

## VIEWPOINT

# A Unified Code of Ethics for Health Professionals

## Insights From an IOM Workshop

**Matthew K. Wynia, MD, MPH**

American Medical Association, Chicago, Illinois, and University of Chicago, Chicago, Illinois.

**Sandeep P. Kishore, PhD**

Weill Cornell Medical College, Rockefeller University, and Sloan-Kettering Institute and Young Professionals Chronic Disease Network, New York, New York.

**Cynthia D. Belar, PhD**  
American Psychological Association, Washington, DC.



Author Reading at  
jama.com

**A social contract** is an agreement among members of a society to cooperate for social benefits. The most prominent example, around which Rousseau first described the social contract in 1762,<sup>1</sup> is democratic governance, in which free citizens exchange some individual freedom for shared state protections. In democracies, a number of different structures and documents, such as laws and regulations, make the social contract tangible—and keep it open to debate and evolution.

Professions also require social contracts, wherein professional groups acquire social prerogatives in exchange for promises regarding expertise, group self-regulation, and service.<sup>2</sup> Professional obligations under these social contracts are often expressed in codes of ethics; although, unlike laws and regulations, the level of public engagement in developing professional codes has traditionally been limited.<sup>3</sup> Still, when professional codes have failed to meet societal expectations, they have been

A transdisciplinary code of ethics, applicable to all health professionals and created with public input, would be the first step toward generating a social contract that can meet the contemporary needs of health professionals and the patients and communities they serve.

publicly criticized and eventually changed, such as when the American Medical Association's code initially failed to fully obligate physicians to care for patients with human immunodeficiency virus infection.<sup>4</sup> In the end, professions must meet the needs of individuals and communities or risk extinction. Their social contracts, as exemplified in their codes of ethics, must therefore evolve with changes in the clinical and social environment.

Society and the health system are undergoing substantial shifts today, not merely because of the Patient Protection and Affordable Care Act of 2012 but from forces including the advent of increasingly complex and expensive treatment options, increasing cost pressures, faster and more voluminous information flow, more patients with chronic conditions, and larger numbers of highly educated practitioners from diverse disciplines caring for patients together. These shifts have led to encouragement to foster emphasis on teams and collaborations and an emphasis on

health promotion and wellness, including efforts to engage patients, families, and communities in aspects of health care previously reserved for professionals.<sup>5</sup> Yet, while health care professional codes of ethics often include statements on shared decision making and team-based care, none have recognized a need for fundamental, structural changes to the social contracts that govern the work of health care professionals and their roles and relations in society.

The Institute of Medicine's (IOM's) Global Forum on Innovation in Health Professional Education convened a workshop in May 2013 to explore these issues. At the workshop, the forum's 59 members, drawn from 18 different health disciplines across 8 high-, middle-, and low-income countries, met with invited experts, students and patient representatives to discuss prospects for establishing a new, shared social contract between health care professionals and society. From the meeting and its proceedings, published in fall 2013,<sup>6</sup> there are 3 insights that may help health care professionals and the public chart a course forward together.

### A Transdisciplinary Code of Ethics

First, a new social contract should be articulated in a code of ethics that does not focus on the roles and obligations of just 1 subset of health professionals. The traditional approach to professionalism in health care has separated health professionals according to education and credentialing, with each group seeking to establish its own social contract. In

negotiating their social roles, this separation has allowed groups at times to ignore, show little regard for, or even be overtly hostile toward the roles of other groups (for example, in debates over scope of practice and payment issues). This approach is counterproductive in today's health care environment, which demands teamwork.<sup>5</sup> While progress on interprofessional education and practice had led to greater interaction and coordination across groups to address shared problems, different health disciplines remain defined as separate professions, and the social contracts for each remain separate.

A transdisciplinary professionalism statement for health care would comprise a fully integrated approach, with different health disciplines (nursing, medicine, psychology, and others) joining to create, profess, and apply a shared ethos, articulated in a unified code of ethics. Doing this would reflect the contemporary reality; diverse groups of health professionals should work

**Corresponding Author:** Matthew K. Wynia, MD, MPH, American Medical Association, 330 N Wabash Ave, Chicago, IL 60611 (matthew.wynia@ama-assn.org).

together with a shared purpose because patients and the public need to be able to trust not just one type of health care professional, but multidisciplinary groups of professionals working in teams.

Importantly, this approach would not ignore differences in education and competencies across disciplines. Nephrologists and orthopedic surgeons have markedly different skill sets and clinical privileges, but they are unified as physicians. So, too, physical therapists, medical assistants, public health practitioners, dentists, and others have different skill sets. All should be unified as health professionals.

### Mechanisms for Development and Enforcement

Second, transdisciplinary professionalism demands more than a 1-time listing of shared values by a multidisciplinary group. A meaningful transdisciplinary professionalism will entail the creation of new institutional frameworks, which are required for "defining, debating, declaring, distributing and enforcing" the expectations and standards that health care professionals and the public agree should govern work in the health care arena.<sup>7</sup> At minimum, there will be a need for an ongoing multidisciplinary forum expressly dedicated to these tasks.

### Reciprocity and Public Engagement

Third, the social contract for health professionals should have its foundation in the principle of reciprocity. It should address what health professionals should expect of each other, what society and individuals should expect from health professionals, and what health professionals should expect from individuals and society. To acquire rightful legitimacy around such reciprocal expectations, broad public input into developing the new code, including through web-based technologies and social media platforms, must be at the top of the agenda from day one.

The IOM workshop defined transdisciplinary professionalism as "an approach to creating and carrying out a shared social contract that ensures multiple health disciplines, working in concert, are worthy of the trust of patients and the public."<sup>6</sup> A transdisciplinary code of ethics, applicable to all health professionals and created with public input, would be the first step toward generating a social contract that can meet the contemporary needs of health professionals and the patients and communities they serve.

#### ARTICLE INFORMATION

**Conflict of Interest Disclosures:** The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

**Disclaimer:** The opinions expressed are those of the authors and should not be construed as policies of the IOM or any organizations with which the authors are affiliated.

**Additional Contributions:** We gratefully acknowledge the contributions of the attendees at the May 2013 meeting of the IOM's Global Forum on Innovation in Health Professional Education, with special thanks to Patricia A. Cuff, rapporteur, and the other members of the workshop planning committee, who provided helpful comments on an earlier draft of the article: Elizabeth A. Goldblatt, PhD, MHA/PA, Academic Consortium for Complementary and Alternative Health Care; Nancy P. Hanrahan, RN, MMHS, University of

Pennsylvania School of Nursing; Sally Okun, RN, MMHS, PatientsLikeMe; Rick Talbott, PhD, Association of Schools of the Allied Health Professions; and Richard W. Valachovic, DMD, MPH, American Dental Education Association.

#### REFERENCES

1. Rousseau JJ. *The Social Contract, or Principles of Political Rights*. 1762. <http://www.constitution.org/jjr/socon.htm>. Accessed December 27, 2013.
2. Sullivan WM. Medicine under threat: professionalism and professional identity. *CMAJ*. 2000;162(5):673-675.
3. McGraw DK. A social contract theory critique of professional codes of ethics. *J Inform Commun Ethics Soc*. 2004;2(4):235-243.
4. Huber SJ, Wynia MK. When pestilence prevails ... physician responsibilities in epidemics. *Am J Bioeth*. 2004;4(1):W5-W11.
5. Wynia MK, Von Kohorn I, Mitchell PH. Challenges at the intersection of team-based and patient-centered health care: insights from an IOM working group. *JAMA*. 2012;308(13):1327-1328.
6. Cuff PA. *Establishing Transdisciplinary Professionalism for Improving Health Outcomes: Workshop Summary*. October 6, 2013. <http://www.iom.edu/Reports/2013/Establishing-Transdisciplinary-Professionalism-for-Improving-Health-Outcomes.aspx>. Accessed December 27, 2013.
7. Hafferty FW, Papadakis M, Sullivan W, Wynia MK. ABMS Professionalism Definition. April 5, 2013. [https://www.abms.org/News\\_and\\_Events/Media\\_Newsroom/features/feature\\_ABMS\\_Professionalism\\_Definition\\_LongForm\\_abms.org\\_040413.aspx](https://www.abms.org/News_and_Events/Media_Newsroom/features/feature_ABMS_Professionalism_Definition_LongForm_abms.org_040413.aspx). Accessed December 28, 2013.