

THE ACD CODE OF CONDUCT

This Code sets out general principles in relation to the practice of Dermatology. It is not exhaustive and cannot cover every situation which might arise in professional practice. It complements legislation but is not a substitute for legislative provisions and case law that have developed in the area. Dermatologists must be aware of legislative requirements and Medical Board Codes of the state that they practice in.

The role of the Australasian College of Dermatologists (ACD) is to pursue excellence in the delivery of health care to patients. This will be achieved by innovative training, accreditation and continuing education supported by active assessment of the effectiveness of those programs.

The College will support research into skin disorders and will act as an advocate for patient care, forging productive relationships with individuals, the community and professional organisations both locally and internationally. The College will encourage and participate in practices and research which optimise benefit for resource use.

GENERAL PRINCIPLES

There are certain principles which are fundamental to medical training and practice. The dermatologist's primary goals are similar to those of other doctors; that is, to:

- improve the health of the patient,
- relieve suffering,
- do no harm,
- prevent untimely death, and
- maintain the dignity of the person.

More generally, dermatologists should:

- act in a spirit of public service and accordingly,
- prefer the health interests of their patients to their own or the profession's interests.

Doctor Patient Relationship

In dealing with patients, the following attitudes are fundamental:

1. Recognition that the health interests of the patient and the community are paramount.

Patients must not be exploited. This particularly requires careful discernment where treatments are expensive or of limited benefit.

The dermatologist should offer advice, where appropriate, without coercion. The dermatologist must recognise that it is not always in the best interests of patients, or

their families, to do everything which is technically possible to make a precise diagnosis or to attempt to modify the course of the illness. Some interventions may not be in the best interest of the patient and it is the duty of dermatologists to recognise and clarify this with patients.

2. Respect for every human being, with an appreciation of the diversity of human background, values and beliefs in treatment.

Patients should have access to treatment regardless of culture, ethnicity, religion, socioeconomics, political beliefs, gender, sexual orientation, or the nature of their illness.

The dermatologist should be prepared if asked to discuss with patients alternative treatments which are not scientifically proven or well understood. The dermatologist should attempt to ensure that appropriate medical advice remains available to the patient even if an alternative pathway of treatment is adopted.

The dermatologist should inform the patient if a personal moral judgment or religious belief alone prevents her/him from recommending or utilizing a particular therapy.

3. Respect for an individual's right to privacy, confidentiality and to consent.

The dermatologist should protect the confidentiality of all information concerning their patients, not disclosing it except as required by law. Where the dermatologist is legally required to release information about a patient, the patient should, if possible, be advised beforehand of the reasons for doing so and the nature and content of the information to be released.

The dermatologist should provide relevant/necessary information for patient care to other members of the health care team subject to the consent of the patient.

The dermatologist should be aware of institutional and government requirements for gaining consent from patients, including minors, mentally impaired patients and psychiatrically impaired patients.

4. Awareness of the need to communicate with patients and their families, and to involve them fully in planning the management of the illness.

All information provided to patients and their families, by a dermatologist, should be in a form that is easy to understand. Information should also be sufficiently comprehensive to enable patients to understand their own condition and to be aware of the risks and benefits of investigation and treatment, including the option of no investigation or treatment. The assistance of an interpreter should be sought if necessary. In the case of adult patients, information should only be provided to family members with the patient's consent.

The dermatologist should ensure adequate opportunity for patients to ask questions and discuss alternatives.

Genetic investigations for the diagnosis of disease should only be conducted if there is a potential benefit and if appropriate counselling is conducted for the patient before and after testing.

5. A desire to achieve optimal patient care with an awareness of the need for cost effectiveness of the treatment program.

Dermatologists should be mindful of the need to maximise the benefits to be obtained from available resources. However, the management and care of each patient should be determined solely by the medical needs of the patient and not influenced by personal or organisational economic considerations.

6. Ability to recognise conflicts of interest and the potential for these to compromise obligations.

Dermatologists need to develop a capacity to recognise conflicts of interest (and duty) and to discern what may be perceived by the public as a conflict of interest.

Conflicts of interest may be: financial, professional or personal. Conflicts should be resolved in accordance with the best interests of the patient. Whilst the interests of colleagues, employers, funding bodies and the community are important, they are secondary to those of the patient.

Dermatologists should avoid involvement in commercial matters that the public might reasonably think to involve interests that compete with those of the patient; which must remain at the centre of all clinical decisions. The mere declaration of real or potential possible conflicts does not necessarily resolve the situation as patients are often in a vulnerable position when called upon to make decisions to purchase products, pursue therapies or investigations.

7. Recognition that it is not appropriate to refuse or delay treatment of a patient because the patient's actions might have contributed to the patient's condition, or because the patient might pose a risk to the dermatologist's health or safety.

If the patient does pose a risk to the dermatologist's health or safety, then the dermatologist may take reasonable steps for personal protection before undertaking investigation and treatment. Any response to the perception of risk should be consistent with the dermatologist's duty to respect the dignity of the patient.

8. Ability to recognise when a clinical problem should be referred to another practitioner.

The dermatologist should offer to arrange a further opinion or ongoing care with another suitable practitioner if:

- the patient requests this;
- the therapy required is beyond the individual doctor's expertise or experience; or if
- the therapy required is in serious conflict with the doctor's personal belief or value system.

The dermatologist must be willing to work effectively in a team with other health care professionals for the benefit of the patient.

Continuity of care is important and appropriate cover should be considered when the dermatologist is off-duty. Patients should be aware of necessary aftercare and where they should go to receive this.

9. Appreciation of the complexity of ethical issues related to human life and death, including the allocation of scarce resources.

Dermatologists have increasing access to expensive medical interventions and should consider carefully the relative benefits, to the patient, of their use.

10. Appreciation of the responsibility to maintain standards of medical practice at the highest possible level and to avoid causing harm throughout a professional career.

The dermatologist should conscientiously engage in relevant, continuing professional development activities.

The dermatologist who suspects that he or she may be infected with a serious infectious agent that might be transferred to patients should voluntarily be tested for such agents. Where infection is confirmed, the practitioner should adhere to the fundamental professional obligation to avoid harm to patients.

The dermatologist should not practice medicine while impaired by alcohol, drugs, or physical or mental disability. The impaired practitioner should seek appropriate assistance to address these problems.

General Requirements

When conducting a consultation:

The level of fees for the consultation and treatment should be available and provided if requested by patients. The dermatologist should be prepared to discuss any estimated fee with the patient, alerting them to the level of accuracy that is possible.

It is necessary to maintain legible and contemporaneous records that allow for continuity of care and evaluation of therapeutic outcomes. Matters relevant to the consent process should be documented, especially in complex procedural work.

Legal documents, including sickness certificates, should be discharged honestly, without prejudice and should form part of the medical record.

If problems arise during care of a patient:

The dermatologist should deal with complaints promptly, constructively and honestly. It is necessary to co-operate with complaint procedures which apply in the relevant State and institution.

If a patient suffers harm through misadventure, or for any other reason, then it is necessary to act promptly to put matters right. A full explanation should be offered to the patient along with an apology if the dermatologist is responsible for the harm.

The dermatologist should not let a complaint affect the standard of care offered to the patient. In some situations, it might be appropriate to arrange transfer of the patient's care to another doctor.

Adequate professional indemnity insurance should be maintained. This is a requirement of many state licensing and medical boards.

In relation to professional colleagues:

When referring a patient, the dermatologist should make available to his colleague all relevant information after seeking the patient's permission to do this.

When an opinion has been requested by a colleague, the dermatologist's findings and recommendations should be reported in detail to that doctor; provided that the patient gives consent for this to occur.

The dermatologist should not make comments that may needlessly damage the reputation of a colleague.

The dermatologist should be vigilant in identifying colleagues whose health, behavior or performance is a threat to the well-being of patients. It is incumbent upon the dermatologist to persuade an impaired colleague, whose professional performance is of concern, to seek

appropriate professional help. If this is not acted upon voluntarily, by the impaired professional, it is the dermatologist's duty to report the impairment to the appropriate authority (for example, to the relevant medical board).

Electronic Dermatology Consultations:

Care must be taken in telephone consultations, telemedicine or other electronic forms of consultation, in dermatology, to ensure that basic principles of privacy and confidentiality are not compromised. Records should be made to document adequately the encounter and these records should be of a standard equivalent to that required following a normal consultation. Electronic formats could include: email, web based services, mobile telephony and messaging services, with or without images.

Telephone consultations can be useful to follow up progress or clarify issues but must not be used as a substitute for face to face consultations, particularly for new patients or in cases of dramatic changes in a patient's condition. Telephone consultations must not be made in a way in which they can be overheard, thus breaching confidentiality. Telephone consultations must be recorded in the medical case note.

The use of unencrypted electronic mail to and from patients should be discouraged due to inadequate security of communication. Other forms of communication must be based on secure protocols.

Great care must be taken in teledermatology as there are many more opportunities for mistakes and misunderstandings to be made. Diagnostic accuracy is lower and patient cues are more difficult to pick up. This must be kept in mind during all such consultations. Teledermatology will often be used to assess acute conditions in patients living in remote locations and is not merely an alternative to a normal dermatological consultation.

On Retirement:

The dermatologist should ensure that medical records are transferred or archived as required by the local jurisdiction.

Relationship with the Profession

The dermatologist should build a professional reputation based on integrity and ability.

The College will actively support and communicate with Fellows and Trainees.

The College, through its members, shall maintain, advance and convey its specialised body of knowledge to future generations.

The dermatologist should maintain membership of the College, relate professionally to other College members and uphold the dignity and honour of the speciality and the profession.

The dermatologist must ensure that any announcement or advertisement directed towards patients or colleagues is demonstrably true in all respects, does not contain any testimonial or endorsement of his or her clinical skills, and is not likely to bring the profession into disrepute.

Teaching:

The dermatologist must pass on his/her professional knowledge to colleagues, dermatology trainees and medical students. Before embarking on any clinical teaching involving patients, the dermatologist must explain the nature of the teaching methods to the patient and obtain the patient's informed consent. A patient's refusal to participate in teaching or supervised procedural work by trainees must not be allowed to interfere with the doctor-patient relationship.

In any teaching exercise, the dermatologist must ensure that the patient is managed according to the best proven diagnostic and therapeutic methods, and that the patient's dignity and comfort are maintained at all times.

Trainees should be provided with education and supervision in an environment that is free from bullying and harassment.

Dermatologists organising formal College Scientific Educational Meetings are in a particularly influential position and should attempt to divest themselves of their relationships with commercial interests; especially if these commercial interests have some association with the event. If this is not possible the competing interests must be declared to the Board.

Research:

Where possible, dermatologists should accept a responsibility to advance medical progress by participating in properly developed, scientifically credible research. Where patients are to be approached to consider participation in research, the dermatologist must ensure that the research has scientific merit and that it has been approved by an independent ethics committee.

The dermatologist must recognize that the well-being of the research subjects takes precedence over the interests of science and society. Informed consent must be obtained and the dermatologist must ensure that patients understand their right to refuse or to withdraw at any time. Such refusal or withdrawal must not be allowed to affect the doctor-patient relationship.

Evidence of fraud or misconduct in research should be reported to an appropriate authority without hesitation.

The Dermatologist and Society

The dermatologist should strive to improve the standards and quality of medical services in the community and should accept a share of the profession's responsibility for public health education. When providing scientific information to the public, the dermatologist has a responsibility to give the generally held opinions of the profession in a form that is readily understood. When presenting a personal opinion, which is contrary to the generally held opinion of the profession, the dermatologist should indicate that this is the case.

When possible, dermatologists should use their special knowledge and skills to assist the government of the day in considering issues of resource allocation. However, the dermatologist's primary duty is to provide his or her patient with the best available care.

When giving evidence in court, the dermatologist has a responsibility to assist the court by providing reasoned, clear, concise and above all, truthful evidence to assist in arriving at a just decision.

When signing documents, including sickness certificates, the dermatologist must ensure that the information they contain is accurate.

The dermatologist should retain and apply all ethical standards when visiting or working outside his home country. The dermatologist should practise within the sphere of his training and expertise in the context of local resources and cultural imperatives.