

A ○

Similarly, the Physician Charter on Professionalism articulates a “

medical error, increase patient safety, minimize overuse of health care resources, and optimize the outcomes of care.”¹⁰ The ACP Ethics Manual stresses the ethical importance of active physician engagement in quality efforts and patient safety.⁹ The PCMH, by integrating the system improvements paradigm into the practice environment, could help physicians meet these ethical obligations, although this must be done with sensitivity to the patient’s perspective. Even as the PCMH promotes “patient-centeredness,” automated processes of care could inadvertently depersonalize care and make patients feel less connected to their clinician. Importantly, the PCMH is an opportunity to help promote what patients view as measures of high quality care,^{24,28} which include access to and continuity of care with trusted physicians;²⁹ effective communications and empathy; adequate time for office visits;³⁰ coordination of treatment across all providers and settings; decision making about treatment recommendations; and the role of the family in care.



The patient-centered medical home (PCMH) is emerging and evolving as a model for medical practice that may become an important pillar of national health care reform. The PCMH has the potential to align with the principles of medical ethics and professionalism, and presents an opportunity to reinvigorate the patient–physician relationship and the aspects of health care that patients value. This analysis has explored some of the promise of and concerns about the PCMH through the lens of ethics and professionalism. On balance, many of the principles of the PCMH resonate well with core tenets of ethics and professionalism, and in some cases provide a pathway to enhance the ethical practice of medicine. This analysis may help to highlight some of the practical choices and implications of design and implementation that should be considered to ensure that the PCMH does not become a failed fad, but rather a stepping stone towards a brighter future for health care in America.

Acknowledgments: Financial support for the development of this position paper came from the ACP operating budget.

*Members of the 2009–2011 American College of Physicians Ethics, Professionalism and Human Rights Committee: Virginia L. Hood, MBBS, MPH, FACP (Chair 2009–2010); Kesavan Kutty, MD, MACP, FCCP, FRCP (L) (Chair 2010–2011); Joseph J. Fins, MD, FACP (Vice Chair 2009–2011); Jeffrey T. Berger, MD, FACP; Clarence H. Braddock, III, MD, MPH, FACP; CPT. Tatjana P. Calvano, MC, USA; Kathy Faber-Langendoen, MD, FACP; Faith T. Fitzgerald, MD, MACP; Thomas H. Gallagher, MD, FACP; Celine Goetz; Vincent E.

