

AMA Code of Ethics 2004. Editorially Revised 2006. Revised 2016

Members are advised of the importance of seeking the advice of colleagues should they be facing difficult ethical situations.

1. PREAMBLE

1.1 Medical professionalism embodies the values and skills that the profession and society expects of doctors (medical practitioners). A *Code of Ethics* is essential for setting and maintaining the expected standards of ethical behaviour within the medical profession.

1.2 The AMA *Code of Ethics* articulates and promotes a body of ethical principles to guide doctors' conduct in their relationships with patients, colleagues and society.

1.3 This Code has grown out of other similar ethical codes stretching back into history including the Hippocratic Oath and those from other cultures.

1.4 Because of their particular knowledge and expertise, doctors have a responsibility to patients who entrust themselves to medical care.

1.5 The doctor-patient relationship is a partnership based on mutual respect, collaboration and trust. Within the partnership, both the doctor and the patient have rights as well as responsibilities.

1.6 While doctors have a primary duty to individual patients, they also have responsibilities to other patients and the wider community.

1.7 The principles in the AMA *Code of Ethics* apply to all doctors regardless of their professional roles.^{1,2}

2. The Doctor and the Patient

2.1 Patient care

2.1.1 Consider first the well-being of the patient.

2.1.2 Treat the patient as an individual, with respect, dignity and compassion in a culturally and linguistically appropriate manner.

2.1.3 Respect the patient's right to choose their doctor freely.

2.1.4 Communicate effectively with the patient and obtain their consent before undertaking any tests, treatments or procedures (there may be an exception in emergency circumstances) or involving them in research, teaching or disclosing their personal information to others.^{3,4}

2.1.5 Respect the patient's right to make their own health care decisions. This includes the right to accept, or reject, advice regarding treatments and procedures including life-sustaining treatments.

2.1.6 Respect the patient's right to refuse consent or to withdraw their consent.

2.1.7 Encourage and support the patient to take an interest in managing their health.

¹ The AMA has a range of position statements, guidelines and other resources that provide detailed information on many of the issues raised in the *Code of Ethics*. These can be found at www.ama.com.au.

² The AMA *Code of Ethics* complements the Medical Board of Australia's code of conduct for doctors. All doctors are strongly encouraged to familiarise themselves, and keep up-to-date, with any guidelines, regulations and legislation relevant to their professional roles.

³ There may be circumstances where the law authorises or requires the disclosure of a patient's personal information regardless of whether or not the patient has provided consent.

⁴ For consent to be valid, it must be informed, voluntary and made with appropriate decision-making capacity. To ensure consent is fully informed, the patient should be provided with sufficient information relevant to the decision at hand.

2.1.8 Respect the patient's request for a support person.

2.1.9 Facilitate coordination and continuity of care.

2.1.10 Respect the fact that a patient may have more than one established doctor-patient relationship.

2.1.11 Recognise that you may decline to enter into a therapeutic relationship where an alternative health care provider is available and the situation is not an emergency one.

2.1.12 Recognise that you may decline to continue a therapeutic relationship if it becomes ineffective or compromised. Under such circumstances, you can discontinue the relationship if an alternative health care provider is available and the situation is not an emergency one. You must inform the patient so that they may seek care elsewhere and assist in facilitating arrangements for their continuing care.

2.1.13 If you refuse to provide or participate in some form of diagnosis or treatment based on a conscientious objection, inform the patient so that they may seek care elsewhere. Do not use your conscientious objection to impede patients' access to medical treatments including in an emergency situation.⁵

2.1.14 Where a patient's death is deemed to be imminent and where curative or life-prolonging treatment appears to be of no medical benefit, try to ensure that death occurs with comfort and dignity.

2.1.15 Respect the right of a terminally ill patient to receive relief from pain and suffering, even where that may shorten their life.

2.1.16 Avoid providing care to anyone with whom you have a close personal relationship, where possible.

2.1.17 Facilitate the ongoing care of your patients, including the management of their medical records, if closing or relocating your practice.

2.1.18 Recognise the patient's right to make a complaint in relation to their health care. Ensure they are provided with information on the complaints process and do not let a complaint adversely affect the patient's care.

2.2 Protection of patient information

2.2.1 Respect the patient's right to know what information is held about them, their right to access their medical records and their right to have control over its use and disclosure, with limited exceptions.

2.2.2 Maintain the confidentiality of the patient's personal information including their medical records, disclosing their information to others only with the patient's express up-to-date consent or as required or authorised by law. This applies to both identified and de-identified patient data.

2.2.3 Maintain accurate, contemporaneous medical records.

2.2.4 Ensure patient information is kept secure.

2.2.5 Facilitate arrangements for accessing, transferring and storing medical records upon retirement.

2.3 Patients with limited, impaired or fluctuating decision-making capacity

⁵ When a doctor refuses to provide, or participate in, a legally recognised treatment or procedure because it conflicts with his or her own personal beliefs and values, this constitutes a 'conscientious objection'.

2.3.1 Presume an adult patient has decision-making capacity, the ability to make and communicate a decision, unless there is evidence to the contrary.⁶

2.3.2 Recognise that some patients may have limited, impaired or fluctuating decision-making capacity. As such, any assessment of capacity for health care decision-making is relevant to a specific decision at a specific point in time.

2.3.3 Respect the patient's ability to participate in decisions consistent with their level of capacity at the time a decision needs to be made. This includes decisions involving their health care as well as the use and disclosure of their personal information.

2.3.4 Recognise that some patients will have capacity to make a supported decision while others will require a substitute decision-maker.

2.3.5 Recognise that a competent minor may have the capacity to make a specific health care decision on their own behalf.

2.4 Patients' family members, carers and significant others

2.4.1 Treat the patient's family members, carers and significant others with respect.

2.4.2 Recognise that the patient's family members and carers may also need support, particularly where the patient's condition is serious or life-limiting. Provide them with information regarding respite care, bereavement care, carer's support and other relevant services, where appropriate.

2.5 Clinical research

2.5.1 Endeavour to participate in properly designed, ethically approved research involving human participants in order to advance medical progress.

2.5.2 Recognise that the rights and interests of the individual research participant takes precedence over the interests of others including the research team, affiliated institutions, funders and the broader community.

2.5.3 Make sure that all research participants are fully informed and have consented to participate in the study.

2.5.4 Seek patient consent to inform treating doctors of the involvement of patients under their care in any research project, the nature of the project and its ethical basis.

2.5.5 Respect the patient's right to withdraw from a study at any time without prejudice to medical treatment.

2.5.6 Make sure that the patient's decision not to participate in a study does not compromise the doctor-patient relationship or appropriate treatment and care.

2.5.7 Ensure that research results are reviewed by an appropriate peer group before public release.

2.6 Clinical teaching

2.6.1 Honour your obligation to pass on your professional knowledge and skills to colleagues and students, where appropriate.

2.6.2. Before conducting clinical teaching involving patients, ensure that the patient is fully informed and has consented to participate.

⁶ Legal definitions of capacity and capacity assessments may vary across jurisdictions.

2.6.3 Respect the patient's right to refuse or withdraw from participating in clinical teaching at any time without compromising the doctor-patient relationship or appropriate treatment and care.

2.6.4 Avoid compromising patient care in any teaching exercise. Ensure that the patient is managed according to the best-proven diagnostic and therapeutic methods and that the patient's comfort and dignity are maintained at all times.

2.7 Fees

2.7.1 Set a fair and reasonable fee having regard to the time, skill and experience involved in the performance of your services, the relevant practice costs and the particular circumstances of the case and the patient.

2.7.2 Recognise the importance of informed financial consent, ensuring that the patient is informed of and consents to your fees prior to the medical service being provided, where possible. Where a service you provide is in conjunction with other doctors or hospitals who will charge separate fees, advise the patient of this and how they can obtain information on those separate fees.

2.7.3 Encourage open discussion of health care costs with the patient.

3 The Doctor and the Profession

3.1 Professional conduct

3.1.1 Practise medicine to the best of your ability, recognising and working within your ability and scope of practice.

3.1.2 Build a professional reputation based on integrity and ability.

3.1.3 Recognise that your personal conduct may affect your reputation and that of your profession.

3.1.4 Take responsibility for your own health and well-being including having your own general practitioner.

3.1.5 Continue lifelong professional development to keep your knowledge, skills and performance up-to-date and improve your standard of medical care.

3.1.6 Keep up-to-date on relevant codes of practice and legal responsibilities.

3.1.7 Accept responsibility for maintaining and improving the standards of the profession.

3.1.8 Maintain appropriate professional boundaries with patients and their close family members, not entering into sexual, exploitative or other inappropriate relationships.

3.1.9. Refrain from offering inducements to patients, accepting inducements from patients or encouraging patients to give, lend or bequeath you money or gifts.

3.1.10 Report suspected unethical or unprofessional conduct by a colleague to the appropriate authority.

3.1.11 Report any form of bullying or harassment of, or by, students, colleagues or other health care professionals.

3.2 Working with colleagues

3.2.1 Treat your colleagues with respect and dignity.

3.2.2 Recognise colleagues who are unwell or under stress. Know how and when to respond if you are concerned about a colleague's health and take action to minimise the risk to patients and the doctor's health.

3.2.3 Refrain from undertaking actions such as making comments which may unfairly damage the reputation of a colleague.

3.2.4 Treat those under your supervision with respect, care and patience.

3.3 Referral to colleagues

3.3.1 Recognise your professional limitations and be prepared to refer as appropriate.

3.3.2 Obtain the opinion of an appropriate colleague acceptable to the patient if diagnosis or treatment is difficult or in response to a reasonable request by the patient.

3.3.3 When referring a patient, make available to your colleague, with the patient's knowledge and consent, all relevant information and indicate whether or not they are to assume the continuing care of the patient during their illness.

3.3.4 When an opinion has been requested by a colleague, report in detail your findings and recommendations to that doctor.

3.3.5 Respect the central role of the general practitioner in patient care. Should a patient require a referral to another specialist, ideally the referral should be made following consultation with the patient's general practitioner – except in an emergency situation. Any decision should be communicated to the general practitioner in a timely fashion.

3.4 Working with other health care professionals and as part of a health care team

3.4.1 Treat other health care professionals with respect and dignity.

3.4.2 Ensure that doctors and other health care professionals upon whom you call to assist in the care of the patient are appropriately qualified.

3.4.3 Work collaboratively with other members of the patient's health care team.

3.4.4 Adhere to your responsibility in delegation and handover of care of the patient.

3.4.5 Recognise the role of other support services including translators, Indigenous community members, religious, spiritual and cultural advisers.

3.5 Managing conflicts of interests

3.5.1 Ensure your financial or other interests are secondary to your primary duty to serve patients' interests. Financial and other interests should not compromise, or be perceived to compromise, your professional judgement, capacity to serve patients' interests or the community's trust in the integrity of the medical profession.

3.5.2 Disclose your financial or other interests that may affect, or be perceived to affect, patient care.

3.5.3 If you refer a patient to a facility, or recommend a treatment or product in which you have a financial interest, inform them of that interest and provide the patient with other options, where possible.

3.5.4 If you work in a practice or institution, place your professional duties and responsibilities to patients above the commercial interests of the owners or others who work within these practices.

3.6 Advertising

3.6.1 Confine advertising of professional services to the presentation of information reasonably needed by patients or colleagues to make an informed decision about the availability and appropriateness of your medical services.

3.6.2 Ensure that any announcement or advertisement directed towards patients or colleagues is demonstrably true in all respects. Advertising should not bring the profession into disrepute.

3.6.3 Do not endorse therapeutic goods in public advertising.

3.6.4 Exercise caution in endorsing non-therapeutic goods in public advertising.

3.6.5 Do not have any public association with products that clearly affect health adversely.

4. The Doctor and Society

4.1 Responsibility to society

4.1.1 Participate in activities that contribute to the health of the community and the wider public health. These can include matters relating to health education, environmental protection, public health and legislation impacting on health.

4.2 Professional autonomy and clinical independence

4.2.1 Uphold professional autonomy and clinical independence and advocate for the freedom to exercise professional judgement in the care and treatment of patients without undue influence by individuals, governments or third parties.

4.2.2 Refrain from entering into any contract with a colleague or organisation which you consider may conflict with your professional autonomy, clinical independence or your primary obligation to the patient.

4.2.3 Recognise your right to refuse to carry out services which you consider to be professionally unethical, against your moral convictions, imposed on you for either administrative reasons or for financial gain or which you consider are not in the best interests of the patient.

4.2.4 Alert appropriate authorities when the health care service or environment within which you work is inadequate or poses a threat to health.

4.2.5 The doctor who reasonably believes that significant harm will occur to the public as a result of the delivery or non-delivery of health care, despite the process mentioned in paragraph 4.2.4, would be open to taking whistleblowing action. Contemporary protections for whistleblowers should be supported by doctors.

4.3 Health standards, quality and safety

4.3.1 Participate in risk management, quality assurance and improvement activities.

4.3.2 Accept a share of the profession's responsibility to society in matters relating to the health and safety of the public, health education and literacy and legislation affecting the health of the community.

4.3.3 When providing scientific information to the public, recognise a responsibility to give the generally held opinions of the profession in a form that is readily understood. When presenting any personal opinion which is contrary to the generally held opinion of the profession, indicate that this is the case.

4.4 Stewardship

4.4.1 Practise effective stewardship, the avoidance or elimination of wasteful expenditure in health care, in order to maximise quality of care and protect patients from harm while ensuring affordable care in the future. Remember, however, that your primary duty is to provide the patient(s) with the best available care.

4.4.2 Practise effective stewardship in any setting in which your work, whether clinical, research or administrative.

4.4.3 Use your knowledge and skills to assist those responsible for allocating health care resources, advocating for their transparent and equitable allocation.

4.5 Medico-legal responsibilities

4.5.1 Recognise your responsibility when preparing medico-legal documents such as medical certificates or independent medical assessments. The information you provide must be honest, accurate and not misleading.

4.5.2 Recognise your responsibility to assist the courts, tribunals (or similar forums) by providing informed, fair opinion based on impartial, expert evidence when reasonably called upon to do so.

4.5.3 Ensure the patient understands your medico-legal role and responsibilities as it relates to their care.

4.6 Health equity and human rights

4.6.1 Endeavour to improve the standards and quality of, and access to, medical services in the community.

4.6.2 Provide care impartially and without discrimination on the basis of age, disease or disability, creed, religion, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, criminal history, social standing or any other similar criteria.

4.6.3 Do not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures.