AHS CODE OF PROFESSIONAL CONDUCT

PREFACE

The primary goal of the Code is to promote the highest quality of care. The Code outlines the set of professional standards that our members must observe in their clinical and scientific activities.

The Code embodies traditional medical ethical standards dating from the time of Hippocrates as well as more contemporary standards. The Code is delineated to be generally consistent with the American Medical Association Code of Medical Ethics and the American Medical Association Current Opinions of the Council on Ethical and Judicial Affairs.

The Code outlines the standards of professional conduct for AHS members. Violations of these standards may serve as the basis for disciplinary action as provided in the Constitution of AHS.

1.0 The Health Professional-Patient Relationship

The health professional (HP)-patient relationship forms the foundation for headache care.

1.1 Fiduciary and Contractual Basis

The HP has fiduciary and contractual duties to patients. As a fiduciary, HP has an ethical duty to consider the interests of the patient first. As a party to an implied contract, the HP has a duty to practice competently and to respect patients, autonomy, confidentiality, and welfare.

1.2 Beginning and Ending a Relationship

The HP is free to decide whether or not to undertake care of a particular person. The HP must not decline a patient on the basis of race, religion, nationality, or gender. Once the relationship has begun, the HP must provide care until care is complete, the patient ends the relationship, or the HP returns the patient to the care of the referring HP. If the HP justifiably desires to end the relationship, and if continued care is appropriate, he/she should assist in arranging care by another HP.

1.3 Informed Consent

The HP must obtain the patient’s consent for tests or treatment. The HP should disclose information that the average person would need to know to make an appropriate decision. This information should include benefits, risks, costs, and alternatives to the proposed treatment. If the patient lacks medical decision-
making capacity, the HP must obtain informed consent from an appropriate proxy.

1.4 Communication
The HP has a duty to communicate effectively with the patient. The HP should convey relevant information in terms the patient can understand and allow adequate opportunity for the patient to raise questions and discuss matters related to treatment.

1.5 Emergency Care
In an emergency situation, the HP should render services to the patient to the best of his/her ability. While obtaining informed consent is desirable before beginning treatment, the HP should not delay urgently needed treatment because of concerns about informed consent.

1.6 Medical Risk to the HP
A HP should not refuse to care for a patient solely because of the real or perceived medical risk to the HP. The HP should take appropriate precautions to minimize his/her medical risk.

1.7 Decision-Making
The patient has the ultimate right to accept or reject the HP’s recommendation about treatment. The HP should respect decisions made by patients with decision-making capacity and by the lawful proxy of patients who lack decision-making capacity. If the HP cannot honor the patient’s or proxy’s decision, the HP should seek to arrange transfer of the patient’s care to another HP.

2.0 General Principles of Care

2.1 Professional Competence
The HP must practice only within the scope of his/her training, experience, and competence. The HP should provide care that represents the prevailing standards of practice. To this end, HPs should participate in a regular program of continuing education.

2.2 Consultation
The HP should obtain consultations when indicated. The HP should refer patients only to competent practitioners and should assure that adequate information is conveyed to the consultant. Any differences of opinion between the HP and consultant or between the HP and their referring HP should be resolved in the best interest of the patient.

2.3 Confidentiality
The HP must maintain patient privacy and confidentiality. Details of the patient’s life or illness must not be publicized.
2.4 Patient Records
   The HP should prepare records that include relevant history, findings on examination, assessment, and plan of evaluation and treatment. Patients are entitled to information within their medical records.

2.5 Professional Fees
   The HP is entitled to reasonable compensation for services to or on behalf of patients. The HP should receive compensation only for services actually rendered or supervised. The HP must not receive a fee for making a referral ("fee-splitting") or receive a commission from anyone for an item or service he/she has ordered for a patient ("kickback"). The agreed upon division of practice income among members of an organized HP group is acceptable.

2.6 Appropriate Services
   The HP should order and perform only those services that are medically indicated.

3.0 Personal Conduct

3.1 Respect for the Patient
   The HP must treat patients with respect, honesty, and conscientiousness. The HP must not abuse or exploit the patient psychologically, sexually, physically, or financially.

3.2 Respect for Agencies and the Law
   The HP should observe applicable laws. Because agencies may impact on patients' welfare, the HP should cooperate and comply with reasonable requests from insurance, compensation, reimbursement, and government agencies within the constraints of patient privacy and confidentiality.

3.3 Maintenance of the HP’s Personal Health
   The HP should strive to maintain physical and emotional health. The HP should refrain from practices that may impair capacities to provide adequate patient care.

4.0 Conflicts of Interest

4.1 The patient’s Interest is Paramount
   Whenever a conflict of interest arises, the HP must attempt to resolve it in the best interest of the patient. If the conflict cannot be eliminated, the HP should withdraw from the care of the patient.
4.2  Avoidance and Disclosure of Potential Conflicts
The HP must avoid practices and financial arrangements that would, solely because of personal gain, influence decisions in the care of patients. Financial interests of the HP that might conflict with appropriate care should be disclosed to the patient.

4.3  Dispensing Medication
The HP may dispense medication, assistive devices, and related patient-care items within the limits of the law and as long as this practice provides a convenience or an accommodation to the patient without taking financial advantage of the patient. The patient should be given a choice to accept the dispensed medication or device or to have a prescription filled outside the HP’s office.

4.4  Health-Care Institutional Conflicts
The HP generally should support his/her patient’s medical interests when they are compromised by policies of a health-care institution or agency. HP’s employed by healthcare institutions should represent the patient’s medical interests and serve as their advocate to the institutional administration.

4.5  Conflicting Ethical Duties
While a HP ordinarily must respect a patient’s confidentiality, there are circumstances in which a breach of confidentiality may be justified. When the HP is aware that an identifiable third party is endangered by a patient, the HP must take reasonable steps to warn the third party. When the HP is aware that members of the general public are endangered by a patient, the HP must take reasonable steps to advise responsible public officials or agencies of that danger.

5.0  Relationships with Other Professionals

5.1  Cooperation with Health Care Professionals
The HP should cooperate and communicate with other health care professionals, including physicians, dentists, psychologists, nurses, and therapists, in order to provide the best care possible to patients.

5.2  Peer Review
The HP should participate in peer review activities in order to promote the best care possible of patients.

5.3  Criticism of a Colleague
The HP should not unjustifiably criticize a colleague’s judgment, training, knowledge, or skills. HPs should not knowingly ignore a colleague’s incompetence or professional misconduct, thus jeopardizing the safety of the colleague’s present and future patients.
5.4 Legal Expert Testimony
The HP called upon to provide expert testimony should testify only about those subjects for which the HP is qualified as an expert by training and experience. Before giving testimony the HP should carefully review the relevant records and facts of the case and the prevailing standards of practice. In providing testimony, the HP should provide scientifically correct and clinically accurate opinions. Compensation for testimony should be reasonable and commensurate with time and effort spent, and must not be contingent upon outcome.

5.5 Health Care Organization
The HP may enter into contractual agreements with managed health care organizations, prepaid practice plans, or hospitals. The HP should retain control of medical decisions without undue interference. The patient’s welfare must remain paramount.

5.6 The Impaired Health Care Professional
The HP should strive to protect the public from an impaired HP and to assist the identification and rehabilitation of an impaired colleague.

6.0 Relationships With The Public And Community

6.1 Public Representation
The HP should not represent himself/herself to the public in an untruthful, misleading, or deceptive manner. A patient’s medical condition must not be discussed publicly without the patient’s consent.

6.2 Duties to Community and Society
HPs should work toward improving the health of all members of society. This may include participation in educational programs, research, public health activities, and the provision of care to patients who are unable to pay for medical services. The HP should be aware of the limitation of society’s health care resources and should not squander those finite resources by ordering unnecessary tests and ineffective treatments.

6.3 Disclosure of Potential Conflicts
HPs who make written or oral public statements concerning a product of a company from which they receive compensation or support, or in which they hold a significant equity position, have a duty to disclose their financial relationship with the company in that public statement.

7.0 Clinical Research
7.1 Institutional Review
The HP who participates in clinical research must ascertain that the research has been approved by an Institutional Review Board (IRB) or other comparable body and must observe the requirements of the approved protocol.

7.2 Disclosure of Potential Conflicts
An HP treating patients in a clinical research project should ensure that patients are informed that the center or practice is receiving a financial grant in an amount sufficient to cover the total costs of the study and some profit. The HP should not bill the patient or the insurer for services already compensated by the study sponsor.

7.3 Individual Patient Experimentation
The HP who begins a patient on an experimental therapy that has not been approved as a valid clinical study by an IRB should obtain informed consent from the patient.

7.4 Reporting Research Results
The HP should publish research results truthfully, completely, and without distortion. In reporting research results to the news media, the HP should make statements that are clear, understandable, and supportable by the facts. HPs should not publicize results of research until after the data have been subjected to appropriate peer review.

(This policy was adapted from the policy of the American Academy of Neurology)