

### ***9.2.6 Continuing Medical Education***

Physicians should strive to further their medical education throughout their careers, to ensure that they serve patients to the best of their abilities and live up to professional standards of excellence.

Participating in certified continuing medical education (CME) activities is critical to fulfilling this professional commitment to lifelong learning. As attendees of CME activities, physicians should:

- (a) Select activities that are of high quality and are appropriate for the physician's educational needs.
- (b) Choose activities that are carried out in keeping with ethical guidelines and applicable professional standards.
- (c) Claim only the credit commensurate with the extent of participation in the CME activity.
- (d) Decline any subsidy offered by a commercial entity other than the physician's employer to compensate the physician for time spent or expenses of participating in a CME activity.

***AMA Principles of Medical Ethics: I, V***

*Background report(s):*

CEJA Report 1-I-12 Amendment to Opinion E-9.011, Continuing medical education

CEJA Report 4-I-93 Continuing medical education

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS\*

CEJA Report 1-I-12

Subject: Amendment to Opinion E-9.011, “Continuing Medical Education”

Presented by: H. Rex Greene, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(Richard L. Stennes, MD, Chair)

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1 Ethics policy relating to continuing medical education (CME), Opinion E-9.011, “Continuing  
2 Medical Education,” was last updated in 1996. Since then, CME has evolved substantially, as have  
3 standards for the conduct of CME providers, such as those of the Accreditation Council on  
4 Continuing Medical Education. In addition, CEJA Report 1-A-11, “Financial Relationships with  
5 Industry in Continuing Medical Education,” adopted in June 2011 and subsequently Opinion E-  
6 9.0115 of the same title bears on these matters.

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8 In light of these developments, the Council on Ethical and Judicial Affairs has reviewed prior  
9 policy and concluded that E-9.011 should be updated.

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11 KEY REVISIONS

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13 The Council reviewed E-9.011 with the goal of ensuring consistency among Opinions in the *Code*  
14 *of Medical Ethics*, avoiding unnecessary repetition of guidance set out in AMA policies and other  
15 standards for CME, and providing succinct ethical guidance that physicians can readily apply  
16 across the evolving spectrum of CME. Revisions, developed in consultation with the Council on  
17 Medical Education, are directed toward clearly focusing on ethical guidance for physician-  
18 attendees of certified CME activities and eliminating ethical guidance specifically directed to other  
19 audiences.

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21 Guidelines for physician-attendees (section one of current E-9.011) have been edited for clarity,  
22 including replacing cross-references to E-8.061, “Gifts to Physicians from Industry,” with explicit  
23 guidance regarding subsidies for expenses of attending CME activities.

24  
25 Guidelines for faculty (section two of current E-9.011) overlap with requirements established  
26 elsewhere, including:

- 27 • Opinion E-9.0115, Financial Relationships with Industry in Continuing Medical Education;
- 28 • Accreditation Criteria, Standards for Commercial Support and related policies of the
- 29 Accreditation Council on Continuing Medical Education;
- 30 • Guidance on industry-supported educational activities from the U.S. Food and Drug
- 31 Administration; and

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\* Reports of the Council on Ethical and Judicial Affairs are assigned to the reference committee on Amendments to Constitution and Bylaws. They may be adopted, not adopted, or referred. A report may not be amended, except to clarify the meaning of the report and only with the concurrence of the Council.

- 1 • Code on Interactions with Healthcare Professionals of Pharmaceutical Research and  
2 Manufacturers of America.

3 The guidelines in this section, including specific references to guidance from other entities, have  
4 therefore been removed from the opinion.

5

6 Similarly, guidelines for sponsors (section three of current E-9.011) overlap with requirements  
7 established in other policy, including:

- 8 • Opinion E-9.0115, Financial Relationships with Industry in Continuing Medical Education;
- 9 • Accreditation Criteria, Standards for Commercial Support and related policies of the  
10 Accreditation Council on Continuing Medical Education;
- 11 • Code for Interactions with Companies from the Council of Medical Specialty Societies;
- 12 • Guidance on industry-supported educational activities from the U.S. Food and Drug  
13 Administration; and
- 14 • Code on Interactions with Healthcare Professionals of Pharmaceutical Research and  
15 Manufacturers of America.

16 The guidelines in this section, including specific references to guidance from other entities, have  
17 therefore been removed from the opinion.

18

#### 19 RECOMMENDATION

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21 Given these considerations, the Council recommends that E-9.011, “Continuing Medical  
22 Education” as set forth in appendix attached hereto, be amended by substitution as follows and that  
23 the remainder of this report be filed:

24

25 Physicians should strive to further their medical education throughout their careers, to ensure  
26 that they serve patients to the best of their abilities and live up to professional standards of  
27 excellence.

28

29 Participating in formal continuing medical education (CME) activities is critical to fulfilling  
30 this professional commitment to lifelong learning. As attendees of CME activities, physicians  
31 should:

32

- 33 (a) Select activities that are of high quality and are appropriate for the physician’s educational  
34 needs.
- 35 (b) Choose activities that are carried out in keeping with ethical guidelines and applicable  
36 professional standards.
- 37 (c) Claim only the credit commensurate with the extent of participation in the CME activity.
- 38 (d) Decline any subsidy offered by a commercial entity other than the physician’s employer to  
39 compensate the physician for time spent or expenses of participating in a CME activity.

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41 (Modify HOD/CEJA Policy)

Fiscal Note: Less than \$500 to implement.

APPENDIX

E-9.011, "Continuing Medical Education"  
*Issued December 1993. Updated June 1996.*

1 Physicians should strive to further their medical education throughout their careers, for only by  
2 participating in continuing medical education (CME) can they continue to serve patients to the best  
3 of their abilities and live up to professional standards of excellence.

4 Fulfillment of mandatory state CME requirements does not necessarily fulfill the physician's  
5 ethical obligation to maintain his or her medical expertise.

6  
7 *Attendees.* Guidelines for physicians attending a CME conference or activity are as follows:

- 8 (1) The physician choosing among CME activities should assess their educational value and select  
9 only those activities which that are of high quality and appropriate for the physician's  
10 educational needs. When selecting formal CME activities, the physician should, at a minimum,  
11 choose only those activities that (a) are offered by sponsors accredited by the Accreditation  
12 Council for Continuing Medical Education (ACCME), the American Academy of Family  
13 Physicians (AAFP), or a state medical society; (b) contain information on subjects relevant to  
14 the physician's needs; (c) are responsibly conducted by qualified faculty; (d) conform to  
15 Opinion 8.061, "Gifts to Physicians from Industry."  
16 (2) The educational value of the CME conference or activity must be the primary consideration in  
17 the physician's decision to attend or participate. Though amenities unrelated to the educational  
18 purpose of the activity may play a role in the physician's decision to participate, this role  
19 should be secondary to the educational content of the conference.  
20 (3) Physicians should credit commensurate with only the actual time spent attending a CME  
21 activity or in studying a CME enduring material.  
22 (4) Attending promotional activities put on by industry or their designees is not unethical as long as  
23 the conference conforms to Opinion 8.061, "Gifts to Physicians from Industry," and is clearly  
24 identified as promotional to all participants.

25  
26 *Faculty.* Guidelines for physicians serving as presenters, moderators, or other faculty at a CME  
27 conference are as follows:

- 28 (1) Physicians serving as presenters, moderators, or other faculty at a CME conference should  
29 ensure that  
30 (a) research findings and therapeutic recommendations are based on scientifically accurate, up-  
31 to-date information and are presented in a balanced, objective manner;  
32 (b) the content of their presentation is not modified or influenced by representatives of industry  
33 or other financial contributors, and they do not employ materials whose content is shaped  
34 by industry. Faculty may, however, use scientific data generated from industry-sponsored  
35 research, and they may also accept technical assistance from industry in preparing slides or  
36 other presentation materials, as long as this assistance is of only nominal monetary value  
37 and the company has no input in the actual content of the material.  
38 (2) When invited to present at non-CME activities that are primarily promotional, faculty should  
39 avoid participation unless the activity is clearly identified as promotional in its program  
40 announcements and other advertising.  
41 (3) All conflicts of interest or biases, such as a financial connection to a particular commercial firm  
42 or product, should be disclosed by faculty members to the activity's sponsor and to the  
43 audience. Faculty may accept reasonable honoraria and reimbursement for expenses in  
44 accordance with Opinion 8.061, "Gifts to Physicians from Industry."

- 1 *Sponsors.* Guidelines for physicians involved in the sponsorship of CME activities are as follows:  
2 (1) Physicians involved in the sponsorship of CME activities should ensure that  
3 (a) the program is balanced, with faculty members presenting a broad range of scientifically  
4 supportable viewpoints related to the topic at hand;  
5 (b) representatives of industry or other financial contributors do not exert control over the  
6 choice of moderators, presenters, or other faculty, or modify the content of faculty  
7 presentations. Funding from industry or others may be accepted in accordance with Opinion  
8 8.061, "Gifts to Physicians from Industry."  
9 (2) Sponsors should not promote CME activities in a way that encourages attendees to violate the  
10 guidelines of the Council on Ethical and Judicial Affairs, including Opinion 8.061, "Gifts to  
11 Physicians from Industry," or the principles established for the AMA's Physician Recognition  
12 Award. CME activities should be developed and promoted consistent with guideline 2 for  
13 Attendees.  
14 (3) Any non-CME activity that is primarily promotional must be identified as such to faculty and  
15 participants, both in its advertising and at the conference itself.  
16 (4) The entity presenting the program should not profit unfairly or charge a fee which is excessive  
17 for the content and length of the program.  
18 (5) The program, content, duration, and ancillary activities should be consistent with the ideals of  
19 the AMA CME program.

- a. Ideally the minor should be the only possible source. All other available sources of organs, both donor pools and competent adult family members, must be medically inappropriate or significantly inferior. An unwilling potential donor does not qualify him/her as medically inappropriate.
  - b. For transplantations of moderate or serious risk, the transplantations must be necessary with some degree of medical certainty to provide a substantial benefit; that is, it both prevents an extremely poor quality of life and ensures a good quality of life for the recipient. A transplant should not be allowed if it merely increases the comfort of the recipient. If a transplant is not presently considered to provide a substantial benefit but is expected to do so within a period of time, the transplant need not be delayed until it meets this criterion, especially if the delay would significantly decrease the benefits derived from the transplant by the recipient.
  - c. The organ or tissue transplant must have a reasonable probability of success in order for transplantation to be allowed. What constitutes a reasonable chance of success should be based on medical judgments about the physical condition of the recipient and the likelihood that the transplant will not be rejected, futile, or produce benefits which are very transient. Children should not be used for transplants that are considered experimental or non-standard.
  - d. Generally, minors should be allowed to serve as a source only to close family members.
  - e. Psychological or emotional benefits to the potential source may be considered, though evidence of future benefit to the minor source should be clear and convincing. Possible benefits to a child include: continued emotional bonds between the minor and the recipient; increased self-esteem; prevention of adverse reaction to death of a sibling. Whether a child will capture these benefits depends upon the child's specific circumstances.
- A minor's assent or dissent to a procedure is an important piece of evidence that demonstrates whether the transplant will offer psychological benefits to the source. Dissent from incompetent minors should be powerful evidence that the donation will not provide a clear benefit, but may not present an absolute bar. Every effort should be made to identify and address the child's concerns in this case.
- f. It is essential to ensure that the potential source does not have any underlying conditions that create an undue individual risk.

(References pertaining to Report 3 of the Council on Ethical and Judicial Affairs are available from the Office of the General Counsel.)

#### 4. ETHICAL ISSUES IN CONTINUING MEDICAL EDUCATION

##### HOUSE ACTION: FILED

At the 1991 Annual Meeting the House of Delegates adopted Substitute Resolution 64, which requested that "the American Medical Association develop and publish guidelines to assist physicians in identifying continuing medical education of high quality, responsive to their needs, and promulgate ethical principles regarding the responsibilities of physicians to participate in continuing medical education programs which they claim for continuing medical education recognition, credit or other purposes." The Council responds to the resolution with the following opinion.

## OPINION 9.011: CONTINUING MEDICAL EDUCATION

Physicians should strive to further their medical education throughout their careers, for only by participating in continuing medical education (CME) can they continue to serve patients to the best of their abilities and live up to professional standards of excellence. Fulfillment of mandatory state CME requirements does not necessarily fulfill the physician's ethical obligation to maintain his or her medical expertise.

## ATTENDEES

1. The physician choosing among CME activities should assess their educational value and select only those activities which are of high quality and appropriate for the physician's educational needs. When selecting formal CME activities, the physician should, at a minimum, choose only those activities that:
  - (a) are offered by sponsors accredited by the Accreditation Council for Continuing Medical Education (ACCME), or a state medical society
  - (b) contain information on subjects relevant to the physician's needs
  - (c) are responsibly conducted by qualified faculty
  - (d) conform to Opinion 8.061: Gifts to Physicians from Industry
2. The educational value of the CME conference or activity must be the primary consideration in the physician's decision to attend or participate. Though amenities unrelated to the educational purpose of the activity may play a role in the physician's decision to participate, this role should be secondary to the educational content of the conference.
3. Physicians should only claim credit commensurate with the actual time spent attending a CME activity or in studying a CME enduring material.
4. Attending promotional activities put on by industry or their designees is not unethical as long as the conference conforms to Opinion 8.061: Gifts to Physicians from Industry and is clearly identified as promotional to all participants.

## FACULTY

1. Physicians serving as presenters, moderators, or other faculty at a CME conference should ensure that:
  - (a) research findings and therapeutic recommendations are based on scientifically accurate, up-to-date information and are presented in a balanced, objective manner
  - (b) the content of their presentation is not modified or influenced by representatives of industry or other financial contributors, and they do not employ materials whose content is shaped by industry. Faculty may, however, use scientific data generated from industry-sponsored research, and they may also accept technical assistance from industry in preparing slides or other presentation materials, as long as this assistance is of only nominal monetary value and the company has no input in the actual content of the material
2. When invited to present at non-CME activities that are primarily promotional, faculty should avoid participation unless the activity is clearly identified as promotional in its program announcements and other advertising.

3. All conflicts of interest or biases, such as a financial connection to a particular commercial firm or product, should be disclosed by faculty members to the activity's sponsor and to the audience. Faculty may accept reasonable honoraria and reimbursement for expenses in accordance with Opinion 8.061: Gifts to Physicians from Industry.

#### SPONSORS

1. Physicians involved in the sponsorship of CME activities should ensure that:
  - (a) the program is balanced, with faculty members presenting a broad range of scientifically supportable viewpoints related to the topic at hand
  - (b) representatives of industry or other financial contributors do not exert control over the choice of moderators, presenters, or other faculty, or modify the content of faculty presentations. Funding from industry or others may be accepted in accordance with Opinion 8.061: Gifts to Physicians from Industry.
2. Sponsors should not promote CME activities in a way that encourages attendees to violate the guidelines of the Council on Ethical and Judicial Affairs, including Opinion 8.061: Gifts to Physicians from Industry, or the principles established for the American Medical Association's Physician Recognition Award. CME activities should be developed and promoted consistent with guideline (2) for Attendees.
3. Any non-CME activity that is primarily promotional must be identified as such to faculty and participants, both in its advertising and at the conference itself.

(Opinion 9.011 is derived from Principles I and V of the Principles of Medical Ethics.)

### 5. CONFLICTS OF INTEREST: UPDATE ON HOME CARE

#### HOUSE ACTION: RECOMMENDATIONS ADOPTED AND REMAINDER OF REPORT FILED

#### INTRODUCTION

Home health care is defined by the American Medical Association Council on Scientific Affairs as "the provision of equipment and services to the patient in the home for the purpose of restoring and maintaining his or her maximal level of comfort, function and health." This diverse field encompasses activities of varying complexity and intensity. Home care includes long-term maintenance care for the chronically ill and disabled; rehabilitative care, including physical, occupational, and speech therapy; diagnostic services; and intensive therapeutic care such as intravenous (IV) therapy and respiratory support.

The benefits of home care for carefully selected patients are numerous and well documented. Providing care at home rather than in an institutional setting enhances the patient's independence and quality of life and, in many cases, saves money by avoiding the costly overhead expenses of hospitalization or other forms of institutional care. In this report, the Council on Ethical and Judicial Affairs considers potential conflicts of interest in physician involvement in home care, including reimbursement from home care agencies for referring physicians' cognitive services, and physician referral of patients to home care agencies in which the physician has an ownership interest.