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AMA CODE SAYS

AMA Code of Medical Ethics' Opinions Related to Interprofessional Collaboration

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Abstract

Changes in the structure and practice of health care have led to a clinical environment heavily reliant on interprofessional collaboration. The *AMA Code of Medical Ethics* offers several opinions on the importance of the interprofessional movement in health professions education and practice.

Interprofessional Education

Interprofessional education (IPE) occurs “when two or more professions learn with, from and about one another to foster collaboration in practice.”¹ Interprofessional collaboration in health care has been shown to increase collective awareness of others’ knowledge and skills, contributing to improved decision making and quality of care²; improve patient outcomes, such as by “decreasing morbidity and mortality rates and optimizing medication dosages”; and reduce work for clinicians and increase job satisfaction.³ As Zechariah et al note: “IPE fosters interprofessional collaboration (IPC), which is often recognized for nurturing a collaborative team approach, resulting in an improved quality of patient care, decreased length of hospital stay, reduced costs of care, and fewer medical errors.”⁴ Additionally, Zechariah et al report that a systematic review by Reeves et al found “improved patient outcomes, better clinical processes, and enhanced patient satisfaction when IPC is utilized.”⁴ Understanding other professions as well as one’s own role in the health care team is critical for IPE to be successful,⁵ and IPE is now recognized as an essential part of medical education to equip health care professionals with the skills to deliver safe, high-quality, **optimal patient care**.⁴

Interprofessional Collaboration

One way in which the American Medical Association (AMA) *Code of Medical Ethics* supports IPE is through its use of the inclusive language in referring to the health care team, indicating that the highest-quality, patient-centered care requires an interprofessional team whose members work together. The *AMA Code* most directly addresses the importance of IPE in Opinion 10.8, “Collaborative Care,” which states:

In health care, teams that collaborate effectively can enhance the quality of care for individual patients. By being prudent stewards and delivering care efficiently, teams also have the potential to expand access to care for populations of patients. Such teams are defined by their dedication to providing patient-centered care, protecting the integrity of the patient-physician relationship, sharing mutual respect and trust,

communicating effectively, sharing accountability and responsibility, and upholding common ethical values as team members.

An effective team requires the vision and direction of an effective leader. In medicine, this means having a clinical leader who will ensure that the team as a whole functions effectively and facilitates decision-making. Physicians are uniquely situated to serve as clinical leaders. By virtue of their thorough and diverse training, experience, and knowledge, physicians have a distinctive appreciation of the breadth of health issues and treatments that enables them to synthesize the diverse professional perspectives and recommendations of the team into an appropriate, coherent plan of care for the patient.⁶

Leaders within care teams are expected to model ethical leadership, promote core team values, help clarify expectations, encourage discussion of ethical and clinical concerns to foster a positive team culture, and communicate respectfully with the patient and family, treating them as members of the team.⁶

Health care teams can include a wide variety of members working in consultation. Opinion 10.5, “Allied Health Professionals,” states:

Physicians often practice in concert with optometrists, nurse anesthetists, nurse midwives, and other allied health professionals. Although physicians have overall responsibility for the quality of care that patients receive, allied health professionals have training and expertise that complements physicians’. With physicians, allied health professionals share a common commitment to patient well-being.⁷

In light of this shared commitment, physicians’ relationships with allied health professionals should be based on mutual respect and trust.⁷

IPE in clinical practice also includes the involvement of medical students as well as resident and fellow physicians in patient care, as outlined in Opinion 9.2.1, “Medical Student Involvement in Patient Care,”⁸ and Opinion 9.2.2, “Resident and Fellow Physicians’ Involvement in Patient Care.”⁹ Opinion 2.3.6, “Surgical Co-management,” clarifies how, in surgery, “co-management refers to the practice of allotting specific responsibilities of patient care to designated clinicians ... according to each individual’s expertise and qualifications” and should be done “to ensure the highest quality of care.”¹⁰ And Opinion 10.7.1, “Ethics Consultations,” explains the roles that **ethics consultants** can play in health care teams “by helping to clarify ethical issues and values, facilitating discussion, and providing expertise and educational resources ... [to] promote respect for the values, needs, and interests of all participants, especially when there is disagreement or uncertainty about treatment decisions.”¹¹

The AMA Code is clear not only that physicians have a duty to provide interprofessional collaborative care but also that patients have a right to coordinated and collaborative care as well. Opinion 1.1.3, “Patient Rights,” asserts that cooperation and coordination with other health care professionals is critical to providing continuity of care and that patients themselves have a right to be part of the care team that exists as “a collaborative effort between patient and physician in a mutually respectful alliance.”¹² This sentiment is echoed in Opinion 1.1.4, “Patient Responsibilities,” which states: “Successful medical care requires ongoing collaboration between patients and physicians. Their partnership requires both individuals to take an active role in the healing process.”¹³

Conclusion

Interprofessional education and collaboration are critical to providing “safe, effective, patient centered, timely, efficient, and equitable” health care.¹⁴ IPE in health care

requires coordination, cooperation, and **communication among clinicians** and other allied health professionals and includes patients in all discussions of care whenever possible. Ultimately, the goal of IPE should be to provide the best quality of care in all aspects of health promotion. As Opinion 8.11, “Health Promotion and Preventive Care,” states: “Health promotion should be a collaborative, patient-centered process that promotes trust and recognizes patients’ self-directed roles and responsibilities in maintaining health.”⁴⁵ IPE is thus essential for providing ethical health care.

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