

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 201
(A-24)

Introduced by: American Academy of Ophthalmology

Subject: Research Correcting Political Misinformation and Disinformation on Scope of Practice

Referred to: Reference Committee B

Whereas, state and federal policymakers are regularly exposed to political misinformation and disinformation about the benefits and safety of scope of practice expansion from non-physician practitioners; and

Whereas, members of our American Medical Association spend valuable time and resources attempting to counter this political misinformation and disinformation with varying success; and

Whereas, recent research has explored various psychological and communication strategies to correct political misinformation and disinformation^{1,2,3,4,5,6}; and

Whereas, there may be differences between strategies that work to correct political misinformation and disinformation in different contexts, amongst different audiences, and on different issues; and

Whereas, members of our AMA may lack information about these strategies and how they might apply to correcting political misinformation and disinformation on scope of practice; therefore be it

RESOLVED, that our American Medical Association perform a comprehensive literature review on current research on correcting political misinformation and disinformation and conduct field research on ways to correct political misinformation and disinformation amongst policymakers as it pertains to scope of practice (Directive to Take Action); and be it further

RESOLVED, that our AMA Board of Trustees report its findings and recommendations by the I-24 meeting to the HOD on correcting political misinformation and disinformation and that our AMA incorporate these findings to the extent possible into our AMA's advocacy efforts on scope of practice. (Directive to Take Action)

Fiscal Note: \$330,526: Perform comprehensive literature review on current research on correcting political misinformation and disinformation. Conduct field research through focus groups and surveys on ways to correct political misinformation and disinformation.

Received: 4/8/2024

References

1. Berinsky, Adam J., *Political Rumors: Why We Accept Misinformation and How to Fight It*, Princeton University Press, 2023
2. Traberg, C. S., Roozenbeek, J., & van der Linden, S. (2022). Psychological Inoculation against Misinformation: Current Evidence and Future Directions. *The ANNALS of the American Academy of Political and Social Science*, 700(1), 136-151. <https://doi.org/10.1177/00027162221087936>
3. Sangalang, Angeline, Yotam Ophir, and Joseph N. Cappella. "The potential for narrative correctives to combat misinformation." *Journal of communication* 69, no. 3 (2019): 298-319.
4. Walter, Nathan, and Sheila T. Murphy. "How to unring the bell: A meta-analytic approach to correction of misinformation." *Communication monographs* 85, no. 3 (2018): 423-441.
5. Swire, Briony, and Ullrich Ecker. "ELEVEN Misinformation and Its Correction: Cognitive Mechanisms and Recommendations for Mass Communication." In *Misinformation and mass audiences*, pp. 195-211. University of Texas Press, 2018.
6. Chan, Man-pui Sally, Christopher R. Jones, Kathleen Hall Jamieson, and Dolores Albarracín. "Debunking: A meta-analysis of the psychological efficacy of messages countering misinformation." *Psychological science* 28, no. 11 (2017): 1531-1546.

Relevant AMA Policy

G-640.050 Preserving the AMA's Grassroots Legislative and Political Mission

Our AMA will ensure that all Washington activities, including lobbying, political education, grassroots communications and membership activities be staffed and funded so that all reasonable legislative missions and requests by AMA members and constituent organizations for political action and training can be met in a timely and effective manner. (Res. 619, A-00; Reaffirmed: BOT Rep. 6, A-10; CCB/CLRPD Rep. 3, A-12; Reaffirmed: CCB/CLRPD Rep. 1, A-22)

G-620.021 Communications and Collaboration with the Federation

Our AMA: (1) when confronted with attempts by non-physicians to expand scope of practice via state legislation, shall work at the invitation of its component societies to develop strategies to most effectively promote and protect the best interest of our patients; (2) shall continue to work with national medical specialty societies to assist them in working with and coordinating activities with state medical associations and that the AMA, when requested by either a state medical association or a national specialty society, provide a mechanism to attempt to resolve any dispute between such organizations; (3) shall become actively involved in lobbying and/or communicating with state officials at the request of the state medical associations. (4) Prior to placing targeted advertising, our AMA will contact the relevant state medical associations and/or specialty societies for the purpose of enhancing communication about AMA's planned activities. (CCB/CLRPD Rep. 3, A-12; Reaffirmed: CCB/CLRPD Rep. 1, A-22)

2.3.4 Political Communications

Physicians enjoy the rights and privileges of free speech shared by all Americans. It is laudable for physicians to run for political office; to lobby for political positions, parties, or candidates; and in every other way to exercise the full scope of their political rights as citizens. Physicians may exercise these rights individually or through involvement with professional societies and political action committees or other organizations.

When physicians wish to express their personal political views to a patient or a patient's family, the physician must be sensitive to the imbalance of power in the patient-physician relationship, as well as to the patient's vulnerability and desire for privacy. Physicians should refrain from initiating political conversations during the clinical encounter.

Physicians must not allow differences with the patient or family about political matters to interfere with the delivery of professional care.

When expressing political views to a patient or a patient's family, physicians should:

- (a) Judge both the intrusiveness of the discussion and the patient's level of comfort before initiating such a discussion.
- (b) Discuss political matters only in contexts where conversation with the patient or family about social, civic, or recreational matters is acceptable.
- (c) Refrain from conversation about political matters when the patient or family is emotionally pressured by significant medical circumstances.
- (d) Work towards and advocate for the reform and proper administration of laws related to health care.

Physicians should stay well informed of current political questions regarding needed and proposed reforms.

(e) Stay well informed about needed or proposed policies concerning health care access and quality, medical research, and promoting public health so as to be able to advocate for patients' needs. (AMA Principles of Medical Ethics: I,VII, Issued 2016)

H-160.947 Physician Assistants and Nurse Practitioners

Our AMA will develop a plan to assist the state and local medical societies in identifying and lobbying against laws that allow advanced practice nurses to provide medical care without the supervision of a physician. BOT Rep. 6, A-95Reaffirmed: Res 240 and Reaffirmation A-00Reaffirmed: (Res. 213, A-02; Modified: CLRPD Rep. 1, A-03; Reaffirmed: BOT Rep. 9, I-11; Reaffirmed: Joint CME-CMS Rep., I-12; Reaffirmed: BOT Rep. 16, A-13; Reaffirmed: Res. 206, I-22; Reaffirmed: CMS Rep. 09, A-23

DRAFT