

Reality TV and the AMA Code of Medical Ethics

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So-called reality TV is often just as tightly scripted as the masterfully written dramas that dominate what many consider a new golden age of high-caliber television. Yet when the medical profession wants to document real patients for public broadcast, the *AMA Code of Medical Ethics* has specific guidance that physicians should follow.

What the *Code* says

In Opinion 3.1.4, “Audio or Visual Recording of Patients for Public Education,” the *Code* explains:

Audio and/or visual recording of patient care for public broadcast is one way to help educate the public about health care. However, no matter what medium is used, such recording poses challenges for protecting patient autonomy, privacy and confidentiality. Filming cannot benefit a patient medically and may cause harm. As advocates for their patients, physicians have an obligation to protect patient interests and ensure that professional standards are upheld. Physicians also have a responsibility to ensure that information conveyed to the public is complete and accurate (including the risks, benefits and alternatives of treatments).

Physicians involved in recording patients for public broadcast should:

- (a) Participate in institutional review of requests to record patient interactions.
- (b) Require that persons present for recording purposes who are not members of the health care team:
 - (i) minimize third-party exposure to the patient’s care; and

- (ii) adhere to medical standards of privacy and confidentiality.
- (c) Encourage recording personnel to engage medical specialty societies or other sources of independent expert review in assessing the accuracy of the product.
- (d) Refuse to participate in programs that foster misperceptions or are otherwise misleading.
- (e) Restrict participation to patients who have decision-making capacity. Recording should not be permitted when the patient lacks decision-making capacity except in rare circumstances and with the consent of the parent, legal guardian, or authorized decision maker.
- (f) Inform a patient (or authorized decision-maker) who is to be recorded:
 - (i) about the purpose for which patient encounters with physicians or other health care professionals will be recorded;
 - (ii) about the intended audience(s);
 - (iii) that the patient may withdraw consent at any time prior to recording and up to an agreed on time before the completed recording is publicly broadcast, and if so, what will be done with the recording;
 - (iv) that at any time the patient has the right to have recording stopped and recording personnel removed from the area;
 - (v) whether the patient will be allowed to review the recording before broadcast and the degree to which the patient may edit the final product; and
 - (vi) whether the physician was compensated for his participation and the terms of that compensation.
- (g) Ensure that the patient has had the opportunity to address concerns before and after recording.
- (h) Ensure that the patient's consent is obtained by a disinterested third party not involved with the production team to avoid potential conflict of interest.
- (i) Request that recording be stopped and recording personnel removed if the physician (or other person involved in the patient's care) perceives that recording may jeopardize patient

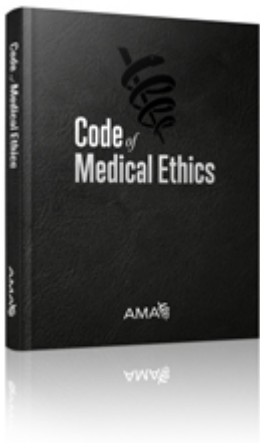
care.

(j) Ensure that the care they provide and the advice they give to patients regarding participation in recording is not influenced by potential financial gain or promotional benefit to themselves, their patients or the health care institution.

(k) Remind patients and colleagues that recording creates a permanent record and may in some instances be considered part of the medical record.

AMA Principles of Medical Ethics: I,IV,VII,VIII

More go-to guidance



Chapter 3 of the *Code* also features opinions on professionalism in relationships with the media, postmortem confidentiality, medical records management, and health care privacy.

The *Code of Medical Ethics* is updated periodically to address the changing conditions of medicine. The new edition, adopted in June 2016, is the culmination of an eight-year project to comprehensively review, update and reorganize guidance to ensure that the *Code* remains timely and easy to use for physicians in teaching and in practice.