



**President**  
Mindy Fain, M.D.

**Executive Director**  
Suzanne Simons, MS

# *American Academy of Home Care Medicine*

## *Principles of Medical Ethics*

Prepared by the American Academy of Home Care Medicine

The following guidance is based on the *AMA Principles of Medical Ethics\** along with annotations especially applicable to home care physicians, nurse practitioners and physician assistants.

### PREAMBLE

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician, nurse practitioner and physician assistant must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following principles, adopted by the American Medical Association, are not laws, but standards of conduct, which define the essentials of honorable behavior for the physician, nurse practitioner and physician assistant.

### SECTION 1

A home care physician, nurse practitioner and physician assistant shall be dedicated to providing competent medical care with compassion and respect for human dignity and rights.

1. The home care physician, nurse practitioner, and physician assistant, will respect the dignity and privacy of the patient, and the social and religious customs of the patient's family where the patient resides. Shared decisions making regarding goals of care and end of life issues should be made between the clinician and the patient and/or his advocate after thoughtful consideration.
2. The home care physician, nurse practitioner, and physician assistant will respect and not violate physical and emotional boundaries between the clinician and the patient or their advocate.
3. The home care physician, nurse practitioner, and physician assistant will dedicate to the service of all patients regardless of the nature of their illness, ethnic origin, race, creed, age, socioeconomic status, or sexual orientation. In the event where the patient's care is beyond our resources and abilities, the physician, nurse practitioner, and physician assistant will intervene on their behalf as advocates of sound medical care.

## SECTION 2

The home care physician, nurse practitioner, and physician's assistant shall uphold the standards of professionalism, be truthful in all professional interactions, and strive to report physicians, nurse practitioners and physician assistants deficient in character or competence, or engaging in fraud or deception to appropriate authorities

### *Annotations*

The home care physician's, nurse practitioner's, and physician assistant's professional priority should be the best interests of the patient. Medical care decisions should never be influenced by goals of personal gain either financially and/or in professional status.

1. The home care physician, nurse practitioner and physician assistant will practice and provide services within his/her usual area of competence, exclusive of emergent needs. The home care nurse practitioner follows the ANA code of ethics. The nurse practitioner will seek collaboration/consultation in the delivery of patient care consistent with the scope of practice as legislated by the state in which she/he practices (For Code of Ethics for Nurses see <http://nursingworld.org/mainmenucategories/thepracticeofprofessionalnursing/ethicsstandards/codeofethics.aspx>). The home care physician assistant shall seek consultation with his/her supervising physician when required for optimal evaluation and management of the patient. Consultation will be made in a manner consistent with the law and regulations of the state in which he/she practices. (See *Guidelines for Ethical Conduct for the Physician Assistant Profession* Adopted 2000, amended 2008 (www.pace.edu/sites/pace.edu.physician-assistant/files/Documents/AAPA.EthicalGuidelines.pdf)).
2. The home care physician, nurse practitioner and physician assistant will assist the patient and their advocate in the understanding of payments related to their professional services.
3. Payment to physicians, nurse practitioners and physician assistants by home health agencies must reflect appropriate level of professional activities and must not be provided as an inducement for referrals.
4. Physician, nurse practitioner and physician assistant referrals for home health agency services, home diagnostics, home medical equipment and other non-physician home care services will be determined by legitimate clinical needs and will not be motivated by personal gain or self-interest.
5. Physicians, nurse practitioners and physician assistants practicing in a home care setting will be honest and forthright with patients and/or their advocates, informing them of factors that may affect their care, including but not limited to expectations and/or changes regarding visit frequency, identity of care providers, and the relationship of that individual to a medical group or organization, if not in

solo practice.

### SECTION 3

A physician, nurse practitioner, and physician assistant shall respect the law and also recognize a responsibility to seek changes in those requirements contrary to the best interests of the patient.

6. The home care physician, nurse practitioner, and physician assistant will request payment only for those services rendered.
7. The home care physician, nurse practitioner, and physician assistant will render only those services indicated by the circumstances of the clinical setting and are not required to provide treatment that, in their best professional judgment, will not achieve the intended clinical goals (i.e., “futile” treatment), even when the patient requests it. It is unethical to provide treatment that “has no scientific basis and is dangerous, is calculated to deceive the patient by giving false hope, or which may cause the patient to delay in seeking proper care.”
8. Physicians, nurse practitioners, and physician assistants ordering patient services or supplies from a home health agency will be responsible for timely approval of the Care Plan and subsequent orders, including service lines involved (occupational therapy, physical therapy, etc.), frequency of home visits and medications.
9. A physician, nurse practitioner, and physician assistant who requests payment based on time such as for Care Plan Oversight is expected to have provided the services detailed within the guidelines and regulations provided by the payer source.

### SECTION 4

A physician, nurse practitioner, and physician assistant shall respect the rights of the patient or their advocate, of colleagues, and of other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

10. The home care physician, nurse practitioner, and physician assistant will protect patient confidentiality as expected in a patient/physician relationship with special attention to protecting records or other pertinent information from public viewing or access.
11. The home care physician, nurse practitioner, and physician assistant may release confidential information only with the authorization of the patient, his or her designated advocate, under proper legal compulsion, or as permitted by law.
12. The home care physician, nurse practitioner, and physician assistant will respect the advance directives already established by the patient, or seek clarification

from the patient or appropriate family member when no clear directive has been prepared

## SECTION 5

The home care physician, nurse practitioner, and physician assistant shall continue to pursue excellence in medical care through study, medical education, and appropriate consultation with other health care professionals. A home care physician, nurse practitioner, and physician assistant is committed to making relevant information available to patients and colleagues.

13. In view of rapid development of technological advances affecting medical care provided in the home, the home care physician nurse practitioner, and physician assistant will be responsible for their own continuing education and be mindful that theirs must be a lifetime of learning.
14. The home care physician nurse practitioner, and physician assistant will often be involved with providers of services from a variety of fields due to the medical complexity of the home bound patients. The home care physician, nurse practitioner, and physician assistant need to recognize both his/her role in the leadership and guidance of the patient's medical care and his/her role in coordinating the activities of the other providers.
15. When possible, the home care physician, nurse practitioner, and physician assistant will provide education and/or consultative services to other home health personnel, in the spirit of encouragement, and ongoing learning and improvement in clinical skills and services.

## SECTION 6

The home care physician, nurse practitioner, and physician assistant in the provision of appropriate patient care, except in emergencies, shall be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

16. The home care physician, nurse practitioner, and physician assistant will determine whether the home is the appropriate environment to diagnose and treat a particular patient.
17. The home care physician, nurse practitioner, and physician assistant may refuse to provide treatment to a patient, who, in the physician's opinion cannot be adequately evaluated in the home setting.
18. The home care physician, nurse practitioner, and physician assistant has a right to determine if entering a neighborhood or specific home environment/domiciliary will jeopardize his or her personal safety. If the circumstances of the home visit is determined or suspected to be unsafe, the physician, nurse practitioner, and physician assistant have the right to decline the home visit. A physician, nurse

practitioner, or physician assistant who declines to make a visit under the above circumstances has an obligation to communicate with the patient/caregiver and arrange for an alternative approach to care for the patient, or to notify the proper authorities if the patient's or provider's well being is at risk.

#### SECTION 7

The home care physician, nurse practitioner, and physician assistant shall recognize a responsibility to participate in activities contributing to the improvement of the community and the enhancement of public health.

19. Home care physicians, nurse practitioners, and physician assistants are encouraged to communicate and cooperate with health care and government organizations in order to improve health care delivery at home.
20. The home care physician, nurse practitioner, and physician assistant is encouraged to teach their colleagues about treating patients in the home care setting, and sharing their experience and expertise in providing a safe and secure environment for the practice of medicine in the home setting.
21. The home care physician, nurse practitioner, and physician assistant will respect the professional integrity and needs of non-physicians on the home care team and will interact with them in an appropriate manner that fosters mutual growth and respect.

#### SECTION 8

A physician, nurse practitioner and physician assistant shall, while caring for a patient, regard responsibility to the patient as paramount.

#### SECTION 9

A physician, nurse practitioner and physician assistant shall support access to medical care for all people.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**\*NOTE: Please keep a copy and return original to AAHCM  
Source: copyright 1995-2015 American Medical Association. All rights reserved.**