

Code of Medical Ethics

of the American Medical Association

Council on Ethical and Judicial Affairs
Current Opinions with Annotations



Stewardship of the *Code of Medical Ethics*

Composed of seven practicing physicians, a resident and a medical student, the Council on Ethical and Judicial Affairs (CEJA) is the steward of the American Medical Association (AMA) *Code of Medical Ethics*. Each year, CEJA writes opinions on a wide variety of ethical and professional issues that members of the profession confront in their practice, research and teaching. These opinions, which are based on interpretations of the “Principles of Medical Ethics,” are developed through a deliberative process and become part of the *Code* upon adoption by the AMA House of Delegates. Through this continual refinement, the *Code* serves as a contemporary guide for physicians who strive to practice ethically.

Q and A

Is it appropriate to introduce yourself (or to be introduced) to patients as a “student doctor”?

Response based on the *Code of Medical Ethics*:

- Patients should be informed of the training status of individuals who participate in their care.
- Terms such as “student doctor,” which may be confusing when describing the training status of students, should not be used.
- Physicians should tell their patients how they benefit from student participation in their care, in addition to confirming that patients are willing to permit such participation.

Can students accept travel expenses from a drug company to attend educational conferences?

Response based on the *Code of Medical Ethics*:

Scholarship or other special funds may be accepted from pharmaceutical and device manufacturers to permit medical students, residents and fellows to attend the major

educational, scientific or policymaking meetings of national, regional or specialty medical associations if both of the following conditions are met:

- The selection of the student, resident or fellow is made by the academic or training institution.
- The funds go to the institution for dispersal and not directly to the student, resident or fellow.

Should medical trainees perform procedures such as endotracheal intubation on newly deceased patients?

Response based on the *Code of Medical Ethics*:

- In the absence of previously expressed preferences from the newly deceased patient, physicians should request permission from the family *before* allowing trainees to perform procedures for learning purposes.
- Without such permission, medical trainees should not perform procedures for learning purposes on newly deceased patients.

A physician asks a medical student doing a fourth-year clerkship in cardiology to tell a woman that her father has just died in the ICU. Should the student follow the attending physician's instructions and disclose this information to the patient's daughter on his or her own?

Response based on the *Code of Medical Ethics*:

- Disclosing the death of a patient to the patient's family is a duty that should not be readily delegated to others by the attending physician; it is not an appropriate duty for a resident (who may participate but should not deliver the news alone) or a medical student.
- If asked to deliver news of death to the deceased patient's family, the student should say that he or she will be happy to accompany the physician during delivery of the news so that he or she can learn how to communicate with patients and families about death and dying.

Principles of Medical Ethics

*Revised and adopted by the AMA House of Delegates
(June 17, 2001)*

- I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- 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, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

- V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, 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 care.
- VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- IX. A physician shall support access to medical care for all people.

History of the *Code of Medical Ethics*

The AMA was founded in 1847 with the primary goals of establishing a code of ethics for the profession and setting standards for the education and training of physicians. The AMA *Code of Medical Ethics*, the world's first national code of professional ethics, continues to be the embodiment of professional self-regulation essential to the practice of good medicine. The current *Code* includes the “Principles of Medical Ethics,” which are not laws but standards of conduct that define honorable behavior for physicians. These principles form the basis for the opinions in the *Code*, widely considered the most comprehensive ethics guide for physicians.

Visit www.ama-assn.org/go/ceja for more information on the AMA's *Code of Medical Ethics*.