

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS*

CEJA Report 1-I-00

Subject: Proposed Revision of the *Principles of Medical Ethics***

Presented by: Herbert Rakatansky, MD, Chair

Presented to: Reference Committee on Amendments to Constitution and Bylaws
(Nelson G. Richards, Jr., MD, Chair)

1 Introduction

2
3 Over the last three years, resolutions addressing certain aspects of the American Medical Association's
4 *Principles of Medical Ethics*, which are the core element of the Code of Medical Ethics, were
5 introduced and subsequently referred to the Council on Ethical and Judicial Affairs (CEJA).
6 Specifically, resolution 8-I-97 calls for the *Principles* to be amended to include a statement regarding
7 preventive care. Resolution 2-A-98 called for the *Principles* to include language stating that "The
8 physician shall act as the patient advocate regardless of the system under which he or she is
9 compensated." Resolution 2-A-99 suggested that if the *Principles* were to be revised, such a task should
10 be entrusted to a group composed of physicians and consultants from the ethics community. Finally,
11 resolution 2-I-99 called for the establishment of an eighth principle that specifically would articulate the
12 physician's commitment to the welfare of the individual patient. (See Appendix A)

13
14 All four resolutions were referred to the Council to consider whether it is necessary or appropriate to
15 revise the *Principles* of the Code of Medical Ethics.

17 Past revisions

18
19 The original AMA's Code of Ethics, adopted in 1847, were a series of statements akin to current
20 Opinions. More than a century after its adoption, a proposal was submitted to the House of Delegates to
21 shorten the Code to 10 overarching *Principles* that captured the core concepts of ethical conduct, which
22 then could be interpreted to guide physician behavior in a variety of different practice situations. The
23 proposal was adopted in June 1957, and the 10 *Principles*, combined with their interpretations
24 (Opinions), formed the *Code of Medical Ethics* in its modern format. These 10 *Principles* were next
25 revised in the late 1970's in order "to clarify and update the language [...] and to eliminate any
26 potential confusion as to the meaning and intent of the *Principles*." Comments were solicited from
27 state, county, and specialty societies and, subsequently, a revised set of *Principles* was adopted in 1980.

29 Soliciting input from the Federation

* Reports of the Council on Ethical and Judicial Affairs are assigned to the Reference Committee on Constitution and Bylaws. They may be adopted, not adopted, or referred. A report may not be amended, except to clarify the meaning of the report and only with the concurrence of the Council.

** The Principles of Medical Ethics of the American Medical Association may be amended at any meeting on the approval of two-thirds of the members of the House of Delegates present and voting, provided that the proposed amendment shall have been introduced at the preceding meeting (Bylaw 13.20).

1 The Constitution and Bylaws of the American Medical Association are silent on the mechanism that
2 should be followed in considering whether to update the *Principles*. Therefore, in determining whether
3 it would be advisable for the House of Delegates to amend or revise the current *Principles of Medical*
4 *Ethics*, the Council sought extensive input from the Federation. In accordance with resolution 14-I-94,
5 which called for the Council “[to] conduct an open forum at all future meetings of the AMA House of
6 Delegates for the purpose of discussing pending ethical ... issues,” CEJA included the proposal to
7 review the *Principles of Medical Ethics* at the Open Forum in June 1998 and again in June 1999.

8
9 In addition, comments were solicited from members of the Federation of Medicine in a letter dated
10 April 1999 (see Appendix B). Specifically, members of the House of Delegates and all executives of
11 state and national specialty societies were asked to consider a list of ethical obligations that are not
12 explicitly covered by the current *Principles* and to provide comments on this list, or to propose other
13 revisions.

14
15 The list of ethical obligations not explicitly stated in the current *Principles* was compiled after the
16 Council considered codes of medical ethics from various other nations, as well as codes from national
17 state and specialty societies.

18
19 The Council received varied responses from specialty societies, states societies, and interested
20 individuals. In addition to comments, some respondents provided copies of their organization’s code of
21 ethics. Many respondents emphasized some of the concepts iterated in the list of ethical obligations not
22 explicitly stated in the *Principles*. For instance, many believed that in addition to a statement about
23 providing competent medical service, there should be statements regarding obligations to promote
24 public health and preventive care. Others emphasized the need to include the obligation of physicians to
25 advocate for access to health care. There also was support to add language that explicitly referred to
26 physicians as patient advocates, or otherwise required physicians to place the interests of patients above
27 their own and to avoid conflicts of interests. There was also a suggestion to include an explicit
28 obligation to relieve pain and suffering.

29
30 In addition, some respondents expressed concern at some of the proposed obligations. In particular, it
31 appeared to many that “an obligation to use medical skills and services to promote health values” may
32 be interpreted narrowly and lead to the exclusion of certain areas of medical practices that are currently
33 viewed as ethical, even if not directly related to the enhancement of health (for example forensic
34 medicine or cosmetic surgery).

35
36 Finally, some respondents advocated changes that reflected a perspective more closely related to their
37 area of care, or that emphasized the needs of certain patient populations, such as children, the elderly or
38 the disabled, issues that can best be addressed through separate Opinions.

39 40 Discussion

41
42 The Council on Ethical and Judicial Affairs examined ethical elements that are iterated in various other
43 codes. The Council also carefully considered the input it received both through the Open Forum and in
44 response to the letter sent throughout the Federation. Although the Council generally believes that the
45 current *Principles of Medical Ethics* offer relevant ethical guidance to the medical profession, the
46 Council also believes that the *Principles* are silent on some issues that are fundamental to the ethical
47 practice of medicine and to the integrity of the profession. Some of these sentiments were echoed in the
48 input the Council received.

49
50 When considering its ability to develop Reports and Opinions to address many of the emerging issues of
51 importance to the profession, the Council acknowledges that the ethical concepts encompassed within

1 the current *Principles* are broad and, therefore, that the Council generally has not been restricted by the
2 current iteration of the *Principles*. However, as stated in the preface of the *Principles*, they ought to
3 stand alone as the clear statement of the standards of conduct which define the essentials of honorable
4 behavior for the physician in relation to patients, other health professionals, and society.

5
6 From the time of the AMA’s foundation in 1847 to this day, the medical profession’s commitment to
7 ethics and the expression of this commitment through the *Principles*, and the Code of Medical Ethics as
8 a whole, have served as a beacon to guide our AMA’s Core Vision “to promote the science and art of
9 medicine and the betterment of public health.”

10
11 In the current environment of ever-more-rapid technological advances, competing demands for limited
12 health resources, increased numbers of uninsured and underinsured Americans, and eroding physician
13 autonomy due to the intrusion of third parties into the patient-physician relationship, the Council
14 believes the *Principles* ought to speak unequivocally on these issues and provide a shared and unifying
15 response. It is with this goal in mind that the Council has sought to propose revisions to the *Principles*.

16
17 In particular, the Council proposes that the *Principles* clearly iterate the physician’s responsibilities to
18 patients are paramount (proposed *Principle VIII*). The Council also proposes that the *Principles* make
19 clear that physicians are dedicated to providing care to all and, therefore, that they support access to
20 health care for all (proposed *Principle IX*). Other proposed additions by the Council include statements
21 that recognize the importance of medical education (proposed amendment to *Principle V*), that
22 emphasize the element of self-regulation, which is inherent to professionalism and the ethical practice of
23 medicine (proposed amendment to *Principle II*), and also that acknowledge the rights of patients
24 (proposed amendment to *Principle I*). Finally, the Council proposes minor editorial changes.

25
26 Recommendations

27
28 The Council recommends that the following be adopted and the remainder of the report be filed:

- 29
30 1. The Council on Ethical and Judicial Affairs proposes that our AMA’s House of Delegates revise
31 and update its *Principles of Medical Ethics* to reflect the need for a renewed commitment to the
32 ethical foundation of the practice of medicine in response to the profound changes that have
33 reshaped the provision of health care.
34
35 2. Based on recent resolutions referred by the Board of Trustees to the Council on Ethical and Judicial
36 Affairs, its survey of a variety of Codes and other ethical statements, and on the broad input it
37 received on the proposal to revise the *Principles*, the Council proposes the following revised
38 *Principles of Medical Ethics* for consideration by the House of Delegates:
39

Proposed version

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

Current version

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

Proposed version

Current version

- | | |
|--|--|
| <p>I. A physician shall be dedicated to providing high quality medical care, with compassion and respect for human dignity and rights.</p> | <p>I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.</p> |
| <p>II. A physician shall establish and enforce high standards of professionalism, be honest in all professional interactions, and expose physicians deficient in character or competence, or engaging in fraud or deception.</p> | <p>II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.</p> |
| <p>III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.</p> | <p>III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.</p> |
| <p>IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy.</p> | <p>IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.</p> |
| <p>V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to all aspects of medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.</p> | <p>V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.</p> |
| <p>VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.</p> | <p>VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.</p> |
| <p>VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community, the betterment of public health, and the appropriate use of health care resources.</p> | <p>VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.</p> |
| <p>VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.</p> | |
| <p>IX. A physician shall support access to health care for all.</p> | |

APPENDIX A

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 8
(I-97)

Introduced by: American College of Occupational and
Environmental Medicine

Subject: Principles of Medical Ethics

Referred to: Reference Committee on Amendments to Constitution
And Bylaws (Albino T. Bismonte, Jr., MD)

1 Whereas, The American Medical Association is an organization of physicians dedicated to the health
2 of America; and

3
4 Whereas, When preventive strategies are available, they are often the most desirable option in terms of
5 cost, morbidity and mortality; and

6
7 Whereas, Prevention is seriously underutilized; and

8
9 Whereas, The efforts of all physicians, not just preventive medicine specialists, are needed to achieve
10 the health improvement possible from available preventive measures; and

11
12 Whereas, Many payment systems do not adequately support preventive measures, imposing a conflict
13 with the best interest of the patient; and

14
15 Whereas, Dedication first and foremost to the best interest of our patients is the foundation upon
16 which all of AMA's policies rest; and

17
18 Whereas, "The America Medical Association Principles of Medical Ethics" does not describe a duty
19 for ethical physicians to address the preventive needs of their patients; therefore be it

20
21 RESOLVED, That "The American Medical Association Principles of Medical Ethics" be amended
22 either by the addition of and preventive to Principle I, which will then read:

23
24 I. A physician shall be dedicated to providing competent medical and preventive
25 services with compassion and respect for human dignity.

26
27 Or by addition of the following Principle VIII:

28
29 VIII. A physician shall, by appropriate preventive means, strive to maintain and improve
30 the health of the population of patients served.

Fiscal Note: No significant fiscal impact.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution 2
(A-98)

Introduced by: Missouri Delegation

Subject: AMA Create New Section for its Principle of Medical Ethics

Referred to: Reference Committee on Amendments to Constitution & Bylaws (Richard J. Bagby, MD, Chair)

-
- 1 Whereas, Medical ethics constituted one of the major reasons for which the AMA was founded in 1847;
2 and
3
4 Whereas, The doctor-patient relationship and patient advocacy form the foundation of medical ethics
5 going back to the Hippocratic Oath; therefore be it
6
7 RESOLVED, That the AMA add the following to the *Principles of Medical Ethics*: “The physician shall
8 act as the patient advocate regardless of the system under which he or she is compensated.”
9
10 Fiscal Note: No significant fiscal impact.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 2
(A-99)

Introduced by: South Carolina Delegation
Subject: Revisiting the AMA Principles of Medical Ethics
Referred to: Reference Committee on Amendments to Constitution and Bylaws
(James F. Richards, MD, Chair)

1 Whereas, The AMA promulgates a code of medical ethics in four components: Principles of Medical
2 Ethics, Fundamental Elements of the Patient-Physician Relationship, *Current Opinions with*
3 *Annotations*, and Report of the Council on Ethical and Judicial Affairs (CEJA); and
4
5 Whereas CEJA develops meaning from the “Principles of Medical Ethics” for “*Opinions*” analogous to
6 the way courts of law elaborate on the Constitution; and
7
8 Whereas, since the first AMA code of ethics in 1847 the organization has chosen to revise, update and
9 clarify the code periodically; and
10
11 Whereas, medicine is a learned profession which requires not only special scientific and technological
12 expertise, but also a clear moral guide in an increasingly complex society which includes a plurality of
13 value systems; and
14
15 Whereas, contemporary bioethics has evolved to involve an unprecedented interdisciplinary community
16 of scholars and practitioners who have proven to be valuable in contributing to bioethical discourse; and
17
18 Whereas, since its founding in 1987 the SCMA Ethics Committee membership has included both
19 physicians and social science consultants having a substantive voice; therefore be it
20
21 RESOLVED, That if the American Medical Association’s (AMA) Principles of Medical Ethics are to be
22 critically examined for possible revision in order to better reflect the temper of the times and to clarify
23 basic concepts, that the task of developing the revision for presentation to the AMA House of Delegates
24 for approval, be entrusted to a working group which includes both physicians and selected humanities
25 and social science consultants.
26
27 Strategic Plan Component: 2.1.
28 Fiscal Note: No Significant Fiscal Impact.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 2
(I-99)

Introduced by: Organized Medical Staff Section

Subject: Preserving the Traditional Patient-Physician Relationship

Referred to: Reference Committee on Amendments to Constitution and Bylaws
(Alan Harvey, MD, Chair)

- 1 Whereas, “...At least since the time of Hippocrates, physicians have cultivated the trust of their patients
2 by placing patient welfare before all other concerns...” [Ethical Opinion 8.02, “Ethical Guidelines for
3 Physicians in Management Positions and Other Non-Clinical Roles”]; and
4
- 5 Whereas, “...Under no circumstances may physicians place their own financial interests above the
6 welfare of their patients....” [Ethical Opinion 8.03, “Conflicts of Interest Guidelines”]; and
7
- 8 Whereas, “It is a fundamental ethical requirement that a physician should at all times deal honestly and
9 openly with patients....Only through full disclosure is a patient able to make informed decisions
10 regarding future medical care” [Ethical Opinion 8.12, “Patient Information”]; and
11
- 12 Whereas, The health insurance industry advocates that medical ethics be adapted to current realities, so
13 that physicians will place the welfare of the plan’s population – rather than the individual patient –
14 before all other concerns; therefore be it
15
- 16 RESOLVED, That our American Medical Association (AMA) reaffirm the traditional medical ethical
17 principles expressed in Council on Ethical and Judicial Affairs E-8.02, E-8.03, and E-8.12; and be it
18 further
19
- 20 RESOLVED, That our AMA establish an eighth principle to the Principles of Medical Ethics that
21 specifically articulates the physician’s commitment to the welfare of the individual patient; and be it
22 further
23
- 24 RESOLVED, That our AMA actively combat all efforts, whether commercial or legislative, to
25 undermine or change the physician’s fiduciary responsibilities to the individual patient

Strategic Plan Component 2.1: Developing, disseminating, and applying standards for medical ethics to assist physicians and society to make decisions in the best interests of patients.

Fiscal Note: No Significant Fiscal Impact.

APPENDIX B

Memo to: Members of the Federation of Medicine

From: Robert M. Tenery, Jr., MD
Chair, Council on Ethical and Judicial Affairs

Date: April 5, 1999

Subject: AMA's *Principles of Medical Ethics*

In December 1997 and June 1998, resolutions addressing certain aspects of the American Medical Association's *Principles of Medical Ethics* were introduced and subsequently referred to the Council on Ethical and Judicial Affairs. To the Council, these resolutions indicate a need to revisit the *Principles of Medical Ethics* as a whole. The Council is currently working to provide recommendations to the House of Delegates on potential revisions to the *Principles of Medical Ethics*.

The *Principles of Medical Ethics* represent the fundamental ethical precepts of medical practice. Therefore, they must reflect the core ethical goals of all physicians, regardless of specialty or circumstance. Input from the Federation is invaluable to adequately evaluate and edit the *Principles of Medical Ethics*. The Council has already undertaken the task of collecting and reviewing current ethics principles of various state and specialty societies. By comparing these documents, the Council identified obligations that are absent from the AMA's current *Principles of Medical Ethics*. Below is a list of the obligations that are not explicitly covered:

- an obligation to deliver high quality of care
- an obligation to implement preventative medical services
- an obligation to promote public health
- an obligation to use medical skills and services only to promote health values
- an obligation not to discriminate
- an obligation to self-regulate and enforce high professional standards
- an obligation to avoid conflicts of interest
- an obligation to advocate for patient interests
- an obligation to seek changes in institutional or public policies that are contrary to patients' best interests
- an obligation to promote high educational standards
- an obligation to utilize only unbiased, scientific information
- an obligation to place patient interests above personal interests
- an obligation to advocate on behalf of access to basic health care for all
- an obligation to condemn inhuman practices

This list is by no means exhaustive, nor does it represent items that the Council believes must appear in the AMA's *Principles of Medical Ethics* either in substance or form. Rather, the Council hopes the list will function as a launching pad for feedback and further suggestions.

The Council wishes to extend an invitation to submit written commentary regarding this list or any other proposed revisions of the AMA's *Principles of Medical Ethics*. Your contribution will provide the Council with needed guidance in recommending changes.

Please send your comments to:

Jessica W. Berg, JD
Secretary, Council on Ethical and Judicial Affairs
American Medical Association
515 North State Street
Chicago, IL 60614

We look forward to hearing from you.

Attachment.

**Current Version of the *Principles of Medical Ethics*
of the
American Medical Association**

I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

II. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

IV. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.

V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community.