

## THE CODE SAYS

### The AMA *Code of Medical Ethics'* Opinions Related to Urgent Decision Making

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#### Abstract

The American Medical Association (AMA) *Code of Medical Ethics'* opinions underscore a physician's responsibility to act in an emergency when patients cannot give informed consent and a surrogate or advance directive is unavailable. The duty to provide urgent care extends even to patients with whom the physician has a familial, social, or professional relationship and in cases in which physicians themselves might be subject to harm.

Informed consent and decision making are principles fundamental to both ethics and law. Generally, patients must receive and understand all relevant information regarding medical treatment before making a decision to consent to a particular intervention. If they are unable to make decisions for themselves (if they are unconscious, for example), then the treating physician generally refers to an advance directive or [surrogate decision maker](#) for consent or input on whether and how to proceed.

In emergencies, however, a patient might present without any written directives or family members who can consent to or provide insight about how to proceed with medical care. The *Code of Medical Ethics* addresses these types of situations in Opinion 2.1.1, "Informed Consent."

In emergencies, when a decision must be made urgently, the patient is not able to participate in decision making, and the patient's surrogate is not available, physicians may initiate treatment without prior informed consent. In such situations, the physician should inform the patient/surrogate at the earliest opportunity and obtain consent for ongoing treatment [1].

The concept of physicians acting during an emergency is discussed in several places in the *Code*. Opinion 5.2, "Advance Directives," states:

In emergency situations when a patient is not able to participate in treatment decisions and there is no surrogate or advance directive available to guide decisions, physicians should provide medically

appropriate interventions when urgently needed to meet the patient's immediate clinical needs. Interventions may be withdrawn at a later time in keeping with the patient's preferences when they become known and in accordance with ethics guidance for withdrawing treatment [2].

A common element found in these opinions is that a physician should act immediately when necessary and always disclose what has transpired as soon as appropriate. In fact, physicians are almost always compelled to act during an emergency. For example, Opinion 8.3, "Physicians' Responsibilities in Disaster Response and Preparedness," specifies that an obligation to respond during [disasters](#) "holds even in the face of greater than usual risks to physicians' own safety, health, or life" [3], and Opinion 1.1.7, "Physician Exercise of Conscience," states that "physicians are expected to provide care in emergencies" [4]. Opinions 1.2.1, "Treating Self or Family" [5], and 10.3, "Peers as Patients" [6], both clarify that physicians "should not hesitate" to treat in emergencies, in isolated settings, or when there is no other qualified physician available. The care should always be documented, and the patient transferred to another physician as soon as one becomes available. These opinions further underscore the physician's responsibility to act in an emergency.

## References

1. American Medical Association. Opinion 2.1.1 Informed consent. *Code of Medical Ethics*. <https://www.ama-assn.org/delivering-care/informed-consent>. Accessed April 12, 2018.
2. American Medical Association. Opinion 5.2 Advance directives. *Code of Medical Ethics*. <https://www.ama-assn.org/delivering-care/advance-directives>. Accessed April 12, 2018.
3. American Medical Association. Opinion 8.3 Physicians' responsibilities in disaster response and preparedness. *Code of Medical Ethics*. <https://www.ama-assn.org/delivering-care/physicians-responsibilities-disaster-response-preparedness>. Accessed April 12, 2018.
4. American Medical Association. Opinion 1.1.7 Physician exercise of conscience. *Code of Medical Ethics*. <https://www.ama-assn.org/delivering-care/physician-exercise-conscience>. Accessed April 12, 2018.
5. American Medical Association. Opinion 1.2.1 Treating self or family. *Code of Medical Ethics*. <https://www.ama-assn.org/delivering-care/treating-self-or-family>. Accessed April 12, 2018.
6. American Medical Association. Opinion 10.3 Peers as patients. *Code of Medical Ethics*. <https://www.ama-assn.org/delivering-care/peers-patients>. Accessed April 12, 2018.

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