

New AMA policy opposes “excited delirium” diagnosis

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CHICAGO — A policy adopted by physicians, residents, and medical students at the American Medical Association’s (AMA) Special Meeting of its House of Delegates (HOD) opposes “excited delirium” as a medical diagnosis and warns against the use of certain pharmacological interventions solely for a law enforcement purpose without a legitimate medical reason.

The new policy addresses reports that show a pattern of using the term “excited delirium” and pharmacological interventions such as ketamine as justification for excessive police force, disproportionately cited in cases where Black men die in law enforcement custody. Specifically, the policy:

- Confirms the AMA’s stance that current evidence does not support “excited delirium” as an official diagnosis, and opposes its use until a clear set of diagnostic criteria has been established

- Denounces “excited delirium” as a sole justification for law enforcement use of excessive force

- Underscores the importance of emergency physician-led oversight of medical emergencies in the field

- Opposes the use of sedative/hypnotic and dissociative drugs—including ketamine—as an intervention for an agitated individual in a law enforcement setting, without a legitimate medical reason

- Recognizes the risk that sedative/hypnotic and dissociative drugs have in relation to an individual’s age, underlying medical conditions, and potential drug interactions when used outside of a hospital setting by a non-physician

Research supporting the new policy echoes current AMA policy [recognizing police brutality as a product of structural racism](#), indicating that racially marginalized and minoritized communities are disproportionately subjected to police force and racial profiling and underscoring the correlation between violent policing and adverse health outcomes. Broadly defined as being in a highly agitated and combative state, [studies show](#) that the term “excited delirium” has been misapplied and diagnosed disproportionately in law enforcement-related deaths of Black and Brown individuals, who are also more likely to experience excessive sedative intervention instead of behavioral de-escalation.

“For far too long, sedatives like ketamine and misapplied diagnoses like ‘excited delirium’ have been misused during law enforcement interactions and outside of medical settings – a manifestation of systemic racism that has unnecessarily dangerous and deadly consequences for our Black and Brown patients,” said AMA President-elect Gerald E. Harmon, M.D. “As physicians and leaders in medicine, it is our duty to define the medical terms that are being used to justify inappropriate and discriminatory actions by non-health care professionals. The adoption of this policy represents an urgent step forward in our efforts to remove obstacles that interfere with safe, high quality medical care – and makes clear that the AMA will continue to aggressively confront all forms of racism or police violence against our patients in marginalized and minoritized communities.”

In addition, the new policy urges law enforcement and frontline emergency medical service (EMS) personnel, who are a part of the “dual response” in emergency situations, to participate in training overseen by EMS medical directors that minimally includes de-escalation techniques and the appropriate use of pharmacological intervention for agitated individuals in the out-of-hospital setting. The policy also urges medical and behavioral health specialists – instead of law enforcement – to serve as first responders and decision-makers in medical and mental health emergencies. It calls for the administration of any pharmacological treatments in an out-of-hospital setting to be done equitably, in an evidence-based, anti-racist, and stigma-free way.

The adoption of the new policy stems from a report on the use of ketamine and pharmacological intervention in the context of “excited delirium,” requested by the AMA BOT, and follows AMA’s advocacy [urging lawmakers to act on policing reform](#) to protect public health. It supports existing policy on [recognizing racism as a public health threat](#) and [acknowledging race as a](#)

social, not biological, construct, and is in accordance with AMA's three-year strategic plan to advance health equity and embed racial justice, released in May 2021. Through the work of its Center for Health Equity, the AMA has remained committed to dismantling structural racism across all of health care and society – starting from within the organization – rooted in scientific evidence showing the harmful effects of racism, discrimination, and other forms of exclusion have on the health of individuals and our nation.

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