- provide liability protection for the provider;
- minimize burdensome requirements on the provider;
- use a robust electronic monitoring system with intrastate linkages, easily accessible and navigable by providers 7 days a week, 24 hours a day;
- be limited to appropriate individuals and agencies, including physicians and pharmacists, and allow an appropriately registered delegate to access the PDMP database as a surrogate for the prescribing provider;
- not be used to evaluate a provider's practice; and
- allow providers to monitor their own prescribing patterns and identify potential unauthorized use.

ACEP opposes mandatory reporting of potential abuse to law enforcement because such reporting fundamentally conflicts with the appropriate role of providers in the patient-provider relationship.

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Confidentiality of Patient Information

[Ann Emerg Med. 2017;70:117.]

The American College of Emergency Physicians (ACEP) believes that all physicians have an ethical and legal duty to guard and respect the confidential nature of the personal information conveyed during the patient-physician encounter. Emergency physicians implicitly promise to preserve confidentiality of patient information, a promise that in turn promotes patients' autonomy and their trust in emergency physicians.

ACEP believes confidentiality of patient information is an important but not absolute principle. Confidential patient information may be disclosed when patients or their legal surrogates agree to disclosure, when mandated by law, or when there exist overriding and compelling grounds for disclosure, such as the prevention of substantial harm to identifiable other persons.

Certain other situations may require individual assessment of clinical circumstances, patient wishes, state and federal laws, and public health requirements. Specific problem areas include but are not limited to cases involving minors, drug testing, employee health, perpetrators and victims of violent crimes, medical records, the media, and communicable and sexually transmitted diseases. In such cases not directly addressed by the law, individualized assessment and management, based on these principles of confidentiality of patient information, constitute best practice.

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Reaffirmed by the ACEP Board of Directors October 2008, October 2002, October 1998

Originally approved by the ACEP Board of Directors titled "Patient Confidentiality" January 1994

As an adjunct to this policy, ACEP's Ethics Committee prepared a Policy Resource and Education Paper titled "From Hippocrates to HIPAA: Privacy and Confidentiality in Emergency Medicine," published in *Annals of Emergency Medicine* January 2005.

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Health Information Technology Standards

[Ann Emerg Med. 2017;70:117.]

The American College of Emergency Physicians (ACEP) believes medical care is optimized when all pertinent patient information is available in a timely, usable, and secure manner. Seamless integration of data from within and among health care systems and personal health records is vital for proper patient care. ACEP supports the adoption of information standards and the meaningful use of health information technology as defined by the Office of the National Coordinator of Health Information Technology. ACEP also encourages its members to become active proponents for interoperable systems before their institutions make information technology purchasing decisions.

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Nonbeneficial ("Futile") Emergency Medical Interventions

[Ann Emerg Med. 2017;70:117-118.]

Emergency physicians may encounter situations, often near a patient's end of life but also during any patient

encounter, in which a patient or surrogate requests or expects tests and treatments that, in the physician's judgment, have no realistic likelihood of providing benefit to the patient.

In regard to such treatments, the American College of Emergency Physicians (ACEP) believes:

- Physicians are under no ethical obligation to render interventions that they judge have no realistic likelihood of benefit to the patient.
- Emergency physicians' judgments to withhold or withdraw requested interventions should be unbiased and should be based on available scientific evidence and societal and professional standards.
- Emergency physicians should recommend the interventions they believe to be the most appropriate, depending on the circumstances. In cases of uncertainty or disagreement in regard to the benefit of an intervention, temporizing interventions and admission are acceptable to allow additional time and resources to aid in decisionmaking. These resources may include patient and family communication, ethics consultation, social services, or spiritual guidance.
- Additional information that becomes available may necessitate alteration of previous clinical decisions.
- When determining the utility of any emergency procedure, diagnostic test, or other intervention, emergency physicians should remain sensitive to differences of opinion among physicians, patients, and families in regard to the value of such interventions.
- Emergency physicians caring for patients in cardiac arrest who have no realistic likelihood of survival should consider withholding or discontinuing resuscitative efforts in both the out-of-hospital and hospital settings.
- When a decision is made to forgo interventions considered nonbeneficial, special efforts should be made to ensure ongoing communication and the provision of comfort, support, and counseling for the patient, family, and friends.
- Emergency physicians should advocate implementation of institutional strategies to promote proactive patient and family communication, development of interdisciplinary review committees, and expert consultation availability in regard to appropriate limitations on requested medical tests and interventions.

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Conflict of Interest

[Ann Emerg Med. 2017;70:118-120.]

Officers, Directors, Committee Chairs and Members, Section Chairs, Task Force Chairs, *Annals* Editor, staff, and others acting on behalf of the College have a fiduciary duty to the College, including the duties of loyalty, diligence, and confidentiality.

Those in positions of responsibility must act in utmost good faith on behalf of the College. In accepting their positions, they promise to give the College the benefit of their work and best judgment. They should exercise the powers conferred solely in the interest of the College and should not use their role or position for their own personal interest or that of any other organization or entity. Even the perception of conflict can potentially compromise the confidence and trust of ACEP members and the public in the stewardship of its leaders.

Conflicts of interest arise when participants in positions of responsibility have personal, financial, business, or professional interests or responsibilities that may interfere with their duties on behalf of ACEP. The immediacy and seriousness of various conflicts of interest situations may vary. Of basic importance is the degree to which the interest would tend one toward bias or predisposition on an issue or otherwise compromise the interests of the College.

A conditional, qualified, or potential conflict of interest can arise when the outside interest is not substantial or does not relate significantly to any contemplated action of the College. For example, a person might hold a minor financial interest in a company wishing to do business with the College. Disclosure is ordinarily sufficient to deal with this type of potential conflict of interest, provided that there is no expectation that one's duty to the College would be affected.

Direct conflicts of interest arise, for example, when an individual engages in a personal transaction with the College or holds a material interest or position of responsibility in an organization involved in a specific transaction with the College or that may have interests at variance or in competition with the College. The appropriate and necessary course of action in such cases is to disclose the conflict and recuse oneself, during the deliberations and the vote on the issue.

In rare circumstances, an individual may have such a serious, ongoing, and irreconcilable conflict, where the relationship to an outside organization so seriously impedes