



## Code of Ethics

### Preamble

The American College of Preventive Medicine (“College”) is the national professional society for physicians committed to disease prevention and health promotion. Specialists in Preventive Medicine are uniquely trained in both clinical medicine and public health. They are dedicated to improving the health and quality of life of individuals, families, communities, and populations. Preventive Medicine (PM) physicians save lives, create healthier communities, and transform healthcare systems. The highest ethical and professional standards are critical to how PM physicians act; these standards particularly relate to the Constitution of the College’s following objectives (in italics):

*To establish and perpetuate an educational and scientific national society composed of qualified physicians who specialize in those areas of Preventive Medicine established by the American Board of Preventive Medicine, Incorporated, for certification purposes.*

*To maintain and advance the highest possible ideals and services standards in education, practice, and research in Preventive Medicine.*

*To encourage, promote, and support universities and their schools in their efforts to achieve the highest standards of teaching and research in Preventive Medicine. This includes conducting such teaching and research with the highest regard for ethical principles and practices. This also includes those research and training programs outside the traditional university setting.*

*To stimulate education and training in Preventive Medicine and its associated academic disciplines at all levels. This includes elaborating standards of conduct for trainees and new inductees into the profession that are readily understandable and that can be emulated.*

*To take such other action as may appear at any time to be desirable, to promote the health of the individual, the community, the nation, and the world. This can place a PM physician in conflict between personal clinical ethical precepts and precepts which pertain to the population at large.*

### Purpose of this Code

The purpose of this Code of Ethics is to:

- I. Articulate the standards of professional ethical conduct with which each member of the College (“PM physician”) is expected to uphold as a condition of membership and towards which non-member Preventive Medicine physicians should strive;
- II. Encourage Preventive Medicine residency training programs and PM physicians broadly to teach ethics and emulate the proper conduct of the profession;
- III. Provide the public with a sense of understanding and trust of the level of professionalism they can expect from College members.

The primary responsibility of PM physicians is toward patients' and communities' health and welfare which demands that PM physicians place the interests of the community and patients above those of self-interest. The College recognizes that physicians engaged in preventive medicine may work in either or both of individual-based medicine and population-based medicine and that at times the ethical imperatives in these two areas may conflict.

The College ascribes to the fundamental principles and set of professional responsibilities as described in the Charter on Medical Professionalism.<sup>1</sup> The College believes that principles for caring for individuals outside of the context of dual loyalties to populations is sufficient by the American Medical Association's Code of Medical Ethics.<sup>2</sup> Therefore, the College will not repeat those in this Code, except insofar as they are related to the practice of population medicine.<sup>3</sup>

The College asserts that the following ethical principles are not produced in any specific order of priority, nor is any individual principle to be taken in isolation. When acting as responsible and ethical agents, PM physicians must consider the situation, context, and balance of the various principles.

ACPM believes that the principles contained herein are foundational to the ethical practice of Preventive Medicine. However, the College appreciates that an individual's ability and power to act in any circumstance may be context dependent.

PM physicians will conform to the College's Conflict of Interest policy, which is incorporated into this Code.<sup>4</sup> In order to conform to this Code, PM physicians must maintain skills and competences, including staying current in the research and practice of preventive medicine related to the specialty and subspecialty fields in which they are certified and/or practice as elaborated by the American Board of Preventive Medicine<sup>5</sup> and the Accreditation Council for Graduate Medical Education's Preventive Medicine Residency Review Committee.<sup>6</sup>

## **Principles for the Ethical Conduct of Physicians Engaged in Preventive Medicine**

### I. Acting and Communicating Based on Evidence

PM physicians will maintain an honest and forthright relationship with patients and communities, and will provide services, interventions, and information that reflect the best available level of scientific evidence. When the evidence is ambiguous, PM physicians will attempt to articulate a clear understanding of the ambiguity as appropriate and feasible so that individuals, community representatives, and policymakers can make fully informed decisions.

1. Annals of Internal Medicine (2002)/136 (3):243
2. See AMA's Code of Medical Ethics (<https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-overview>) and the related rulings by the AMA's Council on Ethical and Judicial Affairs <https://www.ama-assn.org/councils/council-ethical-judicial-affairs/council-ethical-judicial-affairs-ceja-reports>
3. Per Last (A Dictionary of Epidemiology, 4th Edition, New York: Oxford University Press, 2001, pp 35- 6), population or community medicine is: The study of health and disease in the population of a specified community. The goal is to identify health problems and needs, to identify means by which these needs may be met, and to evaluate the extent to which health services meet these needs. Also, the practice of medicine concerned with communities (or specified populations) rather than individuals; this includes the above elements and the organization and provision of health care at a community.
4. Adopted August 4, 2006, as revised May 20, 2019, and as may be revised thereafter and available at: [https://www.acpm.org/getmedia/4e4a4797-7dc4-478c-a0cf-23ee3f906e8f/Conflict-of-Interest-Policy\\_May-2019\\_FINAL.pdf.aspx](https://www.acpm.org/getmedia/4e4a4797-7dc4-478c-a0cf-23ee3f906e8f/Conflict-of-Interest-Policy_May-2019_FINAL.pdf.aspx)
5. <https://www.theabpm.org>
6. <https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/CPRResidency2021.pdf>

Honesty and transparency are at the heart of building trust with communities and individuals, and in effectively implementing health initiatives and behavior change. PM physicians should proactively work to identify and address health issues, and in doing so, PM physicians must engage with the effected population, community, and stakeholders at each step of the decision-making and implementation process. PM physicians should strive to combat dangerous misinformation related to health and public health.

## II. Respecting the Law

PM physicians will respect the law.<sup>7</sup> Where they believe a law to be unwise, unethical, or adversely impacting public health, they will actively work to modify it. Where they believe, a new law is needed to improve health and well-being, they will work toward its creation.

## III. Avoiding Conflicts of Interest, Commitment, or Conscience

PM physicians will actively work to identify and eliminate actual or potential conflicts of interest, commitments, or conscience (“conflicts”) that may prohibit or limit their abilities to provide objective, effective, and efficient services for their populations or patients. PM physicians will fully disclose such conflicts to the parties who may be affected.<sup>8</sup> Recognizing that the *appearance* of a conflict also reduces the trust of individuals and communities toward individuals and institutions, PM physicians will be acutely aware of and avoid appearances of conflicts whenever possible.

## IV. Privacy and Confidentiality

PM physicians will respect the privacy and dignity of individuals and maintain protected health information as confidential and private except as required by law. PM physicians should encourage public and private institutions to be transparent in their decision-making process when it involves information relevant to the health and welfare of patients and communities. Sunshine/open meetings laws should be respected. Unless it hinders the good faith reporting of known risks to individuals or the public’s health, PM physicians will respect the privacy and confidentiality of intellectual property rights and opinions expressed during the decision-making activities of organizations and institutions.<sup>9</sup>

## V. Maintaining Professional and Cultural Competency

PM physicians will be committed to professional competence via lifelong learning and skills development, maintaining such skills and competencies in the areas of their scopes of practice. PM physicians should educate themselves and be attuned to the cultural, social, and historical contexts of the individuals, populations, and communities they serve.

7. This principle does not make a judgment on a member who, because of a particular set of circumstances that (s)he believes imperils an individual’s or the public’s health, believes not following the law is the ethical course of action.
8. The College recognizes that issues of conscience (“beliefs”) are important for moral integrity. It is not the intent of this principle to discourage such beliefs. However, where such beliefs intentionally or unintentionally limit available options to patients or communities such limits should be articulated to the individual or community so that their understanding(s) of their options are not limited solely by the PM physician’s beliefs. Where beliefs do not affect the care or advice being given by PM physicians to patients or the public, disclosure of such beliefs is not required.
9. Nothing in this principle shall be construed to limit whistleblower activities.

#### VI. Complementing Personal Limitations

PM physicians will identify limitations in their own skills and competencies and collaborate or consult with other providers and experts to strengthen the full-service capability for the health and welfare of individuals and populations for whom they provide services.

#### VII. Research Ethics

PM physicians will respect international and national standards governing individual and population research. When the research rights and expectations of communities differ from those of individuals, PM physicians have the obligation to inform decision-makers.

#### VIII. Professions Monitoring

PM physicians have an affirmative duty to monitor ethical behavior and competency of their fellow PM physicians and others who practice preventive medicine. They will report to the College or other appropriate governing or oversight bodies any unethical or incompetent behavior. Similarly, when PM physicians have a good faith belief that the behavior or competency of any healthcare provider may pose a risk to the safety, health, or well-being of individuals or the public, they should report such concerns to the appropriate oversight body.

#### IX. Non-Discrimination

PM physicians will not discriminate against individuals or groups except where scientifically valid distinctions require different approaches to reducing morbidity and mortality. PM Physicians should proactively seek to identify and eliminate implicit, subconscious, or systemic biases that may cause them or their institutions to unknowingly and unintentionally engage in discriminatory behaviors or decision-making.

#### X. Health Justice, Equity, and Reducing Disparities

Where PM physicians identify areas of injustice, including inequities and disparities in health care, social determinants of health, structural racism, environmental justice, and public health, they will work toward reducing them and promoting justice.<sup>10</sup>

#### XI. Acting as Positive Role Models

PM physicians will strive to exhibit positive health behaviors so as to be healthy rolemodels for their communities and colleagues.

#### XII. Duty to Care

Consistent with their personal circumstances, PM physicians have an obligation to serve as necessary in the face of population health threats, even when inherent personal risk exists.<sup>11</sup>

10. Per the World Health Organization, "Equity is the absence of unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being." <https://www.who.int/health-topics/health-equity#tab=tab>
11. The College recognizes that PM physicians have personal and family obligations and considerations that may compete with the physicians' duties to individuals or populations.