

# Virtual Mentor

American Medical Association Journal of Ethics  
September 2014, Volume 16, Number 9: 712.

## THE CODE SAYS

### *AMA Code of Medical Ethics Opinion on Physician Advocacy*

#### **Opinion 9.025 - Advocacy for Change in Law and Policy**

Physicians may participate in individual acts, grassroots activities, or legally permissible collective action to advocate for change, as provided for in the AMA's Principles of Medical Ethics. Whenever engaging in advocacy efforts, physicians must ensure that the health of patients is not jeopardized and that patient care is not compromised.

Formal unionization of physicians, including physicians-in-training, may tie physicians' obligations to the interests of workers who may not share physicians' primary and overriding commitment to patients. Physicians should not form workplace alliances with those who do not share these ethical priorities.

Strikes and other collective action may reduce access to care, eliminate or delay necessary care, and interfere with continuity of care. Each of these consequences raises ethical concerns. Physicians should refrain from the use of the strike as a bargaining tactic. In rare circumstances, individual or grassroots actions, such as brief limitations of personal availability, may be appropriate as a means of calling attention to needed changes in patient care. Physicians are cautioned that some actions may put them or their organizations at risk of violating antitrust laws. Consultation with legal counsel is advised.

Physicians and physicians-in-training should press for needed reforms through the use of informational campaigns, non-disruptive public demonstrations, lobbying and publicity campaigns, and collective negotiation, or other options that do not jeopardize the health of patients or compromise patient care.

Physicians are free to decide whether participation in advocacy activities is in patients' best interests. Colleagues should not unduly influence or pressure them to participate nor should they punish them, overtly or covertly, for deciding whether or not to participate.

Issued December 1998 based on the report "Collective Action and Patient Advocacy," adopted June 1998; updated June 2005 based on the report "Amendment to Opinion E-9.025, Collective Action and Patient Advocacy," adopted December 2004.

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