

## VIEWPOINT

# Professing the Values of Medicine

## The Modernized AMA *Code of Medical Ethics*

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The word *profession* is derived from the Latin word that means “to declare openly.” On June 13, 2016, the first comprehensive update of the AMA *Code of Medical Ethics* in more than 50 years was adopted at the annual meeting of the American Medical Association (AMA). By so doing, physician delegates attending the meeting, who represent every state and nearly every specialty, publicly professed to uphold the values that are the underpinning of the ethical practice of medicine in service to patients and the public.

The AMA *Code* was created in 1847 as a national code of ethics for physicians, the first of its kind for any profession anywhere in the world.<sup>1</sup> Since its inception, the AMA *Code* has been a living document that has evolved and expanded as medicine and its social environment have changed. By the time the AMA Council on Ethical and Judicial Affairs embarked on a systematic review of the AMA *Code* in 2008, it had come to encompass 220 separate opinions or ethics guidance for physicians on topics ranging from abortion to xenotransplantation. The AMA *Code*, over the years, became more fragmented and unwieldy. Opinions on individual topics were difficult to find; lacked a common narrative structure, which meant the underlying value motivating the guidance was not readily apparent; and were not always consistent in the guidance they offered or language they used.

The systematic review and revision of the AMA *Code* was a multiyear, iterative enterprise that was informed, at each stage, by input from stakeholders inside and outside the medical profession. The modernized AMA *Code*<sup>2</sup> is grounded in the AMA *Principles of Medical Ethics* (Box), which are not laws, but standards of conduct that define the essentials of ethical behavior for physicians.

The AMA *Principles* are followed by chapters that include opinions that represent interpretations of relevant *Principles* as they apply to a specific matter of ethical import in medicine. To make guidance easier to locate, opinions were reorganized into 11 more intuitive topical chapters (eTable in the Supplement). In addition, a consistent format was constructed to ensure that each opinion succinctly articulates the core ethical values on which guidance is based, defines the broad context in which guidance is relevant, and sets out specific ethical responsibilities in the form of practical actions for individual physicians or the profession as a whole to take. For example, the opinion on “privacy in health care,” which provides guidance based on interpretations of AMA *Principles* 1 and 4, reads as follows:

“Protecting information gathered in association with the care of the patient is a core value in health care. However, respecting patient privacy in other forms is also fundamental, as an expression of respect for patient autonomy and a prerequisite for trust.

**Box. AMA Principles of Medical Ethics**

1. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
2. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
3. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
4. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
5. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
6. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
7. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
8. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
9. A physician shall support access to medical care for all people.

Patient privacy encompasses a number of aspects, including personal space (physical privacy), personal data (informational privacy), personal choices including cultural and religious affiliations (decisional privacy), and personal relationships with family members and other intimates (associational privacy).

Physicians must seek to protect patient privacy in all settings to the greatest extent possible and should:

- (a) Minimize intrusion on privacy when the patient's privacy must be balanced against other factors.
- (b) Inform the patient when there has been a significant infringement on privacy of which the patient would otherwise not be aware.
- (c) Be mindful that individual patients may have special concerns about privacy in any or all of these areas.”

Throughout the modernized AMA *Code*, the terms *must*, *should*, and *may* are used to distinguish different levels of ethical obligation and are explicitly defined so

as to minimize misinterpretation by physicians and the patients they serve. *Must* indicates that an action is a near-absolute obligation. For example, in the opinion on “financial relationships with industry in continuing medical education,” physicians *must* ensure that the profession independently defines the goals of physician education, determines educational needs, and sets its own priorities for continuing medical education. *Should* indicates that an action or obligation is strongly recommended, absent special circumstances or considerations in which there is latitude for physician judgment and discretion. For example, in the opinion on “preventing, identifying, and treating violence and abuse,” physicians *should* routinely inquire about physical, sexual, and psychological abuse as part of the medical history. *May* indicates that an action is ethically permissible when qualifying conditions set out in an opinion are met. For example, in the opinion on “confidentiality,” physicians *may* disclose personal health information without the specific consent of the patient to other health care personnel for purposes of providing care or for health care operations.

In the revision, when 2 or more existing opinions provided substantially similar guidance on closely related topics, key content was consolidated into a single, more comprehensive opinion. For example, there were 6 separate opinions on ethical responsibilities in

managing medical records, and these opinions overlapped significantly in content. The unique guidance of the individual opinions was distilled to create an overarching opinion that integrates guidance into a single source and eliminated redundancy. The result is a more streamlined *AMA Code* with 161 opinions.

The modernized *AMA Code* reconciles guidance across different opinions by ensuring that preferred definitions and consistent terminology are used—eg, replacing (*health care proxy*) with *surrogate* wherever guidance addresses situations that involve patients who do not have decision-making capacity. Similarly, particular ethics concepts, such as respect for patient autonomy, are normalized as much as possible and presented in individual opinions so that key concepts and terms are invoked in a transparent and clearly consistent way across opinions.

With the adoption of the modernized *AMA Code*, ethics guidance in this newest edition is offered in a clear, consistent, and compelling manner, which is essential to helping current and future physicians understand and uphold their obligations as trusted professionals. By upholding these obligations in the care of patients and communities, the medical profession is publicly recommitting itself to core values that endure in the face of ongoing change in medical science and a diverse society.

#### ARTICLE INFORMATION

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#### REFERENCES

1. Baker RB, Caplan AL, Emanuel LL, Latham SR, eds. *The American Medical Ethics Revolution*. Baltimore, MD: Johns Hopkins University Press; 1999.

2. American Medical Association. *Code of Medical Ethics*. <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>. Accessed July 10, 2016.