

Speaking out on issues adversely affecting patient safety in a pandemic

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Physicians have an ethical obligation to address conditions that undermine their ability to fulfill their responsibilities to provide safe, high quality patient care. Whether that means forthrightly acknowledging medical error to protect patient safety (addressed in Opinion 8.6, “Promoting Patient Safety,” of the *AMA Code of Medical Ethics*), reporting adverse events (Opinion 8.8, “Required Reporting of Adverse Events”), or negotiating to amend or remove contract provisions that prohibit them from fully disclosing information patients need to make informed decisions about care (Opinion 11.2.3, “Contracts to Deliver Health Care Services”).

This responsibility includes advocating for change. In the first instance, advocating for change in those laws or policies whose requirements “are contrary to the best interests of patients” (Opinion 1.2.10, “Political Action by Physicians”), though they should do so in ways that don’t unduly disrupt patient care. For example, physicians have an obligation to argue in the public sphere for action to address critical shortages of essential resources, such as expedited distribution of available resources to areas of greatest need or policy to promote rapid manufacture of those resources. Principle III of the *AMA Principle of Medical Ethics* similarly provides that physicians should “recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.”

Opinion 8.4, “Ethical Use of Quarantine and Isolation,” requires that physicians “advocate for protective” and preventive measures for physicians and others caring for patients with communicable disease” in keeping with their responsibility to protect their own health so that they can continue to provide care. This includes speaking out about lack of appropriate resources for patient care, or lack of appropriate support for caregivers themselves—for example, lack of appropriate personal protective equipment (PPE) or policies that prohibit individuals from securing their own PPEs.

The *AMA Code* maintains that such circumstances should not be considered instances of “disruptive behavior” that occasion disciplinary action against a physician. Opinion 9.4.4, “Physicians with Disruptive Behavior,” makes clear that “[d]isruptive behavior is different from criticism offered in good faith with the aim of improving patient care and from collective action on the part of physicians.” Opinion 9.4.4 further provides that “[p]hysicians who have leadership roles in a health care institution must be sensitive to the unintended effects of institutional structures, policies, and practices may have