

AMA CODE SAYS

AMA Code of Medical Ethics' Opinions Related to False Beliefs in Health Care

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Abstract

Principle V, Opinion 1.1.6 ("Quality") and Opinion 5.5 ("Medically Ineffective Interventions") are explored here to briefly explain physicians' responsibilities when it comes to false or medically inappropriate interventions.

Physicians practicing today are living in an age in which there is more publicly available information than at any other point in history. Such information can be based on solid and thorough evidence, anecdotal evidence (ie, individual experience rather than studies done on large numbers of patients), or ineffective or inappropriate guidelines; or it can be misinterpreted or patently false. It is physicians' duty to think critically about what they read and learn and to ensure that information they use comes from credible sources. These efforts help keep physicians from unwittingly disseminating outdated or false information and can help them challenge patients' or their own false beliefs.

The *AMA Code of Medical Ethics* underscores this idea. The fifth Principle of Medical Ethics states, "A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated."¹ Principle V is referenced throughout the *AMA Code*, reminding readers of physicians' duties to use evidence-based information when caring for patients. Notably, Opinion 1.1.6, "Quality," states that as "professionals dedicated to promoting the well-being of patients, physicians individually and collectively share the obligation to ensure that the care patients receive is safe ... [and] effective."² The opinion outlines how physicians can fulfill this obligation, which largely depends on maintaining current knowledge of best care practices and implementing measurable practice improvement strategies by:

holding themselves accountable to patients, families, and fellow health care professionals for communicating effectively and coordinating care appropriately ... [and] monitoring the quality of care they deliver as individual practitioners—e.g., through personal case review and critical self-reflection, peer review, and use of other quality improvement tools.²

Patients, professionals, or other decision makers could also [glean information from the internet](#) and might not have sufficient expertise to critically examine the content. Opinion 5.5, “Medically Ineffective Interventions,”³ discusses situations in which patients or their family members request [treatment that is not medically appropriate](#). It states that these requests “challenge the physician to balance obligations to respect patient autonomy and not to abandon the patient with obligations to be compassionate, yet candid, and to preserve the integrity of medical judgment.”³ The opinion goes on to explain that, in essence, good communication between a physician, patient, and any decision makers is the most useful and important tool in these situations. Often, goals of care need to be clarified or reaffirmed. Other times, patients, professionals, or family members might be acting out of fear, desperation, grief, or other complex emotions that could interfere, in some cases, with the capacity to assess information and make decisions. These situations require physicians to make context-sensitive assessments of their own and others’ beliefs and how those beliefs can shape specific decisions in individual cases.

Whether proposing or responding to a request for a medical intervention, physicians have responsibilities to base their recommendations on their best medical judgment, which, generally, should be evidence based and patient centered.

References

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