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AMA CODE SAYS

AMA Code of Medical Ethics' Opinions Related to Medical-Legal Partnerships

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Abstract

This article considers AMA *Code of Medical Ethics*' opinions relevant to medical-legal partnerships.

Legal Support for Patients

Roughly 60% of a person's health is determined by a range of social factors that might include legal status, family stability, education, employment, housing, income, and health insurance.¹ With these factors largely outside of clinicians' control, it is crucial that patients have access to additional resources that offer legal support. Medical-legal partnerships (MLPs)—collaborations between lawyers and physicians—aim to provide this critical support. MLPs embed **lawyers in health care settings** and allow clinicians and patients to address some of the confounding socio-legal variables that may negatively impact health.¹ When treating vulnerable populations, physicians often cannot meet patients' needs to the fullest extent possible without support from external, nonmedical resources. MLPs render that external support internal, increasing the ease with which clinicians can holistically support their patients. Studies indicate that patients with easy access to legal support are admitted to the hospital less frequently, exhibit more positive health behaviors, have more stable housing, experience better mental health, have lower out-of-pocket health care costs, and have more access to financial resources.² Although the American Medical Association (AMA) *Code of Medical Ethics* does not directly address the topic of MLPs, several opinions offer guidance to clinicians who are considering the role of MLPs in their practice.

Collaborative Care

One of the central pillars of MLPs is collaboration, since patients have more continuity of care when specialists from various professional backgrounds join forces. For example, lawyers and clinicians joining in common cause helps “disrupt the cycle of returning people to unhealthy conditions” that often result in rehospitalization.¹ Indeed, through their roles in MLPs, lawyers are an “important part of the health care workforce” and are deemed part of the “health care team.”³ Opinion 10.8, “Collaborative Care,” highlights the value of supporting collaboration in health care settings. Opinion 10.8 states:

As leaders within health care institutions, physicians individually and collectively should:

- (a) Advocate for the resources and support health care teams need to collaborate effectively in providing high-quality care for the patients they serve, including education about the principles of effective teamwork and training to build teamwork skills.
- (b) Encourage their institutions to identify and constructively address barriers to effective collaboration.⁴

Although there are some state standards for how MLPs should operate,^{5,6} there is no universal consensus. Opinion 10.8 suggests that clinicians should encourage their institutions to provide the tools and training necessary for fostering a collaborative environment in the service of patient care. As such, the AMA Code may be interpreted as encouraging institutional support for professional collaborations, such as MLPs, in health care settings.

Inequity in Health Care

MLPs assist “patient populations with a range of health-harming social and legal needs” that are often associated with and viewed as social determinants of health.⁷ The AMA Code offers guidance on reducing disparities in health care and addressing financial barriers to accessing care—2 goals that align closely with those of MLPs.² Opinion 8.5, “Disparities in Health Care,”⁸ speaks to the need for physicians to **promote equity** in service of reducing disparities. To fulfill this obligation, Opinion 8.5 states that physicians should:

- (a) Provide care that meets patient needs and respects patient preferences....
- (e) Encourage shared decision making.
- (f) Cultivate effective communication and trust by seeking to better understand factors that can influence patients’ health care decisions, such as cultural traditions, health beliefs and health literacy, language or other barriers to communication and fears or misperceptions about the health care system.⁸

MLPs’ purpose to better support the whole patient aligns with Opinion 8.5.

Opinion 11.1.4, “Financial Barriers to Health Care Access,”⁹ addresses how clinicians should **mitigate financial barriers** to accessing care among their patients. Considering the responsibility to ensure that patients can access the care they need regardless of their financial means, Opinion 11.1.4 states that physicians should:

- (a) take steps to promote access to care for individual patients, such as providing pro bono care in their office or through freestanding facilities or government programs that provide health care for the poor, or, when permissible, waiving insurance copayments in individual cases of hardship. Physicians in the poorest communities should be able to turn for assistance to colleagues in more prosperous communities.
- (b) help patients obtain needed care through public or charitable programs when patients cannot do so themselves.⁹

Legal professionals in medical settings can play a significant role in assisting with these responsibilities. With targeted education for physicians and direct tools for addressing immigration, housing, financial and other barriers to care, lawyers can help medical professionals fulfill their responsibilities to ensure access to health care for all.

Safe Discharge

Opinion 1.1.8, “Physician Responsibilities for Safe Patient Discharge from Health Care Facilities,”¹⁰ emphasizes the importance of responsible discharge to safe environments that are conducive to healing. Opinion 1.1.8 states that physicians should “[c]ollaborate with those health care professionals and others who can facilitate a patient discharge to establish that a plan is in place for medically needed care that considers the patient’s particular needs and preferences.”¹⁰

Many patients may need support from socio-legal resources to ensure that the environment they return to after a hospital stay will foster their continued well-being. The National Center for Medical-Legal Partnership states: “[u]sing legal expertise and services, the health care system can disrupt the cycle of returning people to the unhealthy conditions that would otherwise bring them right back to the clinic or hospital.”¹ Accordingly, the AMA Code supports a role for entities like MLPs that can help physicians meet their responsibilities for safe discharge.

Conclusion

While the AMA Code does not provide a direct perspective on physician participation in MLPs, MLPs can help physicians carry out the responsibilities and principles articulated in Opinions 10.8, 8.5, 11.1.4, and 1.1.8.

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