

Opinion

Our Code of Ethics: Why Do We Need It?

When I entered my ophthalmology residency 40 years ago, aphakia was the result of any cataract operation. The glasses needed to correct the condition were heavy, thick and optically awful. In the ensuing years, intraocular lenses were pioneered by a few brave surgeons, who were often branded as unethical by the ophthalmic establishment at the time. The pioneers were needlessly risking a patient's best corrected vision, it was argued.

As a resident, I learned ethics purely through mentoring; there were few written resources apart from the American Medical Association's pronouncements. Even so, it seemed to me at the time that the definition of ethical—and, inversely, the definition of unethical—was rather arbitrary, and definitely arose from the eye of the beholder. Not too different from the subjective application of “heresy” in the days of the Grand Inquisition. It was in this professional milieu that the Academy surveyed its members in 1979. Members responded overwhelmingly that they wanted the Academy to develop a Code of Ethics. I suspect some of them wanted a mechanism to go after the “bad apples.” Others wanted specific guidelines that applied to ophthalmic situations. Still others wanted a due process to protect those unfairly accused of engaging in unethical behaviors. The late Jerome W. Bettman Sr., MD, was selected to lead

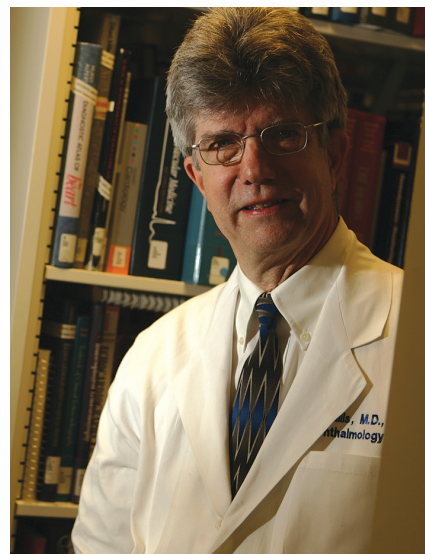
a new committee to develop a Code of Ethics that would primarily be educational, but would also be enforceable through sanctions that could be levied against those members found to be in violation.

Around that time, the Federal Trade Commission (FTC) found the American Medical Association in restraint of trade for its policy that physician advertising was unethical. Clearly, the Academy didn't want its new Code to meet the same fate. So the Academy took its draft Code of Ethics to the FTC attorneys, negotiating for over a year to modify its language so the FTC could approve the Code in an Advisory Opinion. Significantly, it still is the only health professional ethics code to receive such approval. The Academy membership then overwhelmingly voted for its adoption, and it went into force Jan. 1, 1984. Thus, it is 25 years old this year and worth a celebration, particularly since many members may not be aware of its difficult gestation.

Resources contained within the Code include Principles of Ethics that are aspirational and inspirational model standards and Rules of Ethics that are mandatory and specify standards of acceptable professional conduct. Advisory Opinions are developed to provide specific examples of how the Rules are to be interpreted. The Code is intended to be a living document, modifiable as needed to reflect the changing environment of ophthal-

mic care. For confidentiality reasons, the enforcement of the Code is invisible to most Academy members. The most severe sanction that can be applied is loss of Academy membership. Most Academy members highly value their fellowship or membership and view such punishment as a significant deterrent to violations of the Code.

Of course, a Code of Ethics that just sits on the shelf is not of much use to anyone. It needs to be promulgated to Academy membership. To that end, the Ethics Committee has several educational activities at this month's Joint Meeting in San Francisco. Check them out as your way of saying “Happy Birthday” to our Code of Ethics.



RICHARD P. MILLS, MD, MPH
CHIEF MEDICAL EDITOR, EYENET