

Proposed Amendments to the AOA Constitution and the AOA Code of Ethics (Reprint)

Consistent with the requirements for amending the Constitution and the Code of Ethics of the American Osteopathic Association (AOA), the following proposed amendments to the AOA Constitution and the AOA Code of Ethics have been submitted to the AOA executive director, who has arranged for their publication in *The Journal of the American Osteopathic Association* before the next annual meeting of the AOA House of Delegates (HOD), which will occur Friday, July 19, 2013, through Sunday, July 21, 2013, at The Fairmont Chicago in Illinois.

All amendments require a two-thirds vote by the HOD for approval. (Old material is crossed out and new material is capitalized.)

Amendments to the AOA Constitution

Composition of the House of Delegates

The following amendment was presented at the July 2012 HOD meeting and will be considered for final approval at the July 2013 HOD meeting. This amendment proposes a change to the formula under which delegates to the HOD are allocated among state and divisional affiliates. Because of growth in AOA membership, the size of the HOD has increased dramatically over the last decade. If approved, this amendment will cap the aggregate number of delegates from divisional societies and the uniformed services affiliate (ie, Association of Military Osteopathic Physicians and Surgeons) at 473.

Article VI—House of Delegates

The House of Delegates shall be the legislative body of the Association, shall exercise the delegated powers of the divisional societies in the affairs of this Association, and shall perform such other functions as are set forth in the Bylaws.

Section 1—Composition

The House of Delegates shall consist of delegates elected by the divisional societies and other authorized units, the elected officers and trustees of the Association and of such other members as may be provided for in the Bylaws.

A. DIVISIONAL SOCIETIES AND UNIFORMED SERVICES SOCIETY. FOUR HUNDRED SEVENTY-THREE DELEGATE POSITIONS SHALL BE ALLOCATED AMONG THE DIVISIONAL SOCIETIES FOR EACH OF THE STATES AND THE DISTRICT OF COLUMBIA AND THE AFFILIATED ORGANIZATION THAT REPRESENTS OSTEOPATHIC PHYSICIANS SERVING IN THE UNIFORMED SERVICES AS FOLLOWS: EACH DIVISIONAL SOCIETY AND THE UNIFORMED SERVICES AFFILIATE SHALL BE entitled to one delegate and ONE ALTERNATE DELEGATE. ~~One additional delegate for each 100 regular members of this Association located in the state represented by that divisional society, provided that if there are 75 or~~

more unrepresented regular members of this Association in the area of that divisional society, it shall be entitled to one additional delegate and THE REMAINING DELEGATE POSITIONS SHALL BE ALLOCATED AMONG DIVISIONAL SOCIETIES AND THE UNIFORMED SERVICES AFFILIATE BASED ON THE PROPORTION OF MEMBERS OF THIS ASSOCIATION WHO ARE LOCATED IN THE STATE REPRESENTED BY THAT DIVISIONAL SOCIETY OR, IN THE CASE OF THE UNIFORMED SERVICES DIVISIONAL SOCIETY, THE PROPORTION OF MEMBERS OF THIS ASSOCIATION CURRENTLY SERVING ON ACTIVE DUTY IN THE UNIFORMED SERVICES OF THE UNITED STATES. THE ALLOCATION OF ADDITIONAL DELEGATES SHALL BE RECALCULATED EACH YEAR.

B. STUDENT COUNCIL REPRESENTATION IN DIVISIONAL SOCIETIES. DIVISIONAL SOCIETIES SHALL BE AWARDED one additional delegate as a student council representative FOR of each college of osteopathic medicine accredited by this Association and located in the state represented by that divisional society, such student delegate to be elected according to the Bylaws of the American Osteopathic Association.

C. SPECIALTY AFFILIATES. EACH AOA RECOGNIZED SPECIALTY COLLEGE SHALL BE REPRESENTED BY ONE DELEGATE TO BE SELECTED AS PROVIDED IN THE BYLAWS OF THE AMERICAN OSTEOPATHIC ASSOCIATION.

Composition of the Board of Trustees

The following amendment to section 1 of Article VIII of the AOA Constitution will be presented at the July 2013 HOD meeting and considered for final approval at the July 2014 HOD meeting. This amendment, if approved, would add a public member position to the AOA Board of Trustees.

Article VIII—Board of Trustees and Executive Committee

Section 1—Board of Trustees

The Board of Trustees of this Association shall consist of the President, President-elect, the Past Presidents for the preceding two years, First Vice-President, Second Vice-President, Third Vice-President, and twenty-one other members, six of whom shall be elected annually by the House of Delegates to serve for three years, a new physician in practice to serve for one year, an intern/resident member elected by the House of Delegates to serve for one year. Candidates for the new physician in practice position shall be osteopathic physicians who have completed their postdoctoral training within the past five years or received their DO degree within the previous ten years and shall be nominated by the Council of New Physicians in Practice. Candidates for the intern/resident position shall be enrolled in an AOA-approved internship or residency or, if enrolled in an ACGME-approved residency shall have applied for AOA approval of their ACGME-approved residency. Candidates for the intern/resident position shall be nominated by the Congress of Interns/Residents. Candidates for the student

position shall be nominated, in alternating years, by the Council of Osteopathic Student Government Presidents (COSGP) and the Student Osteopathic Medical Association (SOMA). The Board of Trustees shall be the administrative and executive body of the Association and perform such other duties as are provided by the Bylaws. All trustees, with the exception of the President, President-elect and the Past Presidents for the preceding two years, the aggregate terms of Office of Trustees shall be limited to twelve (12) years, with the exception that a trustee may complete the term in which twelve (12) years or more of service is completed. The intern/resident member shall be elected for a one-year term, but may be elected to serve an additional one-year term as the intern/resident member.

THE BOARD OF TRUSTEES SHALL BE THE ADMINISTRATIVE AND EXECUTIVE BODY OF THE ASSOCIATION AND PERFORM SUCH OTHER DUTIES AS ARE PROVIDED BY THE BYLAWS. THE BOARD OF TRUSTEES OF THIS ASSOCIATION SHALL CONSIST OF TWENTY-NINE MEMBERS:

A. SEVEN ELECTED OFFICERS: THE PRESIDENT, PRESIDENT-ELECT, THE PAST PRESIDENTS FOR THE PRECEDING TWO YEARS, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, AND THIRD VICE-PRESIDENT;

B. EIGHTEEN AT-LARGE TRUSTEES, SIX OF WHOM SHALL BE ELECTED ANNUALLY BY THE HOUSE OF DELEGATES TO SERVE FOR THREE YEARS;

C. ONE NEW PHYSICIAN IN PRACTICE MEMBER ELECTED BY THE HOUSE OF DELEGATES TO SERVE FOR ONE YEAR. CANDIDATES FOR THE NEW PHYSICIAN IN PRACTICE POSITION SHALL BE OSTEOPATHIC PHYSICIANS WHO HAVE COMPLETED THEIR POSTDOCTORAL TRAINING WITHIN THE PAST FIVE YEARS OR RECEIVED THEIR DO DEGREE WITHIN THE PREVIOUS TEN YEARS AND SHALL BE NOMINATED BY THE COUNCIL OF NEW PHYSICIANS IN PRACTICE;

D. ONE INTERN/RESIDENT MEMBER ELECTED BY THE HOUSE OF DELEGATES TO SERVE FOR ONE YEAR. CANDIDATES FOR THE INTERN/RESIDENT POSITION SHALL BE ENROLLED IN AN AOA-APPROVED INTERNSHIP OR RESIDENCY OR, IF ENROLLED IN AN ACGME-APPROVED RESIDENCY SHALL HAVE APPLIED FOR AOA APPROVAL OF THEIR ACGME-APPROVED RESIDENCY. CANDIDATES FOR THE INTERN/RESIDENT POSITION SHALL BE NOMINATED BY THE COUNCIL OF INTERNS AND RESIDENTS;

E. ONE STUDENT MEMBER ELECTED BY THE HOUSE OF DELEGATES TO SERVE FOR ONE YEAR. CANDIDATES FOR THE STUDENT POSITION SHALL BE NOMINATED, IN ALTERNATING YEARS, BY THE COUNCIL OF OSTEOPATHIC STUDENT GOVERNMENT

PRESIDENTS (COSGP) AND THE STUDENT OSTEOPATHIC MEDICAL ASSOCIATION (SOMA); AND

F. ONE PUBLIC MEMBER ELECTED BY THE HOUSE OF DELEGATES TO SERVE FOR A THREE-YEAR TERM, WITH A ONE-TERM LIMIT. CANDIDATES FOR THE PUBLIC MEMBER POSITION SHALL NOT BE PHYSICIANS AND SHALL BE NOMINATED BY THE COMMITTEE ON ADMINISTRATIVE PERSONNEL.

Term Limit for AOA Trustees

The following amendment to section 2 of Article VIII of the AOA Constitution will be presented at the July 2013 HOD meeting and considered for final approval at the July 2014 HOD meeting. This amendment, if approved, would clarify existing term limits to reflect that time served on the Board of Trustees as a student, intern/resident, or new physician in practice shall not be counted in the term limit.

SECTION 2—TERM LIMIT. For all trustees, with the exception of the President, President-Elect and the Past Presidents for the preceding two years, the aggregate terms of Office of Trustees shall be limited to twelve (12) years, with the exception that a trustee may complete the term in which twelve (12) years or more of service is completed. TIME SERVED AS A STUDENT MEMBER, INTERN/RESIDENT MEMBER, OR AS NEW PHYSICIAN IN PRACTICE MEMBER SHALL NOT BE INCLUDED IN CALCULATING THE TWELVE YEARS OF SERVICE.

Amendment to the AOA Code of Ethics

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 HOD meeting. The document has been circulated to state and specialty affiliates for comments, which have been incorporated into the document. The HOD requested that it be published as an amendment to the Code of Ethics and distributed to delegates prior to the July 2013 HOD meeting. This document will be considered for final approval at the July 2013 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.

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