AAMC Statement on Professional Responsibility in Treating AIDS Patients

The following statement was adopted by the Executive Council of the AAMC February 25, 1988. The statement was drafted by the AAMC Committee on AIDS and the Academic Medical Center.

The acquired immunodeficiency syndrome (AIDS) has had an impact on the medical profession far beyond its pathophysiology. All fields of clinical practice have been dramatically altered by this disease. It has posed a significant challenge to the nation’s health care system in providing for both the financing and delivery of care to those afflicted. Moreover, this epidemic, which is unparalleled in the latter half of the twentieth century, has confronted the medical profession with numerous moral and ethical issues. A central concern, to which this statement is directed, is the physician’s responsibility to provide care to all patients.

The Association of American Medical Colleges (AAMC) has taken special note of the fears and concerns of medical professionals and those in training regarding the care of patients infected with the human immunodeficiency virus (HIV). Data indicate that a physician’s occupational risk of acquiring HIV infection is small. However, because of the lethal nature of the disease, many physicians are concerned about transmission of the infection, especially in settings where invasive procedures are performed such as the operating room or the cardiac catheterization laboratory.

Personal risk to the physician in the practice of medicine is not a new phenomenon even within this century, as the history of tuberculosis, poliomyelitis, influenza, and syphilis demonstrates. But scientific advances, especially the development of vaccines and antibiotics, have tended to lower consciousness of these continuing risks for an entire generation of younger physicians, medical students, and residents. AIDS has brought this consciousness once again to the fore.

The AAMC’s special concern is with those medical students and residents, now and in the future, whose preparation for entry into the profession is the responsibility of medical school faculties. Medical education cannot be narrowly conceived as simply the imparting of knowledge and skills. It has as its objective the development of professional men and women who are prepared to adhere to the highest standards of conduct and behavior asked of few members of our society. Entry into the medical profession is a privilege offered to those who are prepared for a lifetime of service to the ill.

The HIV epidemic must serve to remind us of these basic principles and the fundamental responsibilities of those who aspire to the practice of medicine and those charged with preparing them for it:

* Medical students, residents, and faculty have a fundamental responsibility to provide care to all patients assigned to them, regardless of diagnosis. A failure to accept this responsibility violates a basic tenet of the medical profession—to place the patient’s interest and welfare first.
* Faculty members have a special responsibility to model the professional behavior and attitudes expected of physicians in training in their own willingness to provide competent, sensitive, and compassionate care to all patients.

Each medical school and teaching hospital must accept the responsibility to help medical students, residents, and faculty address and cope with their fears and prejudices in treating HIV-infected patients. This responsibility includes providing the following:
* an accurate portrayal to medical school applicants of the personal risks involved in medical practice;

* training in protective measures to be employed in the clinical setting, monitoring compliance with them, and defining procedures to be followed in the event of potential exposure;

* appropriate facilities, equipment, and personnel to avoid unnecessary risk;

* counseling to those who continue to express reluctance to participate in education and patient care programs with HIV-infected individuals.

Further, each medical school and teaching hospital should articulate a clear policy emphasizing the physician’s responsibility to provide care to patients without regard to the nature of their illness.