

THE CODE SAYS

AMA Policies and AMA *Code of Medical Ethics'* Opinions Related to Responding to Violence

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The American Medical Association has several policies regarding physician response to [violence](#) (“Firearms as a Public Health Problem in the United States—Injuries and Death,” H-145.997 [1]; “Firearm Safety and Research, Reduction in Firearm Violence, and Enhancing Access to Mental Health Care,” H-145.975 [2]; “Addressing Sexual Assault on College Campuses,” H-515.956 [3]; “Rape Victim Services,” H-80.998 [4]; “Family and Intimate Partner Violence,” H-515.965 [5]; and “Alcohol, Drugs, and Family Violence,” H-515.975 [6]). These policies specifically encourage awareness and prevention on local, state, and national policy levels as well as physician education in these areas. The *Code of Medical Ethics* also addresses violent harm to patients. The following paragraph is reprinted (with the exception of changes in citation numbers) from the January 2017 issue, 19(1), of the *AMA Journal of Ethics*.

Specifically, Opinion 8.10, “Preventing, Identifying and Treating Violence and Abuse,” states that “physicians have an ethical obligation to take appropriate action to avert the harms caused by violence and abuse” [7]. Outlined in this opinion is the physician’s obligation to familiarize him- or herself with strategies for violence and abuse detection, resources available to the patient, and legal [requirements for reporting](#). The opinion further states that physicians should “obtain the patient’s informed consent when reporting is not required by law.” In the case of minors, reporting to an appropriate agency, with or without the consent of the child, is required by law in all 50 states [8]. When the patient is an adult, however, physicians should inform the patient about his or her legal requirements to report any suspected violence or abuse and should obtain the adult patient’s informed consent to do so [7]. Exceptions are appropriate when a physician believes that an adult patient’s refusal to authorize reporting is coerced. As always, physicians should protect adult patient privacy when reporting by disclosing only the minimum necessary information. This information might vary depending on what applicable laws or policies are valid where the physician is practicing. (See also Opinion 3.2.1, “Confidentiality” [9].)

References

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ISSN 2376-6980**