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## *Code of Ethics for Emergency Physicians*

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## I. PRINCIPLES OF ETHICS FOR EMERGENCY PHYSICIANS

The basic professional obligation of beneficent service to humanity is expressed in various physicians' oaths and codes of ethics. In addition to this general obligation, emergency physicians accept specific ethical obligations that arise out of the unique features of emergency medical practice. The principles listed below express fundamental moral responsibilities of emergency physicians.

1. Emergency physicians shall embrace patient welfare as their primary professional responsibility.
2. Emergency physicians shall respond promptly and expertly, without prejudice or partiality, to the need for emergency medical care.
3. Emergency physicians shall respect the rights and strive to protect the best interests of their patients, particularly the most vulnerable and those with impaired decision-making capacity.
4. Emergency physicians shall communicate truthfully with patients and secure their informed consent for treatment, unless the urgency of the patient's condition demands an immediate response or another established exception to obtaining informed consent applies.
5. Emergency physicians shall respect patient privacy and disclose confidential information only with consent of the patient or when required by an overriding duty such as the duty to protect others or to obey the law.
6. Emergency physicians shall deal fairly and honestly with colleagues and take appropriate action to protect patients from health care providers who are impaired or incompetent, or who engage in fraud or deception.
7. Emergency physicians shall work cooperatively with others who care for, and about, emergency patients.
8. Emergency physicians shall engage in ongoing study to maintain the knowledge and skills necessary to provide high quality care for emergency patients.
9. Emergency physicians shall act as responsible stewards of the health care resources entrusted to them.
10. Emergency physicians shall support societal efforts to improve public health and safety, reduce the effects of injury and illness, and secure access to emergency and other basic health care for all.

## **II. ETHICS IN EMERGENCY MEDICINE: AN OVERVIEW**

### **A. Ethical Foundations of Emergency Medicine**

Although professional responsibilities have been a concern of physicians since antiquity, recent years have seen dramatic growth of both professional and societal attention to moral issues in health care. This increased interest in medical ethics is a result of multiple factors, including technological advances, the medicalization of societal ills, the growing sophistication of patients, efforts to protect disadvantaged groups, and the persistently rising costs of health care. All of these factors contribute to the significance, the complexity, and the urgency of moral questions in contemporary emergency medicine.

#### **1. Moral pluralism**

Emergency physicians can utilize a variety of sources for ethical guidance, including professional oaths and codes of ethics, cultural values, social norms embodied in the law, religious and philosophical moral traditions, clinical experience, practical reasoning skills, and professional role models. All of these sources claim moral authority, and together they can inspire physicians to lead rich and committed moral lives. Problems arise, however, when different sources of moral guidance come into conflict. Numerous attempts have been made to propose and defend an overarching moral theory able to assess and prioritize moral claims from all of their various sources. Lacking agreement on the primacy of any one of these theories, however, we

are left with multiple sources of moral guidance. The goal of bioethics is to help us understand, interpret, and weigh competing moral values as we seek reasoned and defensible solutions to moral problems encountered in health care.

## 2. Moral challenges of emergency physicians

The unique setting and goals of emergency medicine give rise to a number of distinctive moral challenges, including the following:

- a. Patients often arrive at the emergency department with acute illnesses or injuries that require immediate care. In these emergent situations, emergency physicians have little time to gather additional data, consult with others, or deliberate about alternative treatments. Instead, there is a presumption for quick action guided by predetermined treatment protocols.
- b. Patients in the emergency department often are unable to participate in decisions regarding their health care because of acute changes in their mental state. When patients lack decision-making capacity, emergency physicians cannot secure their informed consent to treatment.
- c. Emergency physicians typically have had no prior relationship with their patients in the emergency department. Patients often arrive in the emergency department unscheduled, in crisis, and sometimes against their will. Thus, emergency physicians cannot rely on earned trust or on prior knowledge of the patient's condition, values, or wishes regarding medical treatment. The patient's willingness to seek emergency care and to trust the physician is based on institutional and professional assurances rather than on an established personal relationship.
- d. Emergency physicians typically practice in an institutional setting, the hospital emergency department, and in close working relationships with other physicians, nurses, emergency medical technicians, and other health care professionals. Thus, emergency physicians must understand and respect institutional regulations and inter-professional norms of conduct.
- e. In the United States, emergency physicians have been given a unique social role and responsibility to act as health care providers of last resort for many patients who have no other ready access to care.
- f. Emergency physicians have a societal duty to render emergency aid outside their normal health care setting when such intervention may save life or limb.
- g. By virtue of their broad expertise and training, emergency physicians are expected to be a resource for the community in out-of-hospital care, disaster management, toxicology, cardiopulmonary resuscitation, public health, injury control, and related areas.

All of these special circumstances shape the moral dimensions of emergency medical practice.

## 3. Virtues in emergency medicine

As noted above, the emergency department is a unique practice environment with distinctive moral challenges. To respond appropriately to these moral challenges, emergency physicians need knowledge of moral concepts and principles and moral reasoning skills. Of equal importance, however, are morally valuable attitudes, character traits, and dispositions, identified in ethical theory as *virtues*. The virtuous person is motivated to act in accordance with his or her moral beliefs and ideals, and

he or she serves as a role model for others. It is therefore important to identify and promote the moral virtues needed by emergency physicians. Fostering these virtues can be a kind of moral vaccination against the ethical pitfalls inherent in emergency medical practice. Two timeless virtues of Western thought have essential roles in emergency medicine today: *courage* and *justice*.

*Courage* is the ability to carry out one's obligations despite personal risk or danger. The courageous physician advocates for patients against financial gatekeepers, demanding employers, interrogating police, inexperienced trainees, dismissive consultants, unconcerned families, and inquiring reporters, among others. Emergency physicians exhibit courage when they assume personal risk to provide steadfast care for all emergency patients, including those who are agitated, violent, infectious, and the like.

*Justice* or fairness is the disposition to give each person what is due to him or her. Justice helps emergency physicians shepherd resources, make appropriate triage decisions, and employ therapeutic parsimony, refusing marginally beneficial care to some while guaranteeing a basic level of care for all others.

Additional virtues important to the practice of emergency medicine are *vigilance*, *impartiality*, *trustworthiness*, and *resilience*.

*Vigilance* is perhaps the virtue most emblematic of emergency medicine. In no other specialty do physicians provide immediate assistance, at all times, for patients across the entire spectrum of medical conditions. Emergency physicians must be alert and prepared to meet unpredictable and uncontrollable demands, despite the circadian disharmony that threatens personal wellness.

The virtuous emergency physician practices *impartiality* by giving emergency patients an unconditional positive regard and treating them in an unbiased, unprejudiced way. Impartiality is most important in emergency medicine, since many emergency patients are poor, intoxicated, or have poor hygiene, little education, or value systems at odds with that of the physician. Emergency physicians must treat alleged perpetrators of violent crime with the same regard as victims and must resist the temptation to use disparaging remarks and gallows humor to ridicule patients or colleagues. Emergency physicians must be tolerant of people of different races, creeds, customs, habits, and lifestyle preferences.

Another essential virtue of emergency physicians is *trustworthiness*. Sick and vulnerable emergency patients are in a dependent relationship; they must rely on emergency physicians to protect their interests through competence, informed consent, truthfulness, and the maintenance of confidentiality. Emergency physician clinical investigators must also be trustworthy, so that patient-subjects can trust they will not be exploited for power, profit, or prestige.

Finally, emergency physicians require the virtue of *resilience* in order to remain composed, flexible, and competent in the midst of clinical chaos. A tired, overstressed emergency department staff requires elasticity, optimism, and cooperation in order to stave off cynicism, resignation, disillusionment, numbing and professional burnout. Resilience enables emergency physicians to meet the challenges of difficult situations

and to encourage others to do so also. Resilience facilitates one's ability to recover undaunted from change or misfortune. It enables professionals to respond calmly to the challenges or insults of angry patients, bereft families, or disgruntled coworkers. Resilient persons are hardy, curious, purposeful, and adaptable; they trust in their own power to influence the course of events. Maintaining flexibility and coping with the typical circadian disharmony of emergency work is difficult, but the virtue of resilience, an appropriate sense of humor, and an unsinkable optimism can keep team spirit afloat even in the harshest emergency department environment.

## **B. The Emergency Physician-Patient Relationship**

The physician-patient relationship is the moral center of medicine and the defining element in clinical ethics. The unique nature of emergency medical practice and the diversity of emergency patients pose special moral challenges, as noted above. Broad moral principles can nevertheless help to describe and categorize the emergency physician's fundamental ethical duties. This section will rely on a prominent principle-based approach to bioethical theory to describe emergency physician duties of beneficence, nonmaleficence, respect for autonomy, and justice.

### **1. Beneficence**

Physicians assume a fundamental duty to serve the best interests of their patients by treating or preventing disease or injury and by informing patients about their conditions. Emergency physicians respond promptly to acute illnesses and injuries in order to prevent or minimize pain and suffering, loss of function, and loss of life. In pursuing these goals, emergency physicians serve the principle of beneficence, that is, they act for the benefit of their patients.

To secure the benefits of health care, patients freely disclose sensitive personal information to their physicians and allow physicians access to their bodies for examination and treatment. Patients retain a strong interest, however, in protecting personal information from unauthorized disclosure and in preventing unnecessary intrusions on their physical privacy. Emergency physicians also respect the principle of beneficence, therefore, by protecting the privacy of their patients and the confidentiality of patient information. Personal information may only be disclosed when such disclosure is necessary to carry out a stronger conflicting duty, such as a duty to protect an identifiable third party from serious harm or to comply with a just law.

### **2. Nonmaleficence**

At least as fundamental as the duty to benefit patients is the corresponding duty to refrain from inflicting harm. This duty, called the duty of nonmaleficence, is central to maintaining the emergency physician's integrity and the patient's trust. In contemporary emergency medical care, the potential for significant patient benefit is often inescapably linked with the potential for significant complications, side effects, or other harms. Emergency physicians cannot, therefore, avoid inflicting harms, but they can respect the principle of nonmaleficence by not initiating treatments likely to cause more harm than benefit, and by seeking always to maximize the benefits of treatment and to minimize the risk of harm. In order to protect patients from avoidable

harm, physicians who lack appropriate training and experience in emergency medicine should not misrepresent themselves as emergency physicians and should not practice without supervision in the emergency department or prehospital setting.

### **3. Respect for patient autonomy**

Adult patients with decision-making capacity have a right to accept or refuse recommended health care, and physicians have a concomitant duty to respect their choices. This right is grounded in the moral principle of respect for patient autonomy and is recognized in the legal doctrine of informed consent. According to this doctrine, physicians must inform the patient with decision-making capacity about the nature of his or her medical condition, treatment alternatives, and their expected consequences, and then obtain the patient's voluntary consent to treatment. If the patient lacks decision-making capacity, emergency physicians also should respect medically reasonable decisions about the patient's treatment made by the appropriate surrogate decision maker. Emergency physicians should be expert in the determination of decision-making capacity and the identification of appropriate surrogate decision makers.

Emergency physicians may treat without securing informed consent when immediate intervention is necessary to prevent death or serious harm to the patient, when the patient lacks decision making capacity, and when no one legally authorized to consent on behalf of the patient is available. These are, however, limited exceptions to the duty to obtain informed consent. When the initiation of treatment can be delayed without serious harm, informed consent must be obtained. Even if all the information needed for an informed consent cannot be provided, emergency physicians should, to whatever extent time allows, inform the patient (or, if the patient lacks capacity, a surrogate) about the treatment they are providing, and may not violate the explicit refusal of treatment of a patient with decision-making capacity. In some cases, for personal and cultural reasons, patients ask that information be given to family or friends and that these third parties be allowed to make treatment choices for the patient. Patients may, if they wish, waive their right to informed consent or delegate decision-making authority for their care to others. Other exceptions to the duty to obtain informed consent apply when treatment is necessary to protect the public health and in a limited number of emergency medicine research protocols where obtaining consent is not feasible, provided that these research protocols satisfy the requirements of federal research regulations and are approved by appropriate review bodies.

To choose and act autonomously, patients must receive accurate information about their medical conditions and treatment options. Emergency physicians must therefore relay sufficient information to patients to enable them to make an informed choice among various diagnostic and treatment options. Emergency physicians, when speaking to patients and families, must not overstate their experience or abilities, or those of their colleagues or institution. They must not overstate the potential benefits or success rates of the proposed treatment or research.

Significant moral issues may arise in the care of terminally ill patients. Emergency physicians should, for example, be willing to respect a terminally ill patient's wish to forgo life-prolonging treatment, as expressed in a living will or by appropriate surrogate decision-maker. Emergency physicians should also honor patient treatment

preferences expressed in Do Not Attempt Resuscitation (DNAR) orders, Physician Orders for Life-Sustaining Treatment (POLST) and other end of life orders. Emergency physicians should understand established criteria for the determination of death and should be prepared to assist families in decisions regarding the potential donation of a patient's organs and tissues.

#### **4. Justice**

In a broad sense, acting justly can be understood as acting with impartiality or fairness. In this sense, emergency physicians have a duty of justice to provide care to patients regardless of race, color, creed, gender, nationality, or other irrelevant properties. In a more specific sense, justice refers to the equitable distribution of benefits and burdens within a community or society. In the United States, public policy has established a limited right of patients to receive evaluation and stabilizing treatment for emergency medical conditions in hospital emergency departments. This policy indirectly ascribes to emergency physicians a social responsibility to provide necessary emergency care to all patients, regardless of ability to pay. As noted in the Principles of Ethics for Emergency Physicians listed above, emergency physicians also have a duty in justice to act as responsible stewards of the health care resources entrusted to them. In carrying out this duty, as, for example, in making triage decisions, emergency physicians must make careful judgments about the appropriate allocation of resources to maximize benefits, minimize harms, and respect the rights of their patients.

#### **C. The Emergency Physician's Relationships with Other Professionals**

The practice of emergency medicine requires multidisciplinary cooperation and teamwork. Emergency physicians interact closely with a wide variety of other health care professionals, including emergency nurses, emergency medical technicians, and physicians from other specialties. General ethical principles governing these interactions include honesty, respect, appreciation of other professionals' perspectives and needs, and an overriding duty to maximize patient benefit.

##### **1. Relationships with other physicians**

Emergency physicians must interact with other physicians to achieve their primary goal of benefitting patients. Channels of communication between health care providers must remain open to optimize patient outcomes. Communication may, however, be delayed when a sick patient requires immediate and definitive intervention before discussion with other physicians can take place. When practical, emergency physicians should cooperate with the patient's primary care physician to provide continuity of care that satisfies the needs of the patient and minimizes burdens to other providers. Emergency physicians should support the development and implementation of systems that facilitate communications with primary care providers, consultants, and others involved in patient care.

On-call physicians, like emergency physicians, are morally obligated to provide timely and appropriate medical care. Emergency physicians should strive to treat consultants fairly and to make care as efficient as possible. In choosing consultants, emergency physicians may be guided by the preference of both the primary care physician and the

patient and by institutional protocols. If multiple physicians work in the emergency department, each patient should have a clearly identified physician who is responsible for his or her care. Transfer of this responsibility should be clear to the patient, family, and staff involved and should be clearly documented in the patient's medical record. When a patient is discharged from the emergency department, there must be a clear transfer of responsibility to the admitting or follow-up physician. This transfer must be clearly communicated to the patient or to the patient's surrogate decision-maker.

Contractual relationships between an emergency physician and an emergency physician group should be fair to all parties involved. Emergency medicine business practices must be transparently ethical, and compensation should take into account both clinical and administrative services rendered by the physician. Disagreements arising from contractual arrangements should be arbitrated appropriately using a due process approach, whenever possible. Physicians with disabilities, injuries, or certain infections, such as HIV, may practice emergency medicine if their conditions do not inhibit proper performance or constitute a threat of harm to patients or others.

## **2. Relationships with nurses and paramedical personnel**

Although emergency physicians assume primary responsibility for patient welfare, emergency medicine is a team effort. For all of their patients, physicians must coordinate the efforts of nurses and support staff. To make the most effective use of the specific skills and expertise of emergency physicians, nurses, and other support staff, all should participate in the design and execution of emergency department care systems and protocols.

In the out-of-hospital setting, emergency medical technicians of all levels rely on and rightfully expect the cooperation and guidance of emergency physicians with whom they work. Base station command physicians and other emergency providers should strive to work harmoniously with prehospital personnel to optimize care for the patient. Patient-centered, nonjudgmental, open communication is an important part of ethical medical command. Hospital and prehospital providers must respect patient confidentiality and the dignity of all personnel involved.

While emergency physicians may have greater expertise in scientific and technical matters, they share equal expertise with other health care workers with regard to moral judgment. Physicians should encourage involvement of other providers and staff when difficult moral issues arise.

## **3. Impaired or incompetent physicians**

The principle of nonmaleficence dictates that patients be protected from physicians who are incompetent or impaired. Emergency physicians should strive for technical and moral excellence and should refrain from fraud or deception. When any physician is found deficient in competence or character through an appropriate peer review process, it is morally imperative to protect patients and to assist that physician in addressing and, if possible, overcoming such deficiencies. Corrective action may include internal discipline or remedial training. To provide adequate protection for their patients, health care institutions should require appropriate remediation before the impaired physician returns to practice.

Whenever an emergency physician believes that a colleague or consulting physician is incompetent or impaired by drugs, alcohol, or psychiatric or medical conditions, he or she should report the impaired physician to the appropriate institutional and regulatory authorities. This should be done with discretion and sensitivity, and with a clear intention to help the impaired physician progress toward treatment and recovery. Physicians who conscientiously fulfill this responsibility should be protected from adverse political, legal, or financial consequences.

#### **4. Crimes of Moral Turpitude**

Emergency physicians, as respected members of society, shall not commit felonies involving crimes of moral turpitude.

#### **5. Relationships with business and administration**

Emergency physicians should be advocates for emergency medical care as a fundamental right. Cost-effective and efficient care is important so that resources are available to provide care when it is needed. Cooperation with persons whose expertise is in the management and administration of health care systems is essential for provision of efficient care. A central role of physicians is to keep patient interests paramount in administrative and business decisions.

Incentives from businesses, including for-profit and not-for-profit health care organizations and biomedical drug and equipment manufacturers, should not unduly influence patient-centered clinical judgment. Gatekeeping activities that threaten patient safety are unethical, as are clauses that prevent physicians from informing patients about reasonable treatment alternatives. Physicians should not accept inappropriate gifts, trips, or other items from pharmaceutical or medical equipment companies or their representatives.

#### **6. Relationships with students, trainees, and other learners**

Emergency physicians practicing in academic settings have important moral responsibilities to medical students, trainees, out-of-hospital care personnel, and learners of all types. Learners depend on their clinical supervisors and professors to teach them both the moral and technical aspects of emergency medical practice. In addition to providing explicit instruction, practicing emergency physicians should serve as role models for ethical behavior in their relationships with patients, students, trainees, research subjects, and other health care professionals.

Emergency medicine residents, medical students, and other health care professionals in training must not be mistreated, abused, or coerced for faculty self-interest. Teaching physicians must fulfill their obligation to teach and provide appropriate levels of supervision for students under their tutelage. Performance evaluations and letters of recommendation require a careful assessment of the learners' strengths and weaknesses. Such evaluations must be accurate and clearly identify those individuals who may jeopardize patient care. Patient interests should not be compromised in the education process, and patients may participate in educational or research activities with their informed consent. Emergency medicine residents must strive to master the

discipline of emergency medicine, including understanding and accepting their moral duties to patients, the profession, and society.

### **7. Relationships with the legal system as an expert witness**

Expert witnesses are called on to assess the appropriateness of care provided by emergency physicians in matters of alleged medical malpractice and peer review. To assure that unbiased expert witness testimony is available to courts and panels that determine the applicable standard of care, the American College of Emergency Physicians (ACEP) encourages emergency physicians with sufficient expertise to testify in these venues. ACEP believes that these expert witnesses, at a minimum, should be emergency physicians who are certified in emergency medicine by the American Board of Emergency Medicine (ABEM), the American Osteopathic Board of Emergency Medicine (AOBEM), or, in pediatric emergency medicine, by the American Board of Pediatrics (ABP), and who have been actively practicing clinical emergency medicine for at least three years prior to the date of the incident under review.

As an expert witness, the physician has a clear ethical responsibility to be objective, truthful, and impartial, evaluating cases on the basis of generally accepted practice standards. It is unethical to overstate one's opinions or credentials, to misrepresent maloccurrence as malpractice, to provide false testimony, or to use the name of the College as prima facie evidence of expertise.

While reasonable compensation for a physician's time is ethically acceptable, physicians should not provide expert testimony solely for financial gain lest this unduly influence their testimony.

### **8. Relationships with the research community**

The emergency physician researcher should abide by basic moral and legal principles contained in federal, institutional, and professional guidelines that govern human and animal research. Basic ethical requirements for research studies include appropriate study goals, scientifically valid design, appropriate informed consent, confidentiality of records, and minimization of risks to subjects. Approval from appropriate institutional review boards is required, but it remains the responsibility of the investigator to protect the rights and welfare of patient-subjects. Federal regulations allow institutional review boards to grant a limited waiver of informed consent in specific emergency medicine research studies, where multiple additional protections for patient-subjects are provided. It is imperative that data be collected carefully, interpreted correctly, and reported accurately; research misconduct and fraud are grounds for disciplinary action and loss of funding. Emergency physician investigators should follow responsible authorship practices; for example, all co-authors should actively participate in the study, including literature review, study design, data collection, data analysis, and manuscript preparation.

### **D. The Emergency Physician's Relationships with Society**

## **1. The emergency physician and society**

The emergency physician owes duties not only to his or her patients, but also to the society in which the physician and patients dwell. Though the emergency physician's duty to the patient is primary, it is not absolute. Emergency physician duties to the general public inform decision-making on a daily basis; for example, the emergency physician has duties to allocate resources justly, oppose violence, and promote the public health that sometimes transcend duties to individual patients. To fulfill demands of equity and justice, society may place limits on the authority of the physician to satisfy an individual patient's interests. Emergency physicians should be active in legislative, regulatory, institutional, and educational pursuits that promote patient safety and quality emergency care.

## **2. Resource allocation and health care access: problems of justice**

Both society and individual emergency physicians confront questions of justice in deciding how to distribute the benefits of health care and the burdens of financing that care among the various members of the society. Emergency physicians routinely address these issues when they assign order of priority for treatment and choose appropriate diagnostic and treatment resources. In making these judgments, emergency physicians must attempt to reconcile the goals of equitable access to health care and just allocation of health care with the increasing scarcity of resources and the need for cost containment.

## **3. Central tenets of the emergency physician's relationship with society**

### *a. Access to emergency medical care is a fundamental right*

As noted above, US public policy, as articulated in the federal Emergency Medical Treatment and Active Labor Act (EMTALA), has established access to quality emergency treatment as an individual right that should be available to all who seek and require it. Recognizing that emergency care makes a substantial contribution to personal well-being, emergency physicians endorse this right and support universal access to emergency care. Denial of emergency care or delay in providing emergency services on the basis of race, religion, sexual orientation, gender identity, ethnic background, social status, type of illness or injury, or ability to pay is unethical. Emergency physicians should act as advocates for the health needs of indigent patients, assisting them in finding appropriate care. Insurers, including managed care organizations, must support insured patients' access to emergency medical care for what a prudent layperson would reasonably perceive as an emergency medical condition. Society, through its political process, must adequately fund emergency care for all who need it.

Decisions to limit access to care may be made only when the resources of the emergency department are depleted. If crowding limits access to care, that limit must be applied equitably, unless the hospital has a unique community resource such as a trauma center, in which case the selection of a special category of patient may be acceptable.

Prehospital care is an essential societal good that emergency physicians, in conjunction with government, industry, and insurers must continue to make available

to all members of society. Emergency medical technicians or paramedics should provide assessment of out-of-hospital patients in a timely fashion. Decisions concerning transport to a medical facility should be made on the basis of medical necessity, patient preference, and the capacity of the facility to deal with the medical problem.

*b. Adequate in-hospital and outpatient resources must be available to protect emergency patient interests*

Patients requiring hospitalization for further care should not be denied access to an appropriate medical facility on the basis of financial considerations. Transfer to an appropriate accepting medical facility for financial reasons may be effected if a) the patient provides consent and b) there is no undue risk to the patient. Admission or transfer decisions should be made on the basis of a patient's best interest.

It is unethical for an emergency physician to participate in the transfer of an emergency patient to another medical facility unless the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the risks of the transfer or unless a competent patient, or a legally responsible person acting on the patient's behalf, gives informed consent for the transfer. Emergency physicians should be knowledgeable about applicable federal and state laws regarding the transfer of patients between health care facilities.

Although the care and disposition of the patient are primarily the responsibility of the emergency physician, on-call consultants should share equitably in the care of indigent patients. This may include an on-site evaluation by the consultant if requested by the emergency physician.

For patients who do not require immediate hospitalization but need medical follow-up, adequate outpatient medical resources should be available both to continue proper treatment of the patient's medical condition and to prevent the development of subsequent foreseeable emergencies resulting from the original medical problem.

*c. Emergency physicians should promote prudent resource stewardship without compromising quality*

Emergency physicians have an obligation to ensure that quality care is provided to all patients presenting to the emergency department for treatment. Participation in quality assurance activities and peer review are important for assuring that patterns of inadequate care are detected and remedied. Participation in continuing education activities, including the development of scientifically-based practice guidelines, assists the emergency physician in providing quality care.

Emergency physicians should employ health care resources, including new technologies, on the basis of individual patient needs and the appropriateness of the therapy as documented by medical literature. Diagnostic and therapeutic decisions should be made on the basis of potential risks and benefits of alternative treatments versus no treatment. Emergency physicians have an obligation to diagnose and treat patients in a cost-effective manner and must be knowledgeable about cost-effective strategies; but they should not allow cost containment to impede proper medical treatment of the patient.

The limitation of health care expenditures is a societal decision that should ideally be made in the political arena and not at the bedside for individual patients. Lacking societal consensus on allocation issues, however, emergency physicians must keep the patient's interest as a primary concern while recognizing that medically non-beneficial testing or treatment is not morally required. Thus, the emergency physician has dual obligations to allocate resources prudently while honoring the primacy of patient's best medical interests.

*d. The duty to respond to out-of-hospital emergencies and disasters*

Because of their unique expertise, emergency physicians have an ethical duty to respond to emergencies in the community and offer assistance. This responsibility is buttressed by applicable Good Samaritan statutes that protect health care professionals from legal liability for good-faith efforts to render emergency medical treatment. Physicians should not disrupt out-of-hospital personnel who are under base station medical control and direction.

In a situation where the resources of a health care facility are overwhelmed by epidemic illness, mass casualties, or the victims of a natural or manmade disaster, the prudent emergency physician must make important triage decisions to benefit the greatest number of potential survivors. When the numbers of patients and severity of their injuries overpower existing resources, triage decisions should classify patients according to both their need and their likelihood of survival. The overriding principle should be to focus health care resources on those patients most likely to benefit, who have a reasonable probability of survival. Those patients with fatal injuries and those with minor injuries should be made as comfortable as possible while they await further medical assistance and treatment.

*e. The duty to oppose violence*

Serving as a societal resource, emergency physicians have obligations to protect themselves, staff, and patients from violence and to teach EMS personnel under their supervision to do likewise. Hospitals have a duty to provide adequate numbers of trained security personnel to assure a safe environment. Ensuring safety may mean that patients who present a high risk of violence will lose some autonomy as they are restrained physically or chemically. Emergency physicians never should resort to restraints or medication for punitive or vindictive reasons. Restraints are indicated only when there is a reasonable possibility that patients will harm themselves or others. The need for restraint of emergency department patients should frequently be reevaluated.

The emergency physician has an ethical duty to diagnose, treat, and properly refer suspected victims of abuse and neglect, including domestic partners, minors, and dependent adults, and to report domestic violence to appropriate authorities as required or permitted or required by law.

*f. The duty to promote the public health*

Emergency physicians advocate for the public health in many ways, including the provision of basic health care for many uninsured patients. As a safety net both for patients who lack other resources of care and for victims of disaster, emergency

departments provide needed care and assistance to many of the most vulnerable members of society. In times of disaster, pandemic, and other public health emergencies, emergency departments serve as a vanguard of preparedness against a constellation of medical and social ills.

Emergency physicians have first-hand knowledge of the grave harms caused by firearms, motor vehicles, alcohol, and other causes of preventable illness and injury. Inspired by this knowledge, emergency physicians should participate in efforts to educate others about the potential of well-designed laws, programs, and policies to improve the overall health and safety of the public.

## **CONCLUSION**

Serving patients effectively requires both scientific and technical competence, knowledge of what can be done, and moral competence, knowledge of what should be done. The technical emphasis of emergency medicine must be accompanied by a corresponding emphasis on character and careful moral reasoning, as emergency physicians increasingly confront difficult moral questions in clinical practice.

In the face of future uncertainties and challenges, ethics will remain central to the clinical practice of quality emergency medicine. Both technical and moral expertise can and should be nurtured through advanced preparation and training. The time and information constraints inherent in emergency practice make reflection on fundamental ethical principles and values challenging. This *Code* is offered both for thoughtful consideration and as a resource when issues arise in clinical practice. The principles of emergency medical ethics identified herein may serve as a guide for practitioners and students of this developing art. Through the process of moral reflection and deliberation, emergency physicians can make difficult and time-sensitive decisions based on a sound moral framework that respects and benefits patients, professionals, and society.

## **III. A COMPENDIUM OF ACEP POLICY STATEMENTS ON ETHICAL ISSUES**

The policy statements listed in the Compendium section of the Table of Contents of this policy are available on ACEP's Web site (<http://www.acep.org>).