Public Policy Statement on Principles of Medical Ethics

The American Society of Addiction Medicine supports a body of ethical statements developed primarily for the benefit of the patient. As members of the medical profession we must recognize responsibility not only to patients, but also to society, to other health professionals and ourselves. The following Principles of Medical Ethics are not laws but standards of conduct which define the essentials of appropriate behavior for the physician.

**Section I**
A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

1. Because of the prominence of denial in patients suffering from chemical dependence, treatment may be mandated or offered as an alternative to sanctions of some kind. In other circumstances, a chemically dependent person whose judgment is impaired by intoxication may be brought to treatment when unable to make a reasoned decision, or may be treated on an involuntary basis. It is the duty of the addictionist to advocate on behalf of the patient's best interest and to prevent any abuse of this coercive element. The goal for patients is to restore, as quickly and safely as possible, their ability to make responsible decisions about their own recoveries.

2. All patients with problems of chemical dependence, regardless of how dysfunctional they may appear, retain the right to be treated with respect. The physician practicing addiction medicine will maintain a decorum that recognizes each patient's dignity regardless of possible conflicts in values between patient and physician.

3. Physicians must be cognizant of patient rights when working with a multi-disciplinary treatment team. The addiction specialist has a duty to participate in the development and maintenance of patient rights as a team ethic.

**Section II**
A physician shall deal honestly with patients and colleagues and shall attempt to notify appropriate authorities promptly regarding those physicians whose conduct is illegal, unethical or incompetent or who engage in fraud or deception.

1. The physician is aware that impaired practice frequently results from illness and in such cases will strive to rehabilitate rather than merely to discipline colleagues. Public safety must
always remain the primary consideration.
2. In their personal use of alcohol and other mood-altering drugs, physicians will serve as responsible role models for patients, staff and community.

3. Sexual activity with a patient is unethical. Sexual involvement with a former patient generally exploits emotions deriving from treatment and is therefore almost always unethical.

4. Addiction treatment services, like all medical services, are dispensed in the context of a contractual arrangement between physician and patient and which is binding on both. Addictionists should avoid misrepresenting to patients or families either the nature, length or cost of treatment recommended. This is particularly important when the physician may profit from the recommendation or when the physician holds power over a patient's legal or professional status or when the physician's income is based on census within an institution as opposed to services rendered to patients.

Section III
A physician shall respect the law and recognize a responsibility to seek changes in those requirements that are contrary to the best interest of patients.

1. Society's response to alcoholism and other drug dependencies has reflected a history of stigma and prejudice towards persons who suffer from these illnesses and their families. The addictionist therefore has a special role as advocate for those changes in law and public policy that will improve the treatment of addiction, reduce stigma, and protect the rights of those affected.

2. Addictionists are often in the position of acting as role models for recovering patients. As such, they carry the responsibility to be aware of the laws that govern both their professional practice and everyday lives and to respect and obey these laws. While most unlawful behaviors would have a direct or indirect bearing on suitability to practice, there may be situations such as an act of civil disobedience in protest against social injustice in which unlawful activity might not automatically be equivalent to professionally unethical conduct.

Section IV
A physician shall respect the rights of patients, of colleagues and of other health professionals and shall safeguard patient confidences within the constraints of the laws.

1. Physicians practicing addiction medicine often treat patients who feel stigmatized and are reluctant to disclose medically necessary information because of suspicion, fear and distrust. In this special physician patient relationship, it is essential that the rights of the patient be recognized, respected and protected by the treating physicians.

2. When addicted patients are coerced into treatment by external agencies and are under threat of legal, social or professional sanctions, demands for information from these agencies may at times conflict with a patient's desire for confidentiality. The physician has the obligation to consider the short and long term consequences of disclosure and to advise the
patient who must give consent. The patient's right to limit the content, purpose and duration of consent should be respected within the limits of the law.

3. Since recent use of alcohol and other drugs commonly results in cognitive impairment, the addictionist should protect patients from making potentially harmful decisions involving requests for information or from making any other major commitments while their ability to understand or evaluate their actions is still impaired.

4. Addictionists should treat individuals only with their consent, except in emergency and extraordinary circumstances in which the patient cannot give consent and in which the withholding of treatment would have permanent and significant consequences for life and health. In cases where the patient has been found to be incompetent by appropriate mental health professionals and/or by the judicial system, physicians may assist in their care.

Section V
A physician shall respect the right of all patients to receive the highest possible quality of care regardless of age, gender, reproductive status, disability, race, marital status, sexual orientation or religious preference.

Section VI
A physician shall continue to study, apply and advance scientific knowledge; make relevant information available to patients, colleagues and the public; obtain consultation from and use the talents of other health professionals, ethicists, and legal experts when indicated.

1. Addictionists are responsible for their own continuing education. In a new and changing field of specialty practice, physicians must remain aware of their own skills and limitation and refrain from advising on matters outside their field of expertise.

2. When physicians supervise other health care professionals, they must take care to insure that proper care is given and not permit their names to be used to imply greater involvement in treatment or its supervision than actually occurs. The physician should not delegate to any nonmedical person any matter requiring the exercise of professional medical judgment.

3. Public education is carried out by the physician in a professional manner, based on research and clinical knowledge and without any potential exploitation of patients through emotional appeals or misrepresentations about the treatment process.

Section VII
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 services.

1. The physician will oppose any effort by government or other external agencies to dictate the content of any oral or written communication between physicians, patients or other licensed health care professionals.
2. The physician will be extremely careful of any dual role relationships with patients. Assuming the doctor-patient role with employees, business associates and vendors, students, family members and others may compromise professional judgment. Conflict of interest or an advantage of power over the patient outside of the treatment relationship can lead to exploitation or interfere with the fiduciary nature of the professional relationship. While such treatment is not frankly unethical, there are potential dangers and conflicts in such roles and the physician should enter into them only with great caution.

3. The addictionist shall attempt to secure for every patient the most appropriate and cost effective level of care based on patient need and available resources.

4. While individual physicians cannot be expected to assume the care of all addicted patients, they are nonetheless aware of the long history of rejection and denial of care to which chemical dependents are regularly subjected. The physician will attempt to secure treatment services for those patients who are in need and who are currently excluded by the treatment system.

Section VIII
An addiction medicine physician shall recognize a responsibility to participate in activities contributing to an improved community.

1. Addiction medicine physicians should foster the cooperation of those legitimately concerned with the medical, psychological, social and legal aspects of addictive disease and recovery. They are encouraged to consult with and advise the executive, legislative and judicial branches of government. They should make clear whether they are speaking as individuals or as representatives of an organization. In all cases, they should make clear whether their statements are based on scientific evidence, individual profession or personal experience, or an personal belief.

2. The physician may be asked for an opinion about an individual who is in the public eye or who has disclosed personal information to the media. The physician may comment on general issues raised without making specific diagnostic or therapeutic comments on the individual in question.

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