

Code of Ethics

JANUARY, 2010

Preamble

The ACMAAC Code of Ethics promotes principles to guide practitioners' conduct in their relationships with patients, colleagues and society.

This Code has developed from other similar ethical codes in history including the Hippocratic Oath.

Due to their special knowledge and expertise, our practitioners have a responsibility to improve and maintain the health of their patients who have entrusted themselves to medical care.

The practitioner-patient relationship is itself a partnership based on mutual respect and collaboration. Within the partnership, both the practitioner and the patient have rights as well as responsibilities.

Changes in society, science and the law constantly raise new ethical issues and may challenge existing ethical perspectives.

ACMAAC accepts the responsibility for setting the standards of ethical behaviour expected of our practitioners.

1. The Practitioner and the Patient

1.1 Patient Care

- a. Consider first the well-being of your patient.
- b. Treat your patient with compassion and respect.
- c. Approach health care as a collaboration between practitioner and patient.
- d. Practise the science and art of medicine to the best of your ability.
- e. Continue lifelong self-education to improve your standard of medical care.
- f. Maintain accurate clinical records.
- g. Ensure that practitioners and other health professionals upon whom you call to assist in the care of your patients are appropriately qualified.
- h. Make sure that you do not exploit your patient for any reason.
- i. Avoid engaging in sexual activity with your patient.
- j. Refrain from denying treatment to your patient because of a judgement based on discrimination.
- k. Respect your patient's right to choose practitioners freely, to accept or reject advice and to make their own decisions about treatment or procedures.
- l. Maintain your patient's confidentiality. Exceptions to this must be taken very seriously. They may include where there is a serious risk to the patient or another person, where required by law, where part of approved research, or where there are overwhelming societal interests.
- m. Upon request by your patient, make available to another practitioner a report of your findings and treatment.
- n. Recognize that an established therapeutic relationship between practitioner and patient must be respected.
- o. Having initiated care in an emergency setting, continue to provide that care until your services are no longer required.

- p. When a personal moral judgement or religious belief alone prevents you from recommending some form of therapy, inform your patient so that they may seek care elsewhere.
- q. Recognize that you may decline to enter into a therapeutic relationship.
- r. Recognize that you may decline to continue a therapeutic relationship. Under such circumstances, you can discontinue the relationship only if an alternative health care provider is available and the situation is not an emergency one. You must inform your patient so that they may seek care elsewhere.
- s. Recognise your professional limitations and be prepared to refer as appropriate.
- t. Place an appropriate value on your services when determining any fee. Consider the time, skill, and experience involved in the performance of those services together with any special circumstances.
- u. Ensure that your patient is aware of your fees where possible. Encourage open discussion of health care costs.
- v. When referring your patient to institutions or services in which you have a direct financial interest, provide full disclosure of such interest.
- w. If you work in a practice or institution, place your professional duties and responsibilities to your patients above the commercial interests of the owners or others who work within these practices.
- x. Ensure security of storage, access and utilization of patient information.
- y. Protect the right of practitioners to prescribe, and any patient to receive, any new treatment, the demonstrated safety and efficacy of which offer hope of saving life, re-establishing health or alleviating suffering. In all such cases, fully inform the patient about the treatment, including the new or unorthodox nature of the treatment, where applicable.

1.2 Clinical Research

- a. Accept responsibility to advance medical progress by participating in properly developed research involving human participants.
- b. Ensure that responsible human research committees appraise the scientific merit and the ethical implications of the research.
- c. Recognize that considerations relating to the well-being of individual participants in research take precedence over the interests of science or society.
- d. Make sure that all research participants or their agents are fully informed and have consented to participate in the study. Refrain from using coercion or unconscionable inducements as a means of obtaining consent.
- e. Inform treating practitioners of the involvement of their patients in any research project, the nature of the project and its ethical basis.
- f. Respect the participant's right to withdraw from a study at any time without prejudice to medical treatment.
- g. Make sure that the patient's decision not to participate in a study does not compromise the doctor-patient relationship or appropriate treatment and care.
- h. Ensure that research results are reviewed by an appropriate peer group before public release.

1.3 Clinical Teaching

- a. Honour your obligation to pass on your professional knowledge and skills to colleagues and students.

- b. Before embarking on any clinical teaching involving patients, ensure that patients are fully informed and have consented to participate.
- c. Respect the patient's right to refuse or withdraw from participating in clinical teaching at any time without compromising the doctor-patient relationship or appropriate treatment and care.
- d. Avoid compromising patient care in any teaching exercise. Ensure that your patient is managed according to the best-proven diagnostic and therapeutic methods and that your patient's comfort and dignity are maintained at all times.
- e. Where relevant to clinical care, ensure that it is the treating practitioner who imparts feedback to the patient.
- f. Refrain from exploiting students or colleagues under your supervision in any way.

1.4 The Dying Patient

- a. Remember the obligation to preserve life, but, where death is deemed to be imminent and where curative or life-prolonging treatment appears to be futile, try to ensure that death occurs with dignity and comfort.
- b. Respect the patient's autonomy regarding the management of their medical condition including the refusal of treatment.
- c. Recognize the need for physical, psychological, emotional, and spiritual support for the patient, the family and other caregivers not only during the life of the patient, but also after their death.

2. The Practitioner and the Profession

2.1 Professional Conduct

- a. Build a professional reputation based on integrity and ability.
- b. Recognize that your personal conduct may affect your reputation and that of your profession.
- c. Refrain from making comments which may needlessly damage the reputation of a colleague.
- d. Report suspected unethical or unprofessional conduct by a colleague to the appropriate peer review body.
- e. Where a patient alleges unethical or unprofessional conduct by another practitioner, respect the patient's right to complain and assist them in resolving the issue.
- f. Accept responsibility for your psychological and physical well-being as it may affect your professional ability.
- g. Keep yourself up to date on relevant medical knowledge, codes of practice and legal responsibilities.

2.2 Advertizing

- a. Advertising of professional services should be limited to the presentation of information reasonably needed by patients or colleagues to make an informed decision about the availability and appropriateness of your medical services.
- b. Make sure that any announcement or advertizement directed towards patients or colleagues is demonstrably true in all respects. Advertizing should not bring the profession into disrepute.

- c. Do not endorse therapeutic goods in public advertizing.
- d. Exercise caution in endorsing non-therapeutic goods in public advertizing.
- e. Do not have any public association with products that clearly affect health adversely.
- f. Ensure that any therapeutic or diagnostic advance is described and examined through professional channels, and, if proven beneficial, is made available to the profession at large.

2.3 Referral to Colleagues

- a. Obtain the opinion of an appropriate colleague acceptable to your patient if diagnosis or treatment is difficult or obscure, or in response to a reasonable request by your patient.
- b. When referring a patient, make available to your colleague, with the patient's knowledge and consent, all relevant and pertinent information and indicate whether or not they are to assume the continuing care of your patient during their illness.
- c. When an opinion has been requested by a colleague, report in detail your findings and recommendations to that practitioner.
- d. Should a consultant or specialist find a condition which requires referral of the patient to a consultant in another field, only make the referral following discussion with the patient's general practitioner - except in an emergency situation.

3. Professional Independence

- a. In order to provide high quality healthcare, you must safeguard clinical independence and professional integrity from increased demands from society, third parties, individual patients and governments.
- b. Protect clinical independence as it is essential when choosing the best treatment for patients and defending their health needs against all who would deny or restrict necessary care.
- c. Refrain from entering into any contract with a colleague or organization which may conflict with professional integrity, clinical independence or your primary obligation to the patient.
- d. Recognize your right to refuse to carry out services which you consider to be professionally unethical, against your moral convictions, imposed on you for either administrative reasons or for financial gain or which you consider are not in the best interest of the patient.

4. The Doctor and Society

- a. Endeavour to improve the standards and quality of, and access to, complementary medical services in the community.
- b. Accept a share of the profession's responsibility to society in matters relating to the health and safety of the public, health education and legislation affecting the health of the community.
- c. Use your special knowledge and skills to minimize wastage of resources, but remember that your primary duty is to provide your patient with the best available care.
- d. When providing scientific information to the public, recognize a responsibility to give the generally held opinions of the profession in a form that is readily understood. When presenting any personal opinion which is contrary to the generally held opinion

of the profession, indicate that this is the case.

References:

1. Canadian Medical Association (1996). *Code of Ethics of the Canadian Medical Association*.
2. *World Medical Association International Code of Medical Ethics*, as amended by the 35th World Medical Assembly, Venice, Italy, October 1983.
3. *World Medical Association Declaration on the Rights of the Patient*, as amended by the 47th WMA General Assembly, Bali, Indonesia, September 1995.
4. *World Medical Association Declaration of Helsinki*, as amended by the 52nd WMA General Assembly, Edinburgh, Scotland, October 2000.
5. *World Medical Association Statement on Human Organ & Tissue Donation and Transplantation*, adopted by the 52nd WMA General Assembly in Edinburgh, Scotland, October 2000.
6. *World Medical Association Declaration with Guidelines for Continuous Quality Improvement in Health Care*, as adopted by the 49th World Medical Assembly, Hamburg, Germany, November 1997.