

Position statement

Code of Conduct for Members

Preamble

Membership of the Australian Society of Anaesthetists is a privilege and comes with a requirement that members practise in a professional and ethical manner at all times for the benefit of patients, the community, the medical profession and the specialty. The ASA fully endorses the Code of Ethics of the Australian Medical Association¹ and the Code of Conduct promulgated by the Medical Board of Australia entitled "Good Medical Practice"², as being relevant and appropriate to Australian anaesthetists.

Professional considerations

The ASA supports professional practice. This requires:

- Honesty with patients – all doctors must provide relevant pre-operative information and obtain informed consent. This should include individualised financial consent, which includes consideration of a patient's financial situation if there are 'out of pocket' expenses.
- Maintenance of patient confidentiality and privacy, including storage of patient records and images³. The transfer of confidential information via electronic means should employ an appropriate level of security encryption.
- Maintenance of appropriate relations with patients and healthcare professionals.
- 'Open disclosure' with patients and peers in cases of adverse outcomes.
- Participation in self-regulation, continuous quality improvement and professional development.
- Advocacy for improved and equitable access to health care.
- Recognition and management of conflicts of interest.

Ethical considerations

All members have an ethical responsibility for the welfare of their patients:

- An anaesthetist can only be solely responsible for one anaesthetised patient at a time.
- The designated anaesthetist must remain with their patient at all times, except in exceptional situations where delegation of responsibility may be acceptable for short periods⁴.
- In the course of a prolonged anaesthetic, responsibility for the conduct or completion of the case may be delegated to a relieving anaesthetist only after a full and comprehensive handover has taken place⁴.
- An anaesthetist must ensure that patients are suitably monitored at all times⁵. It is unacceptable for alarms to be routinely or permanently disabled.
- An anaesthetist must not commence a subsequent anaesthetic until responsibility for a previous case has been transferred.
- Patients taken to recovery wards must be appropriately 'handed over' to the recovery staff, and the attending anaesthetist (or delegate) should be available at all times for consultation should the need arise⁶.

- Patients transferred post-operatively to an Intensive Care Unit must be appropriately 'handed over' to ICU staff, and the attending anaesthetist (or delegate) should be available at all times for consultation should the need arise⁵.

Anaesthetists have an ethical responsibility to the healthcare facilities in which they practice. Healthcare facilities also have a responsibility to anaesthetists⁷.

- Out of hours service provision is an important part of anaesthesia practice. Participation in out of hours rosters must take into account individual's life situations, scope of practice, service commitment and hospital requirements⁸.
- Anaesthetists should not perform procedures which are beyond their scope of practice⁹.
- Anaesthetists should be cognisant of the effect of fatigue on their practice (refer to AMA, ANZCA and ASA documents on fatigue)^{7,9,10}.
- The ASA believes that it is appropriate for 'on call' remuneration to be available, particularly when the anaesthetist is exclusively 'on call' for a healthcare facility, or where commitments are such that it is considered unsafe for the anaesthetist to practise the next morning^{7,9,10}.

Anaesthetists have a responsibility to themselves, their colleagues, their specialty and their profession^{10,2}. They should:

- Maintain their own health and well-being through appropriate consultation with an independent treating doctor, whilst avoiding self-prescription and/or substance abuse.
- Assist and support colleagues to access appropriate counselling services where necessary⁹.
- Acknowledge and respect the contribution of all healthcare professionals involved in the care of the patient.
- Behave professionally and courteously to colleagues and other practitioners including when using social media¹¹.

They must:

- Maintain the requisite levels of skill and competence.
- Take part in continuing professional development, ongoing risk management, continuous quality improvement and regular and systematic audit.

Anaesthetists have a responsibility to the community and society as a whole. They may on occasion be called on to act as an expert witness. Such testimony should be truly expert, impartial and available to all parties¹².

Regulatory Environment

Since July 2010, with the establishment of the Australian Healthcare Practitioners Regulation Agency (AHPRA) and the Medical Board of Australia (MBA), there has been a re-emphasis on the expectations on Medical Practitioners (and other healthcare practitioners) within the medical milieu in Australia. The MBA expects that practitioners will comply with its code of conduct ("Good Medical Practice")². There is also a requirement to maintain Professional Indemnity Insurance and Continuing Professional Development (CPD) relevant to scope of practice. Where necessary, practitioners will also be required to show evidence of English language skills and may be required to provide a criminal history check. The MBA also requires all healthcare practitioners to undertake Mandatory Reporting of behaviour that is in breach of the Code².

References

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2. Medical Board of Australia (2014), 'Good Medical Practice', accessed July 5th, 2019, <https://www.medicalboard.gov.au/codes-guidelines-policies.aspx>
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7. ASA PS07 Credentials and Clinical Privileges, (2019) accessed July 5th, 2019, <https://asa.org.au/position-statements/>
8. ASA PS01 The Provision of "Out of Hours" Anaesthetic Services (2019) accessed July 5th, 2019, <https://asa.org.au/position-statements/>
9. ASA PS02 Risk Management (2019), accessed July 5th, 2019, <https://asa.org.au/position-statements/>
10. ANZCA PS49 Guidelines on the Health of Specialists and Trainees (2018), accessed July 5th, 2019, <http://www.anzca.edu.au/documents/ps49-2010-guidelines-on-the-health-of-specialists.pdf>
11. MBA – Social Media Policy March 2014, accessed July 5th, 2019, <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Social-media-policy.aspx>
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Promulgated	06/09/2005
Reviewed	23/11/2005, 01/05/2012, 10/05/2019
Latest Revision	05/07/2019

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