AAPL EXAMINER
American Academy of Psychiatry and the Law

**Highlights of the AMA Interim Meeting**

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The American Medical Association (AMA) House of Delegates HOD met in November 2025 at The Gaylord National Harbor in Maryland. The AAPL delegation remained active at the meeting. Dr. Piel remains the Vice Chair for the Psychiatry Section Council, which is comprised of the American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Association for Geriatric Psychiatry, American Academy of Addiction Psychiatry, Academy of Consultation-Liaison Psychiatry, and AAPL. She also served on the reference committee on Ethics and Bylaws and served on the elections committee. More information can be found at: https://www.ama-assn.org/house-delegates/interim-meeting. During this meeting, several resolutions of import to psychiatry were considered and adopted. Summarized here are some examples of resolutions from the meeting:

**Report on the Ethics of Human Lifespan Prolongation**

In 2024, the House of Delegates (HOD) adopted policy D-140.947, “On the Ethics of Human Lifespan Prolongation,” which directed our AMA to undertake an evaluation of the ethics of extension of the human lifespan, currently considered to be 120 years, with the goal of providing guidelines for clinical practice, research and potential regulatory challenges. The report presented at the November interim meeting provided the background and ethical analysis to fulfil this directive.

According to the report, investment in longevity research has increased from ½ billion dollars in 2013 to over 6 billion dollars in 2021 (1). This longevity market includes biotech firms, regenerative medicine providers, biomarker discovery, and novel therapeutic technologies, such as stem cell-, gene-, and immunotherapy. AI has also been employed in these endeavors. These technologies are aimed at ultimately improving the human lifespan (the maximum length of life a person can potentially achieve) as well as the health span (the portion of life a person spends in a healthy state).

With the advent of modern medicine, life expectancy has nearly doubled in the U.S. since 1900, reaching an average of 78.4 years in 2023 (2,3). At the same time, health

span has also increased (5). Unlike life expectancy, the human lifespan appears to be biologically fixed, with a ceiling around 125 years (4). Proponents of radical life extension (i.e. extending life up to 300 years) believe that technology will improve human health and prevent disease (2). Opponents of radical life extension have voiced concerns about sustainability, equitable access, social justice, and fears of negative social impacts as views on aging and death change (4,6,7).

The ethical analysis of radical life extension recognizes that, while achieving radical life extension technologies would have the potential to reduce illness and suffering, prolonging life could increase existing inequalities, destabilize existing social norms and create overpopulation.

Currently, because the FDA recognizes aging as a natural process and not a pathological disorder, it is difficult to obtain approval for medications whose sole use is to prolong life. However, the WHO has implied that aging is a disease by including “aging associated decline in intrinsic capacity” as a disease code in their 11th edition of the International Classification of Diseases (ICD) (8). If the FDA does change its stance, then the question will be how much money will be diverted from studying other illnesses to studying how to slow or prevent aging.

Critics argue that radical life extension technologies would be unethical if they were only available to wealthy individuals. Given that such technologies would likely be expensive, at least initially, only some members of society would be able to benefit from them (9). Critics of extending lifespan also argue that health research should focus on closing current health span-lifespan gaps, rather than on increasing human longevity (10). Another important ethical concern has to do with the demographic implications of people living longer. If people die less frequently, populations are likely to grow larger, resulting in a society that consists of an older populous (15). Increased longevity could also result in longer reproductive years and lead to people having more children. This jump in population could in turn place an unsustainable strain on available resources.

Due to the currently hypothetical nature of radical life extension technology, developing specific guidelines or regulations at this time presents a challenge, as the technology itself and any impacts it may have remain theoretical. However, as is the case with any emerging medical technology, all research on radical life extension should adhere to the appropriate ethical standards set forth by the AMA *Code of Medical Ethics* and the research ethics outlined in the World Medical Association’s Declaration of Helsinki.

The report indicated that, regardless of the form such technology may take or the duration of extended life it may grant, radical life extension, if it were to become a reality, should be made accessible in an ethical, equitable, and just manner.

### References


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### Model State Legislation incorporating Medical Malpractice Tort Reform Based on B Utah H.B. 503 (2025)

On March 27, 2025, the Utah State Legislature passed H.B. 503 which addressed medical malpractice tort reform. The bill was signed into law on March 27, 2025. The Utah bill provided that a plaintiff may not pursue, collect, or execute on a judgment against an individual health care provider's personal income or assets, unless the court finds that the provider's conduct was willful and malicious or intentionally fraudulent, the defendant provider failed to maintain an insurance policy with a policy limit of at least $1,000,000. The bill also provided that, prior to any award of damages to a plaintiff, a plaintiff may not make allegations that the court finds are irrelevant to the adjudication of the claims at issue or are made primarily to coerce or induce settlement. The court may award attorney fees and costs to a respondent provider if a prelitigation review panel renders an opinion that a claimant's claim or cause of action has no merit.

Testimony was supportive of this resolution, and the resolution's objectives align with AMA policy on medical liability reform. However, additional testimony indicated that our AMA policy typically does not reference specific state or federal bills because these bills

can shift and be altered over time. The resolution was amended to read: including but not be limited to provisions that: (1) limit economic damages for past medical expenses to amounts actually paid; (2) safeguard physicians' personal assets; (3) prohibit plaintiffs from making allegations that are irrelevant, coercive, or pertain to a physician's income or personal assets; (4) address prelitigation review panels and (5) expand circumstances where physicians are entitled to attorney fees. These amendments were noted as preserving the essence of the Resolution, while also providing our AMA with flexibility and strong principled policy that can be successfully implemented.

**References**

1.Utah H.B. 503 (2025)

**Deepfake Technology and Harm to Physicians and Patients**

Deepfake technology is a form of synthetic media generated by artificial intelligence that fabricates images, videos, and audio content to depict false events or actions (1). Advancements in generative deepfake technology have made distinguishing between real and fake content increasingly difficult. Deepfake technology is used utilized for malicious purposes, such as identity theft, legal manipulation, blackmail, the creation of non-consensual sexual content, child pornography, the dissemination of misinformation, and other forms of fraud. The proliferation of deepfakes poses substantial threats to politics, national security, and critical sectors such as finance and business, by misrepresenting politicians, celebrities, and industry leaders (1,2).

While deepfakes have the potential to benefit healthcare by potentially increasing access to care, safeguarding medical records and transforming diagnostic tools, the foundation of the patient-physician relationship is also under threat due to deepfake content, which misleads patients and undermines their confidence in medical practice (3,4). Physicians who utilize social media for patient engagement are at risk for reputational damage resulting from deepfake content. In addition, deepfake "doctors" are garnering millions of views on social media, endorsing weight-loss supplements to unproven medical treatments and devices for financial gain, jeopardizing patient safety and exposing them to serious harm.

Our American Medical Association recognizes that there currently exists a significant regulatory void, and such lack of oversight can result in harmful consequences, such as manipulation of patients, the spread of misinformation, and the potential for injury or death. Per new HOD policy, Our AMA resolved to support healthcare professionals, technology developers, government regulators, social media platforms, and the public, to formulate comprehensive federal legislation and regulations regarding deepfake technology to uphold the integrity of the medical profession and increase awareness of the risks associated with deepfake content, and safeguard patient well-being (5).

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