

CHAPTER 10: OPINIONS ON INTER-PROFESSIONAL RELATIONSHIPS

The Opinions in this chapter are offered as ethics guidance for physicians and are not intended to establish standards of clinical practice or rules of law.

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10.1 Ethics Guidance for Physicians in Nonclinical Roles

Physicians earn and maintain the trust of their patients and the public by upholding norms of fidelity to patients, on which the physician's professional identity rests.

Even when they fulfill roles that do not involve directly providing care for patients in clinical settings, physicians are seen by patients and the public, as well as their colleagues and coworkers as professionals who have committed themselves to the values and norms of medicine. Whatever roles they may play in the system of health care delivery, when physicians use the knowledge and values they gained through medical training and practice in roles that affect the care and well-being of individual patients or groups of patients, they are functioning within the sphere of their profession.

When physicians take on obligations that compete with their fiduciary obligations to patients, those fiduciary obligations may ethically be tempered by the following considerations:

- (a) The impact of the nonclinical role on the health of individuals and communities.
- (b) The degree to which they are perceived to be acting as representatives of the medical profession.
- (c) The extent to which they rely on their medical training or expertise to fulfill the nonclinical role.

AMA Principles of Medical Ethics: I, VII

10.1.1 Ethical Obligations of Medical Directors

Physicians' core professional obligations include acting in and advocating for patients' best interests. When they take on roles that require them to use their medical knowledge on behalf of third parties, physicians must uphold these core obligations.

When physicians accept the role of medical director and must make benefit coverage determinations on behalf of health plans or other third parties or determinations about individuals' fitness to engage in an activity or need for medical care, they should:

- (a) Use their professional expertise to help craft plan guidelines to ensure that all enrollees receive fair, equal consideration.
- (b) Review plan policies and guidelines to ensure that decision-making mechanisms:
 - (i) are objective, flexible, and consistent;
 - (ii) rest on appropriate criteria for allocating medical resources in accordance with ethics guidance.
- (c) Apply plan policies and guidelines evenhandedly to all patients.
- (d) Encourage third-party payers to provide needed medical services to all plan enrollees and to promote access to services by the community at large.
- (e) Put patient interests over personal interests (financial or other) created by the nonclinical role.

AMA Principles of Medical Ethics: I,III,VII

10.2 Physician Employment by a Nonphysician Supervisee

Physicians' relationships with midlevel practitioners must be based on mutual respect and trust as well as their shared commitment to patient well-being. Health care professionals recognize that clinical tasks should be shared and delegated in keeping with each practitioner's training, expertise, and scope of practice. Given their comprehensive training and broad scope of practice, physicians have a professional responsibility for the quality of overall care that patients receive, even when aspects of that care are delivered by nonphysician clinicians.

Accepting employment to supervise a nonphysician employer's clinical practice can create ethical dilemmas for physicians. If maintaining an employment relationship with a midlevel practitioner contributes significantly to the physician's livelihood, the personal and financial influence that employer status confers creates an inherent conflict for a physician who is simultaneously an employee and a clinical supervisor of his or her employer.

Physicians who are simultaneously employees and clinical supervisors of nonphysician practitioners must:

- (a) Give precedence to their ethical obligation to act in the patient's best interest.
- (b) Exercise independent professional judgment, even if that puts the physician at odds with the employer-supervisee.

AMA Principles of Medical Ethics: II,VI,VIII

10.3 Peers as Patients

The opportunity to care for a fellow physician is a privilege or physician-in-training and may represent a gratifying experience and serve as a show of respect or competence. However, physicians must recognize that providing medical care for a fellow professional can pose special challenges for objectivity, open exchange of information, privacy and confidentiality, and informed consent.

In emergencies or isolated rural settings when options for care by other physicians are limited or where there is no other qualified physician available, physicians should not hesitate to treat colleagues.

Physicians must make the same fundamental ethical commitments when treating peers as when treating any other patient. Physicians who provide medical care to a colleague should:

- (a) Exercise objective professional judgment and make unbiased treatment recommendations despite the personal or professional relationship they may have with the patient.
- (b) Be sensitive to the potential psychological discomfort of the physician-patient, especially when eliciting sensitive information or conducting an intimate examination.
- (c) Respect the physical and informational privacy of physician-patients. Discuss how to respond to inquiries about the physician-patient's medical care from colleagues. Recognize that special measures may be needed to ensure privacy.
- (d) Provide information to enable the physician-patient to make voluntary, well-informed decisions about care. The treating physician should not assume that the physician-patient is knowledgeable about his or her medical condition.

Physicians-in-training and medical students (when they provide care as part of their supervised training) face unique challenges when asked to provide or participate in care for peers, given the circumstances of their roles in residency programs and medical schools. Except in emergency situations or when other care is not available, physicians-in-training should not be required to provide medical care for fellow trainees, faculty members, or attending physicians if they are reluctant to do so.

AMA Principles of Medical Ethics: VI

10.4 Nurses

Like physicians, nurses hold a primary ethical obligation to promote patients' well-being. Nurses' training, expertise, and scope of practice complement physicians' professional commitments and expertise.

While physicians have overall responsibility for the quality of care that patients receive, good nursing practice requires that nurses voice their concerns when, in the nurse's professional judgment, a physician order is in error or is contrary to good medical practice.

In light of their shared professional commitments, physicians' relationships with nurses should be based on mutual respect and trust. As leaders of the health care team, physicians should:

- (a) Listen respectfully and take seriously the concerns a nurse raises about the physician's order and explain the order to the nurse and modify if appropriate.
- (b) Recognize nurses' professional responsibility not to follow orders that are contrary to good medical practice.
- (c) Acknowledge that in an emergency situation when the physician is not immediately available, nurses may have a professional obligation to take prompt action contrary to the physician's order to protect the patient's health.

- (d) Seek assistance from the ethics committee or other institutional resource to resolve disagreement in nonemergent situations when disagreement about patient care persists.

AMA Principles of Medical Ethics: IV,V

10.5 Allied Health Professionals

Physicians often practice in concert with optometrists, nurse anesthetists, nurse midwives, and other allied health professionals. Although physicians have overall responsibility for the quality of care that patients receive, allied health professionals have training and expertise that complements physicians'. With physicians, allied health professionals share a common commitment to patient well-being.

In light of this shared commitment, physicians' relationships with allied health professionals should be based on mutual respect and trust. It is ethically appropriate for physicians to:

- (a) Help support high quality education that is complementary to medical training, including by teaching in recognized schools for allied health professionals.
- (b) Work in consultation with or employ appropriately trained and credentialed allied health professionals.
- (c) Delegate provision of medical services to an appropriately trained and credentialed allied health professional within the individual's scope of practice.

AMA Principles of Medical Ethics: I,V,VII

10.6 Industry Representatives in Clinical Settings

Representatives of medical device manufacturers can play an important role in patient safety and quality of care by providing information about the proper use of their companies' devices or equipment and by offering technical assistance to physicians. However, allowing industry representative to be present in clinical settings while care is being given also raises concerns. Their presence can raise pose challenges for patient autonomy, privacy, and confidentiality as well as safety and professionalism in care-giving.

Physicians have a responsibility to protect patient interests and thus have a corresponding obligation to exercise good professional judgment in inviting industry representatives into the clinical setting. Physicians should recognize that in this setting appropriately trained industry representatives function as consultants. Participation by industry representatives should not be allowed to substitute for training physicians to use devices and equipment safely themselves.

Physicians who invite industry representatives into the clinical setting should ensure that:

- (a) The representative's participation will improve the safety and effectiveness of patient care.
- (b) The representative's qualifications to provide the desired assistance have been appropriately screened.

- (c) The patient is aware that an industry representative will facilitate care, has been informed about the scope and nature of the representative's role in care, and has agreed to the representative's participation.
- (d) The representative understands and is committed to upholding medical standards of respect for patient privacy and confidentiality.
- (e) The representative has agreed to abide by the policies of the health care institution governing his or her presence and clinical activities.
- (f) The representative does not exceed the bounds of his or her training, is adequately supervised, and does not engage in the practice of medicine.

AMA Principles of Medical Ethics: I,IV,V

10.7 Ethics Committees in Health Care Institutions

In making decisions about health care, patients, families, and physicians and other health care professionals often face difficult, potentially life-changing situations. Such situations can raise ethically challenging questions about what would be the most appropriate or preferred course of action. Ethics committees, or similar institutional mechanisms, offer assistance in addressing ethical issues that arise in patient care and facilitate sound decision making that respects participants' values, concerns, and interests.

In addition to facilitating decision making in individual cases (as a committee or through the activities of individual members functioning as ethics consultants), many ethics committees assist ethics-related educational programming and policy development within their institutions.

To be effective in providing the intended support and guidance in any of these capacities, ethics committees should:

- (a) Serve as advisors and educators rather than decision makers. Patients, physicians and other health care professionals, health care administrators, and other stakeholders should not be required to accept committee recommendations. Physicians and other institutional stakeholders should explain their reasoning when they choose not to follow the committee's recommendations in an individual case.
- (b) Respect the rights and privacy of all participants and the privacy of committee deliberations and take appropriate steps to protect the confidentiality of information disclosed during the discussions.
- (c) Ensure that all stakeholders have timely access to the committee's services for facilitating decision making in nonemergent situations and as feasible for urgent consultations.
- (d) Be structured, staffed, and supported appropriately to meet the needs of the institution and its patient population. Committee membership should represent diverse perspectives, expertise, and experience, including one or more community representatives.
- (e) Adopt and adhere to policies and procedures governing the committee and, where appropriate, the activities of individual members as ethics consultants, in keeping with medical staff by-laws. This includes standards for resolving competing responsibilities and for documenting committee recommendations in the patient's medical record when facilitating decision making in individual cases.

- (f) Draw on the resources of appropriate professional organizations, including guidance from national specialty societies, to inform committee recommendations.

Ethics committees that serve faith-based or other mission-driven health care institutions have a dual responsibility to:

- (g) Uphold the principles to which the institution is committed.
- (h) Make clear to patients, physicians, and other stakeholders that the institution's defining principles will inform the committee's recommendations.

AMA Principles of Medical Ethics: II,IV,VII

10.7.1 Ethics Consultations

The goal of ethics consultation is to support informed, deliberative decision making on the part of patients, families, physicians, and the health care team. By helping to clarify ethical issues and values, facilitating discussion, and providing expertise and educational resources, ethics consultants promote respect for the values, needs, and interests of all participants, especially when there is disagreement or uncertainty about treatment decisions.

Whether they serve independently or through an institutional ethics committee or similar mechanism, physicians who provide ethics consultation services should:

- (a) Seek to balance the concerns of all stakeholders, focusing on protecting the patient's needs and values.
- (b) Serve as advisors and educators rather than decision makers. Patients, physicians, and other members of the care team, health care administrators, and other stakeholders should not be required to accept the consultant's recommendations. Physicians and other institutional stakeholders should explain their reasoning when they choose not to follow the consultant's recommendations in an individual case.
- (c) Inform the patients when an ethics consultation has been requested (if the request was not made by the patient or family) and seek patients' agreement to participate. Ethics consultants should respect the decision of a patient or family not to participate, whether that decision is indicated formally through explicit refusal or informally by not taking part in discussions.
- (d) Respect the rights and privacy of all participants and ensure that appropriate steps are taken to protect the confidentiality of information disclosed in the consultation.
- (e) Have appropriate expertise or training—for example, familiarity with the relevant professional literature, training in clinical/philosophical ethics, or competence in conflict resolution—and relevant experience to fulfill their role effectively.
- (f) Adopt and adhere to policies and procedures governing ethics consultation activities in keeping with medical staff bylaws, including accountability and standards for documenting the consultation in the patient's medical record.

- (g) Ensure that all stakeholders have timely access to consultation services in nonemergent situations and as feasible for urgent consultations.

AMA Principles of Medical Ethics: IV,V