

Proposed Amendment to the AOA Code of Ethics and New “Rules and Guidelines”

Consistent with the requirements for amending the constitution and bylaws of the American Osteopathic Association (AOA), the following proposed amendment to the AOA Code of Ethics has been submitted to the AOA executive director, who has arranged for its publication in *JAOA—The Journal of the American Osteopathic Association* before the next annual meeting of the AOA House of Del-

egates (HOD), which will occur Friday, July 20, 2012, through Sunday, July 22, 2012, at The Fairmont Chicago in Illinois.

In addition, a document titled “Rules and Guidelines on Physicians’ Professional Conduct” is published herein for review during the 2012 annual meeting.

Amendment to the AOA Code of Ethics

The Student Osteopathic Medical Association (SOMA) has proposed the following amendment to the AOA Code of Ethics. This amendment was submitted prior to the 2011 annual meeting but could not be considered because it was not submitted until after the deadline for publication and distribution. The AOA Board of Trustees suggested certain revisions, which were accepted as a friendly amendment by SOMA. These amendments will be considered for final approval at the July 2012 meeting of the House of Delegates. (Old material is crossed out and new material is capitalized.)

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients FOR REASONS OF INVIDIOUS DISCRIMINATION, INCLUDING, BUT NOT LIMITED TO, ~~because of~~ the patient’s race, creed, color, sex, national origin, SEXUAL ORIENTATION, GENDER IDENTITY or handicap. In emergencies, a physician should make her/his services available.

“Rules and Guidelines on Physicians’ Professional Conduct”

The AOA Board of Trustees, on recommendation of the AOA Bureau of Membership’s Subcommittee on Ethics, proposed the following rules and guidelines for consideration at the July 2011 meeting of the AOA House of Delegates. The document has been circulated to state and specialty affiliates for comments, which have been incorporated into the document. Although this document is not proposed as an amendment to the current Code of Ethics, the House of Delegates requested that it be published and distributed to delegates prior to the July 2012 meeting of the House of Delegates. This document will be considered for final approval at the July 2012 meeting.

Rules and Guidelines on Physicians’ Professional Conduct *Professionalism and Physician Responsibilities*

Professionalism is a core competency expected of all physicians. Physicians are among the most highly educated and trained professionals in our society and should enjoy the respect of their peers and the community. Society expects them to perform various roles. As health care providers, they diagnose and treat patients; as advisors, they provide patients with an understanding of their health status and the potential consequences of decisions regarding treatment and lifestyles; as advocates, physicians communicate with

patients, their caregivers, and their health insurers about the needs of the patient; and as counselors, they listen to their patients and discuss their condition with family members and others involved in health care decision-making. Physicians are entrusted by their patients and their patients' families with private and confidential information, much of which is related to health care but frequently includes other personal details.

Osteopathic physicians, in order to enjoy the continued respect and trust of society, recognize the responsibilities and obligations they bear and in order to maintain their status as professionals, must act accordingly. Medical ethics includes many tenets that should guide osteopathic physicians in their professional and personal activities. Although ethics and professionalism encompass broad concepts, some of the recognized elements are:

- Non-maleficence—first, do no harm
- Acting as a positive role model
- Displaying respect in interactions with others
- Legal and ethical behavior
- Appropriate management of potential conflicts of interest
- Beneficence—a physician should act in the best interest of the patient/altruism/placing the needs of the patient first
- Autonomy—the patients have the right to refuse or choose their treatment
- Dignity—the patients (and the medical professionals involved with their care) have the right to dignity, truthfulness and honesty
- Participation in self-evaluation programs and acceptance of constructive criticism from others.

The AOA's Code of Ethics offers rules to guide physicians in their interactions as physicians with their patients, with society, and with the AOA. This document is intended to supplement the Code of Ethics by providing rules and guidance for physicians' conduct as professionals in the broader context beyond the traditional role in the delivery of care. Some of the Rules and Guidelines are mandatory (i.e., "shall" or "shall not"), while others are permissive (i.e., "may," "should," "should not" or "may not") and recognize a physician's discretion to assess the specific context and situation and exercise professional judgment.

Finally, the Rules and Guidelines are designed by the AOA to provide guidance to physicians in appropriate professional behavior and to provide a structure for regulating conduct. Any assessment of a physician's conduct must be made with due consideration to the facts and circumstances that existed at the time of the conduct in question and recognize that a physician may have had to act based upon uncertain or incomplete information. The Rules and Guidelines are not intended to be a basis for civil liability. Rather, perceived failure of a physician to comply with an obligation or prohibition imposed by the Code of Ethics or these Rules and Guidelines is a basis for invoking the AOA's disciplinary process through the Bureau of Membership's Subcommittee on Ethics.

1. A physician's conduct shall be consistent with the requirements of the law, whether providing medical/professional service to patients or in conducting business and personal affairs.
2. Physicians should use their status as professionals only for legitimate purposes and not to take advantage of economic or social opportunities or to harass or intimidate others.
3. A physician has an obligation to pursue a patient's best interests and to be an advocate for a patient's needs. In so doing, physicians shall conduct themselves in a civil manner when interacting with all persons and institutions involved in the health care delivery system. When appropriate, physicians should disclose and resolve any conflict of interest that might influence decisions regarding care.

4. Patients may come from any of a broad spectrum of cultures and beliefs. Physicians should conduct themselves with appropriate respect for their patients' social and cultural needs and provide necessary care without regard to gender, race, color, religion, creed, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, gender identity or sexual orientation.
5. Physicians are allowed limited autonomy to govern conduct within their own profession through participation on state licensing boards, hospital credentialing committees and in peer review processes. Physicians should fully participate in self-regulation by setting, maintaining, and enforcing appropriate practice standards. Regulations and rules with respect to health care delivery shall be developed with the best interests of patient care in mind rather than advancing private interests or protecting friends or colleagues from adverse action.
6. Physicians are responsible for observance of the Code of Ethics and these Rules and Guidelines on Professional Conduct. While compliance depends primarily upon understanding of and voluntary compliance with these obligations, physicians should also make efforts to secure their observance by other physicians through expression of formal or informal peer opinion or, when necessary, invocation of disciplinary proceedings. Adverse events and medical errors should be fully disclosed within the context of appropriate peer review.
7. Physicians should be aware of disparities in medical care within the United States and internationally and not make decisions on quality of care based on a patient's resources. Where possible, physicians should devote professional time or resources to assist those less fortunate in securing access to appropriate medical care.

JAOA Submissions: Online-Only Content

JAOA—The Journal of the American Osteopathic Association encourages authors to include additional online-only content (eg, videos, slides) with their manuscript submissions. Contact the *JAOA's* editorial assistant at jaoa@osteopathic.org for more information.