Review of the Revised 2014 American Academy of Child and Adolescent Psychiatry Code of Ethics

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Child and adolescent psychiatrists (CAPs) have vital societal roles as advocates for the optimal development and overall wellness of youth and their families. The profession has distinct ethical, legal, and clinical responsibilities. In 1847, the world's first national professional medical organization (the American Medical Association) was founded, and the American Medical Association created the world's first national code of medical ethics. Previously, in 1844, 13 medical administrator superintendents organized the Association of Medical Superintendents of American Institutions for the Insane, which later became the foundation for the creation of the American Psychiatric Association in 1921. In 1973, the American Psychiatric Association produced its first code of ethics, which has been annotated and revised in subsequent years. In 1930, the American Academy of Pediatrics was founded, and in 2007, the American Academy of Pediatrics adopted for the first time a document focusing on its distinct mission, values, and professionalism. In 1953, practitioners with a primary interest in children's mental health founded the American Academy of Child (and Adolescent) Psychiatry, which later developed a code of ethics in 1980.[1] All these codes of ethics are relevant to CAPs because they function within a general medical ethics framework. Child and adolescent psychiatry necessitates its own ethical guidelines to address the interactions with a vulnerable population characterized by youth who for the most part are minors who have mental health, developmental, cognitive, and substance use needs.[2,3] At different stages in a CAP's particular career path, one is confronted with ethical dilemmas. For example, a trainee's learning experience and a senior investigator's research agenda might conflict with a patient's best interests. This article provides an overview and rationale of the recent revisions to the American Academy of Child and Adolescent Psychiatry (AACAP) Code of Ethics[4]; highlights how societal changes have influenced the revisions; and includes an illustrative vignette.

Children and adolescents are an inherently vulnerable population, and some are more vulnerable than others. Youth are vulnerable by virtue of age; degree of cognitive, social, emotional, and/or physical immaturities; dependence on others for sustenance and protection; legal and societal status; restricted decision-making capacities to determine medical or psychiatric care or participation in medical or psychiatric research; and individual, group, and systemic advocacy needs. Especially vulnerable youth are affected not only by mental health concerns but also by psychosocial adversity, including exposure to trauma, abuse, neglect, homelessness, poverty, involvement in child welfare and/or the juvenile justice system, gang affiliation, family instability, adolescent pregnancy, or limited education. Youths' developmental trajectory and overall wellness depend on their resiliency and vulnerabilities. In most societies, youths' parents or legal guardians are generally accepted as the best representatives to ascertain their interests. A crucial component of ethical challenges in a CAP's daily practice is the need to consider the perspectives and wishes of the youth and those of the parents/legal guardians.

REVISION RATIONALE

The initial version of the AACAP Code of Ethics was adopted in 1980 to provide relevant professional ethical guidelines specific to CAPs' practices. The AACAP Executive Council twice amended the Code (in 2009 and 2014) based on the AACAP Ethics Committee's recommendations. The Code reflects the profession's values and responsibilities in approaching ethical dilemmas that arise while training and practicing in the field. It has evolved to reflect the new challenges produced by changes in psychiatry and society. It is a consensus document providing the foundation for CAPs to build on to manage their administrative, scholarship, and clinical efforts appropriately.

The AACAP Ethics Committee reviewed and revised each version of the Code based on consideration of ethical issues relevant to youth and their families that occur within contemporary society and influence practice. While updating the current Code, the societal developments considered included advancements in genetics, neuroimaging, surgery, psychopharmacology, psychotherapy, telepsychiatry, electronic medical records, medical information dissemination, information technology, the media's presence and role in medicine and the overall culture, and state laws' variations influencing practice and research. The Committee also examined different documents with guidelines and recommendations for ethical parameters in medical practice (e.g., the updated Declaration of Helsinki, the Mental Health Parity and Addiction Equality Act, and the Patient Protection and Affordable Care Act). The Code's foundation remains unchanged, standing on 10 core principles, which are grounded in traditional biomedical ethics (Table 1). Recent revisions have focused primarily on incorporating evolving perspectives on youths' rights and their ability to participate in care; patient assent and consent related to research and other scholarship activities; and language to encompass ongoing advances in science, medical practice, and technology.

TABLE 1 Summary of the 10 Core Principles of the American Academy of Child and Adolescent Psychiatry Code of Ethics[4]

Principle	Focus
I: Developmental perspective	This principle is unique to the Code and reviews CAPs' obligation to understand the developmental context of youth when providing clinical care, conducting research or other scholarly activities, or making consultation recommendations.
II: Promoting the welfare of children and adolescents (beneficence)	This principle reviews CAPs' obligation to promote the optimal well-being, functioning, and development of youth, as individuals and as a group. This commitment needs to be prioritized over familial and societal pressures.
III: Minimizing harmful effects (nonmaleficence)	This principle reviews the Hippocratic maxim, "do no harm." CAPs need to strive to avoid any and all actions that might be detrimental to the optimal development and wellness of youth and minimize the harmful impact of behaviors of others on youth at the individual, family, local community, and societal levels.
IV: Assent and consent (autonomy)	This principle reviews the importance of patients and parents/legal guardians making their own informed, un-coerced decisions in their psychiatric care or research participation. Youth and their parents/legal guardians should be involved in the decision-making process. Youth have a right to assent or dissent to treatment to the extent of their capacities to understand options and act rationally, and their parents/legal guardians have a right to consent by proxy or deny treatment except in emergencies.
V: Confidentiality (autonomy/fidelity)	This principle reviews the right to have the information of patients and parents/legal guardians kept private and confidential. CAPs need to inform youths and their parents/legal guardians about confidentiality, any associated limits to confidentiality, and any possible disclosures of information, preferably in advance.
VI: Third-party influence (fidelity)	This principle reviews the issues related to the influences of outside entities. CAPs need to prioritize the welfare of the patient above competing interests, constantly self-monitor to preserve the interests of youth, and not allow improper influence on professional judgment by competing interests.
VII: Scholarly and research activities	This principle reviews the value of scholarship activities but emphasizes the importance of minimizing risks to youth. The scientific advancement of the field is essential; however, CAPs' first priority is to protect youth from risks.
VIII: Advocacy and equity (justice)	This principle reviews the importance of competent mental health care being available to all children, adolescents, and their families. CAPs need to support efforts to improve access to care at all societal levels and attempt to minimize youth exposure to injustice.
IX: Professional rewards	This principle reviews possible issues related to the tangible and intangible reinforcements of a CAP's practice. CAPs need to be aware of the possible impact of rewards on their judgments and actions.
X: Legal considerations	This principle reviews the importance of understanding the local, state, and federal laws that affect a CAP's practice, especially those regulations covering unique issues. However, legal standards do not replace ethical ones.

Note: CAPs = child and adolescent psychiatrists.

THE CODE'S REWORDINGS

The Code's rewordings are reflections of to whom the Code applies, the distinction between standards and guidelines, and the evolving nature of contemporary communication technology.

The Code's prior versions identified it as a guide for AACAP members alone. The current Code expands its applicability to AACAP members and all practicing CAPs within the United States, regardless of AACAP membership. Because AACAP is recognized as the leading US medical association dedicated to treating and improving the mental health and wellness of youth and their families, it is a logical extension to reframe the Code's application to the broader group of all US practicing CAPs. All US practicing CAPs and AACAP members are on an honor system to abide by the Code.

The Code's prior versions described its principles as "standards" and "not legally binding." The US National Library of Medicine defines standards as "authoritative statements setting forth levels of performance … [articulating] minimal, acceptable or excellent levels of performance … [and] guidelines [as] statements of principles … [assisting] professionals in ensuring quality in … clinical practice, biomedical research, and health services."[5] The current Code describes its principles as "guidelines" instead of "standards" that assist CAPs in ethical analysis and decision making and cannot be adopted, altered, or rejected based on situational needs.

Evolving contemporary communication technologies are changing how individuals relate to one another. In addition to face-to-face communication, CAPs need to consider the use of technologically mediated forms of communication