



The Royal
Australian &
New Zealand
College of
Psychiatrists

CODE OF ETHICS

JULY 2010

respect
humanity
dignity
integrity
trust

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The Australian and New Zealand College of Psychiatrists was incorporated on 28 October 1963 through the efforts of the Australasian Association of Psychiatrists (founded in October 1946) with a view to it continuing the work of the Association.

The College was granted a Royal Charter and the prefix 'Royal' on 9 May 1977.

The first formal 'Code of Ethics' was published by the College in 1992 and revised in 1998 and 2004. This revision has been prepared pursuant to the decision by General Council, at the time that the Code was adopted in 2010, that it be reviewed in five years.

The Code of Ethics is also available on the College website.

Published by RANZCP
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Melbourne Victoria 3000
Australia

The Royal Australian and New Zealand College of Psychiatrists

Code of Ethics

July 2010, 4th Edition

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PREAMBLE

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is 'a fellowship of psychiatrists working with and for the general community to achieve the best attainable quality of psychiatric care and mental health'. To realise this vision and to continue to earn the community's trust in the profession, the College seeks to cultivate and maintain the highest ethical standards. This Code of Ethics (the Code) serves as a statement of those standards and a means of communicating them to the Fellowship and the community.

The Code is a set of principles that are based in moral philosophy. It draws on other ethical codes, past and present, and is regularly revised in order that it can be refined, improved and keep pace with a changing social environment. The Code serves to guide ethical conduct and may be applied by other bodies as a benchmark of satisfactory ethical behaviour in the practice of psychiatry as this is interpreted in Australia and New Zealand.

The Code contains eleven principles, each elaborated through a series of annotations that clarify the nature of the principles, address their use in practice and point to difficulties and exceptions inherent in their application. Where the term 'patient'¹ is used, in the Code, this term means any person assessed by a psychiatrist for any purpose, including medico-legal purpose.

The Code applies to all Fellows and trainees of the College, and those seeking to qualify for election to Fellowship and Affiliates of the College. It is also recommended for those who practise psychiatry in Australia and New Zealand independently of the College.

All codes of medical ethics inform professional conscience and judgement. This Code of Ethics does not release psychiatrists from the obligations and responsibilities laid upon them by other recognised ethical instruments including those listed in the appendix (see page 17).

The College strongly upholds the Code's principles and therefore expects all its Fellows, trainees and Affiliates to adhere to them consistently, from the commencement of training, and then throughout their professional career. Practitioners who breach the principles may be subject to complaints procedures and disciplinary action, including expulsion from the College.

¹ The term patient is used through this Code for clarity and consistency although it is recognised that individuals may prefer alternative terms, for example consumer, client or service user.

PRINCIPLES

- 1 Psychiatrists shall respect the essential humanity and dignity of every patient.
- 2 Psychiatrists shall not exploit patients.
- 3 Psychiatrists shall provide the best attainable psychiatric care for their patients.
- 4 Psychiatrists shall strive to maintain confidentiality of patients and their families.
- 5 Psychiatrists shall seek valid consent from their patients before undertaking any procedure or treatment.
- 6 Psychiatrists shall not misuse their professional knowledge and skills.
- 7 Psychiatrists involved in clinical research shall comply with ethical principles embodied in national and international guidelines.
- 8 Psychiatrists shall continue to develop, maintain, and share their professional knowledge and skills with medical colleagues, trainees and students, as well as with other relevant health professionals and patients and their families.
- 9 Psychiatrists have a duty to attend to the health and well-being of their colleagues, including trainees and students.
- 10 Psychiatrists shall uphold the integrity of the medical profession.
- 11 Psychiatrists shall work to improve mental health services and promote community awareness of mental illness and its treatment and prevention, and reduce the effects of stigma and discrimination.

Psychiatrists shall respect the essential humanity and dignity of every patient.

- 1.1 Psychiatrists shall respect patients' culture, ethnicity, language and religion.
- 1.2 Psychiatrists shall not discriminate against patients on grounds of age, gender, race, ethnicity, sexual orientation, disability, language, religious or political affiliation; they shall not impose their own values on patients and their families.
- 1.3 Psychiatrists shall be especially mindful of respect for autonomy given their statutory role in treating a proportion of their patients involuntarily. Psychiatrists shall endeavour to relieve the suffering of those whose autonomy is impaired through loss of capacity from mental illness.
- 1.4 When a patient's autonomy is impaired compulsory intervention and treatment may be justified, especially where there is risk of self harm or risk to others. The purpose of such intervention is ultimately to promote patients' welfare and autonomy.
- 1.5 In teaching that involves patients or their families, psychiatrists shall show respect for their dignity and privacy, and ensure that consent is obtained. Patients and their families should be advised that refusal to participate or request to withdraw will not affect their treatment.

Psychiatrists shall not exploit patients.

- 2.1 Exploitation of patients, whether physical, sexual, emotional, financial, or through other benefits is unacceptable; the trust embodied in the doctor-patient relationship must be respected.
- 2.2 Psychiatrists are involved in professional relationships in which there is an imbalance of power and shall not exploit this power differential for their own personal, social or material benefit.
- 2.3 Sexual relationships between psychiatrists and their current and former patients are always unethical.
- 2.4 Sexual harassment or any behaviour that might be reasonably interpreted by a patient as demeaning, or as a sexual advance, is unethical. Such behaviour may include physical contact, or conduct, comments or innuendo of a sexual nature or questioning on sexual matters that is not necessary for clinical purposes.
- 2.5 Psychiatrists can encourage or persuade patients for beneficial therapeutic purposes; if so, they should only do this in ways that are consistent with the aims of treatment.

Psychiatrists shall provide the best attainable psychiatric care for their patients.

- 3.1 Psychiatrists shall care for their patients by engendering mutual trust, developing a therapeutic partnership, avoiding intentional or foreseeable harm, and treating them to the best of their ability under the best conditions possible. Investigations, assessments and treatments that carry a risk of harm must be acknowledged and managed.
- 3.2 Psychiatric care shall involve consideration of patients' physical, psychological social and spiritual well-being. Psychiatrists shall provide advice to patients' where it is identified that care, other than psychiatric care, is needed.
- 3.3 Psychiatrists may decline to accept the referral of patients when appropriate and justifiable so long as they ensure safe arrangements have been put in place that does not put the patient at risk.
- 3.4 Psychiatrists are not obliged to provide treatment in circumstances where it is their professional judgement that the treatment would not benefit, or might harm, patients.
- 3.5 Psychiatrists should, wherever possible, avoid providing care to anyone with whom they have a close personal relationship, including close friends, colleagues and family members. Where it is unavoidable, psychiatrists should ensure recognition and careful management of these issues.
- 3.6 Psychiatrists shall be sensitive to, and respectful of, cultural factors in caring for patients and enlist the assistance of interpreters and cultural liaison colleagues where clinically appropriate and feasible.
- 3.7 Psychiatrists shall encourage the active participation of the patient's family (and/or others closely involved with the patient's non-professional care) in clinical care where considered appropriate, taking confidentiality, cultural features and the patient's wishes into account.
- 3.8 Psychiatrists shall ensure they are reasonably available for their patients or make arrangements for suitable substitute care.
- 3.9 Being mindful of the constraints of confidentiality, psychiatrists shall provide relevant clinical information when the care of a patient is transferred to a colleague or institution.

- 3.10 Psychiatrists shall cooperate with other providers to ensure quality, safety, and continuity of services.
- 3.11 Psychiatrists shall practise within the limits of their expertise and, when dealing with complex cases, seek advice from one or more experienced colleagues, request a second opinion, or refer the patient to another professional facility as appropriate.
- 3.12 Psychiatrists shall maintain legible, accurate, comprehensive, and up to date records for the purposes of optimal treatment, potential access by patients, communication with colleagues, and medico-legal and statutory requirements.
- 3.13 Psychiatrists shall use evidence-based interventions wherever possible.
- 3.14 Psychiatrists should not enter into any agreement with commercial or financial implications that might adversely impinge on clinical judgement concerning diagnosis, treatment, management, admission or discharge of any patient.
- 3.15 Psychiatrists shall aim to ensure that the best attainable care is provided to patients when supervising trainees or collaborating with colleagues.
- 3.16 Psychiatrists shall ensure that their physical and mental health allows them to act responsibly and competently. Wherever possible, they should arrange cover for their patients during any period of incapacity.

Psychiatrists shall strive to maintain confidentiality of patients and their families.

- 4.1 Good clinical practice depends on patients feeling confident that whatever information they reveal will not be improperly used or broadcast. Psychiatrists shall not do anything to undermine this confidence.
- 4.2 Information about patients obtained from other sources is also subject to confidentiality, and psychiatrists should take similar measures to protect the interests of those sources.
- 4.3 A breach of confidentiality may be justified on rare occasions in order to promote the best interests and safety of the patient or of other people. Psychiatrists may have a duty to inform the intended victim/s and/or relevant authorities.
- 4.4 Clinical information may need to be shared with colleagues in order to provide best possible care (see annotation 3.9). The patient should be informed of the general limits of confidentiality. Where the patient is unable to understand the concept of confidentiality and its limits, substitute consent may be required.
- 4.5 If required to disclose clinical information, psychiatrists shall seek to divulge only what is necessary in a given situation.
- 4.6 Safeguarding confidentiality applies even if the psychiatrist-patient relationship has ceased or the patient has died, except in specific circumstances, such as a relative's need to ascertain a hereditary risk, or when permissible by law.
- 4.7 Confidentiality shall be maintained when using individual case material for the purposes of teaching, case presentation, or publishing; patients' details should be adequately disguised so that the patient is not identifiable.
- 4.8 Psychiatrists should be aware of the particular risks and need for stringent safeguards with regard to developing means of communication and the use of technology.

Psychiatrists shall seek valid consent from their patients before undertaking any procedure or treatment.

- 5.1 Psychiatrists shall inform and ensure that the patient understands the purpose, nature, benefits, side-effects, risks and costs of a proposed procedure or treatment, and make sure the patient understands the implications of not having the procedure or treatment.
- 5.2 Psychiatrists shall also inform the patient of alternative indicated treatments and their respective purpose, nature, benefits, side-effects, risks and costs. The patient shall be provided with adequate opportunity to choose among alternatives.
- 5.3 Psychiatrists shall ensure that each patient's consent for treatment is provided without coercion. A failure to dissent is not equivalent to consent.
- 5.4 A patient may lack capacity to provide consent, or this capacity may fluctuate. Psychiatrists shall assess current capacity acknowledging that certain decisions require higher levels of capacity.
- 5.5 Psychiatrists shall provide new information that might reasonably affect the patient's continuing consent in a timely manner.
- 5.6 Impaired capacity does not imply that the patient should be given less information. Greater than usual care is necessary in obtaining valid consent from patients with impaired capacity.
- 5.7 Where a patient does not have the capacity to provide consent, psychiatrists shall seek consent from an authorised substitute decision-maker, including taking into account any valid advance directives made by the patient. Where possible, patients should be encouraged to provide their assent.
- 5.8 When patients are minors, psychiatrists shall seek consent from their relative, guardian or other authorised substitute decision-maker; however patients of sufficient maturity and understanding should be involved in the process as well and provide their assent.
- 5.9 Psychiatrists shall be aware, and inform patients, that consent is a continuing process and may be withdrawn at any stage without compromising any other aspects of a patient's care.
- 5.10 In situations where the patient's life or safety or the lives and safety of others is at immediate risk, emergency treatment without consent may be required. Consent shall be obtained as soon thereafter as possible.

Psychiatrists shall not misuse their professional knowledge and skills.

- 6.1 Psychiatrists shall not use their professional knowledge and skills in ways likely to cause harm.
- 6.2 When the purpose of an intervention or evaluation is not inherently therapeutic, psychiatrists shall ensure that the patient or person being evaluated clearly understands the role and duties of the psychiatrist.
- 6.3 Psychiatrists shall not diagnose or treat a person as mentally ill on the basis of that person's political, religious, ideological, moral or philosophical beliefs, or race, ethnicity, age, gender or sexual orientation.
- 6.4 Psychiatrists shall not participate, either directly or indirectly, in the practice of torture or in cruel, inhuman or degrading interrogation, treatment or punishment.
- 6.5 Psychiatrists shall not facilitate executions.
- 6.6 Psychiatrists shall adhere to accepted ethical guidelines in situations of conflict or war.

Psychiatrists involved in clinical research shall comply with ethical principles embodied in national and international guidelines.²

- 7.1 Advances in the understanding and treatment of mental disorders depend on research that may involve the participation of human subjects. All research shall conform to accepted scientific principles, be based on a thorough knowledge of the relevant scientific literature, and accord with the highest standards.
- 7.2 Research proposals shall be approved by an appropriately constituted ethics committee.
- 7.3 The interests of research participants shall always be a primary consideration. Any discomfort or risks to participants shall be justifiable and be kept to a minimum.
- 7.4 Informed consent must be obtained from potential research participants. In special circumstances substituted consent might be appropriate, subject to approval by an appropriately constituted ethics committee.
- 7.5 Particular care shall be taken in regard to obtaining consent from vulnerable participants and those in dependent relationships.
- 7.6 For patients who are minors, psychiatrists shall seek consent from their relative, guardian or other authorised substitute decision-maker; where patients are of sufficient maturity and understanding, they should be involved in the process as well and provide their assent.
- 7.7 Research participants shall be free to withdraw from the research at any time. Such a decision shall not jeopardise their care in any way.
- 7.8 If, in undertaking research, clinically relevant information is obtained by a psychiatrist researcher, the researcher shall inform the treating doctor with the patient's consent.
- 7.9 Confidential information obtained in research shall be used solely for purposes specified in an approved research protocol and safeguarded accordingly.
- 7.10 Psychiatrists shall respect the intellectual property and acknowledge the writings and research contributions of colleagues.

² National and international guidelines are listed in the appendix of this Code

- 7.11 Psychiatrists shall ensure that their research reports are truthful and accurate.
- 7.12 Psychiatrists shall ensure that publication of research reports do not identify, whenever possible, subjects without their consent.
- 7.13 Psychiatrists shall declare any dualities of interest when presenting or publishing research results.

Psychiatrists shall continue to develop, maintain, and share their professional knowledge and skills with medical colleagues, trainees and students, as well as with other relevant health professionals, and patients and their families.

- 8.1 Advancing and sharing professional knowledge and skills is fundamental to the role of a psychiatrist.
- 8.2 Psychiatrists shall actively participate in continuing education.
- 8.3 Psychiatrists shall endeavour to learn from patients, their families and carers, and to understand their social contexts.
- 8.4 Psychiatrists shall contribute to the education and professional development of medical colleagues, trainees and students, and relevant health professionals, including the sharing of new knowledge.
- 8.5 Psychiatrists have a responsibility to ensure that trainees in psychiatry receive professional support and guidance and to fulfil this role responsibly and diligently.
- 8.6 When providing supervision to trainees in psychiatry and other health professions, psychiatrists shall not misuse the power imbalance inherent in the relationship.
- 8.7 A supervisor is responsible for ensuring that a conflict of interest does not exist with a trainee with whom they have a current supervisory relationship. This includes financial and commercial dealings, and close personal and/or sexual relationships.

Psychiatrists have a duty to attend to the health and well-being of their colleagues, including trainees and students.

- 9.1 Significant incapacity in a psychiatrist may harm the affected psychiatrist, his or her patients, and the profession. Psychiatrists who become aware of their own or a colleague's incapacity have a responsibility to initiate appropriate action. When taking action, psychiatrists must regard the protection of patients as their primary responsibility.³
- 9.2 Psychiatrists who supervise trainees in psychiatry shall identify their supervisory role and functions clearly, ensure appropriate referral and not provide treatment.

³ Annotation 3.16 further refers to psychiatrists' own health

Psychiatrists shall uphold the integrity of the medical profession.

- 10.1 The medical specialty of psychiatry demands integrity and dedication to human well-being.
- 10.2 Psychiatrists shall maintain appropriate ethical standards in their professional lives, and also in their personal lives in so far as this may reflect on the integrity of the medical profession.
- 10.3 Psychiatrists have a responsibility to promote trust and mutual respect among their psychiatrist colleagues, their colleagues in other medical specialties, and other mental health professionals.
- 10.4 When opinions differ, psychiatrists shall express their views in a respectful manner that avoids self-promotion or denigration of others.
- 10.5 Unethical conduct by a psychiatrist may harm the psychiatrist, his or her patients, and the profession. Psychiatrists who become aware of such conduct in a colleague are obligated to initiate appropriate action. When taking action, psychiatrists must regard the protection of patients as their primary responsibility.

Psychiatrists shall work to improve mental health services and promote community awareness of mental illness and its treatment and prevention, and reduce the effects of stigma and discrimination.

- 11.1 Psychiatrists shall be prepared to contribute to improving mental health services and promoting the just allocation of health resources for patients with emotional problems or psychiatric disorders.
- 11.2 Psychiatrists shall be prepared to use their knowledge and experience to advise and work with those responsible for the provision of psychiatric and related health services.
- 11.3 Psychiatrists shall be prepared to act as advocates and join with others in ensuring that the best possible mental health care and welfare in the community are available to psychiatric patients.
- 11.4 If services fall below acceptable standards, psychiatrists have a duty to advocate for services and take appropriate action. Exceptionally, psychiatrists may have to dissociate themselves from such services, provided this does not put patients at risk.
- 11.5 Psychiatrists shall be prepared to interpret and disseminate to the lay public relevant scientific knowledge and established professional opinions.
- 11.6 When communicating with the lay public, psychiatrists may need to clarify whether their views are those of a professional body or employer with whom they are affiliated, and specify if those views differ to those generally held in psychiatry.
- 11.7 When communicating publicly, including with the media, psychiatrists shall be careful not to compromise patient confidentiality or well-being.
- 11.8 In fulfilling responsibilities under this principle, psychiatrists shall avoid self-promotion and public denigration of colleagues.

Ethical instruments

The Declaration of Helsinki, World Medical Association

Good Medical Practice: A Code of Conduct for Doctors in Australia, Australian Medical Council, August 2009

Good Medical Practice: A Guide for Doctors, Medical Council of New Zealand, July 2008

Research guidelines

Research in Australia is governed by guidelines issued in accordance with the National Health and Medical Research Council (NHMRC) Act 1992. Guidelines include:

National Statement on Ethical Conduct in Human Research (NHMRC 2007)

Australian Code for the Responsible Conduct of Research (NHMRC 2007)

Guidelines relevant to research in New Zealand include:

Guidelines on Ethics in Health Research (Health Research Council 2006)

Guidelines for Health Research with Children (Health Research Council 2007)

Ethics of Intervention Studies: Discussion Document and draft Ethical Guidelines for Intervention Studies June 2008 (National Ethics Advisory Committee)

Ethical Guidelines for Observational Studies: Observational Research, Audits and Related Activities Dec 2006 (National Ethics Advisory Committee)

For a system overview of ethical review in New Zealand, please visit:
www.ethicscommittees.health.govt.nz

Useful resource material

Beauchamp TL, Childress JF. *Principles of Medical Ethics*. 6th edition. Oxford: Oxford University Press, 2009.

Bloch S, Green SA, eds. *Psychiatric Ethics*. 4th edition. Oxford: Oxford University Press, 2009.

Gert B, Culver C, Clouser K. *A Return to Fundamentals*. New York: Oxford University Press, 1995.

Green SA, Bloch S. *An Anthology of Psychiatric Ethics*. Oxford: Oxford University Press, 2006.

Reich WT. *Encyclopedia of Bioethics*. 2nd edition. New York: Macmillan, 2003.

Stanford Encyclopedia of Philosophy. Stanford University. <http://plato.stanford.edu/>

Ethical guidelines

Documents known as ethical guidelines are developed on various matters and published by the College from time to time. They remain current until withdrawn or superseded. At the time of this publication (July 2010), there were eight ethical guidelines.

Ethical Guideline 1: Guide to ethical principles on medico-legal reports (*August 2005*)

Ethical Guideline 2: Guidelines for members having a financial interest in a treatment or management facility (*February 2005*)

Ethical Guideline 5: The relationship between psychiatrists and the health care industry (*August 2008*)

Ethical Guideline 6: Guide to ethical principles in the responsibility to report treatment of a medical practitioner (*February 2005*)

Ethical Guideline 8: Sexual relationships with patients (*August 2005*)

Ethical Guideline 9: Ethical guidelines for independent medical examination and report preparation by psychiatrists (*May 2003*)

Ethical Guideline 10: Fellowship Attainment Committee ethical guidelines (*August 2009*)

Ethical Guideline 11: Principles and guidelines for Aboriginal and Torres Strait Islander mental health (*May 2009*)

Also approved by General Council is a companion document - the 'Code of Conduct' - relating to elected officers of the College and employees of the College.

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