

THE CODE SAYS

AMA Code of Medical Ethics' Opinions Related to Moral Psychology and "Difficult" Clinician-Patient Relationships

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Labeling a patient in the health record as "difficult," "drug-seeking," or by another descriptor that places a subjective moral judgment on a patient can inappropriately influence how all clinicians will treat or interact with that patient. While the *Code of Medical Ethics* does not address labeling patients as "difficult" per se, it does speak to the necessity of a respectful relationship between patient and physician.

The first piece of guidance in Opinion 1.1.3, "Patient Rights," states that a patient has the right "to courtesy, respect, dignity, and timely, responsive attention to his or her needs" [1]. It is the responsibility of the physician to honor this right. In turn, patients have a responsibility to refrain from being disruptive in the clinical setting, as stated in Opinion 1.1.4, "Patient Responsibilities" [2].

Opinion 1.2.2, "Disruptive Behavior by Patients," describes the need for and how to show respect as follows:

Disrespectful or [derogatory language](#) or conduct on the part of either physicians or patients can undermine trust and compromise the integrity of the patient-physician relationship. It can make members of targeted groups reluctant to seek care, and create an environment that strains relationships among patients, physicians, and the health care team.

Trust can be established and maintained only when there is mutual respect. Therefore, in their interactions with patients, physicians should:

- (a) Recognize that derogatory or disrespectful language or conduct can cause psychological harm to those they target.
- (b) Always treat their patients with compassion and respect.
- (c) Terminate the patient-physician relationship with a patient who uses derogatory language or acts in a prejudicial manner only if the patient will not modify the conduct. In such cases, the physician should arrange to transfer the patient's care [3].

Part of the respect and trust equation means not using subjective moral judgments as [patient labels](#), particularly negative ones, in a health record and not allowing such

descriptions that might already be in the health record to influence a clinical interaction. Doing so can undermine these essential elements of a successful patient-physician relationship.

References

1. American Medical Association. Opinion 1.1.3 Patient rights. *Code of Medical Ethics*. <https://www.ama-assn.org/sites/default/files/media-browser/code-of-medical-ethics-chapter-1.pdf>. Published 2016:3. Accessed February 8, 2017.
2. American Medical Association. Opinion 1.1.4 Patient responsibilities. *Code of Medical Ethics*. <https://www.ama-assn.org/sites/default/files/media-browser/code-of-medical-ethics-chapter-1.pdf>. Published 2016. Accessed February 8, 2017.
3. American Medical Association. Opinion 1.2.2 Disruptive behavior by patients. *Code of Medical Ethics*. <https://www.ama-assn.org/sites/default/files/media-browser/code-of-medical-ethics-chapter-1.pdf>. Published 2016:7-8. Accessed February 8, 2017.

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