

# Code of Conduct

## I. Introduction and General Overview

Ethics is the discipline dealing with moral values which governs principled relationships between individuals and defines what one should do. This code has been developed by the Ethical Issues Subcommittee of the Medical Practice Committee of the American Academy of Physical Medicine and Rehabilitation to serve as a guideline for professional and personal behavior and to promote the highest quality of physiatric care. It is a statement of ideals, commitments and responsibilities of the physiatrist to patients, their families, other health professionals, society and to themselves.

As a physician, the physiatrist has a significant responsibility for the welfare, well being, and betterment of the patient being served. This responsibility should take precedence over all other aspects of professional practice. It is recognized, however, that as a physiatrist there are numerous other responsibilities and relationships which carry significant, if not nearly equal, weight. This code, therefore, attempts to outline ethical practice within these various relationships emphasizing contemporary issues that confront most physiatrists. It makes no claim to being a comprehensive review of medical ethics and, in itself, is not a legal or policy manual. Ethics manuals take many guises and therefore the reader is referred to those from other medical specialty societies for further enlightenment (see pg. 5).

## II. Ethics Relating to the Patient and the Patient's Family

- a. The physiatrist shall be first and foremost dedicated to the principle of providing the best available patient care that resources and circumstances can provide.
- b. The physiatrist shall function within the competence and capability of his/her training and provide care that presents the prevailing standards of physiatric practice. Physiatrists should participate in a regular program of continuing education.
- c. When the patient's needs exceed the scope of the physiatrist's education and training, appropriate consultation should be obtained with practitioners of recognized competence.
- d. Patient confidentiality must be respected at all times. This includes confidentiality of the medical records. Patient's privacy should be honored unless mandated by law. Consent of the patient or other responsible party should be obtained for release of information.
- e. The physiatrist shall at no time render care to a patient while impaired by alcohol, drugs, or illness such that the patient would be placed at risk. The physiatrist has a responsibility to maintain his/her own professional and personal well being.
- f. The physiatrist should maintain a reputation for truth and honesty. Patients must be treated with respect and not abused psychologically or physically, sexually, or financially.
- g. The physiatrist should prepare and maintain records which include relevant history, physical findings, assessment and plan of evaluation and treatment. Patients are entitled to information contained in their medical records, although discretion should be used if such information may be detrimental to the patient.



American Academy of  
Physical Medicine and Rehabilitation

*Physicians Adding Quality to Life®*

9700 W. Bryn Mawr Ave., Suite 200  
Rosemont, Illinois 60018  
phone 877/AAPMR 99  
info@aapmr.org www.aapmr.org

- h. The physiatrist shall be entitled to fair compensation for medical services delivered to or supervised on behalf of a patient. The physiatrist shall not be entitled to compensation for patient referrals to other physicians or to health care facilities.
- i. Conflicts of interest between the patient and physiatrist must be resolved in the best interest of the patient. If such a patient-oriented resolution is not possible, the physiatrist should seek out another physician to assume care of the patient. The patient is under no obligation to remain with the physiatrist and is entitled to change physicians if so desired and records should be transferred to the new physician or provided to the patient. The physiatrist may discontinue the professional relationship by notifying the patient and with the patient's approval, transfer all appropriate medical records to another physician. Discontinuation of treatment under such circumstances is contingent upon adequate health care being available elsewhere and that the patient's health is not jeopardized. All attempts must be made to assure continuity of care.
- j. The patient - physiatrist relationship is based on mutual agreement to care for the patient. The physiatrist, however, is under no obligation to see an individual patient provided other physicians are available in the community. The physiatrist, however, must not refuse to see a patient on the basis of race, religion, nationality, disability and gender. Where a physiatrist is competent to diagnose and/or treat a condition presented, the physiatrist should not refuse to diagnose or treat on the basis of a disability. Continued failure to follow treatment regimens or similar disciplinary problems are a basis for refusing to provide care to a patient.
- k. It is unethical for a physiatrist to refuse to see a patient solely because of medical risk or perceived medical risk to the physician. It is, however, the obligation of the physiatrist to minimize or avoid such risk.
- l. The patient's family shall also be treated with respect and consideration while following all applicable laws regarding such relationships (release of information, advance directives, etc.) This is especially pertinent as many patients served by the physiatrist are incapable of speaking or making their wants and needs known.
- m. Surrogate or proxy decision makers must be legally valid representatives of the incompetent patient's interest. They should know the patient's values well and be free of obvious fiscal or emotional conflicts with the patient.

### III. Relationships with Members of the Rehabilitation Team

- a. Rehabilitation Medicine is considered a team-oriented practice and, as such, the physiatrist shall work with and respect the individuals represented by other members of the team.
- b. The physiatrist will encourage other team members to work fully within the scope of their license or expertise for the betterment of their patients.
- c. The rights and privileges of all members of the team will be respected and honored.

### IV. Physician to Physician Relationships

- a. The physiatrist shall respond promptly and professionally when called upon by fellow physicians to provide appropriate consultation or expertise.

- b. When terminating and transferring care of the patient to another physician, the physiatrist shall provide prompt, pertinent, and appropriate medical documentation so as to assure the orderly continuation of care.
- c. The physiatrist will participate willingly and actively in the education and training of fellow physiatrists, other physicians, medical students and health care providers.
- d. The physiatrist shall be responsible for helping his/her medical colleagues maintain a high level of performance, integrity, and practice. At no time shall a physiatrist slander other physicians or health care professionals.
- e. The public should be protected from an impaired physician including a physiatrist. Physiatrists should assist in the identification and rehabilitation of an impaired colleague. In the event that a physiatrist is alleged to be impaired, the implicated physiatrist should be encouraged to voluntarily submit to treatment or to accept recommendations for authorized review committees utilizing proper appeal procedures if desired. If the physiatrist does not voluntarily seek help, then appropriate medical authorities must be notified with all attempts made to respect the privacy and confidentiality of the alleged impaired physician. An impaired or incompetent physiatrist is expected to appropriately correct any deficiencies before resuming active practice.

## V. Relationships with Community and Government

- a. As an active member of the community, the physiatrist shall abide by the rules and regulations of the facility in which his/her practice is carried out.
- b. The physiatrist as a citizen shall be obligated to follow and obey the law of the land and shall refrain from unlawful activity, but shall support changes in those laws which are contrary to the best interest of the patient and society.
- c. The physiatrist shall cooperate with the legal professional unless such cooperation is prohibited by law for the betterment of the needs of the patients served and shall cooperate with legal counsel representing the interest of hospitals, clinics, and colleagues so as to be assured that justice is served.
- d. When called upon to serve as an expert witness, the physiatrist may testify as desired but only within her/his approved areas of expertise and within the scope and knowledge of his/her training and practice.
- e. The physiatrist may contract his/her services with a variety of organizations (hospitals, managed care organizations, etc.) In doing so the physiatrist shall maintain control over medical decisions and hold the patient's best interest as paramount.
- f. The physiatrist shall attempt to be prompt and appropriate in reporting to third party payers and agencies requesting information and reports provided that consent of the patient or the patient's agent is obtained or as otherwise provided by law.
- g. The physiatrist, in addition to providing patient care, has an obligation to be involved in community and world activities, especially those matters affecting health.

## VI. Research and Scholarly Activity

- a. The physiatrist shall attempt to participate in research and to strive for the scientific and scholarly betterment of the field of Physical Medicine and Rehabilitation.

- b. When involved in human research and experimentation, the physiatrist shall respect the rights of the participants and shall obtain informed consent and abide by the rules of the affiliated institution as well as conform to the principles of human decency and the Nuremberg laws.
- c. Data derived from research should be accurately presented. Research results should not be publicized until after the data has been subjected to appropriate peer review. Plagiarism is unethical. Appropriate attribution should be provided.
- d. The physiatrist shall encourage, cooperate with and assist scholarly endeavors by others within the field through discussion, debate and criticism as is appropriate.

**Portions of this code were based upon provisions in the following codes of professional ethics and professional conduct:**

1. Ethics in Ophthalmology, A Practical Guide, American Academy of Ophthalmology, 1986.
2. Guide to the Ethical Practice of Orthopedic Surgery, American Academy of Orthopedic Surgeons, 1990.
3. American Academy of Neurology, Code of Professional Conduct, Neurology 1993, vol. 43, pp. 1257-1260.
4. American Association of Neurological Surgeons Code of Ethics.
5. American College of Physicians Ethics Manual, Part I: History; The Patient: Other Physicians. Annals of Internal Medicine, 1989, 111: 245-252. American College of Physicians Ethics Manual, part II: The Physician and Society; Research; Life Sustaining Treatment; Other Issues. Annals of Internal Medicine, 1989, 111:327-335.
6. American College of Surgeons, Statement on Principles, 1989.
7. The Principles of Medical Ethics with annotations especially applicable to psychiatry, American Psychiatric Association, 1989.
8. Code of Medical Ethics and Current Opinions of the American Medical Association Council on Ethical and Judicial Affairs, American Medical Association, 1992.

It is suggested that AAPM&R policy and position statements, handbook items, etc., relating to ethical issues be attached as a supplement to this code.

Approved BOG 9/2012