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3 Title: Inclusive Language Policy  
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5 Introduced by: Steven Daveluy, MD, FAAD, for the Wayne County Delegation  
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7 Original Authors: Carly Abrahams, Steven Daveluy, MD, FAAD, Ijeoma Nnodim Opara, MD,  
8 Sohini Pandit, and LaTonya Riddle-Jones, MD  
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10 Referred To: Reference Committee D  
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12 House Action: **APPROVED**  
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15 Whereas, the impact of language has received increased attention nationally, including the  
16 American Medical Association’s publishing the resource, “Advancing Health Equity: a Guide to  
17 Language, Narrative, and Concepts,” which provides a framework for inclusive language, and  
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19 Whereas, utilization of inclusive language by leaders is capable of increasing team  
20 engagement across a hierarchy to achieve team goals more effectively, and  
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22 Whereas, health inequities are extensively documented in the United States, with  
23 disproportionate impacts on life expectancy, maternal and infant mortality, and various aspects of  
24 population health, and  
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26 Whereas, health service research demonstrates inequities in the health care system through  
27 health care provider bias, prejudice, and stereotyping; racial bias in clinical decision tools; and,  
28 policies that limit access to quality care, and  
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30 Whereas, inclusive language is capable of reducing stigma and bias in health care delivery  
31 and research, positively impacting professional and patient satisfaction, patient experience, clinical  
32 outcomes, and reducing healthcare disparities, and  
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34 Whereas, inclusive language fosters a sense of belonging which is critical to the wellness  
35 and wellbeing of a diverse physician workforce and central to achieving health equity in alignment  
36 with the quintuple aims of the Institute for Healthcare Improvement; therefore be it  
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38 RESOLVED: That MSMS, under the guidance of its Task Force to Advance Health Equity and  
39 Policy Manual Review Committee, develop an inclusive language policy consistent with the  
40 framework published in the American Medical Association’s “Advancing Health Equity: a Guide to  
41 Language, Narrative, and Concepts;” and be it further  
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43 RESOLVED: That MSMS notify its members and the county medical societies of the inclusive  
44 language policy once developed and include a call to action to follow the policy for all resolutions  
45 submitted to the 2024 and future House of Delegates meetings.  
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48 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

## **Relevant MSMS Policy:**

### **MSMS Position on Discrimination**

MSMS is committed to diversity and inclusion. MSMS condemns all attempts by agencies, be they government or private, to discriminate in licensure, licensure by endorsement, jobs, promotions, hospital privileges, reimbursement, residency medical staff and academic appointments, professional society memberships, financial aid and board certification, based on race, religion, sexual orientation, creed, sex, gender identity, disability, ethnic origin, national origin, or age. Additionally, MSMS supports current AMA Policies H-65.965, H-65.978; and D-160.988.

## **Relevant AMA Policy:**

### **Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment H-65.950**

Our AMA recognizes broad and evolving protected personal characteristics spanning identity, origin, and status that include those outlined by regulatory authorities overlapping with those prioritized by AMA. To prevent misunderstandings and facilitate collaboration to move medicine forward, AMA acknowledges preferred terminology for protected personal characteristics outlined in the actual sources used in the 2021 AMA Strategic Plan to Embed Racial Justice and Advance Health Equity and the AMA-AAMC Advancing Health Equity such as the CDC's Health Equity Guiding Principles for Inclusive Communication that may be used in AMA policies and position statements.

### **Sources:**

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3. Whitehead M. The concepts and principles of equity and health. *Int J Health Serv*. 1992;22(3):429-445.
4. World Health Organization. Health equity. [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1). Accessed Feb 8, 2023.
5. Institute of Medicine. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press; 2003.
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10. Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. *JAMA*. 2022;327(6):521-522. doi:10.1001/jama.2021.25181