

## AMA CODE SAYS

### AMA *Code of Medical Ethics*' Opinions Related to Prescription Drugs

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#### Abstract

The AMA *Code of Medical Ethics* offers guidance on topics related to prescription drugs, including access, stewardship, and professionalism.

Physicians' traditional role as [stewards of limited health care resources](#) is being reinterpreted in terms of their relationships with key players in the health care sector. While physicians still assess risks and benefits when prescribing medications for patients, rising drug prices,<sup>1</sup> formulary restrictions, and quantity limitations<sup>2</sup> introduce new complications to stewardship decisions. Physicians must not only prescribe clinically appropriate treatments but also coordinate<sup>3</sup> and advocate<sup>4</sup> for patients' access to needed interventions. Additionally, multidisciplinary care teams, necessitated in part by an expanding pharmacopeia and growing demands for access to quality health care, introduce new fields of expertise to clinical encounters. The American Medical Association (AMA) *Code of Medical Ethics* offers guidance to physicians making care plans with colleagues and offering treatment recommendations to patients that are relevant to physicians' stewardship role.

Availability of services and benefits covered by patients' insurance plans, for example, can influence clinical judgment.<sup>5</sup> Opinion 11.2.1, "Professionalism in Health Care Systems," states:

Structures that influence where and by whom care is delivered—such as accountable care organizations, group practices, health maintenance organizations, and other entities that may emerge in the future—can affect patients' choices, the patient-physician relationship, and physicians' relationships with fellow health care professionals.<sup>6</sup>

Opinion 11.1.2, "Physician Stewardship of Health Care Resources," also recommends that physicians "be transparent about alternatives, including disclosing when resource constraints play a role in decision making."<sup>7</sup> Opinion 11.1.2 states that *individual* physicians "cannot and should not be expected to address the systemic challenges of wisely managing health care resources,"<sup>7</sup> and offers recommendations for medicine as a *profession* to address systemic inequity. Opinion 11.2.4, "Transparency in Health Care," specifically suggests that physicians collectively advocate for transparency of health plans with which they contract to help reduce external entities' influence on clinical judgment and promote all patients' access to needed care.<sup>8</sup> Examples of other policies

and practices that promote these goals could include making formularies that list numerous affordable interventions, implementing billing practices that promote [cost transparency](#), and ensuring compliance with federal insurance regulations.

Opinion 11.1.4, “Financial Barriers to Health Care Access,” states that “physicians individually and collectively have an ethical responsibility to ensure that all persons have access to needed care regardless of their economic means.”<sup>9</sup> Recommendations include urging physicians to connect patients, when needed, with public or charitable programs that offer resources and support to patients. Opinion 11.2.3, “Contracts to Deliver Health Care Services,” advises physicians to endorse agreements that minimize conflicts of interest, avoid “mechanisms intended to influence physicians’ treatment recommendations,” and support “advocacy on behalf of individual patients.”<sup>10</sup>

The AMA *Code* opinions discussed here recognize the challenges physicians face when striving to exercise their best clinical judgment for patients, especially given systemic inequities that limit some patients’ access to needed interventions. They also serve as reminders of physicians’ professional responsibilities to [advocate for individual patients](#) and, collectively, to advocate for policies that motivate health equity.

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