

Obligations to protect health care professionals

Updated April 8, 2020

Physicians have a well-recognized duty to provide care during a public health emergency, addressed in the *AMA Code of Medical Ethics* in Opinion 8.3, "Disaster Response and Preparedness." This creates a corresponding duty on the part of health care institutions: to support and protect staff.

Guidance in the *AMA Code* touches on the responsibilities of health care institutions in a variety of contexts. For example, Opinion 11.1.1 addresses to be sensitive to the unintended consequences of institutional policies and structure, while Opinion 11.1.2 delineates institutional responsibilities to support physicians in carrying out their obligations of stewardship.

These obligations ultimately derive from the fact that medicine is fundamentally a moral activity. As the report "Financial Relationships with Industry in Continuing Medical Education" (1-A-11, PDF) by the AMA Council on Ethical and Judicial Affairs (CEJA) notes, "medicine's commitment" is foundational to the profession. As institutions in which physicians practice and as organizations similarly committed to fidelity and service, hospitals owe obligations both to their communities of patients and to the physicians who serve those patients.

CEJA explored the broad responsibilities of health care institutions in "Mergers of Secular and Religiously Affiliated Health Care Institutions" (2-A-18, PDF). Drawing on analyses of trusteeship in not-for-profit hospitals, CEJA argues that the same fundamental commitments are incumbent on all health care institutions. That is, "fidelity to mission; service to patients, ensuring that the care is high quality and provided 'in an effective and ethically appropriate manner'; service to the community the hospital serves, deploying hospital resources 'in ways that enhance the health and quality of life' of the community; and institutional stewardship." All of these entail an institutional responsibility to support frontline caregivers and provide the resources they need to enable the institution to fulfill *its* commitments to the community of patients.

Opinion 11.2.6, "Mergers between Secular and Religiously Affiliated Health Care Institutions," captures the essence of CEJA's argument in holding that "[p]rotecting the community that the institution serves as well as the integrity of the institution, the physicians and other professionals who practice in association with it, is an essential, but challenging responsibility" on the part of institutions.

In the context of pandemic disease, institutions' duty to serve the community includes duties to protect health care personnel, such as making every effort to provide adequate personal protective



equipment, as well as striving to obtain the clinical resources physicians need to discharge their responsibility to patients. The duty to protect includes providing counseling or other support, especially for frontline staff grappling with the moral and psychological stresses of trying to provide the best care possible under crisis conditions.

Additional ethics guidance in a pandemic

The AMA offers an overview of foundational guidance regarding medical ethics for health care professionals and institutions responding to the COVID-19 pandemic.