

American College of Preventive Medicine

Code of Ethics

**As Adopted by the Board of Regents July 30, 2009
Approved by the ACPM Membership on 10/9/2009**

Preamble

The American College of Preventive Medicine (“ACPM” or “College”) is the national professional society for physicians committed to disease prevention and health promotion. Specialists in preventive medicine are uniquely trained in both clinical medicine and public health. The Constitution of the ACPM includes the following objectives (in italics):

To establish and perpetuate an educational and scientific national society composed of qualified physicians who specialize in those areas of preventive medicine established by the American Board of Preventive Medicine, Incorporated, for certification purposes. This includes maintaining the appropriate ethical conduct of a physician, and acting with an emphasis on establishing the highest moral level in professional relationships.

To maintain and advance the highest possible ideals and service standards in education, practice and research in preventive medicine. This includes acting professionally and ethically.

To encourage, promote and support universities and their several schools in their efforts to achieve the highest standards of teaching and research in preventive medicine. This includes conducting such teaching and research with the highest regard for ethical principles and practices.

To stimulate education and training in preventive medicine and its associated academic disciplines at all levels. This includes elaborating standards of conduct for trainees and new inductees into the profession that are readily understandable and can be emulated.

To take such other action as may appear at any time to be desirable, to promote the health of the individual, the community, the Nation, and the world. This can put a qualified physician in conflict between personal clinical ethical precepts and precepts which obtain to the population at large.

Purposes of this Code

The purposes of this Code of Ethics are to:

- (1) elaborate standards of professional ethical conduct with which each member of the College (“PM Physician”) is expected to comply;
- (2) encourage preventive medicine residency training programs to teach and emulate the

proper conduct of the profession;

(3) provide the College with standards of ethical behavior that are expected as a condition of continuing membership; and

(4) provide the public with a sense of understanding and trust of the level of professionalism they can expect from College members.

The primary responsibility of PM physicians is toward patients' and communities' health and welfare, demanding that PM physicians place the interests of the community and patients above those of self-interest. The College recognizes that physicians engaged in preventive medicine may work in either or both of individual-based medicine and population-based medicine, and that at times the moral imperatives in these two areas may conflict.

The College ascribes to the fundamental principles and set of professional responsibilities as set forth in the Charter on Medical Professionalism.¹ The College believes that the principles for caring for individuals outside of the context of dual loyalties to populations is well-covered by the American Medical Association's code of ethics.² Therefore, the College is not repeating either of those here except insofar as they are related to the practice of population medicine.³

The College asserts that the following ethical principles are not produced in any specific order of priority, nor is each principle to be taken in isolation. When acting as responsible moral agents PM physicians must take into account the situation, context and balance of the various principles.

PM physicians will conform to the College's Conflict of Interest policy, which is incorporated into this Code.⁴

¹ *Annals of Internal Medicine* (2002); 136 (3):243

² See <http://www.ama-assn.org/ama/pub/category/2512.html> and the related rulings by the AMA's Council on Ethical and Judicial Affairs (<http://www.ama-assn.org/ama/pub/category/4325.html>)

³ Per Last (A Dictionary of Epidemiology, 4th Edition, New York: Oxford University Press, 2001, pp 35-6), population or community medicine is: The study of health and disease in the population of a specified community. The goal is to identify health problems and needs, to identify means by which these needs may be met, and to evaluate the extent to which health services meet these needs. Also, the practice of medicine concerned with communities (or specified populations) rather than individuals; this includes the above elements and the organization and provision of health care at a community (or specified population) level.

⁴ Adopted August 4, 2006 as revised February 11, 2009, and as may be revised thereafter and available at https://www.acpm.org/policymanual_COIPolicy.pdf.

Principles for the Ethical Conduct of Physicians Engaged in Preventive Medicine

A. Acting based on evidence.

PM physicians will maintain an honest and forthright relationship with patients and communities, providing services, interventions, and information that reflect the best available level of scientific evidence. When the evidence is ambiguous, PM physicians will attempt to articulate a clear understanding of the ambiguity as appropriate and feasible so that individuals, community representatives, and policymakers can make fully informed decisions.

B. Respecting the law.

PM physicians will respect the law.⁵ Where they believe a law to be unwise, they will actively work to modify it. Where they believe a new law is needed, they will work toward its creation.

C. Avoiding conflicts of interest, commitment, or conscience.

PM physicians will actively work to identify and eliminate actual or potential conflicts of interest, commitments, or conscience (“conflicts”) that may prohibit or limit their abilities to provide objective, effective and efficient services for their populations or patients. PM physicians will fully disclose such conflicts to the parties who may be affected.⁶ Recognizing that the appearance of a conflict reduces the trust of individuals and communities, PM physicians will be acutely aware of and avoid appearances of conflicts whenever possible.

D. Privacy and confidentiality

PM physicians will respect the privacy and dignity of individuals, and maintain health information as confidential and private except as required by law.

Public and private institutions should be transparent in their decision-making process when it involves information relevant to the health and welfare of patients and communities. Sunshine/open meetings laws should be respected. Unless it hinders the good faith reporting of known risks to individuals or the public’s health, PM physicians will respect the privacy of opinions expressed during the decision-making activities of organizations, and intellectual property rights.⁷

⁵ This principle does not make a judgment on a member who, because of a particular set of circumstances that (s)he believes imperils an individual’s or the public’s health, believes not following the law is the ethical course of action.

⁶ The College recognizes that issues of conscience (“beliefs”) are important for moral integrity. It is not the intent of this principle to discourage such beliefs. However where such beliefs intentionally or unintentionally limit available options to patients or communities such limits should be articulated to the individual or community so that their understanding(s) of their options are not limited solely by the PM physician’s beliefs. Where beliefs do not affect the care or advice being given by PM physicians to patients or the public, disclosure of such beliefs is not required.

⁷ Nothing in this principle shall be construed to limit whistleblower activities.

E. Maintaining competency

PM physicians will be committed to professional competence via lifelong learning and skills development, maintaining such skills and competencies in the areas of their scopes of practice.

G. Complementing personal limitations

PM physicians will identify limitations in their own skills and competencies and collaborate with other providers to strengthen the full service capability for the health and welfare of individuals and populations for whom they provide services.

H. Research ethics

PM physicians will respect international and national standards governing individual and population research. When the research rights and expectations of communities differ from those of individuals, PM physicians have the obligation to inform decision-makers.

I. Professions monitoring

PM physicians have an affirmative duty to monitor ethical behavior and competency of their fellow PM physicians and others who practice population medicine, and to report to the College or other appropriate governing body any unethical or incompetent behavior.

J. Non-discrimination

PM physicians will not discriminate against individuals or groups except where scientifically valid distinctions require different approaches to reducing morbidity and mortality.⁸

K. Eliminating injustice

Where PM physicians identify areas of injustice in health care and public health, they will work toward resolving such injustices.

L. Acting as role models

PM physicians will strive to exhibit positive health behaviors so as to be health role models for their communities and colleagues.

M. Duty to care

Consistent with their personal circumstances, PM physicians have an obligation to serve as necessary in the face of population health threats, even when inherent personal risk exists.⁹

⁸ “A discriminates against B when A wrongly deprives B of some opportunity because of some characteristic of B that should not have been relevant to A’s action.” Wertheimer, *Exploitation*, 1996, p 17.

⁹ The College recognizes that PM physicians have personal and family obligations and considerations that may compete with the physicians’ duties to individuals or populations.