

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS*

CEJA Report 10-A-07

Subject: Physicians in Administrative or Other Non-clinical Roles

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Referred to: Reference Committee on Amendments to Constitution and Bylaw:
(Richert E. Quinn, Jr., MD, Chair)

1 INTRODUCTION

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3 Around the turn of the 20th Century, the focus of medicine expanded beyond the private doctor-
4 patient encounter, and physicians began to assume “a more central role in the ordering of society.”¹
5 The U.S. health care system has become increasingly complex, and many physicians now serve in
6 administrative roles at hospitals, health care systems, and insurance companies, and as business and
7 investment consultants.² This report examines the extent to which physicians may be bound by
8 medical ethics, not just when they are directly providing patient care but also when acting in some
9 other non-clinical roles.³

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11 For the purposes of this report, “non-clinical roles” are defined as roles filled by physicians that are
12 outside of direct patient service. Non-clinical roles vary in the degree to which they rely on medical
13 expertise and training, and their impact on the health and well being of individuals and
14 communities.

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16 The AMA, along with many other health care organizations, has endorsed the Declaration of
17 Professional Responsibility, which states, “[The] ideals and obligations [of physicians] transcend
18 physician roles and specialties, professional associations, geographic boundaries, and political
19 differences, uniting all physicians in the community service of humankind.” [reference]

20
21 Determining the extent to which physicians may be bound to the professional ethical obligations of
22 medicine when working outside clinical practice is challenging. However, some guidance can help
23 maintain the integrity of the medical profession and public trust in medicine. While some specific
24 roles may need additional attention, addressing the general issue of physicians in non-clinical roles
25 is an essential and constructive starting point.
26

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1 Ultimately, the degree to which a physician may be expected to adhere to professional ethical
2 obligations is contingent upon many considerations, including (but not limited to): 1) the extent to
3 which they rely upon their medical training and expertise to perform non-clinical functions; 2) the
4 impact of their non-clinical role on the health of individuals and communities; and 3) the degree to
5 which they are perceived as representatives of the medical profession.

1 RELEVANT AMA POLICY

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3 Several current opinions in the Code address specific non-clinical roles and activities. Currently,
4 Opinion E-8.02, "Ethical Guidelines for Physicians in Management Positions and Other Non-
5 Clinical Roles," (AMA Policy Database) notes that physicians in administrative and other non-
6 clinical roles that do not directly involve patient care should place patient welfare before all other
7 considerations in order to preserve and promote trust.⁴

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9 Opinion E-8.021, "Ethical Obligations of Medical Directors," specifically addresses the ethical
10 obligations of medical directors, and may be relevant to physicians occupying other non-clinical
11 roles. This opinion states:

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13 Assuming a title or position that removes the physician from direct patient-physician
14 relationships does not override professional ethical obligations.... Whenever physicians
15 employ professional knowledge and values gained through medical training and practice,
16 and in so doing affect individual or group patient care, they are functioning within the
17 professional sphere of physicians and must uphold ethical obligations, including those
18 articulated by the AMA's Code of Medical Ethics.⁵

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20 Opinion E-9.07, "Medical Testimony," addresses physicians who provide medical testimony.
21 Because medical evidence is critical in various legal and administrative proceedings and physicians
22 have specialized knowledge and experience, physicians are obligated to assist in the administration
23 of justice. First and foremost, this involves delivering honest testimony. When physicians provide
24 expert testimony, they should have recent and substantive experience and knowledge in the
25 particular area; maintain objectivity; and reflect current scientific thought and standards of care.⁶

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27 The professional ethos of healing excludes some roles for physicians, such as participant in a
28 legally authorized execution (E-2.06, "Capital Punishment")⁷ or torture (E-2.067, "Torture").⁸

29

30 Considered as a whole, these opinions suggest that a physician involved in an activity that is
31 connected to health care or patient welfare remains to some degree bound to the profession's
32 ethical obligations.

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34 TYPES OF NON-CLINICAL ROLES

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36 Physicians often serve in positions where medical training and expertise are necessary occupational
37 qualifications even though job duties do not include patient care. For example, the surgeon general
38 of the U.S. is required to be a licensed physician. In other instances, such as director of a local
39 public health department, state epidemiologist, health lawyer, or health journalist, medical training
40 and expertise may be preferable or may provide a unique advantage. In some activities and
41 pursuits, medical expertise is simply irrelevant. For example, a physician has no particular
42 advantage to being a physician in the role of landlord or restaurant owner.

43

1 Physicians also sometimes assume public roles that involve advocacy for and participation in
2 improving the aspects of communities that affect the health of individuals.⁹ Such roles are
3 generally deemed to be consistent with the professional values of medicine; some have even argued
4 that such advocacy is a professional responsibility.⁹

1 Physicians may also occupy dual roles that present complementary or competing ethical
2 obligations. This category includes the physician-lawyer, the physician-journalist, the physician-
3 researcher, and the physician-elected official.^{10,11,12}

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5 The challenges posed by situations in which physicians work outside of clinical practice have
6 prompted the Council to consider the ethical values that should guide physicians serving in non-
7 clinical roles and the degree to which these individuals are bound to the professional ethical
8 obligations of medicine.

9
10 **ETHICAL ANALYSIS**

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12 As professionals, physicians generally have been highly regarded. Government grants them certain
13 privileges, giving rise to clear expectations and significant responsibilities.¹³⁻¹⁶ As professionals,
14 physicians publicly acknowledge adherence to certain standards of conduct, such as those
15 summarized in the *AMA Principles of Medical Ethics*.¹⁷ These standards of conduct, which define
16 the essentials of honorable behavior for the physician, include paramount responsibility to the
17 patient (Principle VIII), dedication to the provision of competent care (Principle I); respect for
18 human dignity and rights (Principle I); and support for access to medical care for all people
19 (Principle IX).

20
21 At the center of physicians' professional identity lie norms that should be adhered to without regard
22 to context.³ Indeed, it is hard to imagine that a physician who exhibits compassion toward patients
23 in the clinic would be indifferent to the same afflictions merely because they are borne by
24 strangers.

25
26 Those central characteristics lead to physicians' obligation to assist in finding solutions to social
27 problems affecting communities and public health (Principle VII) with the understanding that they
28 do not guide physician behavior exclusively in the clinic, but in non-clinical settings as well.

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30 It is imperative to maintaining public trust in medicine that physicians meet this expectation
31 regardless of the context in which they are functioning.

32
33 **RECOMMENDATION**

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35 The Council on Ethical and Judicial Affairs recommends that the following be adopted and the
36 remainder of the report be filed.

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38 E- 8.02 Ethical Guidelines for Physicians in Administrative or Other Non-clinical Roles

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40 The practice of medicine focuses primarily on diagnosis and treatment of disease and
41 injury, but its concerns extend broadly to include human experiences related to health and
42 illness. Throughout their formal education and their practice of medicine, physicians
43 profess and are therefore held to standards of medical ethics and professionalism, such as
44 those expressed in the *AMA Code of Medical Ethics*. Complying with these standards

1 enables physicians to earn the trust of their patients and the general public. Trust is
2 essential to successful healing relationships and, therefore, to the practice of medicine.

3
4 The ethical obligations of physicians are not suspended when a physician assumes a
5 position that does not directly involve patient care. Rather, these obligations are binding
6 on physicians in non-clinical roles to the extent that they rely on medical training,
7 experience, or perspective. When physicians make decisions in non-clinical roles, they
8 should strive to protect the health of individuals and communities.

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10 (New HOD/CEJA Policy)

Fiscal Note: Staff cost estimated at less than \$500 to implement.

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