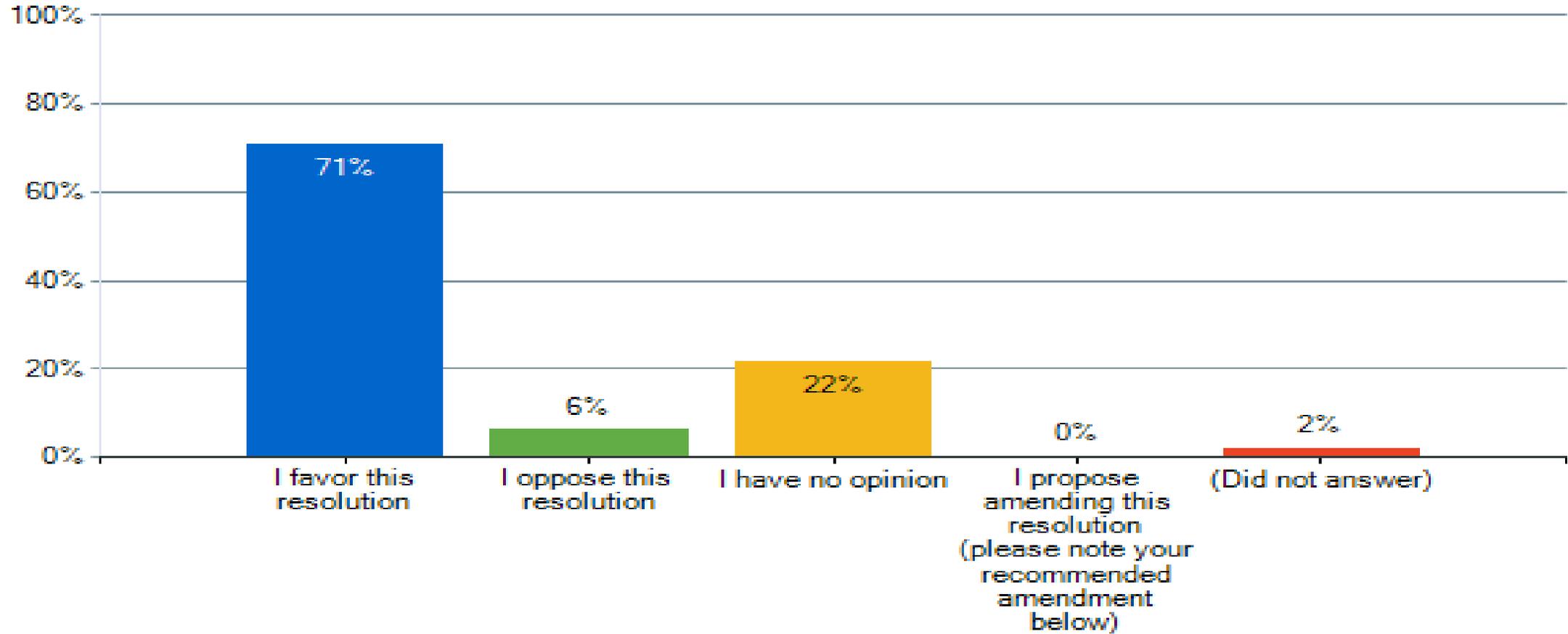
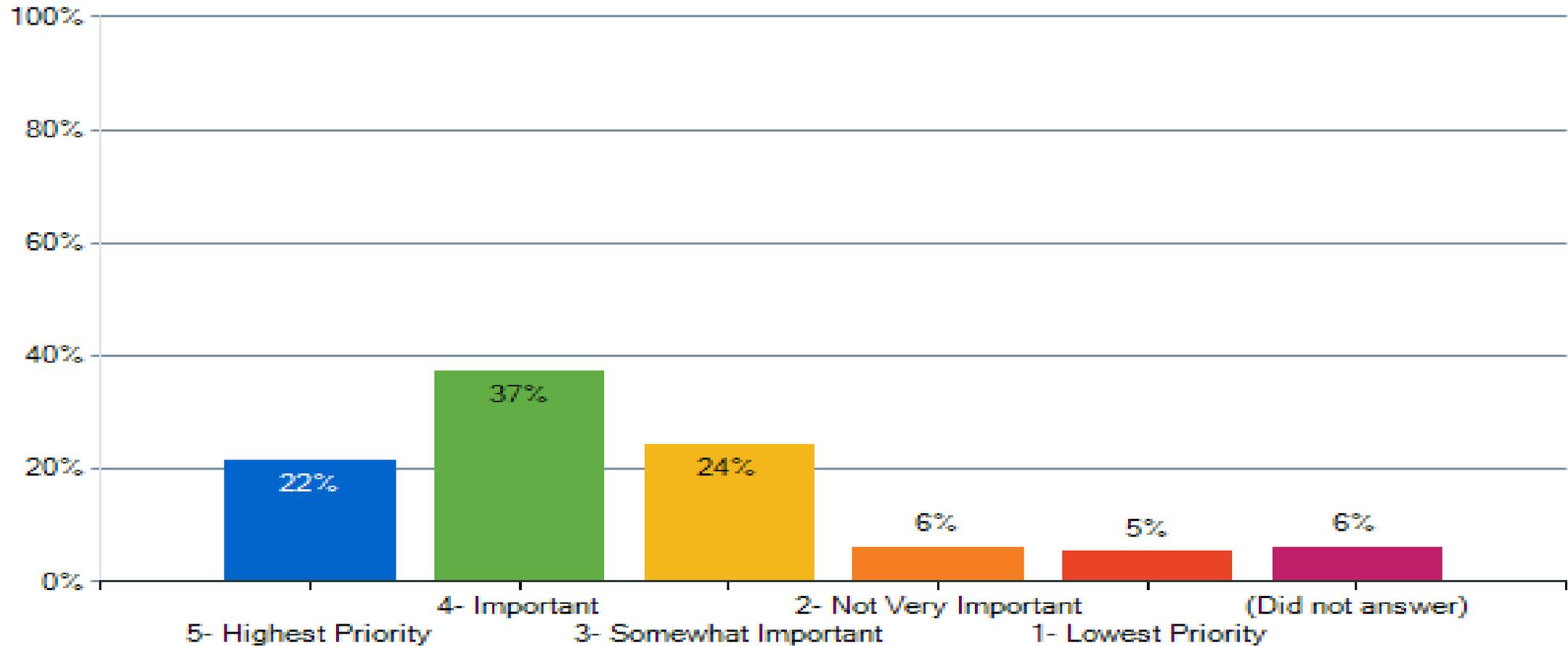


QMedical Student, Resident, and Fellow Suicide Reporting



QPlease indicate your view of this resolution as an ISMS priority.



SR No.	Response No.	Response Text
1	7	Much too complex a resolution. I do not think this should be the responsibility of the AMA. However, medical schools and residency training programs should be very much aware of stress and depression among students and trainees.
2	9	Reports of physician and trainee suicides are vast yet there are few to none concrete initiatives in place to address and prevent these deaths. I believe that establishing standardized reporting for these deaths would be an appropriate step to allow us to hold our institutions accountable in beginning to address this growing health issue.
3	13	Timely and essential.
4	14	Maybe we should stop testing. Medical school is hard and demanding enough without giving grades. When I went through, you just had to pass a test after 1.5 years and your Boards. Now, there are all kinds of unnecessary layers. If someone works hard enough to be able to get into medical school, you have to trust that they belong there. The added stress of constantly testing and grading probably inhibits actual on-the-job learning which has always been the best teacher.
5	17	Action towards advocating for our trainees mental health should occur. too many of our students residents and fellows suffer in silence and there should be a way to track what is going on so that programs can make steps towards serving the mental health
6	24	Resolution is too long
7	26	An important issue though process here will be counterproductive.

8	29	I think it's about time that we start taking action to prevent suicides among medical students and physicians in training. Having reporting to a central body would be a good way to collect this data in a reliable manner so we can see the true extent of the problem. I agree that we do need information from schools so we can see the trends and use that to create interventions in an informed manner. I like the idea of having a public component because this will not only encourage institutions to be mindful of this issue and take action to try to prevent suicide, but it will also help raise broader awareness of the issue and hopefully that will inspire groups to collaborate and find ways to intervene and improve the situation. Lives are on the line, and I feel this is a step in the right direction.
9	36	I have concerns about the feasibility of gathering the information necessary to execute the intent of this resolution.
10	37	how are we amending it??
11	39	Prevention and support should be as important as data gathering. Support activities need to be robust rather than "fluff"
12	42	Suicide is a religious issue. It is not an issue for medical science as evidenced by the disastrous results of physicians getting involved in it. The DSM V will be ever expanding with subjective diagnosis codes. ISMS should stay out of this mess.
13	51	Common sense proposal to address one of the most important issues in medicine today. Could not support any higher.
14	74	We have had multiple suicides at our school since we have started medical school. It is incredibly discouraging, scary, and incredibly upsetting. It does not seem our school cares to make a difference and make changes that will actually prevent this from happening again. I feel this amendment can open the conversation that medical trainee suicide is an issue and it will help guide wellness programs through improved data and research to prevent future suicide from occurring.
15	82	The individual Medical Schools are in the best position to deal with this very important issue.
16	85	Urgent
17	103	i wholeheartedly believe this would be a great step to further assist these students in mental health

18	104	Badly drafted resolution. No explanation of existing AMA policy number in Resolve statement. Will be quickly shuffled into Reaffirmation of Current Policy by AMA.
19	108	I think the sentiment to eliminate death by suicide is admirable, public reporting is unnecessary and is an invasion of privacy which neither mentioned organization will permit. The ACGME has made well-being an important concern for the GME environment are leading the way with the National Academy of Medicine to address all these issues. I think retraumatizing programs with public reporting is not the right approach and we should continue to support the ACGME, AMA, AAMC, AACOM AIAMC, NAM and AOA, as well as other stakeholders to mitigate the stressors leading to deaths by suicide. The SECOND trial has an interesting approach in surgery that has been studied by Karl Bilimoria and Yu-Yang Hu at Northwestern on a national level for the past 6 years. We should expand their efforts and have more programs equipped with the techniques they have developed in their extensive study. This resolution has my highest priority to oppose.
20	109	This is common sense.
21	121	I need more information
22	127	Don't have time to review so, not knowing amendment, cannot comment
23	165	Is a root cause data collected and analyzed? Are there resolutions or existing policies for interventions/prevention i.e. how will the data be used?
24	205	None