

AMA Member Consultation Draft, Revised Code of Ethics. July 2024

Members are advised of the importance of seeking the advice of colleagues should they be facing difficult ethical situations

1. Preamble

1.1 The *AMA Code of Ethics* articulates and promotes a body of ethical principles to guide doctors in their relationships with patients, colleagues, other healthcare professionals and society and serves an essential role in setting and maintaining the standards of ethical behaviour the profession and society expects of doctors.

1.2 This Code has grown out of other similar ethical codes stretching back into history including the Hippocratic Oath and those from other cultures.

1.3 The primary duty of doctors is to promote the health and well-being of individual patients who entrust themselves to medical care in accordance with good medical practice and professional conduct.

1.4 The doctor-patient relationship is a partnership based on mutual respect, collaboration and trust where both the doctor and the patient have rights as well as responsibilities.

1.5 While doctors have a primary duty to individual patients, they also have responsibilities to other patients, colleagues, other healthcare professionals and the wider community including future generations as well as to themselves in terms of their own health and well-being.

1.6 Every doctor has an ethical obligation to uphold the values and principles of the medical profession. The principles and guidance outlined in the *AMA Code of Ethics* apply to all doctors regardless of their professional roles and in all settings, whether face-to-face or technology based.¹

1.7 The values and ethical principles that guide the medical profession's relationship with patients and the wider community during ordinary clinical circumstances must continue to be upheld during extraordinary events such as disasters and armed conflicts.

2. The Doctor and the Patient

2.1 Respect for patients

2.1.1 Treat the patient as an individual, with respect, dignity and compassion in a culturally and linguistically safe and appropriate manner.

2.1.2 Recognise that there is a potential power imbalance in the doctor-patient relationship. While doctors have the highly specialised knowledge and skills required to provide quality healthcare, some patients may feel vulnerable and exposed due to the very personal and physical nature of the doctor-patient relationship. Patients in minority or marginalised

¹ The AMA has a range of position statements, guidelines and other resources that provide detailed information on many of the issues raised in the *Code of Ethics*. These can be found at www.ama.com.au.

populations may be more vulnerable to imbalances of power and may require additional support to ensure they receive equitable access to medical care.

2.1.3 Provide evidence-based, patient-centred care fairly, justly, impartially and without discrimination on the basis of age, disease or disability, creed, religion, ethnic origin, gender identity, sex characteristics, nationality, political affiliation, race, sexual orientation, criminal history, social standing or any other similar criteria.

2.1.4 Recognise that Australia is a culturally, linguistically and religiously diverse nation, understanding that the basic values, principles and assumptions of Western medicine are themselves culturally determined and may not reflect the same values, principles and assumptions of people from different cultural backgrounds.

2.2 Patient decision-making

2.2.1 Empower and support patients to participate in managing their own healthcare, respecting their autonomy, goals of care and treatment preferences.

2.2.2 Respect the patient's right to make their own healthcare decisions which involves the right to accept or reject advice regarding treatments and procedures including life-sustaining treatments.

2.2.3 Communicate effectively with the patient and obtain their consent before undertaking any tests, treatments or procedures (there may be an exception where consent cannot be obtained in emergency circumstances). For consent to be valid, it must be informed, voluntary, made with appropriate decision-making capacity and relevant to the decision at hand.

2.2.4 Patients should be provided with reasonable and clinically appropriate timeframes for decision-making that enable them to seek appropriate support if required, process relevant information and reflect on the decision at hand. Except in emergency settings, this may be best achieved by offering a cooling off period before a final decision is taken.

2.2.5 Provide a telehealth service only when it is clinically appropriate, safe to do so and with the patient's consent, ensuring the patient understands and is able to balance the inherent risks or limitations associated with telehealth including risks to the privacy and security of their personal information with their preferences and needs.

2.2.6 Respect the patient's right to refuse or withdraw their consent and ensure this does not compromise the doctor-patient relationship or appropriate provision of other treatment and care.

2.2.7 Practice continuous, open, informed communication and collaboration with the patient and, where relevant, the treating healthcare team along with the patient's carers, family members and/or medical treatment decision-maker in keeping with the patient's preferences and interests with due regard for patient confidentiality.²

² Medical treatment decision-maker (MTDM) – A person appointed to make medical treatment decisions on behalf of a patient who does not have decision-making capacity. The MTDM's legal authority only comes into effect when the person does not have capacity to make the medical treatment decision at hand.

2.2.8 Respect the patient's request for a support person.

2.2.9 Respect the patient's right to choose their doctor freely, recognising that a patient may have more than one established doctor-patient relationship.

2.2.10 If a patient seeks a second opinion from you, consider the opinion of the previously consulted doctor when undertaking your own assessment. If your opinion differs significantly from that previously provided explain to the patient the reasons for your conclusions.

2.3 Patients with limited, impaired or fluctuating decision-making capacity

2.3.1 Presume an adult patient has decision-making capacity, the ability to make and communicate a decision, unless there is evidence to the contrary.³

2.3.2 Respect the patient's ability to participate in decisions consistent with their level of capacity at the time a decision needs to be made.

2.3.3 Recognise that some patients may have limited, impaired or fluctuating decision-making capacity and ensure that any assessment of capacity is relevant to a specific decision at a particular point in time.

2.3.4 Consider that some patients will have capacity to make a supported decision while others will require a decision made by a medical treatment decision-maker.

2.3.5 Recognise that a young person may have sufficient capacity to make a specific health care decision on their own behalf.

2.4 Protection of patient information

2.4.1 Respect the patient's right to know what information is held about them, to access their medical records and to have control over its use and disclosure, with limited exceptions.

2.4.2 Maintain the confidentiality of the patient's personal information including their medical records, disclosing their information to others including family members only with the patient's express up-to-date consent or as required or authorised by law. This applies to both identified and de-identified patient data.

2.4.3 Ensure patient information is kept secure.

2.4.4 Maintain accurate, contemporaneous medical records that support and facilitate continuity of care.

2.4.5 Facilitate the ongoing care of your patients, including the management of their medical records, if closing or relocating your practice.

2.5 Patients' family members, carers and significant others

³ Legal definitions of capacity and capacity assessments may vary across jurisdictions.

2.5.1 Treat the patient's family members, carers and significant others with respect.

2.5.2 Recognise that the patient's family members and carers may also need support, particularly where the patient's condition is serious or life-limiting. Provide them with information regarding respite care, bereavement care, carer's support and other relevant services, where appropriate.

2.6 Clinical research

2.6.1 Endeavour to participate in properly designed, ethically approved research involving human participants in order to advance medical progress.

2.6.2 Recognise that the rights and interests of the individual research participant takes precedence over the interests of others including the research team, affiliated institutions, funders and the broader community.

2.7 Clinical teaching

2.7.1 Pass on your professional knowledge and skills to colleagues, student doctors and other healthcare professionals through clinical teaching.

2.7.2. Ask for the patient's consent to participate in clinical teaching, only including them if consent has been granted.

2.7.3 Respect the patient's right not to participate in, or to withdraw from, clinical teaching at any time without prejudice to their medical treatment.

2.7.4 Avoid compromising patient care in any teaching exercise and maintain the patient's comfort and dignity.

2.8 Fees

2.8.1 Set a fair and reasonable fee having regard to the time, skill and experience involved in the performance of your services, the relevant practice costs and the particular circumstances of the case and the patient.

2.8.2 Recognise the importance of informed financial consent, ensuring that the patient is informed of and consents to your fees prior to the medical service being provided, where possible. Where a service you provide is in conjunction with other doctors or hospitals who will charge separate fees, advise the patient of this and how they can obtain information on those separate fees.

2.8.3 Encourage open discussion of healthcare costs with the patient.

2.9 Support for patients when not entering into, or discontinuing, a therapeutic relationship

2.9.1 Recognise that you may decline to enter into a therapeutic relationship with a patient where an alternative healthcare provider is available and the situation is not an emergency one.

2.9.2 Recognise that you may decline to continue a therapeutic relationship with a patient if it becomes ineffective or compromised. Under such circumstances, you can discontinue the relationship if an alternative healthcare provider is available and the situation is not an emergency one. You must inform the patient so that they may seek care elsewhere and assist in facilitating arrangements for their continuing care.

2.9.3 Avoid providing care to anyone with whom you have a close personal relationship, where possible.

2.10 Conscientious objection

2.10.1 Inform the patient if you refuse to provide or participate in some form of assessment or treatment based on a conscientious objection so that they may seek care elsewhere and ensure the patient has sufficient information to enable them to exercise that right. Do not use your conscientious objection to impede patients' access to medical treatments.⁴

2.10.2 Provide medically appropriate treatment in an emergency situation, where necessary and safe to do so and within your capabilities, even if that treatment conflicts with your personal beliefs and values.

2.10.3 Recognise and respect that colleagues are entitled to have their own personal beliefs and values as are all members of the community.

3 The Doctor and the Profession

3.1 Professional conduct

3.1.1 Exercise independent professional judgement and maintain the highest standards of professional conduct, being aware that your personal behaviour may affect your reputation and that of your profession.

3.1.2 Practice medicine to the best of your ability, recognising and working within your skills, training and ability.

3.1.3 Take responsibility for your own health and well-being, seek timely and appropriate care and have your own general practitioner.

3.1.4 Continue lifelong professional development to keep your knowledge, skills and performance up-to-date and improve your standard of medical care.

3.1.5 Accept responsibility for maintaining and improving the standards of the profession.

⁴ When a doctor refuses to provide, or participate in, a legally recognised treatment or procedure because it conflicts with his or her own personal beliefs and values, this constitutes a 'conscientious objection'.

3.1.6 Maintain appropriate professional boundaries with patients and their close family members by not entering into sexual, exploitative or other inappropriate relationships regardless of whether interactions are face-to-face, through electronic communication or in the use of social media.

3.1.7 Refrain from offering inducements to patients, accepting inducements from patients or encouraging patients to give, lend or bequeath you money or gifts.

3.1.8 Report suspected unethical or unprofessional conduct by a colleague, student doctor or other healthcare professional to the appropriate authority.

3.1.9 Recognise the patient's right to make a complaint in relation to their healthcare, provide them with sufficient information about the complaints process and ensure a complaint does not adversely affect the patient's care.

3.1.10 Report any form of bullying or harassment of, or by, colleagues, student doctors or other healthcare professionals to the appropriate authority.

3.1.11 Recognise that inappropriate online behaviour, whether in a professional or personal capacity, has the potential to undermine professional integrity, doctor-patient and doctor-colleague relationships, future employment opportunities and public trust in the medical profession.

3.2 Working with medical colleagues

3.2.1 Treat colleagues and student doctors with respect and dignity.

3.2.2 Support the health and well-being of colleagues and student doctors. Know how to recognise and respond if you are concerned about a colleague's or student doctor's health and take action to minimise the risk to patients and the doctor's health.

3.2.3 Provide treatment to colleagues and student doctors with the same skill and professionalism given to other patients.

3.2.4 Refrain from undertaking actions that may unfairly damage the reputation of a colleague or student doctor.

3.2.5 Treat those under your supervision with respect, care and patience.

3.3 Referral to medical colleagues

3.3.1 Recognise your professional limitations and refer the patient to a medical colleague as appropriate.

3.3.2 Obtain the opinion of an appropriate colleague acceptable to the patient if diagnosis or treatment is difficult or in response to a reasonable request by the patient.

3.3.3 Obtain the patient's consent to provide your colleague with relevant information and indicate whether they are to assume the continuing care of the patient during their illness.

3.3.4 When a colleague requests your opinion, report your findings and recommendations to that doctor in a timely manner.

3.3.5 Respect the central role of the general practitioner in managing and coordinating patients' care needs. Ideally, referral to another specialist should be made following consultation with the patient's general practitioner – except in an emergency situation – and any decision should be communicated to the general practitioner in a timely fashion.

3.4 Working with other healthcare professionals and as part of a healthcare team

3.4.1 Treat other healthcare professionals and students with respect and dignity.

3.4.2 Ensure that colleagues and other healthcare professionals upon whom you call to assist in the care of the patient are appropriately qualified.

3.4.3 Work collaboratively with other members of the patient's healthcare team.

3.4.4 Adhere to your responsibility in delegation and handover of patient care.

3.4.5 Recognise the role of other healthcare workers including trained interpreters, culturally and linguistically diverse health workers, Aboriginal and Torres Strait Islander health workers and religious, spiritual and cultural advisers.

3.5 Managing conflicts of interest

3.5.1 Ensure your financial or other personal or professional interests do not compromise, or are perceived to compromise, your professional judgement, capacity to serve patients' healthcare needs or the community's trust in the integrity of the medical profession.

3.5.2 Identify and manage actual and perceived conflicts of interest in relation to your work in an open, honest and transparent manner that prioritises patient care above all else.

3.5.3 Disclose relevant interests to patients, employers and other third parties in a timely manner and avoid or reduce the potential for conflicts of interest to develop in the first place.

3.5.4 Place your professional duties and responsibilities to patients above the commercial interests of the owners or others if working in a practice or institution.

3.6 Advertising

3.6.1 Ensure your advertising facilitates, and does not undermine, informed patient choice, appropriate medical referral and care and the community's trust and confidence in the medical profession.

4. The Doctor and Society

4.1 Responsibility to society

4.1.1 Participate, where possible, in research, teaching, mentorship, leadership, quality improvement, risk management, administration and/or advocacy on behalf of the profession or the public.

4.1.2 Recognise a responsibility to participate in activities that advance medical knowledge, contribute to the health of the community and the wider public health such as matters relating to professional standards, health education and health literacy, the social determinants of health and health inequities, environmental protection and sustainability, healthcare financing and funding, preventative health, public health and legislation impacting on health.

4.1.3 Keep up-to-date and respond to innovations in healthcare such as artificial intelligence which can affect your practice including how you treat and interact with patients.

4.1.4 Doctors often participate in public discourse and debate. Ensure your participation in public debates are undertaken in good faith and do not undermine the reputation and standing of the medical profession.

4.2 Professional autonomy and clinical independence

4.2.1 Uphold professional autonomy and clinical independence and advocate for the freedom to exercise professional judgement in the care and treatment of patients without undue influence by individuals, governments or third parties.

4.2.2 Refrain from entering into any contract with a colleague or organisation which you consider may conflict with your professional autonomy, clinical independence or your primary obligation to the patient.

4.2.3 Uphold your primary obligation to patients when facing conflicting loyalties in performing your professional duty. For example, when participating in positions of medical leadership on behalf of government or other third parties, recognise your primary ethical and professional obligation as a doctor and uphold the values and principles of the medical profession including advocating for the health and wellbeing of the community.

4.2.4 Recognise your right to refuse to carry out services which you consider to be professionally unethical, against your moral convictions, imposed on you for either administrative reasons or for financial gain or which you consider are not in the best interests of the patient.

4.2.5 Refuse to countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures.

4.2.6 Alert appropriate authorities when the healthcare service or environment within which you work is inadequate or poses a threat to health.

4.2.7 Recognise that a doctor who reasonably believes that significant harm to the public will occur as a result of the delivery or non-delivery of healthcare may be open to taking whistleblowing action and should be protected.

4.3 Health standards, quality and safety

4.3.1 Participate in risk management, quality assurance and improvement activities.

4.3.2 Recognise a responsibility to give the generally held opinions of the profession when providing scientific information to the public in a form that is readily understood and be clear to distinguish the limits of your own medical knowledge and expertise, where appropriate. Indicate clearly when presenting any personal opinion which is contrary to the generally held opinion of the profession.

4.4 Stewardship and sustainability

4.4.1 Practise effective stewardship of healthcare resources. This involves caring for the resources available to improve health, avoiding wasteful expenditure and enhancing the safety and quality of the care in order to protect patients from harm while considering the resources that will be required to provide care into the future.

4.4.2 Practise medicine in ways that are environmentally sustainable with a view to minimising environmental health risks to current and future generations.

4.5 Medico-legal responsibilities

4.5.1 Familiarise yourself, and keep up-to-date, with any codes of practice, guidelines, regulations and legislation relevant to your professional role.

4.5.2 Recognise your responsibility when preparing medico-legal documents such as medical certificates or independent medical assessments. Provide information that is impartial, honest and accurate in a timely manner, ensuring the patient understands your medico-legal role as it relates to their care.

4.5.3 Recognise your responsibility to assist the courts, tribunals (or similar forums) by providing informed, fair opinion based on impartial, expert evidence when reasonably called upon to do so.