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' 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.

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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.

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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.
**PRINCIPLE THREE**

*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.
**PRINCIPLE SIX**

*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.

**PRINCIPLE SEVEN**

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

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.

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

9.2 Psychiatrists who supervise trainees in psychiatry shall identify their supervisory role and functions clearly, ensure appropriate referral and not provide treatment.

9.3 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.
Useful resource material


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 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.