

# Code of Professional Conduct of the International Academy of Clinical Neurology

## Preface

The International Academy of Clinical Neurology developed the Code of Professional Conduct to formalize the standards of professional behavior for provider/members of the Academy. The primary goal of the Code is to promote the highest quality of neurological care.

## **THE PROVIDER/MEMBER-PATIENT RELATIONSHIP**

The provider/member has fiduciary and contractual duties to patients. As a fiduciary, the provider/member has an ethical duty to consider the interests of the patient first and has a duty to practice competently and to respect patients' autonomy, confidentiality, and welfare.

## **GENERAL PRINCIPLES OF NEUROLOGIC CARE**

The provider/member must practice only within the scope of his/her training, experience and competence. The provider/member should provide care that represents the prevailing standards of neurologic practice. To this end, provider/members should participate in a regular program of continuing education.

The provider/member should obtain consultations when indicated. The provider/member should refer patients only to competent practitioners and should assure that adequate information is conveyed to the consultant.

The provider/member must maintain patient privacy and confidentiality. The provider/member should prepare records that include relevant history, provider/member findings, assessment, and plan of evaluation and treatment. Patients are entitled to information within their medical records.

The provider/member is entitled to reasonable compensation for clinical services to or on behalf of patients. The provider/member should receive compensation only for services actually rendered or supervised. The provider/member must not receive a fee for making a referral ("fee-splitting") or receive a commission from anyone for an item or service he/she has ordered for a patient ("kickback"). The agreed upon division of practice income among members of an organized medical group is acceptable.

The provider/member should order and perform only those services that are medically indicated.

## **PERSONAL CONDUCT**

The provider/member must treat patients with respect, honesty, and conscientiousness. The provider/member must not abuse or exploit the patient psychologically, sexually, physically, or financially. The provider/member should observe applicable laws.

The provider/member should strive to maintain physical and emotional health. The provider/member should refrain from practices that may impair capacities to provide adequate patient care.

## **CONFLICTS OF INTEREST**

Whenever a conflict of interest arises, the provider/member must attempt to resolve it in the best interest of the patient. If the conflict cannot be eliminated, the provider/member should withdraw from the care of the patient.

The provider/member must avoid practices and financial arrangements that would, solely because of personal gain, influence decisions in the care of patients. Financial interests of the

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provider/member that might conflict with appropriate medical care should be disclosed to the patient.

The provider/member may dispense therapeutic agents, assistive devices, and related patient-care items as long as this practice provides a convenience or an accommodation to the patient without taking financial advantage of the patient. The patient should be given a choice to accept the dispensed therapeutic agents or device or to have a prescription filled outside the provider/member office.

The provider/member generally should support his patient's medical interests when they are compromised by policies of a health-care institution or agency. Physicians employed by healthcare institutions should represent the patient's medical interests and serve as their medical advocate to the institutional administration.

While a provider/member ordinarily must respect a patient's confidentiality, there are circumstances in which a breach of confidentiality may be justified. When the provider/member is aware that an identifiable third party is endangered by a patient, the provider/member must take reasonable steps to warn the third party.

When the provider/member is aware that Provider/members of the general public are endangered by a patient, the provider/member must take reasonable steps to advise responsible public officials or agencies of that danger.

The provider/member should cooperate and communicate with other health care professionals, including other physicians, nurses, and therapists, in order to provide the best care possible to patients.

The provider/member should participate in peer review activities in order to promote the best care possible of patients. The provider/member should not unjustifiably criticize a colleague's judgment, training, knowledge, or skills. Provider/members should not knowingly ignore a colleague's incompetence or professional misconduct, thus jeopardizing the safety of the colleague's present and future patients.

The provider/member called upon to provide expert medical testimony should testify only about those subjects for which the provider/member is qualified as an expert by training and experience. Before beginning testimony, the provider/member should carefully review the relevant records and facts of the case and the prevailing standards of practice. In providing testimony, the provider/member should provide scientifically correct and clinically accurate opinions. Compensation for testimony should be reasonable and commensurate with time and effort spent, and must not be contingent upon outcome.

The provider/member may enter into contractual agreements with managed health care organizations, prepaid practice plans, or hospitals. The provider/member should retain control of medical decisions without undue interference. The patient's welfare must remain paramount.

The provider/member should strive to protect the public from an impaired physician and to assist the identification and rehabilitation of an impaired colleague.

## **RELATIONSHIPS WITH THE PUBLIC AND COMMUNITY**

The provider/member should not represent himself/herself to the public in an untruthful, misleading or deceptive manner.

Provider/members should work toward improving the health of all Provider/members and of society. This may include participation in educational programs, research, public health activities, and the provision of care to patients who are unable to pay for medical services. The

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provider/member should be aware of the limitation of society's health care resources and should not squander those finite resources by ordering unnecessary tests and ineffective treatments.

## CLINICAL RESEARCH

The provider/member who participates in clinical research must ascertain that the research has been approved by an Institutional Review Board (IRB) or other comparable body and must observe the requirements of the approved protocol.

The provider/member who is paid for treating patients in a clinical research project should inform the patient of any compensation the provider/member receives for the patient's participation. The compensation for patient treatment should be reasonable in amount. The provider/member should not bill the patient or the insurer for services already compensated by the study sponsor.

The provider/member who begins a patient on an experimental therapy that has not been approved as a valid clinical study by an IRB should obtain informed consent from the patient.

**Reporting Research Results** The provider/member should publish research results truthfully, completely, and without distortion. In reporting research results to the news media, the provider/member should make statements that are clear, understandable, and supportable by facts. Provider/member's should not publicize results of research until after the data have been subjected to appropriate peer review.

A provider/member of the Academy may be subject to discipline if his/her conduct is found to be in conflict with the standards and principles of the Academy. Without limiting other avenues of discipline, disciplinary action will result in revocation of membership in the Academy.

Portions of this Code were modified from the following codes of professional ethics and professional conduct:

1. American Academy of Orthopaedic Surgeons: Guide to the Ethical Practice of Orthopaedic Surgery, 1990.
2. American Association of Neurological Surgeons: American Association of Neurological Surgeons Code of Ethics.
3. American Academy of Ophthalmology: Code of Ethics of the American Academy of Ophthalmology, Inc., 1991.
4. American College of Physicians: American College of Physicians Ethics Manual. Part I: history; the patient; other physicians; Annals of Internal Medicine: 1989; 111:245-352.
5. American College of Physicians: American College of Physicians Ethics Manual. Part II: the physician and society research; life-sustaining treatment; other issues. Annals of Internal Medicine; 1989; 111:327-335.
6. American College of Surgeons: American College of Surgeons Statements on Principles, 1989.
7. American Psychiatric Association: The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry, 1989.
8. American Medical Association: Code of Medical Ethics and Current Opinions of the American Medical Association Council on Ethical and Judicial Affairs, 1992.