The establishment of the principles and a code of medical ethics have a long history within the AMA starting with a code of Ethics in 1847. Today the AMA has a large staff and membership constantly examining medical ethics. The essence of this work over time allows us to give our patients excellent and compassionate treatment. The work on ethics also help us to face a myriad of issues inherent in 21st century medicine so that the AMA has been active in assessing the conundrums and conflicts in policy for physicians practicing in our times.

There are avenues that provide information in the area of ethics for the practicing physician in each state. The Nevada State Medical Association has delegates to the AMA House of Delegates which has a House assembly meeting in June and an interim meeting in December each year. Speaking to either of our delegates can be helpful in realizing the work they are doing for us. Alternatively, this article provides a glance into the AMA and resources available to the members. This will allow the reader to navigate the AMA internet site easier to delve deeper into the issues faced in medical ethics.

There are two major divisions of AMA ethics. The first is the Principles of Ethics which then leads to developing a more detailed Code of Ethics based on the principles and applying them to the current practice of medicine.

The Principles of Medical Ethics

Having a code of ethics for physicians who practice medicine goes back to the Greek culture 2,500 years ago with The Oath of Hippocrates and later with the Oath or Prayer of Maimonides. These two documents have been refined over the years and appear to this day, with several changes and revisions. Each of the two documents discuss principles of ethics and have four major standards:

1. Respect for those who teach and be discerning of the quality of the teachings in the pursuit of knowledge
2. Act for the benefit of your patients regardless of social status including friend and foes and good and bad.
3. Confidentiality
4. Do not let treatment be swayed by corruption, seduction, money or praise; instead do what is right for patients

The above standards are seen in various forms in medicine throughout different cultures. In January 1981, the International Conference on Islamic Medicine adopted a principle of ethics which included the same four basic aspects of ethics. The Islamic Medicine ethical standards, like the Maimonides standards, encourage prayer which has been a powerful factor for those who embrace prayer.

The American Medical Association’s Principles of Medical Ethics, emphasizes the patient and has the following preamble:

“The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.”

The following are principles that were adopted June 1957; revised June 1980; revised June 2001:

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 best interests of the patient as paramount.
9. A physician shall support access to medical care for all people.

Patients first is reflected throughout the AMA principles. In addition to the four standards derived from the Oath of Hippocrates, the Prayer of Maimonides, and the Islamic Medicine Ethical standards are added principles which support the practice of placing patients first. The added standards can be summarized by the factors listed below:

1. Protect the patient by responsibility to deal with, and when possible help, physicians who may harm patients. This is stated as a responsibility to identify other physicians who are “deficient in character or competence, or engaging in fraud or deception.”
2. Protect the patient by following the laws of the land and when possible changing the laws to provide better patient care. This is stated as respecting the law of the land and also “recognize a responsibil-
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ity to seek changes in those requirements which are contrary to the best interests of the patient.

3. Protect the patient by not working with a patient with whom you cannot develop an effective doctor-patient relationship. Thus the physician makes the decision using her/his experience in working with patients. This is stated as free to choose whom to serve except in emergency.

The principles listed above, and my interpretation of the standards, are factors used as the basis for developing the AMA Code of Ethics. In many ways they represent the spirit of the code of ethics.


It is interesting that all of the above principles put the patient first when we consider the essence of the principles. Putting patients first is difficult to do with the pressures of laws and growing structure of delivering medical care. Numbers may loom more important than individuals and many physicians work in systems where in reality profits for stock holders come first. Physicians face an ill-defined concept of professionalism in both their training and practice. It becomes difficult to deal with professionalism while putting the patient first. This requires changing in one's coping style to navigate the systems of

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CCMS ALLIANCE CONTINUED FROM PAGE 8...

The CCMSA membership drive is in full swing. Membership is open to all physicians, physician spouses and medical student spouses. We are very active in the Southern Nevada Community, concentrating on philanthropic and community outreach programs to better health care and health education. Be a part of the success of the Alliance!

CCMSA Membership Drive Kick-Off: Join or renew your Membership with the attached Membership Application, online at www.ccmsa-lv.org or by contacting our Membership Vice President, Alexia Crowley at acrowley@mdlgroup.com.

CCMSA Holiday Scholarship Project: We will also be starting our Holiday Scholarship Project, which provides scholarships for medical and nursing students in need. Join us on Tuesday, October 13th for our stuffing party. For more information, contact HSP Chair Jessica Kartzinel at kartzgirl@cox.net or check out our website at www.ccmsa-lv.org for more information!

Join us at our next luncheon at Fleming’s in Town Square. We will have a recap of the Physician Reimbursement discussion as well as updates from our Medical Practice Manager’s Group regarding ICD-10 Compliance. We hope to see you there! ■

Best,
Jacqueline Nguyen-Lee and Bonnie Ng
2015 - 2016 CCMSA Co-Presidents

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today. Working effectively in the systems and entities relating to and influencing patient care is difficult. There is growing literature addressing these issues and support from the AMA and from well-funded State Physician Health Programs.

The Code of Medical Ethics

The Code of Medical Ethics is a very complicated code somewhat like state and federal laws with an emphasis on the principles and created by a legislative body of the AMA which meets twice a year and has representation from state medical societies and medical specialty societies or organizations. For those with a growing interest in dealing with ethical concepts the AMA has published a book, The Code of Ethics.

The AMA publishes The Journal of Ethics, formerly The Virtual Monitor, which examines issues in ethics and can be read at www.journalofethics.ama-assn.org/. This writer has contributed to this Journal in the past and found the questions posed as interesting and challenging. The reader can also consult the Nevada State Medical Association representatives to the AMA who wrestle with the issues at every meeting of the AMA and often in-between.

The AMA Ethics Group has a substantial staff and participation of members of the AMA. It has three divisions which provide the following functions:

1. The Council on Ethical And Judicial Affairs (CEJA)
   a. Reviews the code of ethics first started in 1847 as the Code of Medical Ethics and has evolved to face issues over time
   b. Through its policy developments, revisions of the Code are presented and approved by the AMA convocation of the House of Delegates.
   c. Functions to promote adherence to the professional ethical standards set out in the Code through its judicial function.
2. Ethics Resource Center
   a. For Medical students and physicians
   b. Provides the essential tools and skills to address ethical challenges in a changing health care environment
3. The Institute for Ethics - an academic research center
   a. Ethical Force Program is a collaborative effort to develop health care system-wide performance measures for ethics.
   b. Research and Projects
      c. Center for Patient Safety
      d. The Ethics Resource Center.
      e. Education at the AMA and in communities

For those interested in other recent ethics developments of the AMA, the attacks of September 11, 2001 led to physicians volunteering to help in the aftermath. Noting this, the AMA developed the Declaration of Professional Responsibility, Medicine’s Social Contract with Humanity. This declaration can be used by an individual who wishes to make the declaration and also by groups wishing to do so.

Part of our ethical responsibility for our own health and the health of fellow physicians has been addressed and discussed by the AMA. In 1973 an AMA committee reported the review of illness in physicians, The Sick Physician Report. This emphasized the responsibility we have to our fellow physicians. It wasn’t until 20 years after the report was published that the AMA helped and supported State Physician Health Programs and lent office space and staff energy for the functioning of the Federation of State Physician Health Programs (FSPHP). Around this same time the FSPHP developed new bylaws and the AMA along with the Canadian Medical Association started International Physician Health Meetings which were also coordinated with input from the FSPHP. It is clear that healthier physicians give better care and serve as examples for their patients. Also, stress management and support during lawsuits help the physician. One excellent example is the Ontario Medical Association Physician Health Program, a well-funded physician health program which is active in the Federation of State Physician Health Programs and represents the full range of activities supporting physicians.

The Principles are small in number, direct and relatively simplified, but the Code is complicated by present day issues that are confusing, controversial and often conflicting. The Code addresses issues of interference of medical care by agencies, managed care, other entities and laws. A recent cause for concern relates to state political bodies which have promoted political marijuana without the usual procedures of well conducted studies indicating effectiveness and safety. This raises many questions. Considering the present literature available concerning marijuana, can a physician make an educated risk/benefit assessment in recommending marijuana for patients? This is not meant to exclude marijuana from the recommendation by physicians but adds to a discussion of therapeutic decision making and has ethical implications. Part of our principles are to change laws for the benefit of our patients and the facilitation of our delivery of care. It is important to remember that the Code is developed from the principles and addresses the complications of 21st Century medicine and law. Additionally, the conflict between federal and state law becomes a confusing area to address. For example, the legalization and regulation of marijuana in two states is a political issue that has now become a medical ethics issue. It also seems that we have bypassed our efforts to decriminalize this substance and have progressed to legalization and regulation.

This article will give you a start in understanding the activities of organized medicine in helping our profession face numerous issues which impinge upon our ability to give effective and compassionate care as promoted in our Principles of Ethics and our Code of Ethics. The AMA internet site is also a great follow-up source of information.

Finally, it would be useful to add the advice received while this writer was a resident in Psychiatry at the Massachusetts General Hospital and Harvard University. This was given to the residents by a hospital Attorney, Jim Vaccarino. In general a physician should follow the legal and ethical guides but the physician should always act in an emergency, when quick action is necessary, for the benefit of treating the patient. It will usually follow ethical and legal standards but most important it will help a patient or save a patient’s life. If we are to defend our actions it’s much easier to do so if we use our medical knowledge and judgement with the goal of helping the patient.