



Student 2 Consent Calendar

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

1 **RECOMMENDATION: The Student 2 Reference Committee recommends the**
2 **following consent calendar for adoption:**

3
4 **Item 1:** Adopt Substitute Resolution S2-201 “Sunscreen in Schools” (p. 1).

5
6 **Item 2:** Not Adopt Resolution S2-202 “Sex and Gender-Based Medicine in Family
7 Medicine (p. 2).

8
9 **Item 3:** Adopt Substitute Resolution S2-203 “Resources for Physician
10 Spouse/Significant Others to Address Physician Burnout” (p.2).

11
12 **Item 4:** Adopt Substitute Resolution S2-204 “Update the AAFP Position and Policy on
13 the Cash-Bond System to Reflect the Negative Impacts on Individual and Community
14 Health” (pp. 2-3).

15
16 **Item 5:** Adopt S2-206 “Advocating Investigation and Support of Lifestyle Medicine by
17 AAFP” (pp.3-4).

18
19 **Item 6:** Adopt Substitute Resolution S2-208 “Oppose Medically Unnecessary Genital
20 Surgeries on Intersex Children” (p. 4).

21
22 **Item 7:** Adopt Substitute Resolution S2-209 “Incorporating ‘Environmental Justice’
23 in AAFP Communications” (pp. 4-5).

24
25
26 **REAFFIRMATION CALENDAR:**

27 (A) Resolution S2-205 – “CME for Gender Affirming Care for Transgender
28 Individuals” (p. 5).

29 (B) Resolution S2-207 – “Establishing the Routine Exchange of Preferred Pronouns
30 and Name Between the Patient and Physician” (p. 6).



Student 2 Reference Committee Report

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1 **The Student 2 Reference Committee has considered each of the items referred to it and**
2 **submits the following report. The committee's recommendations will be submitted as a**
3 **consent calendar and voted on in one vote. Any item or items may be extracted for**
4 **debate.**

5
6 **ITEM NO. 1: RESOLUTION S2-201: SUNSCREEN IN SCHOOLS**

7
8 RESOLVED, That the American Academy of Family Physicians publicly endorse
9 allowing the use of sunscreen in schools without requiring a nurse's approval, and be it
10 further

11
12 RESOLVED, That the American Academy of Family Physicians work with and
13 encourage chapters to actively pursue legalisation of sunscreen in schools without a
14 nurse's approval.

15
16 The reference committee heard testimony in favor of the resolution, that specifically highlighted
17 that there are numerous states with policies restrict the application of sunscreen in schools. The
18 author added that recent legislation in Oregon removed such a restriction, enabling students to
19 apply sunscreen without a nurse's approval. The reference committee agrees that this is a
20 public health issue and that requiring a nurse's approval to apply sunscreen creates an
21 unnecessary barrier to use of a substance that can help prevent skin cancer. The reference
22 committee believes the language of "actively pursue(ing) legalization..." could be made more
23 impactful.

24
25 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
26 **No. S2-201 be adopted in lieu of Resolution S2-201, which reads as follows:**

27
28 **RESOLVED, That the American Academy of Family Physicians publicly endorse**
29 **allowing the use of sunscreen in schools without requiring a nurse's approval,**
30 **and be it further**

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32 **RESOLVED, That the American Academy of Family Physicians work with and**
33 **encourage AAFP constituent chapters to actively pursue policy at the state and**
34 **local levels that allow the use of sunscren in school swithout requiring a nurse's**
35 **approval.**

36
37

38 **ITEM NO. 2: RESOLUTION S2-202: SEX AND GENDER-BASED MEDICINE IN FAMILY**
39 **MEDICINE**

40
41 RESOLVED, That the American Academy of Family Physicians encourage the inclusion
42 of sex- and gender-based medicine in clinical education, including but not limited to,
43 medical school, residency, and continuing medical education programs.
44

45 The reference committee heard testimony in favor of the resolution. The author emphasized
46 concern that most medical knowledge has historically come from studies done
47 disproportionately on male subjects. The author emphasized a need for improved training on
48 how to provide evidence-based care specific to patients' sex and gender. While the reference
49 committee agreed with the spirit of the resolution and appreciated the authors' explanation, the
50 resolved clause as written is very broad and does not stand alone. Furthermore, the reference
51 committee felt that the phrase "sex- and gender-based medicine" was not specific enough to
52 adequately communicate the author's described intent.
53

54 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-202**
55 **not be adopted.**

56
57 **ITEM NO. 3: RESOLUTION S2-203: RESOURCES FOR PHYSICIAN SPOUSE/SIGNIFICANT**
58 **OTHERS TO ADDRESS PHYSICIAN BURNOUT**

59
60 RESOLVED, That the American Academy of Family Physicians develop tools and
61 resources addressing physician-spouses/significant others relationship well-being, and be
62 it further
63

64 RESOLVED, That resources for physician spouses/significant others well-being are
65 located in an easily accessible location on the American Academy of Family Physicians
66 website, not behind the website firewall.
67

68 The reference committee heard testimony only from the author stating current AAFP resources
69 lack information regarding how spouses can support their significant others who practice family
70 medicine in maintaining their wellbeing. The reference committee discussed the scope of the
71 first resolved clause and whether resources dedicated specifically to spouse and significant
72 others are in within scope of the AAFP mission wellbeing. The reference committee agreed the
73 physician/spouse impact on wellbeing is an important consideration, but has concerns including
74 financial impact and feasibility.
75

76 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
77 **S2-203 be adopted in lieu of Resolution S2-203, which reads as follows:**

78
79 **RESOLVED, That the American Academy of Family Physicians explore developing**
80 **and making available tools and resources addressing physician-**
81 **spouse/significant others relationship well-being.**
82

83 **ITEM NO. 4: RESOLUTION S2-204: UPDATE THE AAFP POSITION AND POLICY ON THE**
84 **CASH-BOND SYSTEM TO REFLECT THE NEGATIVE IMPACTS ON INDIVIDUAL AND**
85 **COMMUNITY HEALTH**

86
87 RESOLVED, That the American Academy of Family Physicians update the existing
88 position paper on "Incarceration and Health: a Family Medicine Perspective" to explicitly

89 identify pre-trial detention due to inability to pay bond as a public health issue that
90 negatively impacts the health of individuals and communities across the United States,
91 and be it further
92

93 **RESOLVED**, That the American Academy of Family Physicians draft a policy regarding
94 the negative impacts of the cash-bond bail system on public health and communities and
95 its disproportionate impact on the health and well-being of individuals and communities
96 with limited financial resources.
97

98 The reference committee heard testimony only from the author who testified that pre-trial jail
99 time disrupts families, effects employment, and increases exposure to infectious diseases, such
100 as HIV, TB, and others. Most people affected are those who cannot afford cash bail. Different
101 states are moving away from cash-bond system, and AAFP should support those movements in
102 the form of a formal policy. The AAFP has a current position paper on negative effects on health
103 during incarceration. The reference committee discussed the existence of the current position
104 paper and questions whether both an updated position paper and the creation of a policy
105 statement would be necessary. The reference committee acknowledged AAFP existing position
106 paper on the impact of the health of those who are incarcerated and the existing data; however,
107 the reference committee was not presented with specific data supporting the claim that there is
108 a correlation between the cash-bond bail system and negative health outcomes on those who
109 are incarcerated pre-trial. The members of the reference committee agreed this is likely an
110 important issue, but there is insufficient information and evidence to support recommending that
111 the AAFP create a policy on such a topic.

112 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
113 **S2-204 be adopted in lieu of Resolution S2-204, which reads as follows:**
114

115 **RESOLVED, That the American Academy of Family Physicians explore**
116 **researching potential adverse health impacts of the cash-bond bail system.**
117

118 **ITEM NO. 5: RESOLUTION S2-206: ADVOCATING INVESTIGATION AND SUPPORT OF**
119 **LIFESTYLE MEDICINE BY AAFP**
120

121 **RESOLVED**, That the American Academy of Family Physicians investigate the use of
122 clinical lifestyle medicine and support its representation in medical student and resident
123 medical education, and be it further
124

125 **RESOLVED**, That the American Academy of Family Physicians (AAFP) investigate a
126 collaboration with American College of Lifestyle Medicine (ACLM) and the Lifestyle
127 Medicine Education Collaborative (LMEd) and consider incorporating more lifestyle
128 medicine (LM) resources into the AAFP website, and presentations and workshops into
129 AAFP conferences.
130

131 The reference committee heard testimony only from one of the authors in support of this
132 resolution discussing the prevalence of chronic diseases and the impact that addressing lifestyle
133 and behavior change by primary care physicians has on patients. The reference committee
134 acknowledged the existence of the Lifestyle Medicine Member Interest Group (MIG) as a
135 potential resource for AAFP members. The reference committee expressed concern with the
136 recommendation's lack of specificity as to the specific ask. The reference committee agreed that
137 the emergence of lifestyle medicine has important application in family medicine and should e
138 enhance via deliberate application and collaboration with others.

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RECOMMENDATION: The reference committee recommends that Resolution S2-206 be adopted.

ITEM NO. 6: RESOLUTION S2-208: OPPOSE MEDICALLY UNNECESSARY GENITAL SURGERIES ON INTERSEX CHILDREN

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.

The reference committee heard testimony only from the author in support of the resolution, stating that no significant evidence exists to support genital surgeries without specific and clear reasons for such surgeries to be performed. The reference committee expressed concern with the use of the word “oppose” without additional information that examines all of the available evidence. The reference committee is concerned with the specificity of the ask. The reference committee believes it would be appropriate to investigate whether investing in the development of resources is warranted.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S2-208 be adopted in lieu of Resolution S2-208, which reads as follows:

RESOLVED, That the American Academy of Family Physicians investigate the evidence for/against the medical necessity of genital surgeries performed on intersex children and consider developing a policy and educational materials on this issue.

ITEM NO. 7: RESOLUTION S2-209: INCORPORATING “ENVIRONMENTAL JUSTICE” IN AAFP COMMUNICATIONS

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.

The reference committee heard testimony only from the author in support of this resolution advocating that the AAFP should take a stronger stance on climate change by using new terminology to convey the importance of the inequality of health impacts of climate change felt by various populations. The reference committee discussed the definition of environmental justice and whether it was used appropriately in the context of this recommendation. The

188 reference committee noted potential points of ambiguity in the current language, but
189 acknowledged the importance of climate change.

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191 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
192 **S2-209 be adopted in lieu of Resolution S2-209, which reads as follows:**

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194 **RESOLVED, That the American Academy of Family Physicians explore the**
195 **concept of environmental justice and its application in AAFP policy and in future**
196 **communications on climate change to emphasize that the health impacts of climate**
197 **change are not felt equally by all populations, and be it further**

198
199 **RESOLVED, That the American Academy of Family Physicians consider**
200 **partnering with organizations such as Physicians for Social Responsibility, the**
201 **National Resources Defense Council (NRDC), and the Environmental Health**
202 **Coalition (EHC), to advocate for environmental justice issues nationwide.**

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205 **REAFFIRMATION CALENDAR**

206 The following items A and B are presented by the Reference Committee on the Reaffirmation
207 Calendar. Testimony in the Reference Committee hearing and discussion by the Reference
208 Committee in Executive Session concurred that the resolutions presented in Items A and B are
209 current policy or are already addressed in current projects. At the request of the National
210 Congress of Family Medicine Residents, any item may be taken off the Reaffirmation Calendar
211 for an individual vote on that item. Otherwise, the Committee will request approval of the
212 Reaffirmation Calendar in single vote.

213
214 (A) Resolution S2-205 – CME for Gender Affirming Care for Transgender Individuals, which
215 reads as printed below:

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

220
221 RESOLVED, That the American Academy of Family Physicians advocate and support
222 the position that gender-affirming care is a vital aspect of primary care for transgender
223 individuals and should occur in primary care settings.

224
225 The reference committee heard significant testimony from the authors and other individuals
226 stating that education on care for transgender individuals currently exists through the AAFP,
227 however, it is included with other topics. Those that testified noted that they would like to see
228 this topic of education as a stand-alone activity, so it can be easily accessed by members. In
229 addition, few medical schools provide education on transgendered care and must rely on other
230 avenues. Access to practices with physicians who are trained in providing transgender care is
231 limited. The reference committee agreed with the importance of transgender care education. It

232 was also presented that there is current stand-alone education on this topic that will be available
233 in both live and enduring educational formats.

234
235 (B) Resolution S2-207 – Establishing the Routine Exchange of Preferred Pronouns and
236 Name Between the Patient and Physician, which reads as printed below:

237 RESOLVED, That the American Academy of Family Physicians will encourage training
238 for doctors to routinely introduce themselves to patients with their preferred name and
239 pronouns and then asking for the patient’s name and pronoun preference, with
240 consideration for non-binary nomenclature; such a routine can help normalize the
241 physician’s inquiry into and the respect of a patient’s chosen identity.

242
243 The reference committee heard testimony in favor of the resolution. The author stated that
244 because family physicians diverse array of patients and that it is imperative that family
245 physicians be trained in the use of preferred name and pronouns when interacting with patients.
246 Testimony emphasized that using preferred name and pronouns can help foster healthy long-
247 term patient-provider relationships. The reference committee agrees with the spirit of the
248 resolution, however the AAFP has an existing curriculum guideline, entitled “Lesbian, Gay,
249 Bisexual, and Transgender Health.” This curriculum guideline specifically addresses the use of
250 preferred pronouns and names. Furthermore, there is a session scheduled for FMX 2017 that
251 will address the use of preferred pronouns and names.

252
253 **RECOMMENDATION: The Reference Committee recommends that Items A and B on the**
254 **Reaffirmation Calendar be approved as current policy or as already being addressed in**
255 **current projects.**

256
257 **I wish to thank those who appeared before the reference committee to give testimony**
258 **and the reference committee members for their invaluable assistance. I also wish to**
259 **commend the AAFP staff for their help in the preparation of this report.**

260
261 Respectfully submitted,

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265 _____
266 Matt Peters, Chair

267 Anthony Markuson
268 Brianna Muller
269 Chandler Stisher
270 Kimberly Vu
271 Rose Marie Leslie