

## ***AMA Code of Medical Ethics***

### ***11.2.7 – Responsibilities to Promote Equitable Care***

Medicine at its core is a moral activity rooted in the encounter between a patient who is ill and a physician who professes to heal. The “covenant of trust” established in that encounter binds physicians in a duty of fidelity to patients. As witness to how public policies ultimately affect the lives of sick persons, physicians’ duty of fidelity also encompasses a responsibility to recognize and address how the policies and practices of the institutions within which physicians work shape patients’ experience of health, illness, and care. As the physical and social settings of medical practice, hospitals and other health care institutions share the duty of fidelity and, with physicians, have a responsibility to ensure that the care patients receive is safe, effective, patient centered, timely, efficient, and equitable.

Enduring health disparities across patient populations challenge these duties of fidelity. Disparities reflect the habits and practices of individual clinicians and the policies and decisions of individual health care institutions, as well as deeply embedded, historically rooted socioeconomic and political dynamics. Neither individual physicians nor health care institutions can entirely resolve the problems of discrimination and inequity that underlie health disparities, but they can and must accept responsibility to be agents for change.

In their individual practice, physicians have an ethical responsibility to address barriers to equitable care that arise in their interactions with patients and staff. They should:

- (a) Cultivate self-awareness and strategies for change, for example, by taking advantage of training and other resources to recognize and address implicit bias;
- (b) Recognize and avoid using language that stigmatizes or demeans patients in face-to-face interactions and entries in the medical record;
- (c) Use the social history to capture information about non-medical factors that affect a patient’s health status and access to care to inform their relationships with patients and the care they provide.

Within their institutions, as professionals with unique knowledge, skill, experience, and status, physicians should collaborate with colleagues to promote change. They should:

- (d) Support one another in creating opportunities for critical reflection across the institution;
- (e) Identify institutional policies and practices that perpetuate or create barriers to equitable care;
- (f) Participate in designing and supporting well-considered strategies for change to ensure equitable care for all.

As institutions in and through which health care occurs, hospitals and other health care institutions share medicine’s core values and commitment of fidelity, and with it ethical responsibility to promote equitable care for all. Moreover, as entities that occupy positions of

power and privilege within their communities, health care institutions are uniquely positioned to be agents for change. They should:

- (g) Support efforts within the institution to identify and change institutional policies and practices that may perpetuate or create barriers to equitable care;
- (h) Engage stakeholders to understand the histories of the communities they serve and recognize local drivers of inequities in health and health care;
- (i) Identify opportunities and adopt strategies to leverage their status within the community to minimize conditions of living that contribute to adverse health status.

*AMA Principles of Medical Ethics: I,VII,IX*