
Code *Of* Professional Ethics

of the American College of Obstetricians and Gynecologists

Obstetrician–gynecologists, as members of the medical profession, have ethical responsibilities not only to patients, but also to society, to other health professionals, and to themselves. The following ethical foundations for professional activities in the field of obstetrics and gynecology are the supporting structures for the Code of Conduct. The Code implements many of these foundations in the form of rules of ethical conduct. Certain documents of the American College of Obstetricians and Gynecologists, including Committee Opinions and *Ethics in Obstetrics and Gynecology*, also provide additional ethical rules. Selections relevant to specific points are set forth in the Code of Conduct, and those particular documents are incorporated into the Code by reference. Noncompliance with the Code, including referenced documents, may affect an individual’s initial or continuing Fellowship in the American College of Obstetricians and Gynecologists. These documents may be revised or replaced periodically, and Fellows should be knowledgeable about current information.

Ethical Foundations

- I. The patient–physician relationship: The welfare of the patient (*beneficence*) is central to all considerations in the patient–physician relationship. Included in this relationship is the obligation of physicians to respect the rights of patients, colleagues, and other health professionals. The respect for the right of individual patients to make their own choices about their health care (*autonomy*) is fundamental. The principle of justice requires strict avoidance of discrimination on the basis of race, color, religion, national origin, or any other basis that would constitute illegal discrimination (*justice*).
- II. Physician conduct and practice: The obstetrician–gynecologist should deal honestly with patients and colleagues (*veracity*). This includes not misrepresenting himself or herself through any form of communication in an untruthful, misleading, or deceptive manner. Furthermore, maintenance of medical competence through study, application, and enhancement of medical knowledge and skills is an obligation of practicing physicians. Any behavior that diminishes a physician’s capability to practice, such as substance abuse, must be immediately addressed and rehabilitative services institut-



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ed. The physician should modify his or her practice until the diminished capacity has been restored to an acceptable standard to avoid harm to patients (*nonmaleficence*). All physicians are obligated to respond to evidence of questionable conduct or unethical behavior by other physicians through appropriate procedures established by the relevant organization.

- III. Avoiding conflicts of interest: Potential conflicts of interest are inherent in the practice of medicine. Physicians are expected to recognize such situations and deal with them through public disclosure. Conflicts of interest should be resolved in accordance with the best interest of the patient, respecting a woman's autonomy to make health care decisions. The physician should be an advocate for the patient through public disclosure of conflicts of interest raised by health payor policies (managed care or others) or hospital policies.
- IV. Professional relations: The obstetrician–gynecologist should respect and cooperate with other physicians, nurses, and other health care professionals.
- V. Societal responsibilities: The obstetrician–gynecologist has a continuing responsibility to society as a whole and should support and participate in activities that enhance the community. As a member of society, the obstetrician–gynecologist must respect the laws of that society. As professionals and members of medical societies, physicians are required to uphold the dignity and honor of the profession.

Code of Conduct

I. Patient–Physician Relationship

- 1. The patient–physician relationship is the central focus of all ethical concerns, and the welfare of the patient should form the basis of all medical judgments.
- 2. The obstetrician–gynecologist should serve as the patient's advocate and exercise all reasonable means to ensure that the most appropriate care is provided to the patient.
- 3. The patient–physician relationship has an ethical basis and is built on confidentiality, trust, and honesty. If no patient–physician relationship exists, a physician may refuse to provide care, except in emergencies. Both the patient and the obstetrician–gynecologist are free to establish or discontinue the patient–physician relationship. The obstetrician–gynecologist must adhere to all applicable legal or contractual constraints in dissolving the patient–physician relationship.
- 4. Sexual misconduct on the part of the obstetrician–gynecologist is an abuse of professional power and a violation of patient trust. Sexual contact or a romantic relationship between a physician and a current patient is always unethical (1).
- 5. The obstetrician–gynecologist has an obligation to obtain the informed consent of each patient (2). In obtaining informed consent for any course of medical or surgical treatment, the obstetrician–gynecologist should present to the patient, or to the person legally responsible for the patient, in understandable terms, pertinent medical facts and recommendations consistent with good medical practice. Such information

should include alternate modes of treatment and the objectives, risks, benefits, possible complications, and anticipated results of such treatment.

6. It is unethical to prescribe, provide, or seek compensation for therapies that are of no benefit to the patient.
7. The obstetrician–gynecologist should respect the rights of patients, colleagues, and others and safeguard patient information and confidences within the limits of the law. If during the process of providing information for consent it is known that results of a particular test or other information must be given to governmental authorities or other third parties, that should be explained to the patient (3).
8. The obstetrician–gynecologist should not discriminate against patients based on race, color, national origin, religion, or on any other basis that would constitute illegal discrimination.

II. Physician Conduct and Practice

1. The obstetrician–gynecologist should recognize the boundaries of his or her particular competencies and expertise, and provide only those services and use only those techniques for which he or she is qualified by education, training, or experience.
2. The obstetrician–gynecologist should participate in continuing medical education activities to maintain current scientific and professional knowledge relevant to the medical services he or she renders. The obstetrician–gynecologist should provide medical care involving new therapies or techniques only after undertaking appropriate training and study.
3. In emerging areas of medical treatment where recognized medical guidelines do not exist, the obstetrician–gynecologist should exercise careful judgment and take appropriate precautions to protect patient welfare.
4. The obstetrician–gynecologist should not publicize or represent himself or herself in any untruthful, misleading, or deceptive manner to patients, colleagues, other health care professionals, or the public.
5. The obstetrician–gynecologist who has reason to believe that he or she is infected with the human immunodeficiency virus or other serious infectious agents that might be communicated to patients should voluntarily be tested for the protection of his or her patients. In making decisions about patient-care activities, a physician infected with such an agent should adhere to the fundamental professional obligation to avoid harm to patients (4).
6. The obstetrician–gynecologist should not practice medicine while impaired by alcohol, drugs, or physical or mental disability. The obstetrician–gynecologist who experiences substance abuse problems or who is physically or emotionally impaired should seek appropriate assistance to address these problems and limit his or her practice until the impairment no longer affects the quality of patient care.

III. Conflicts of Interest

1. Potential conflicts of interest are inherent in the practice of medicine. Conflicts of interest should be resolved in accordance with the best interest of the patient, respecting a woman's autonomy to make health care decisions. If there is concern about a possibly significant conflict of interest, the physician should disclose his or her concerns to the patient. If a conflict of interest cannot be resolved, the obstetrician–gynecologist should take steps to withdraw from the care of the patient. If conflicts of interest are unresolved, the physician should seek consultation with colleagues or an institutional ethics committee.
2. Commercial promotions of medical products and services may generate bias unrelated to product merit, creating, or appearing to create, inappropriate undue influence. The obstetrician–gynecologist should be aware of this potential conflict of interest and offer medical advice that is as accurate, balanced, complete, and devoid of bias as possible (5, 6).
3. The obstetrician–gynecologist should prescribe drugs, devices, and other treatments based solely upon medical considerations and patient needs, regardless of any direct or indirect interests in or benefit from a pharmaceutical firm or other supplier.
4. When the obstetrician–gynecologist receives anything of substantial value, including royalties, from companies in the health care industry, such as a manufacturer of pharmaceuticals and medical devices, this fact should be disclosed to patients and colleagues when material.
5. Financial and administrative constraints imposed by managed care may create disincentives to treatment otherwise recommended by the obstetrician–gynecologist as in the patient's best interest. Any pertinent constraints should be disclosed to the patient (7).

IV. Professional Relations

1. The obstetrician–gynecologist's relationships with other physicians, nurses, and health care professionals should reflect fairness, honesty, and integrity, sharing a mutual respect and concern for the patient.
2. The obstetrician–gynecologist should consult, refer, or cooperate with other physicians, health care professionals, and institutions to the extent necessary to serve the best interests of their patients.
3. The obstetrician–gynecologist should respect all laws, uphold the dignity and honor of the profession, and accept the profession's self-imposed discipline. The professional competence and conduct of obstetrician–gynecologists are best examined by professional associations, hospital peer-review committees, and state medical and/or licensing boards. These groups deserve the full participation and cooperation of the obstetrician–gynecologist.

4. The obstetrician–gynecologist should strive to address through the appropriate procedures the status of those physicians who demonstrate questionable competence, impairment, or unethical or illegal behavior. In addition, the obstetrician–gynecologist should cooperate with appropriate authorities to prevent the continuation of such behavior.

V. Societal Responsibilities

1. The obstetrician–gynecologist should support and participate in those health care programs, practices, and activities that contribute positively, in a meaningful and cost-effective way, to the welfare of individual patients, the health care system, or the public good.
2. Obstetrician–gynecologists who provide expert medical testimony in courts of law recognize their duty to testify truthfully. The obstetrician–gynecologist should not testify concerning matters about which he or she is not knowledgeable (8). The obstetrician–gynecologist should be prepared to have testimony, given in any judicial proceeding, subjected to peer review by an institution or professional organization to which he or she belongs. It is unethical for a physician to accept compensation that is contingent on the outcome of litigation.

References

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3. American College of Obstetricians and Gynecologists. Ethical guidance for patient testing. In: *Ethics in obstetrics and gynecology*. Washington, DC: ACOG, 2002:32–34
4. American College of Obstetricians and Gynecologists. Human immunodeficiency virus: ethical guidelines for obstetricians and gynecologists. In: *Ethics in obstetrics and gynecology*. Washington, DC: ACOG, 2002:43–47
5. American College of Obstetricians and Gynecologists. Guidelines for relationships with industry. In: *Ethics in obstetrics and gynecology*. Washington, DC: ACOG, 2002:40–92
6. American College of Obstetricians and Gynecologists. Commercial enterprises in medical practice: selling and promoting products. In: *Ethics in obstetrics and gynecology*. Washington, DC: ACOG, 2002:7–9
7. American College of Obstetricians and Gynecologists. Physician responsibility under managed care: patient advocacy in a changing health care environment. In: *Ethics in obstetrics and gynecology*. Washington, DC: ACOG, 2002:64–68
8. American College of Obstetricians and Gynecologists. Ethical issues related to expert testimony by obstetricians and gynecologists. In: *Ethics in obstetrics and gynecology*. Washington, DC: ACOG, 2002:38–39

