

Position Statement on the Primacy of the Treating Psychiatrist's Responsibility to the Patient

Approved by the Board of Trustees, April 2021

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Issue:

The physician-patient relationship is the cornerstone of medical and psychiatric practice. Among the goals of medicine, promotion of the patient's health and well-being is central. Pursuit of this goal embodies ethical principles of respect for persons, beneficence, and fairness. Medicine is also a moral enterprise grounded in trust, with a primary obligation of physicians to serve the health interests of persons who seek their help and trust them to provide it. In addition, medicine cannot be pursued effectively without such virtues as humility, honesty, intellectual integrity, compassion and competence. Physicians have an obligation to place the care of the patient above excessive self-interest.

It must also be recognized that by virtue of their activities and roles in society, psychiatrists may find themselves with competing obligations that have the ability to affect their interactions with patients. The terms "dual agency," "dual roles," "overlapping roles," and "double agency" all refer to these types of competing obligations. Such competing obligations may arise from the duties a psychiatrist owes to an institution (e.g., the psychiatrist's employer) as well as to an individual patient, or the duties a psychiatrist owes to two different patients or two different institutions.

APA Position:

It is the position of the American Psychiatric Association that a treating psychiatrist shall regard responsibility to the patient as primary. When relationships between the treating psychiatrist and other entities or patients conflict with the clinical needs of a patient, the treating psychiatrist must strive to resolve the conflict in a manner that the psychiatrist believes is likely to be beneficial to the patient. This means that treating psychiatrists should strive to eliminate potentially compromising dual roles by attending to the separation of their work as clinicians from their roles as institutional or administrative representatives; when it is not possible to resolve a competing obligation, the treating psychiatrist must remain committed to prioritizing patient interests, including by informing patients about the potential for competing obligations within the treatment.

Author: Ethics Committee, adapted from prior policy *Endorsement of the Patient-Physician Covenant* (1995).