

FROM THE IOMS BYLAWS:

*Article IV – Code of Ethics*

*The Code of Ethics of the American Osteopathic Association shall serve as the Code of Ethics of the Illinois Osteopathic Medical Society.*

FROM THE AOA – DO-Online.Org website

For Physicians

## Code of Ethics

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in healthcare and to self.

Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

**Section 1.** The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.

**Section 2.** The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

**Section 3.** A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients because of the patient's race, creed, color, sex, national origin or handicap. In emergencies, a physician should make her/his services available.

**Section 4.** A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

**Section 5.** A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

**Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

**Section 7.** Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities, which are false or misleading.>

**Section 8.** A physician shall not hold forth or indicate possession of any degree recognized as

the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

**Section 9.** A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

**Section 10.** In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

**Section 11.** In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.

**Section 12.** Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

**Section 13.** A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

**Section 14.** In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

**Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

**Section 16.** Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

**Section 17.** From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner. (Approved July 2003)

**Section 18.** A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

**Section 19.** When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is

conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

## **AOA Interprets Sections of the Code of Ethics**

### **Interpretation of Section 7**

This section is designed to discourage practices, which would lead to false, misleading or deceptive information being promulgated.

Section 7 does not prohibit advertising, so long as advertising is designed as making proper factual information available to the public. People seeking healthcare are entitled to know the names of osteopathic physicians, the types of practices in which they engage, their office hours, place of their offices, and other pertinent factual information. On the other hand, the public should be protected from subjective advertising material designed to solicit patients, which is essentially misleading. Such material would include attempts to obtain patients by influence or persuasion, employing statements that are self-laudatory and deceptive; the result of which is likely to lead a patient to a misinformed choice and unjustified expectations. (July 1985)

### **Guide to Section 8**

This guide applies to AOA members' professional (as opposed to organizational) stationery, office signs, telephone directories, and to other listings referred to by the general public. (July 1985)

#### ***Part I - Indications of Specialty Practice***

1. Osteopathic physicians who are not certified by the AOA or a member board of the ABMS or who do not devote their time exclusively to a specialty should not indicate any area of practice specialization. They may designate the nature of their practice in one of the following ways:

- General Practice
- General Practice of Osteopathic Medicine
- Surgery

2. Osteopathic physicians who devote themselves exclusively to a specialty may designate such specialty in one of the following ways:

- Practice Limited to Internal Medicine (or other practice area)
- Internal Medicine

3. Osteopathic physicians who are certified by the AOA or a member Board of the American Board of Medical Specialties may designate themselves as "board certified."

The listing of terms in each of the two categories is illustrative and should act as a guideline.

## ***Part II - Membership in Professional Organizations***

Professional stationery may contain indication of membership or fellowship status in professional organizations or of any present or past office held in any professional organization, if such use is deemed appropriate by the AOA or AMA-recognized specialty college or specialty society.

The above guidelines apply with respect to written signatures of physicians. For example, a physician should not use FACOI or other appropriate fellowship designation in signing a letter or other communications that will go to a patient unless such use is deemed appropriate by the AOA or AMA-recognized specialty college or specialty society conferring the status of "fellow."

## ***Part III - Osteopathic Identification***

The following, in order of preference, are considered proper on practice stationery and office signs:

1. John Doe, DO
2. John Doe, Osteopathic Physician & Surgeon
3. John Doe, Doctor of Osteopathy

The following are not considered proper on practice stationery or office signs:

1. Dr. John Doe (this is considered improper even if the doctor signs his name "John Doe, DO"). The osteopathic identification should be printed.
2. Dr. John Doe, Specialist in Osteopathic Medicine. The term specialist should be avoided in this circumstance.

## ***Part IV - Degrees (other than D.O.)***

It is strongly recommended that only the degree D.O. appear on professional stationery. However, the following additional guides are offered: No undergraduate degree (B.A., B.S., etc.) should be used.

Graduate degrees (M.A., M.S., Ph.D., etc.) should not be used unless the degree recognizes work in a scientific field directly related to the healing arts. Therefore, advanced degrees in scientific fields such as public health, physiology, anatomy, pharmacy and chemistry may be used but their use is not recommended. Law degrees may be used if the physician carries on medical-legal activities.

Honorary degrees relating to scientific achievement in the healing arts or other achievements within the osteopathic profession (such as administrative excellence or educational achievement) may be used if the honorary nature of the degree is indicated by use after the degree of the abbreviation "Hon."

## ***Part V - Telephone Directory Listings***

1. It is desirable for divisional societies to have an established program to implement these

guidelines and, where necessary, to meet with representatives of the telephone companies in furtherance of that objective.

2. In classified directories, it is recommended that DOs be listed under the heading "Physicians and Surgeons- (DO)" and that there be a cross-reference to that heading from the heading "Physicians and Surgeons-Osteopathic." This latter heading is also acceptable as the main listing if it has long been the heading customarily used in the community.

3. In telephone directory listings of doctors, it is recommended that the doctor's name be followed by the abbreviation DO. The abbreviation "Dr" is not recommended because it is misleading. "Dr" can refer to dentists, doctors of medicine, etc. "Phys" is also misleading because it can refer to MDs.

4. . In telephone directories, no indication of certification or membership in any osteopathic professional organization should appear by initials or abbreviations, because such would generally be confusing.

5. In classified telephone directories it is not improper to indicate "Practice limited to" or simply to name the field of specialty. Only specialties or practice interests recognized as such by the American Osteopathic Association should be indicated. Only physicians who are certified in or who limit their practice exclusively to a specialty should list themselves in a particular field.

### **Interpretation of Section 17**

Section 17 relates to the interaction of physicians with pharmaceutical companies.

1. Physicians' responsibility is to provide appropriate care to patients. This includes determining the best pharmaceuticals to treat their condition. This requires that physicians educate themselves as to the available alternatives and their appropriateness so they can determine the most appropriate treatment for an individual patient. Appropriate sources of information may include journal articles, continuing medical education programs, and interactions with pharmaceutical representatives.

2. It is ethical and in the best interest of their patients for osteopathic physicians to meet with pharmaceutical companies and their representatives for the purpose of product education, such as, side effects, clinical effectiveness and ongoing pharmaceutical research.

3. Pharmaceutical companies may offer gifts to Physicians from time to time. These gifts should be of limited value and be appropriate to patient care or the practice of medicine. Gifts unrelated to patient care are generally inappropriate. The use of a product or service based solely on the receipt of a gift shall be deemed unethical.

4. When a physician provides services to a pharmaceutical company, it is appropriate to receive compensation. However, it is important that compensation be in proportion to the services rendered. Compensation should not have the substance or appearance of a relationship to the physician's use of the employer's products in patient care.

## Position Papers/Ethical Content

Position papers adopted by the AOA House of Delegates define official AOA policy. Many of the position papers further clarify issues with ethical content. Specific areas and papers related to them are:

### A. Responsibilities to the patient:

- Confidentiality of patient records
- Counseling female patients on reproductive issues
- Death: Right to die
- Physician treating minors without parental consent
- Patient confidentiality
- Patient's bill of rights
- Patient-physician relations

### B. Responsibilities to society:

- Abused persons
- Ethical and sociological consideration for medical care
- Health care institutional responsibilities
- Impaired physician, assistance
- Medicare and Medicaid Abuse
- Medicare and Medicaid - ethical physician arrangements
- Substance abuse

### C. Responsibilities to the AOA:

- Active institutional membership - AOHA
- Dual degrees
- Industry gifts to physicians
- Professional association by D.O.'s

### D. Responsibilities to others involved in health care:

- Acupuncture
- Osteopathic medicine in foreign countries

### E. Responsibilities to self:

- Medicare - physician coverage
- Osteopathic Manipulative Treatment (OMT) programs
- Physician administered OMT