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## **CODE OF MEDICAL ETHICS FOR DERMATOLOGISTS<sup>1</sup>**

### **American Academy of Dermatology**

#### **PREAMBLE**

Concerns for the patient's welfare and the appropriate behavior of the physician are a part of the heritage of medicine originating with the Code of Hammurabi, a code of ethics dating from 2000 BC. Guidelines for ethical behavior must address the demands of a contemporary dermatologic practice. The American Academy of Dermatology (Academy) developed *The Code of Medical Ethics for Dermatologists* (“*The Code*”) primarily for the benefit of our patients. The Code reminds members of their ethical obligations, provides standards and guidelines for their adherence, and demonstrates to the broader community the commitment of the Academy and its members to high ethical standards. This document is, in part, derived from the Principles of Medical Ethics and *Current Opinions of the Council on Ethical and Judicial Affairs of the American Medical Association (AMA)*. Since the AMA document is necessarily broad, the Academy Code is directed to concerns of specific interest to dermatologists. Dermatologists are encouraged to refer to the *Current Opinions of the Council on Ethical and Judicial Affairs of the AMA* for guidance if the particular ethical matter at issue is not addressed in the Academy's *Code of Medical Ethics for Dermatologists*.

The Academy's Code provides standards of conduct that define the essentials of honorable behavior for the Dermatologist. The Code, while taking into account the legal requirements of medical practice, calls for and espouses a standard of behavior that is, in some cases, higher than that required by the law.

Dermatologists should recognize that they are role models for dermatologists-in-training and other health care professionals and should by their deeds and actions comply with the Academy's *Code of Medical Ethics for Dermatologists*. Violations may be subject to disciplinary action pursuant to the procedures set forth in the Academy's Administrative Regulations.

While the Academy's Code clearly applies to its Dermatologist members, any provision that is not uniquely applicable to the practice of dermatology shall also

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<sup>1</sup> References to “Dermatologists” in this Code of Ethics apply to all members of the American Academy of Dermatology except Adjunct or Corporate Members and Honorary Members or Life Members who were Adjunct Members and are not eligible under any other membership categories.

apply to the Academy's non-physician and non-dermatologist members. For instance, the Code is generally applicable to non-dermatologist physician members, as well as non-physician members, to the extent that they treat patients; engage in research; publish scholarly articles; or interact with other health care professionals, industry, the public, or the media. The Academy, acting through its officers, directors, and Ethics Committee, will apply commonsense and fairness in determining whether specific provisions of the Code are applicable to non-Dermatologist members. Where the Academy determines that the applicability of a particular provision of the Code to non-Dermatologists is unclear, the Academy will provide members who are found to have violated such provision with a warning or letter of concern rather than taking disciplinary action. After receiving such letter, a non-Dermatologist member who is found to have engaged in the same or similar misconduct again will be subject to disciplinary action.

## **I. The Physician-Patient Relationship**

**I. A.** The dermatology profession exists for the primary purpose of caring for the patient. The physician-patient relationship is the central focus of all ethical concerns. Dermatologists should be dedicated to providing medically competent service with compassion and respect for human dignity. Abuse of the physician's dominant position to take advantage of a patient sexually is both unethical and reprehensible and may lead to loss of medical licensure. Exploitation of patients by physicians in financial or business matters is similarly offensive and unethical.

**I. B.** The physician-patient relationship has a contractual basis and is based on confidentiality, trust, and honesty. Dermatologists should respect the rights of their patients and must safeguard patient privacy within the constraints of the law. Both the patient and the dermatologist are free to enter or discontinue the relationship within any existing constraints of a contract with a third party. A dermatologist has an obligation to render care only for those conditions that he or she is competent to treat. The dermatologist shall not decline to accept patients solely on the basis of race, color, gender, sexual orientation, religion, or national origin or on any basis that would constitute illegal discrimination. It is also unethical for a dermatologist to discriminate against a class or category of patients and to refuse the management of a patient because of medical risk, real or imagined. In relation to such patients, therefore, physicians and other health care personnel are expected to provide the same compassionate and competent management given to other patients.

**I. C.** The dermatologist may choose whom he or she will serve. However, the dermatologist should not impose coercive conditions of treatment, including but not limited to requiring patients to release the dermatologist from any liability for his/her treatment of the patient or waive other basic rights, such as privacy or free speech, as a condition of treatment. A dermatologist should render services to the best of his or her ability.

Having undertaken the care of a patient, the dermatologist may not neglect or abandon that person. Unless discharged by the patient, the dermatologist may discontinue service only after giving adequate notice to the patient so that the patient can secure alternative care. In an emergency, however, dermatologists should render service to the best of their ability and provide or arrange for any necessary follow-up care. Managed care agreements may contain provisions which alter the method by which patients are discharged. If the enrollment of a dermatologist or patient is discontinued in a managed care plan, the dermatologist will have a responsibility to assist the patient in obtaining follow-up care. In this instance, the dermatologist will be responsible for providing medically necessary care for the patient until appropriate referrals can be arranged.

**I. D.** Dermatologists should provide their patients a reasonable explanation of the etiology, treatment and prognosis of their disease. When obtaining informed consent for treatment, the dermatologist is obligated to present to the patient or to the person responsible for the patient, in understandable terms, pertinent medical facts and recommendations consistent with good medical practice. Such information should include alternative modes of treatment, the objectives, risk and possible complications of such treatment, and the complications and consequences of no treatment.

## **II. Personal Conduct**

**II. A.** The dermatologist should maintain a reputation for truth and honesty. In all professional conduct, the dermatologist is expected to provide competent and compassionate patient care, exercise appropriate respect for other health care professionals, and maintain the patient's best interests as paramount.

**II. B.** The dermatologist should conduct himself or herself morally and ethically, so as to merit the confidence of patients entrusted to the dermatologist's care, rendering to each a full measure of service and devotion.

**II. C.** The dermatologist should obey all laws, uphold the dignity and honor of the profession, and accept the profession's self-imposed discipline. Academy members should also obey all Academy and American Academy of Dermatology Association Bylaws, Administrative Regulations, and Board-approved policies and may be subject to disciplinary action by the Academy and the Association for failing to do so. Within legal and other constraints, if the dermatologist has a reasonable basis for believing that a physician or other health care provider has been involved in any unethical or illegal activity, including but not limited to gross negligence or incompetence, the dermatologist is encouraged to prevent the continuation of this activity by communicating with that person and/or identifying that person to a duly-constituted peer review authority or the

appropriate regulatory agency. In addition, the dermatologist should cooperate with peer review and other authorities in their professional and legal efforts to prevent the continuation of unethical or illegal conduct. Academy members are expected to report knowledge of violations of the Bylaws, Code of Ethics, or other Administrative Regulations or Board-approved policies to the Academy. When a member is convinced that another member is violating the Bylaws, Code of Ethics, other Administrative Regulations, or Board-approved policies, the member should send a confidential written communication to the Academy's Secretary-Treasurer or Executive Director. The information so submitted will then be further investigated and processed according to the provisions of the Bylaws and Administrative Regulations.

**II. D.** Because of the dermatologist's responsibility for the patient's life and future welfare, substance abuse is a special threat that must be recognized and stopped. The dermatologist must avoid substance abuse and, when necessary, seek rehabilitation. It is every physician's responsibility to safeguard patients from harm as a result of the action or decisions of a colleague impaired by illness, aging, or substance abuse. In addition, dermatologists have a collegial and a medical responsibility to encourage and assist the impaired colleague in obtaining care, even if the impaired colleague must be reported to the appropriate state authority to begin the steps toward receiving adequate care.

### **III. Conflicts of Interest**

**III. A.** The practice of medicine inherently presents potential conflicts of interest. When a conflict of interest arises, it must be resolved in the best interest of the patient. The dermatologist should exercise all reasonable alternatives to ensure that the most appropriate care is provided to the patient. If the conflict of interest cannot be resolved, the dermatologist should notify the patient of his or her intention to withdraw from the relationship.

**III. B.** If the dermatologist has a financial or ownership interest in a durable medical goods provider, imaging center, surgery center or other health care facility where the dermatologist's financial interest is not immediately obvious, the dermatologist must disclose this interest to the patient. The dermatologist has an obligation to know the applicable laws regarding physician ownership, compensation and control of these services and facilities.

**III. C.** When a dermatologist receives anything of significant value from industry, a potential conflict exists which should be disclosed to the patient. When a dermatologist receives inventor royalties from industry, the dermatologist should disclose this fact to the patient if such royalties relate to the patient's treatment. It is unethical for a dermatologist to receive compensation of any kind from industry for using a particular

device or medication. Reimbursement for reasonable administrative costs in conducting or participating in a scientifically sound research clinical trial is acceptable. Dermatologists should comply with the Academy's policy on gifts to physicians as amended from time to time. The Academy endorses and expects its members to follow the American Medical Association's Policy on Gifts to Physicians from Industry. (*AMA Code of Medical Ethics, E-8.061*)

**III. D.** A dermatologist reporting on clinical research or experience with a given procedure or device must disclose any financial interest in that procedure or device if the dermatologist or any institution with which that dermatologist is connected has received anything of value from its inventor or manufacturer.

**III. E.** Except when inconsistent with applicable law, dermatologists have a right to dispense medication, assistive devices, dermatologic appliances, and similar related patient-care items, and to provide facilities and render services as long as their doing so is in the best interests of their patients and provides a convenience or an accommodation to the patient without taking financial advantage of the patient. Dermatologists should not promote, supply or dispense to their patients products which have no beneficial effect. Ultimately, the patient must have the choice of accepting the dispensed medication or patient-care items or obtaining them outside the dermatologist's office.

#### **IV. Maintenance of Competence**

The dermatologist continually should strive to maintain, apply, and advance medical and scientific knowledge and skill; and should make available to patients, colleagues, and the public the benefits of his or her professional attainments. Each dermatologist should participate in continuing medical educational activities.

#### **V. Relationships with Dermatologists, Nurses, and Allied Health Personnel**

**V. A.** Dermatologists should uphold the honor of the profession by dealing honestly with their colleagues; dermatologists should recognize the responsibility and necessity for communication and mutual respect among dermatologists in the academic community and dermatologists in private practice.

**V. B.** Good relationship among physicians, nurses, and other health care professionals are essential for good patient care. The dermatologist should promote the development of an expert health care team that will work together harmoniously to provide optimal patient care.

**V. C.** Dermatologists should limit the source of their professional income to services actually rendered by them, or by allied health personnel acting

in accordance with the AAD policy on The Use of Non-Physician Office Personnel (**P-11.500**).

**V. D.** The professional conduct of the dermatologist will be scrutinized by local professional associations, hospital(s), managed care organization(s), peer review committees, and state medical and/or licensing boards. These groups deserve the participation and cooperation of dermatologists.

## **VI. Relationship to the Public**

**VI. A.** Dermatologists should provide the general public information necessary or helpful to select a qualified physician. The dermatologist should not publicize himself or herself through any medium or form of public communication in an untruthful, fraudulent, misleading, or deceptive manner. Competition between and among dermatologists and other health care practitioners is ethical and acceptable. The Academy endorses and expects its members to follow the American Medical Association's Policy on Advertising and Publicity. (*AMA Code of Medical Ethics, E-5.02*)

**VI. B.** Professional fees should be commensurate with the services provided and dermatologists should neither pay nor receive commissions for the referral of patients. Dermatologists also should not engage in fraudulent billing or coding. For example, it is unethical for dermatologists to bill individually for services that are properly considered a part of the "global service" package where defined, i.e., services that are a necessary part of the surgical procedure. It is unethical for dermatologists to submit billing codes that reflect higher levels of service or complexity than those that were actually required. It is unethical for dermatologists to charge for services not provided.

**VI. C.** Dermatologists are encouraged to devote some time and work to provide care for individuals who have no means of paying. Dermatologists also should work actively to eliminate discrimination in health care, whether based on race, gender, sexual preference, socioeconomic status, ethnicity, religion, or any other social category.

**VI. D.** The dermatologist may enter into a contractual relationship with a group, managed care plan, prepaid practice plan, or hospital. The dermatologist has an obligation to serve as the patient's advocate and to ensure that the patient's welfare remains the paramount concern.

## **VII. General Principles of Care**

**VII. A.** A dermatologist should practice only within the scope of his or her personal education, training, and experience. The patient should be referred to the appropriate individuals for problems which fall outside the training and expertise of the dermatologist. Likewise, dermatologists

should seek consultation upon request, in doubtful or difficult cases, or whenever it appears that the quality of medical service may be enhanced thereby.

**VII. B.** Dermatologists should provide only those services which are in the patient's best interest, are medically necessary, and/or appropriate for the patient's condition. It is unethical to prescribe, provide, or seek compensation for unnecessary services, unlawful athletic enhancements, to withhold services that are medically necessary, or, in the case of cosmetic or other discretionary procedures, to provide care not requested by the patient.

**VII. C.** The dermatologist should not perform a surgical operation under circumstances in which the dermatologist is not in a position to provide appropriate post-surgical care or delegate responsibility for such care to another qualified physician.

**VII. D.** Patient records include privileged information. When a patient submits a proper, written request for records, the dermatologist must release the records to the patient or the patient's designee. Charges should be commensurate with the services provided and expenses incurred to reproduce and transmit the medical records and should not be contingent upon satisfaction of patient indebtedness to the physician for services rendered. Certain correspondence from insurance carriers or attorneys may call for an opinion on the part of the dermatologist. As such, a reasonable fee for professional services is permissible.

## **VIII. Research and Academic Responsibilities**

**VIII. A.** All research and academic activities must be conducted under conditions of full compliance with ethical, institutional, and government guidelines. Patients participating in research programs must have given full informed consent and retain the right to withdraw from the research protocol at any time.

**VIII. B.** Dermatologists should not claim as their own intellectual property that which is not theirs. Plagiarism or the use of others' work without attribution is unethical.

**VIII. C.** The principal investigator of a scientific research project or clinical research project is responsible for proposing, designing, and reporting the research. The principal investigator may delegate portions of the work to other individuals, but this does not relieve the principal investigator of the responsibility for work conducted by the other individuals.

**VIII. D.** The principal investigator or senior author of a scientific report is responsible for ensuring that appropriate credit is given for contributions to the research described.

## **IX. Community Responsibility**

**IX. A.** The honored ideals of the medical profession imply that the responsibility of the dermatologist extends not only to the individual but also to society as a whole. Activities that have the purpose of improving the health and well being of the patient and/or the community in a cost-effective way deserve the interest, support, and participation of the dermatologist. Appropriate publicity regarding dermatologists' participation in community and civic affairs enhances the stature of the profession. In all dealings with the press, it is improper to use the name or corporate logo of the AAD, or to otherwise make reference to the Academy, in a manner that would lead the reader to believe the physician to be the official spokesperson of the Academy or to have been endorsed by the Academy unless the individual in fact is specifically authorized to speak on behalf of the Academy. This would be particularly true in the endorsement of a product. The unauthorized use of the Academy name or corporate logo is forbidden. Its placement in an advertisement would lead the reader to think the Academy endorses the physician or product.

**IX. B.** Dermatologists are encouraged to participate in the education of the next generation of dermatologists.

**IX. C.** Dermatologists are called upon to provide expert medical testimony in courts of law and administrative proceedings. Testimony in matters medical/legal is as much a part of the practice of medicine as is caring for patients. In providing testimony, the dermatologist should ensure that he or she is appropriately qualified and provide testimony that is unbiased, scientifically correct, clinically accurate, and otherwise truthful. The dermatologist should not testify concerning matters about which the dermatologist is not knowledgeable. It is unethical for a dermatologist to accept compensation that is contingent upon the outcome of litigation. Academy members must follow the Academy's Guidelines on Expert Witnesses (P-14.200), a copy of the Guidelines is attached to this Code of Ethics as Appendix A and incorporated herein by reference.