

9.5.1 Organized Medical Staff

The organized medical staff performs essential hospital functions even though it may often consist primarily of independent practicing physicians who are not hospital employees. The core responsibilities of the organized medical staff are the promotion of patient safety and the quality of care.

Members of the organized medical staff may choose to act as a group for the purpose of communicating and dealing with the governing board and others with respect to matters that concerns the interest of the organized medical staff and its members. This is ethical so long as there is no adverse effect on patient safety and the quality of care.

AMA Principles of Medical Ethics: IV, VI

Background report(s):

CEJA Report 4-A-04 Organized medical staff, amendment

~~(4) Incentives should play no part in the allocation of donated organs among potential transplant recipients. The distribution of organs for transplantation should continue to be governed only by ethically appropriate criteria relating to medical need. (I, III, V) Issued June 1984; Updated June 1994 based on the report "Financial Incentives for Organ Procurement: Ethical Aspects of Future Contracts for Cadaveric Donors," adopted December 1993; amended June 2004.~~

4. ORGANIZED MEDICAL STAFF, *AMENDMENT*

HOUSE ACTION: FILED

The Council on Ethical and Judicial Affairs proposes an amendment to Opinion E-4.05, "Organized Medical Staff," to eliminate any ambiguity regarding the role of the organized medical staff within hospitals. This amended opinion will appear in the next version of *PolicyFinder* and the next print edition of the *Code of Medical Ethics*.

E-4.05 Organized Medical Staff

~~The organized medical staff performs essential hospital functions even though it may often consist primarily of independent practicing physicians who are not hospital employees. The core responsibilities of the organized medical staff are the promotion of patient safety and the quality of care. As a practical matter, however, the organized medical staff may enjoy a dual status. In addition to functioning as a division of the hospital, members of the organized medical staff may choose to act as a group for the purpose of communicating and dealing with the governing board and others with respect to matters that concern the interest of the organized medical staff and its members. This is ethical so long as there is no adverse effect on patient safety and the quality of care ~~interference with patient care or violation of applicable laws.~~ (IV, VI)~~

Issued July 1983; Updated June 1994 and June 2004.

5. REPORTING IMPAIRED, INCOMPETENT, OR UNETHICAL COLLEAGUES, *AMENDMENT*

HOUSE ACTION: FILED

The Council on Ethical and Judicial Affairs proposes that Opinion E-9.031, "Reporting Impaired, Incompetent, or Unethical Colleagues" be amended. Indeed, the recommendations of CEJA Report 5-I-03, "Physician Health and Wellness," to be filed as Opinion E-9.0305 at this meeting, offer more extensive and comprehensive guidance on the topic of responsibilities toward impaired colleagues. As such, it is proposed that the section on impairment be updated. In addition, CEJA has incorporated minor changes that enhance the Opinion's clarity. The amended Opinion will appear in the next version of *PolicyFinder* and the next print edition of the *Code of Medical Ethics*.

E-9.031 Reporting Impaired, Incompetent, or Unethical Colleagues

Physicians have an ethical obligation to report impaired, incompetent, and/or unethical colleagues in accordance with the legal requirements in each state and assisted by the following guidelines:

Impairment. ~~Physicians' responsibilities to colleagues who are impaired by a condition that interferes with their ability to engage safely in professional activities include timely intervention to ensure that these colleagues cease practicing and receive appropriate assistance from a physician health program (see Opinion E-9.035, "Physician Health and Wellness"). Ethically and legally, it may be necessary to report an impaired physician who continues to practice despite reasonable offers of assistance and referral to a hospital or state physician health program. The duty to report under such circumstances, which stems from physicians' obligation to protect patients against harm, may entail reporting to the licensing authority. Impairment should be reported to the hospital's in-house impairment program, if available. Otherwise, either the chief of an appropriate clinical service or the chief of the hospital staff should be alerted. Reports may also be made directly to an external impaired physician program. Practicing physicians who do not~~