
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 Society and the medical profession. The ASA fully endorses the Code of Ethics of the Australian Medical Association¹, 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.
- Doctors to acknowledge their errors to patients and peers.
- Participation in self-regulation, standard setting, continuous quality improvement, remediation, and assessment of healthcare standards.
- Patient confidentiality.
- Maintenance of appropriate relations with patients.
- Improved quality of health care—Doctors must work to reduce medical error, increase patient safety and minimise overuse of health resources.
- Advocacy for improved and equitable access to health care.
- Management of conflicts of interest.

Ethical considerations

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

- An anaesthetist can only be responsible for one anaesthetised patient at a time.

- An anaesthetist must remain with their patient at all times, except in exceptional situations where delegation of responsibility may be acceptable for short periods².
- 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 place².
- An anaesthetist must ensure that patients are suitably monitored at all times³. 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) be available at all times for consultation should the need arise^{4,5}.
- It is inappropriate to vacate the theatre environment until the patient is stable, conscious and can maintain a clear airway in an unassisted manner.
- Patients transferred post-operatively to an Intensive Care Unit must be appropriately 'handed over' to ICU staff, and the attending anaesthetist (or delegate) be available at all times for consultation should the need arise^{4,5}.

Anaesthetists have an ethical responsibility to the Health Care Facilities in which they practice. Health Care Facilities also have a responsibility to anaesthetists⁶.

- After hours service provision is an important part of anaesthesia practice. Participation in after hours rosters must take into account individuals life situation, service commitment and hospital requirements⁷.
- Anaesthetists should not perform procedures for which they are not qualified or competent.

- Anaesthetists should be cognisant of the effect of fatigue on their practice (refer to AMA, ANZCA and ASA documents on fatigue)^{7,8,9}.
- 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^{7,8,9}.

Anaesthetists have a responsibility to themselves, their colleagues, their specialty and their profession¹⁰. They should:

- Maintain the skill and competence levels required of them.
- Take part in continuing professional development, ongoing risk management and quality improvement.
- Recognise that colleagues may occasionally need the benefit of counselling¹¹.

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.

References

1. AMA Code of Ethics – 2004
<http://www.ama.com.au/web.nsf/doc/WEEN-5WW598>
2. ANZCA PS 10 Guidelines on the Handover of Responsibility During an Anaesthetic
http://www.anzca.edu.au/publications/profdocs/profstandards/ps10_2004.htm
3. ANZCA PS 18 Recommendations on Monitoring During Anaesthesia
http://www.anzca.edu.au/publications/profdocs/profstandards/ps18_2000.htm
4. ANZCA PS 4 Recommendations for the Post-Anaesthesia Recovery Room
http://www.anzca.edu.au/publications/profdocs/profstandards/ps4_2000.htm
5. ANZCA PS 20 Recommendations for Responsibilities of the Anaesthetist in the Post-Operative Period
http://www.anzca.edu.au/publications/profdocs/profstandards/ps20_2001.htm
6. ASA PS 07 Credentials and Clinical Privileges – September 2004
<http://www.asa.org.au>
7. ASA PS 01 The Provision of “Out of Hours” Anaesthetic Services <http://www.asa.org.au>
8. AMA National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors – 1999
<http://www.ama.com.au/web.nsf/doc/SHED-5G2UUA>
9. ANZCA PS 43 Fatigue and the Anaesthetist
http://www.anzca.edu.au/publications/profdocs/profstandards/PS43_2001.htm
10. ASA PS 02 Risk Management
<http://www.asa.org.au>
11. ANZCA PS 49 Guidelines on the Health of Specialists and Trainees
http://www.anzca.edu.au/publications/profdocs/profstandards/ps49_2003.htm
12. ASA PS 09 Guidelines for Expert Witness, Qualification and Testimony
<http://www.asa.org.au>

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