

H-60.992 Missing and Exploited Children

(12) All levels of medical education should emphasize the diagnosis, comprehensive treatment and prevention of problems associated with families that suffer from stress and that may be related to problems of alcoholism, drug abuse, domestic violence and marital dysfunction. Educational programs should address the reactions of physicians to these complex and frustrating social problems.

D-60.983 Teen and Young Adult Suicide in the United States

Our AMA will work with appropriate federal agencies, national organizations, and medical specialty societies to compile resources to reduce teen and young-adult suicide, including but not limited to continuing medical education classes, patient education programs, and other appropriate educational and interventional programs for health care providers, and report back at the 2006 Interim Meeting. (Res. 424, A-05)

H-515.965 Family and Intimate Partner Violence

(2) Our AMA believes that all physicians should be trained in issues of family and intimate partner violence through undergraduate and graduate medical education as well as continuing professional development. The AMA, working with state, county and specialty medical societies as well as academic medical centers and other appropriate groups such as the Association of American Medical Colleges, should develop and disseminate model curricula on violence for incorporation into undergraduate and graduate medical education, and all parties should work for the rapid distribution and adoption of such curricula when developed. These curricula should include coverage of the diagnosis, treatment, and reporting of child maltreatment, intimate partner violence, and elder abuse and provide training on interviewing techniques, risk assessment, safety planning, and procedures for linking with resources to assist victims. Our AMA supports the inclusion of questions on family violence issues on licensure and certification tests.

D-515.993 Support for Legislative Action and Improved Research on the Health Response to Violence and Abuse

Our AMA, in conjunction with other members of the Federation and the National Advisory Council on Violence and Abuse will: (1) identify and actively support state and federal legislative proposals designed to increase scientific knowledge, promote public and professional awareness, enhance recognition and ensure access to appropriate medical services for patients who have experienced violence and/or abuse; (2) actively support legislation and congressional authorizations designed to increase the nation's health care infrastructure addressing violence and abuse including proposals like the Health CARES (Child Abuse Research, Education and Services) Network; (3) actively support expanded funding for research on the primary prevention of violence and abuse, the cost of violence and abuse to the health care system, and the efficacy of interventions and methods utilized in the identification and treatment of victims of violence and abuse; (4) actively study the best practices in diagnosis and management of family violence (including an analysis of studies not reviewed in the recent US Preventive Services Task Force Recommendations on Screening for Family Violence) and present a report that

identifies future research and practice recommendations; and (5) invite a Federationwide task force to review and promote the best practices in the identification, management and prevention of family violence. (Res. 438, A-04)

D-515.996 Helping Physicians Respond to Family Violence

Our AMA will: (1) establish a committee of representatives from the National Advisory Council on Family Violence and the Council on Medical Education to include representatives from broad general membership of the AMA, including state society committees and various specialty organizations to: (a) identify the knowledge and skills needed by physicians to adequately identify, respond to and prevent violence and abuse; (b) identify recommended components for training and developing these skills within the medical education process; (c) explore the means to incorporate that training into current medical education; and (d) to establish a mechanism to respond to the anticipated proposals from the Institute of Medicine "Committee on the Training Needs of Health Care Professionals to Respond to Family Violence"; and (2) advocate for hospital and community support of violence survivor programs; (Res. 419, I-00)

H-295.912 Education of Medical Students and Residents about Domestic Violence Screening

The AMA will continue its support for the education of medical students and residents on domestic violence by advocating that medical schools and graduate medical education programs educate students and resident physicians to sensitively inquire about family abuse with all patients, when appropriate and as part of a comprehensive history and physical examination, and provide information about the available community resources for the management of the patient. (Res. 303, I-96; Reaffirmed: CME Rep. 2, A-06)

H-60.992 Missing and Exploited Children

To enhance physician involvement with issues related to missing and exploited children, the AMA supports the following statements and activities: (1) Child abductions and runaway behaviors are harmful and emotionally upsetting, divisive, and chaos producing to victims and their families. Any disappearance of a child constitutes a family crisis with both victims and families at high risk for developing physical and emotional problems... (12) All levels of medical education should emphasize the diagnosis, comprehensive treatment and prevention of problems associated with families that suffer from stress and that may be related to problems of alcoholism, drug abuse, domestic violence and marital dysfunction. Educational programs should address the reactions of physicians to these complex and frustrating social problems.

(BOT Rep. O, A-86; Reaffirmed: Sunset Report, I-96; Reaffirmed and Modified: CSAPH Rep. 3, A-06)