Ethical practice in isolation, quarantine & contact tracing

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Contact tracing and isolation or quarantine of sick or exposed individuals are among the most effective tools to reduce transmission of infectious disease. Yet like many public health activities it raises concerns about appropriately balancing individual rights, notably privacy and confidentiality, with protecting the health of the community. The AMA *Code of Medical Ethics* provides guidance to help physicians strike this balance when they act in a public health capacity.

Opinion 8.11, “Health promotion and preventive care,” provides that “physicians who work solely or primarily in a public health capacity should uphold accepted standards of medical professionalism by implementing policies that appropriately balance individual liberties with the social goals of public health policies.” That includes notifying public health authorities when physicians “notice patterns in patient health that may indicate a health risk for others.”

In keeping with Opinion 8.4, “Ethical use of quarantine & isolation,” physicians should also educate patients and the public about public health threats, potential harm to others and the benefits of quarantine and isolation, and should encourage voluntary adherence. Physicians should support mandatory measures when patients fail to adhere voluntarily.

Contact tracing carries implications both for the confidentiality of the patient diagnosed with an infectious disease and the privacy of individuals the patient identifies as contacts. Consistent with the responsibility to protect confidentiality (Opinion 3.2.1, “Confidentiality”), physicians involved in contact tracing should, to the greatest extent possible, protect the confidentiality of the patient by restricting disclosure to the minimum necessary information, for example, by not identifying the patient when advising third parties of their exposure.

Physicians should notify their patients that information they provide about contacts will be shared with public health authorities for use in contact tracing to mitigate additional spread of the disease and treat those who have potentially been exposed. Opinion 3.2.1 further provides that physicians may disclose information without a patient’s explicit consent to appropriate authorities under limited circumstances.

**Additional ethics guidance in a pandemic**

The AMA offers an overview of foundational guidance regarding medical ethics for health care
professionals and institutions responding to the COVID-19 pandemic.