



## History of the Code

The *Code of Medical Ethics (Code)* of the American Medical Association (AMA) is rooted in an understanding of the goals of medicine as a profession, which dates back to the 5<sup>th</sup> century BCE and the Greek physician Hippocrates, to relieve suffering and promote well-being in a relationship of fidelity with the patient. As adopted by the young AMA in 1847, the *Code* drew significantly on the work of the English physician-philosopher Thomas Percival, whose 1803 code of medical ethics set standards of conduct relative to hospitals and other charities.

The *Code* is a living document that has evolved as medicine and society have changed over time. The first edition in 1847 articulated in some detail the standards of ethical conduct for physicians in relation to their patients, fellow physicians, and the profession at large, and the public in three chapters, each of which also outlines the reciprocal obligations of the other parties. With minor copyediting along the way, the *Code* remained largely unchanged until 1903, when its language was updated and provisions addressing the obligations of patients and society were eliminated. At that time, the document was retitled as *Principles of Medical Ethics (Principles)*. In 1949, the *Principles* were further revised: content was reorganized and language and guidance updated to reflect the significant changes that had taken place in medical practice over the preceding decades. Debate continued, however, and six years later the chapter structure of the original document was abandoned and the *Principles* were recast in the form of a preamble and 47 separate articles.

In 1957 further revisions to the restructured *Principles* removed “superfluous wording and matters of medical etiquette” and distilled the *Principles* to a preamble and 10 statements of core values and commitments, “leaving to the [then] Judicial Council the question of interpretation of these ethical Principles.” (Minor changes to the *Principles* were adopted in 1980 and 2001.)

The 1957 *Principles* appeared in the *Journal of the American Medical Association (JAMA)* in June 1958, accompanied by interpretive annotations. Those annotations subsequently evolved into the opinions of the Council on Ethical and Judicial Affairs (CEJA), the 1985 successor to the Judicial Council. Early annotations were offered without explanation, but since the late 1970s, CEJA reports have presented background analyses supporting the guidance set out in individual opinions. Today’s *Code of Medical Ethics* consists of the *Principles* and CEJA’s interpretive opinions. New opinions are issued at the annual or interim meetings of the AMA House of Delegates as new CEJA reports are adopted.

By the time CEJA launched its project to comprehensively review the *Code* in 2008, opinions totaled some 220 separate statements that differed markedly in form and specificity, topics ranging from abortion to xenotransplantation. The *Code* had become unwieldy—guidance on individual topics was hard to find; opinions varied significantly as to whether they offered general guidance or highly prescriptive statements. Some guidance was directed narrowly to dilemmas at the bedside; other guidance broadly to issues of social policy.

CEJA updated guidance that referred to outdated science or clinical practice, was overly prescriptive as a statement of ethical responsibility, or focused unduly on operational or

specifically legal considerations rather than ethical responsibilities as such. In some instances, the CEJA consolidated multiple opinions on the same or closely related topics into a single, more comprehensive opinion, where there was significant overlap in guidance. In other instances, CEJA extracted and recombined salient guidance scattered across two or more opinions into new, more clearly focused statements.

Throughout, CEJA's intent was to respect the accumulated wisdom represented in its constituent opinions; to ensure that guidance remains timely and useful; and to strike a balance between offering general rules for acting and providing tools for thinking about the ethical challenges physicians encounter as practicing clinicians and leaders in a rapidly changing health care environment.