an urgent health risk for many intersex children, and

WHEREAS, the 2013 Report of the UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment states that surgeries performed on intersex minors can constitute human rights violations, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians draft a policy to oppose any genital surgeries performed on intersex children for purposes other than resolving current and significant functional impairment or removing imminent and substantial risk of developing a condition which would pose a major risk to the health or life of the child, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) develop and disseminate educational materials in partnership with the intersex community to advise AAFP members of best practices in the care of intersex patients and their families.

Resolution NO. S2-209

Incorporating “Environmental Justice” in AAFP Communications

Introduced by: Devesh (Dev) Vashishtha, San Diego, California
Allen Rodriguez, Los Angeles, California
Antoinette Mason, San Diego, California

WHEREAS, Human-caused climate change is known to be occurring and has direct, deleterious impacts on human health, and

WHEREAS, these health impacts include increased morbidity and mortality due to infectious disease, heat-related illness, cardiovascular, respiratory, mental health and renal disorders, and

WHEREAS, the health impacts of climate change and other environmental issues are felt differentially based on race, gender, and other socioeconomic factors, and

WHEREAS, the American Academy of Family Physicians has never used or endorsed the term “environmental justice,” which recognizes that people who live, work, and play in America's most polluted environments are commonly people of color and the poor, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians use the term “environmental justice” whenever possible in future communications on climate change to emphasize that the health impacts of climate change are not felt equally by all populations, and be it further

RESOLVED, That the American Academy of Family Physicians consider partnering with organizations such as Physicians for Social Responsibility, the National Resources Defense Council (NRDC), and the Environmental Health Coalition (EHC), to advocate for environmental justice issues nationwide.