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AMA CODE SAYS

AMA Code of Medical Ethics' Opinions Related to Clinicians in Government

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Abstract

The AMA Code of Medical Ethics does not specifically refer to physicians' governmental roles. This article, however, summarizes AMA Code guidance on physicians' interactions with governments, as well as their nonclinical roles, political actions, and communications.

Introduction

Physicians serving in governmental roles are not uncommon in today's professional world. For example, many physicians serve as federal or local officials who make law, craft policy, or serve in regulatory agencies, like the US Food and Drug Administration or the Centers for Disease Control and Prevention, where they interpret, implement, and enforce executive actions. When physicians work in government, ethical issues unique to their dual role as physician and government official can arise. The American Medical Association (AMA) Code of Medical Ethics does not speak directly to physicians working in governmental roles, but several opinions offer guidance to physicians who function as government officials or as political actors or communicators.

AMA Code Opinions

Interactions with government. One set of opinions in the AMA Code offers guidance on professional self-regulation, which includes a section titled "Physician Interactions With Government Agencies."¹ These opinions include Opinion 9.7.1, "Medical Testimony"²; Opinion 9.7.2, "Court-Initiated Medical Treatment in Criminal Cases"³; Opinion 9.7.3, "Capital Punishment"⁴; Opinion 9.7.4, "Physician Participation in Interrogation"⁵; and Opinion 9.7.5, "Torture."⁶ While these opinions are not directly on point for a physician who also **works as a governmental official**, they are tangentially related and provide some insight into matters of public health policy. For example, Opinion 9.7.4 states: "Physicians who engage in any activity that relies on their medical knowledge and skills must continue to uphold principles of medical ethics."⁵ Thus, overarching ethical principles should guide the actions of physicians that do not constitute the practice of medicine per se but that do rely on medical expertise.

Ethics guidance for physicians in nonclinical roles. Opinion 10.1, "Ethics Guidance for Physicians in Nonclinical Roles,"⁷ also speaks to physicians who serve in nonclinical government or civic roles. Opinion 10.1 states: "Even when they fulfill roles that do not

involve directly providing care for patients in clinical settings, physicians are seen by patients and the public, as well as their colleagues and coworkers, as professionals who have committed themselves to the values and norms of medicine.”⁷ Opinion 10.1 notes that when physicians “use the knowledge and values they gained through medical training and practice” in their other nonclinical roles, they are still “functioning within the sphere of their profession” and hence are still obligated to uphold key ethical and fiduciary duties.⁷ When physicians serve in nonclinical roles, possible conflicts of duty—say, between their public and private roles—can arise and “may ethically be tempered,” according to Opinion 10.1, by the following considerations:

- (a) The impact of the nonclinical role on the health of individuals and communities.
- (b) The degree to which they [physicians] are perceived to be acting as representatives of the medical profession.
- (c) The extent to which they [physicians] rely on their medical training or expertise to fulfill the nonclinical role.⁷

Hence, conflicts may be mitigated when physicians in nonclinical roles maintain their professional norms and values but deemphasize their medical expertise and authority while performing such roles.

Political actions by physicians. Opinion 1.2.10, “Political Action by Physicians,”⁸ describes ethical obligations of physicians involved in **political advocacy**. While not all physicians with governmental roles are involved in advocacy, some, like legislators, definitely are. Opinion 1.2.10 states:

Like all Americans, physicians enjoy the right to advocate for change in law and policy, in the public arena, and within their institutions. Indeed, physicians have an ethical responsibility to seek change when they believe the requirements of law or policy are contrary to the best interests of patients. However, they have a responsibility to do so in ways that are not disruptive to patient care.⁸

Hence, physician legislators must seek changes to law that they believe will benefit patients and, furthermore—while engaging in any type of policy change or advocacy—must “ensure that the health of patients is not jeopardized and that patient care is not compromised.”⁸

Political communications. Relevant to physicians in government, especially those holding office, Opinion 2.3.4, “Political Communications,” states:

Physicians enjoy the rights and privileges of free speech shared by all Americans. It is laudable for physicians to run for political office; to lobby for political positions, parties, or candidates; and in every other way to exercise the full scope of their political rights as citizens. Physicians may exercise these rights individually or through involvement with professional societies and political action committees or other organizations.⁹

Additionally, Opinion 2.3.4 offers guidance on how physicians can **ethically express political views**. Specifically, Opinion 2.3.4 mandates that physicians should not allow “political matters to interfere with the delivery of professional care” and that physicians should be sensitive to the “imbalance of power in the patient-physician relationship” any time they “express their personal political views,” especially in the course of clinical care of patients.⁹

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