

SUBJECT: Approval of the Code of Ethics of the American College of Osteopathic Family Physicians (ACOFP)

SUBMITTED BY: ACOFP Board of Governors

REFERRED TO: 2018 ACOFP Congress of Delegates

RESOLUTION NO. 11

1 RESOLVED, that Congress of Delegates of the American College of Osteopathic Family Physicians
2 APPROVES the ACOFP Code of Ethics as recommended and submitted by the ACOFP Board of
3 Governors.

4 **ACOFP CODE OF ETHICS**

5 *Adopted June 14, 2017 by the ACOFP Board of Governors*

6 **Preamble**

7 To promote the highest quality of healthcare to our patients, the ACOFP Committee on Ethics has
8 formulated the following Code to serve as a guide to aid osteopathic family physicians in their
9 professional lives. The standards presented are designed to address the osteopathic family physician's
10 responsibility to his/her patients, the families in their charge, professional colleagues, and to society, as
11 a whole. The Articles are not meant to be the only ethical standards a prudent osteopathic family
12 physician should follow, as conference of the Doctor of Osteopathic Medicine degree itself carries
13 inherit responsibilities.

14
15 **Article 1**

16 The osteopathic family physician, shall keep in confidence personal and medical information obtained
17 about a patient or a family while performing his/her professional duties. Information thus obtained
18 shall never be divulged by the osteopathic family physician except when required or allowed by law or
19 when authorized by the patient or responsible party.

20
21 **Article 2**

22 The osteopathic family physician shall give a candid account of the patient's condition to the patient or
23 to those responsible for the patient's care who are authorized by the patient or by law to received
24 health information regarding the patient.

25
26 **Article 3**

27 A physician/patient relationship should be founded on mutual trust, mutual cooperation and mutual
28 respect. The patient must have complete freedom to choose his/her physician. The physician must
29 have complete freedom to choose patients whom he/she shall serve. However, the physician should
30 not refuse to accept patients solely on the basis of distinguishing characteristics, including but not
31 limited to, race, color, religion, gender, sexual orientation, gender identity, or national origin.

32
33 **Article 4**

34 When terminating the physician/patient relationship or withdrawing from a case, the physician should
35 give due notice to the patient, family or those responsible for the patient's care so that another
36 physician may be engaged. The withdrawing physician should make himself/herself available during
37 the transition period so that the transfer of care of the patient is as seamless as possible and affords the
38 patient the highest quality of care. An osteopathic family physician who renders emergency care to a
39 patient whom he/she has withdrawn from is considered to have acted in a professional and ethical
40 manner.

41 **Article 5**

42 The osteopathic family physician should practice within the confines of what is considered to be
43 standard of care, based on a body of recognized systematized and scientific knowledge principles. An
44 osteopathic family physician should maintain competence in such principles by demonstrating a
45 devotion to lifelong education.

46
47 **Article 6**

48 An osteopathic family physician recognizes the value of his/her professional associations and should be
49 encouraged to maintain membership in the American College of Osteopathic Family Physicians and
50 remain in good standing. The osteopathic family physician realizes that to preserve autonomy, his/her
51 participation in state and regional activities promotes self-regulation and his/her participation should
52 be encouraged. Dedicated to the principle of lifelong education, the osteopathic family physician should
53 participate in regional, state and national Continuing Medical Education programs.

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55 **Article 7**

56 An osteopathic family physician shall not advertise for, or solicit patients directly or indirectly, using
57 terms or claims that are false or misleading.

58
59 **Article 8**

60 An osteopathic family physician shall not claim to have or indicate possession of any degree recognized
61 as the basis for licensure to practice the healing arts unless he/she actually licensed on the basis of that
62 degree in the state where the practice is located. An osteopathic family physician shall display the DO
63 degree and other indications of specialty practice in accordance with the rules of the American
64 Osteopathic Association and the American College of Osteopathic Family Physicians.

65
66 **Article 9**

67 An osteopathic family physician shall obtain appropriate consultation whenever it is deemed advisable
68 for the care of the patient or requested by the patient, family, or those responsible for the patient's care.

69
70 **Article 10**

71 In any dispute among physicians involving ethical or organizational matters, the matter in controversy
72 should be referred to the appropriate arbitrating bodies. Prior to that action, the physicians with
73 opposing views, should make every effort to settle the dispute between each other amicably, enlisting
74 the aid of colleagues if necessary.

75
76 **Article 11**

77 In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the
78 attending physician has the responsibility for the final decision regarding the treatment plan for the
79 patient. In all cases, the physicians should not draw patients into the disagreement or make the patient
80 choose a side.

81
82 **Article 12**

83 Any fee charged by an osteopathic family physician shall represent services actually rendered or
84 supervised by that physician and should compensate him/her for those services performed for the
85 benefit of the patient. Division of professional fees, commonly known as fee splitting, for the express
86 purpose of patient referrals, is unethical.

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88 **Article 13**

89 An osteopathic family physician shall respect the law. He/she should also attempt to promote and
90 support laws in local, state and national political arena that will improve both patient care and public
91 health.

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96 **Article 14**
97 An osteopathic family physician recognizes his/her position in the dynamics of the community in which
98 they live and practice. They should make every effort to participate in community activities and
99 services whenever possible.

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101 **Article 15**
102 An osteopathic family physician shall consider a romantic relationship or sexual misconduct with a
103 patient to be unethical. Sexual misconduct is defined as sexual contact or an attempt to have sexual
104 contact with any patient with whom the physician has a concurrent physician/patient relationship.
105 Sexual or romantic relationships with former patients are considered unethical if the physician uses or
106 exploits trust, knowledge, emotions or influence derived from the previous professional relationship.
107

108 **Article 16**
109 An osteopathic family physician shall consider sexual harassment to be unethical. Sexual harassment is
110 defined as a physical act or verbal statement of intimidation of a sexual nature involving a colleague or
111 subordinate, which creates an unreasonable, intimidating hostile or offensive workplace or academic
112 setting.
113

114 **Article 17**
115 The osteopathic family physician shall honor the family unit and work to preserve, strengthen and
116 protect it as being fundamental to the care of our patients.
117

118 **Article 18**
119 An osteopathic family physician shall be supportive of osteopathic colleges and state and national
120 osteopathic organizations. The osteopathic family physician shall not engage in slander or acts of
121 sedition towards the osteopathic profession or its supporting organizations.

FINAL ACTION: APPROVED as of MARCH 22, 2018