

Code of Ethics 2025

1. Preamble

1.1 The AMA's Code of Ethics articulates and promotes a body of ethical principles to guide doctors in their relationships with patients, colleagues, other healthcare professionals and society. It reflects the standards of ethical behaviour expected by the profession and society.

1.2 The Code of Ethics reflects the core values of the medical profession in Australia. It provides guidance to individual doctors for decisions they may make in relation both to professional relationships and community responsibilities. It also informs the community about the standards of conduct the medical profession sets for itself and how it understands its broader social responsibilities.

1.3 While the Code of Ethics serves to support and guide doctors in their ethical behaviour, it can never account for the complexity and nuance of every situation or replace doctors' professional insight and judgement.¹ It should therefore not be regarded as a prescriptive set of rules to be applied without context, but rather as a resource to inform and deepen reflection and decision-making about ethical issues.²

1.4 Support and training should be available to assist doctors who require guidance with clinical ethics decision-making.

2. The doctor and the patient

2.1 Doctors who provide patient care

2.1.1 Doctors promote the health and well-being of all patients with good medical practice and professional conduct.

2.1.2 The doctor–patient relationship is a partnership based on mutual respect, collaboration, and trust, where both doctors and patients have rights as well as responsibilities.

¹ The Code of Ethics should be read in the context of other more specially focused position statements produced by the AMA. The AMA's position statements, guidelines, and additional resources can be found at www.ama.com.au.

² It is also important doctors are aware of their professional obligations, such as those set out in legislation, in the Medical Board of Australia's *Good Medical Practice: a code of conduct for doctors in Australia*, and professional guidance from their relevant medical specialist colleges.

2.1.3 While doctors owe a primary duty to individual patients, they also have responsibilities to other patients, colleagues, healthcare professionals, and the wider community, including future generations as well as to their own health and well-being.

2.2 Respect for patients

2.2.1 Treat patients with respect, dignity and compassion in a culturally and linguistically appropriate manner.

2.2.2 Recognise there is a potential power imbalance in the doctor–patient relationship. Doctors possess the highly specialised knowledge and skills required to provide quality healthcare. However, some patients may feel vulnerable and exposed due to the very personal and physical nature of the doctor–patient relationship. Patients from minority or marginalised populations may feel more vulnerable to imbalances of power and may require support to ensure they receive equitable access to and provision of medical care.

2.2.3 Provide patient-centred care fairly, justly, impartially, and without discrimination.

2.2.4 Provide care that is culturally safe,³ as determined by the recipient, recognising that Australia is a culturally, linguistically, and religiously diverse nation. Understand that the values, principles, and assumptions of Western medicine are themselves culturally determined and may not reflect those of people from different cultural backgrounds.

2.3 Patient decision-making

2.3.1 Empower and support patients to participate in managing their own healthcare, respecting their autonomy, goals of care, and treatment preferences.

2.3.2 Respect the right of patients with decision-making capacity to make their own healthcare decisions. This includes the right to accept or reject advice regarding treatments and procedures, such as life-sustaining treatments.

2.3.3 Communicate effectively with the patient and obtain their consent before undertaking any test, treatments, or procedures (there is an exception where consent cannot be obtained in emergency circumstances). For consent to be valid, it must be fully informed, voluntary,

³ The AMA recognises the definition of cultural safety that has been endorsed by the Australian Health Practitioner Regulation Authority. Cultural safety for Aboriginal and Torres Strait Islander individuals, families and communities is determined by those members and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. <https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx>. Cultural safety and culturally safe practices also apply to individuals, families, and communities from culturally and linguistically diverse backgrounds.

and made with appropriate decision-making capacity. Where appropriate, consent should be consistent with cultural needs.

2.3.4 Provide the patient with reasonable and clinically appropriate timeframes for decision-making that enable them to seek appropriate supports and advice (if required), process relevant information, and reflect on their decision. Except in emergency settings, this may be best achieved by offering the patient a cooling-off period to make a decision. This could also involve multiple discussions within a medically appropriate timeframe.

2.3.5 Respect the patient's right to refuse or withdraw their consent, and ensure, as far as possible, this does not compromise the doctor–patient relationship or the appropriate provision of other treatment and care.

2.3.6 Recognise that patients may choose to maintain or discontinue a therapeutic relationship with a particular doctor or have more than one established doctor–patient relationship.

2.3.7. If you are aware that a patient is seeking a second opinion from you, consider the opinion of the previously consulted doctor when conducting your own assessment, if it is available and appropriate. Should your opinion differ from that previously provided, explain to the patient the reasons for your conclusions.

2.3.8 Facilitate coordination and continuity of care.

2.3.9 Treat the patient's family members, carers, and significant others with respect.

2.3.10 Recognise that while your priority is the care of the patient, the patient's family members and carers may also need support, particularly when the patient's condition is serious or life-limiting. Where appropriate, inform them of where they may be able to receive assistance, such as from their healthcare team, respite care, bereavement services, carer support, and other relevant services.

2.4 Patients with limited, impaired, or fluctuating decision-making capacity

2.4.1 Presume an adult patient has decision-making capacity — the ability to make and communicate their own healthcare decisions — unless there is evidence to the contrary.⁴

2.4.2 Respect the patient's ability to participate in decisions, consistent with their level of capacity at the time a decision needs to be made.

⁴ Legal definitions of capacity and capacity assessments may vary across jurisdictions.

2.4.3 Recognise that some patients may have limited, impaired, or fluctuating decision-making capacity, and ensure that any assessment of capacity is specific to the decision being made at that particular point in time.

2.4.4 Consider that some patients will have capacity to make a supported decision while others will require a decision made by a substitute decision-maker.

2.5 Protection of patient information

2.5.1 Respect the patient's right to know what information is held about them, to access their medical records, and to have control over their use and disclosure, with limited exceptions.

2.5.2 Maintain the confidentiality of the patient's personal information, including their medical records. Disclose such information to others, including family members, only with the patient's explicit and up-to-date consent, or as required or authorised by law. This obligation applies to both identified and de-identified patient data.

2.5.3 Maintain accurate, contemporary, and secure medical records that support and facilitate continuity of care.

2.5.4 Facilitate arrangements for the ongoing care of your patients, including the management of their medical records, if closing or relocating your practice.

2.6 Health-related research

2.6.1 Support properly designed, ethically approved research involving human participants to advance medical progress.

2.6.2. Obtain the patient's consent prior to their participation in clinical research.

2.6.3 Respect the patient's decision not to participate in, or to withdraw from, clinical research at any time without prejudice to their medical treatment.

2.6.4 Recognise that the safety, rights, and interests of the individual research participant take precedence over the interests of others, including the research team, affiliated institutions, funders, and the broader community.

2.7 Clinical teaching

2.7.1 Pass on your professional knowledge and skills to colleagues, medical students, and other healthcare professionals through clinical teaching, where appropriate. Recognise and respect the knowledge and skills of those who are teaching.

2.7.2 Obtain the patient's consent prior to their participation in clinical teaching, only including them if consent has been granted.

2.7.3 Respect the patient's decision not to participate in, or to withdraw from, clinical teaching at any time, without prejudice to their medical treatment.

2.7.4 Maintain the patient's comfort, dignity, and safety during clinical teaching.

2.8 Financial consent

2.8.1 Encourage open discussion of healthcare costs with the patient.

2.8.2 Recognise the essential requirement of informed financial consent, ensuring that, where possible, the patient is informed of and consents to your fees before the medical service is provided.

2.9 Support for patients when not entering into, or discontinuing, a therapeutic relationship

2.9.1 Recognise that you may decline to enter into a therapeutic relationship with a patient, so long as the situation is not an emergency. In such situations, document the reasons for this, consider informing the patient, and direct them to where they may seek care.

2.9.2 Recognise that you may discontinue a therapeutic relationship with a patient if it becomes ineffective, compromised, or is in the patient's best interests, provided the situation is not an emergency. Inform the patient of your decision and assist in facilitating arrangements for their continuing care.

2.9.3 Avoid providing care to anyone with whom you have a close personal relationship, other than in an emergency.

2.10 Conscientious objection

2.10.1 Should you choose not to provide, or participate in, some form of patient care based on a conscientious objection, inform the patient of your objection in a timely manner, advise them of their right to seek care from another doctor, and ensure they have sufficient information to exercise that right.⁵

2.10.2 Provide medically appropriate treatment in an emergency situation, where necessary, safe to do so, and within your capabilities.

⁵ When a doctor refuses to provide, or participate in, a legally recognised treatment or procedure because it conflicts with his or her own personal beliefs and values, this constitutes a 'conscientious objection'.

2.10.3 Recognise and respect that colleagues are entitled to have their own personal beliefs and values, as are all members of the community.

3 The doctor and the profession

3.1 Professional conduct

3.1.1 Exercise independent professional judgement and maintain the highest standards of professional conduct, being aware that your personal behaviour may affect your reputation and that of the medical profession.

3.1.2 Ensure your clinical practice utilises the best available evidence in conjunction with your skills, training, ability, and resources.

3.1.3 Attend to your own health and well-being, seek timely and appropriate care, and have your own general practitioner (GP).

3.1.4 Continue lifelong professional development to keep your knowledge, skills and performance up to date, maintain your standard of medical care, and meet your relevant professional obligations.

3.1.5 Maintain appropriate professional boundaries with patients and their close family members. Do not enter into sexual, exploitative, or other inappropriate relationships, regardless of whether interactions are face-to-face, through electronic communication, or via social media or any other online platforms.

3.1.6 Report suspected unethical or unprofessional conduct to the appropriate authority, including bullying or harassment by a doctor, medical student, or other healthcare professional.

3.1.7 Recognise the patient's right to make a complaint in relation to their healthcare, provide sufficient information about the complaints process, and ensure that making a complaint does not adversely affect the patient's care.

3.1.8 Recognise that you have legal and professional obligations when using social media, remembering that your online behaviour — whether undertaken in a personal or professional capacity — may reflect on your role as a doctor and on the reputation of the medical profession.

3.2 Working with medical colleagues

3.2.1 Treat colleagues and medical students with respect and dignity, including maintaining appropriate professional boundaries.

3.2.2 Treat those under your supervision with respect, care, and patience.

3.2.3 Refrain from undertaking actions that may unfairly damage the reputation of a colleague or of a medical student.

3.2.4 Support the health and well-being of colleagues and medical students. Recognise and respond if you are concerned about their health, and take action to minimise the risk to patients' health.

3.2.5 When providing medical care to colleagues and medical students, do so with the same skill and professionalism given to other patients.

3.3 Referral to medical colleagues

3.3.1 Recognise the limits of your professional expertise, knowledge and skills, and refer patients to a colleague as appropriate.

3.3.2 Obtain the opinion or advice of an appropriate colleague, if required, or in response to a reasonable request by the patient.

3.3.3 Obtain the patient's consent to provide your colleague with relevant information and ensure patient confidentiality when requesting a colleague's opinion.

3.3.4 When a colleague requests your opinion, report your findings and recommendations to that doctor in a timely, confidential manner.

3.3.5 Respect the central role of the GP in managing and coordinating patients' care needs. Ideally, referral to another non-GP specialist should be made following consultation with the patient's GP. The clinical management, outcomes, and decisions should be communicated to the GP in a timely fashion.

3.4 Working with other healthcare professionals and as part of a healthcare team

3.4.1 Recognise and respect the role of other healthcare professionals, as well as non-clinical workers such as trained interpreters and religious, spiritual, and cultural advisers, as part of the healthcare team.

3.4.2 Treat other healthcare professionals and non-medical students with respect and dignity at all times and maintain appropriate boundaries between personal and professional relationships.

3.4.3 Work collaboratively and respectfully with all members of the patient's healthcare team.

3.4.4 Adhere to your responsibility in delegation and handover of patient care.

3.5 Managing conflicts of interest

3.5.1 Ensure your financial or other personal or professional interests do not compromise your professional judgement, your capacity to serve patients' healthcare needs, or the community's trust in the integrity of the medical profession.

3.5.2 Disclose your financial or other interests that may affect, or be perceived to affect, patient care.

3.5.3 Recognise that the potential for conflicts of interest to develop varies according to circumstances and context. Where uncertainty exists seek appropriate advice and guidance.

3.6 Advertising

3.6.1 Ensure your advertising facilitates, and does not undermine, informed patient choice, appropriate medical referral and care, and the community's trust and confidence in the quality of services provided by the medical profession.

4. The doctor and society

4.1 Responsibility to society

4.1.1 Strive to participate in activities that contribute to the health and well-being of the wider community and public health, such as health education, research, leadership, and advocacy.

4.1.2 When using innovations in healthcare practice, balance the potential benefit of new technologies with your duty to protect and promote patient health and well-being, safety, privacy, and autonomy.

4.1.3 Ensure your contributions to public discussions and debate are respectful, undertaken in good faith, and do not undermine the public's trust or the reputation and standing of the medical profession within the community.

4.1.4 Recognise that a person's health is shaped by the social, economic, cultural, and environmental conditions in which they live. Where possible, advocate to reduce health inequities by addressing such social determinants of health.

4.2 Professional autonomy and clinical independence

4.2.1 Maintain professional autonomy and clinical independence, and advocate for the freedom to exercise professional judgement in the care and treatment of patients, without undue influence from individuals, governments, or third parties. For example, undue influence may include pressure to carry out services which you consider to be ethically inappropriate or not in the best interests of patients.

4.2.2 Refrain from entering into any contract or agreement with a colleague or organisation which you consider may conflict with your professional autonomy, clinical independence, or primary obligation to the patient.

4.2.3 Uphold the values and principles of the medical profession, including your primary obligation to patients, when facing conflicting loyalties in performing your professional duty. For example, when participating in positions of medical leadership on behalf of government or other third parties, recognise your primary ethical and professional obligation as a doctor, and uphold the values and principles of the medical profession, including advocating for the health and well-being of the community.

4.2.4 Refuse to countenance, condone, or participate in the practice of torture or other forms of cruel, inhuman, or degrading procedures.

4.2.5 Alert appropriate authorities when the healthcare service or environment in which you work is inadequate, or poses a threat to health.

4.2.6 Recognise a responsibility to give the generally held opinions of the profession when providing scientific information to the public, in a form that is readily understood. Indicate clearly when presenting any personal opinion that is contrary to the generally held opinion of the profession.

4.3 Stewardship, sustainability and responsibility to the planet

4.3.1 Demonstrate effective stewardship of healthcare resources. This involves respecting the resources available to improve health and avoiding wasteful expenditure, such as providing low-value care, duplicating resources, and over-investigation. This also involves enhancing the safety and quality of care to protect patients from harm, while considering future resource needs.

4.3.2 Practise medicine (and advocate that medicine be practised) in ways that are environmentally sustainable, with a view to minimising environmental health risks for current and future generations.

4.3.3 Support the profession's role in advocating that human health is ultimately dependent on the health of the planet and its ecosystem, and its role in undertaking efforts to protect the natural environment, limit the use of non-renewable resources, prevent the progression of climate change, conserve the diversity of species, and preserve the ecological balance.

4.4 Medico-legal responsibilities

4.4.1 Familiarise yourself and keep up to date with any codes of practice, regulations, and legislation relevant to your professional role and jurisdiction.

4.4.2 Recognise your legal and professional obligations when preparing medico-legal documents, such as medical certificates or independent medical examination reports. Provide impartial, honest, and accurate information in a timely manner, ensuring the patient understands your medico-legal role as it relates to their care.

4.4.3 Recognise your responsibility to assist the courts and tribunals (or similar forums) by providing informed, fair opinion, based on impartial, expert evidence, when called upon to do so.