

AANS Code of Ethics

a) General Statement of Purpose

The American Association of Neurological Surgeons has established a Code of Ethics for neurological surgeons as guidelines in medical, social, and professional relationships, which occur in neurosurgical practice. This code is a statement of ideals, commitments, and responsibilities of neurological surgeons to patients, other health professionals, society and themselves, and thus may be considered as one of the measures used to evaluate a member's maintenance of good professional standing, and to evaluate qualifications for membership by applicants.

b) Ethics as they relate to the Neurological Surgeon

- (1) The neurological surgeon shall be dedicated to the principle, first and foremost, of providing the best patient care that available resources and circumstances can provide.
- (2) The neurological surgeon shall not participate in any activity, which is not in the best interest of the patient.
- (3) The neurological surgeon shall restrict his or her practice to that which he or she is competent to deliver by training, experience, and by resources.
- (4) The neurological surgeon shall be actively involved in continuing medical education in order to keep current on new medical technology and information in neuroscience.
- (5) The neurological surgeon shall not become dependent on alcohol, drugs, or involved in any other abusive practice. Should such occur, he or she should submit voluntarily to treatment and should accept recommendations of the local committee for evaluating impaired physicians or similar peer review committee.

c) Ethics of Physician-Physician Relationships

- (1) In those instances in which a neurological surgeon is identified as being incompetent,* his or her neurological or other medical colleagues shall bring this circumstance to that person's attention and refer him or her to the appropriate professional committee of his or her hospital or state society if necessary.
- (2) The impaired neurological surgeon is expected to correct the deficiencies or his or her medical activities shall be restricted. Impairment may be a result of organic, emotional or psychological abnormalities or induced by alcohol or drugs.
- (3) A neurological surgeon shall respect the rights of colleagues and of other health professionals.
- (4) The neurological surgeon shall only receive compensation for services he or she actually delivers or directly supervises. The division of income among members of an organized group, based on the value of the services performed by each member, as determined by group members, is appropriate.
- (5) In an effort to ensure a high standard of care for patients, the neurological surgeon shall preferably use consultants and other health care providers with recognized records of excellence, when available, in patient care.
- (6) The neurological surgeon transferring care of a patient to another neurological surgeon, or other health care provider, either by his or her own recommendation

or at the request of the patient or patient's family, shall cooperate with the physician who receives the transferred patient.

- (7) The neurological surgeon shall cooperate fully and be actively involved in the educational process of other neurological surgeons and health care providers as circumstances permit.
- (8) The neurological surgeon shall be responsible for helping his medical colleagues maintain a high level of performance and integrity in the practice of medicine, and shall refrain from repeating false charges about another health care professional.

d) Ethics Related to the Physician-Patient and Patient's Family

- (1) The neurological surgeon and the patient, and patient's family, when appropriate, shall be involved in dialogue so the joint medical decision-making process will be in keeping with the patient's philosophy and desires.
- (2) Privacy and confidentiality of information shared by the neurological surgeon and the patient, and/or patient's family shall be respected except in those circumstances where societal concerns expressed in the law require disclosure.
- (3) The neurological surgeon shall never take advantage of a patient nor allow anyone to take advantage of a patient which would result in physical, emotional or sexual abuse.
- (4) The neurological surgeon shall be the advocate of the terminally ill patient to allow dignity in dying while providing relief of pain and suffering and avoiding unnecessary financial burdens for both patient and family. The lawful wishes of the competent patient shall be respected.
- (5) The neurological surgeon shall be an active resource and support to the family of the patient determined to have a totally non-functional brain or neurological irreversible impaired state and assist them in the ordeal of making decisions regarding that patient.
- (6) The neurological surgeon involved in human research and experimentation shall respect the rights of the participants and execute a consent fully informing the participants before proceeding with any treatment or research.

e) Ethics as Related to the Physician and the Legal Profession

- (1) The neurological surgeon shall respect the confidentiality of the doctor-patient relationship and shall not release information unless the patient has knowingly consented except as required by law.
- (2) The neurological surgeon, as an expert witness, shall diligently and thoroughly prepare himself or herself with relevant facts so that he or she can, to the best of his or her ability, provide the court with accurate and documental opinions on the matters at hand.
- (3) The neurological surgeon shall cooperate with members of the legal profession in order that justice with mercy and compassion shall prevail.

f) Responsibilities of the Neurological Surgeon to Government

- (1) The neurological surgeon shall always abide by the law of the land, but support changes in those laws, which are contrary to the best interests of the patient and society.

- (2) The neurological surgeon shall cooperate and deal honestly with governmental agencies involving those areas of health care of which he or she is a participant, but will preserve patient confidentiality.
- g) Ethics Related to the Physician and Insurance, Compensation and Reimbursement Agencies
- (1) The neurological surgeon shall be honest in financial dealings with the patient insurance and health care financing agencies, and shall provide accurate, complete and timely information to those agencies.
 - (2) The neurological surgeon shall respond appropriately to requests for medical reports from private and governmental agencies involved in reimbursement and compensation for medically related services with the consent of the patient or the patient's agent, or as otherwise provided by the law.
- h) Ethics Related to Research

Preamble

The purpose of this code is to articulate standards for the ethical conduct of scientific research in neurosurgery. The terms "research" and "investigation" are used interchangeably.

(1) Commitment to Scientific, Academic and Ethical Integrity

All members of the AANS who engage in scientific research and clinical investigation shall conform to the highest standards of academic, scientific and ethical integrity. No form of scientific or academic misconduct will be condoned. Misconduct includes, but is not restricted to fraud in any form, falsification or fabrication of data, and plagiarism.

Sources of data shall be identified accurately and completely. Materials and ideas derived from sources or individuals other than authors or acknowledged contributors to a publication shall not be used without permission, citation, attribution, or acknowledgement. Direct quotes and paraphrases should be identified as such and appropriately attributed.

All the authors of a publication, communication, presentation or research proposal may be held individually responsible for the intellectual, scientific, and academic integrity of the work.

(2) Collaboration and Authorship

Each individual who has made a significant intellectual contribution to an investigation or a publication shall be listed as an author or explicitly acknowledged in some way.

A manuscript shall not be submitted for publication or presentation under the authorship of anyone who: (i) has not contributed substantially to its preparation; (ii) is not familiar with the underlying data; or (iii) has not read and approved the submission**.

(3) Transparency of Purpose

The purposes and endpoints of laboratory research and clinical investigation vary widely. Investigators must disclose candidly the purposes, applications, consequences and sponsorship of research projects with all parties who may be materially affected, including collaborators, patients, subjects, and funders.

(4) Ethical Dilemmas

Investigators should expect to encounter ethical dilemmas at any stage of their work. They must be prepared to identify dilemmas when they appear, and to anticipate them when submitting proposals for approval or funding.

Approval of research protocols by Institutional Review Boards (IRBs) or other oversight entities does not guarantee the resolution or elimination of all material ethical issues.

Just as the authors of a publication, communication, presentation or proposal may be held responsible for the scientific and academic integrity of an investigation, so should they expect to be held responsible for its ethical integrity.

(5) Scientific, Technical and Logistical Competence

Investigators should refrain from scientific, technical, logistical or administrative tasks for which they or their collaborators are not qualified.

(6) Retention and Protection of Data

Original research data should be held in trust for the scientific and academic community. Original data should be retained for a reasonable period of time and made available for external review under appropriate circumstances. Data cited in publications or utilized to substantiate or negate a hypothesis, in particular, should be retained and managed in this manner.

(7) Confidentiality of Data and Protection of Intellectual Property

Concerns regarding the protection of intellectual property may legitimately influence the extent and timing of data disclosure and may entail measures to safeguard the confidentiality of data. Investigators participating in commercially sponsored trials may have additional obligations of confidentiality to the trial sponsors, especially, but not only, prior to publication. Because information obtained in the course of commercially sponsored trials may have significant economic value, investigators must neither disclose clinical trials data nor provide any restricted information to investors or other unauthorized parties without the express permission of the trial sponsor.

Investigators involved in sponsored clinical trials may not accept payment or honoraria of any form, including research and academic support, contingent upon the disclosure of clinical trials information to outside or unauthorized parties.

Concerns regarding confidentiality and the protection of intellectual property, however, must not be used to hide or obscure data, or to compromise the principles of scientific and academic integrity.

(8) Protection of Experimental Subjects

All research conducted by members of the AANS shall comply at a minimum with the standards promulgated by the National Institutes of Health for the protection of experimental subjects, and accord with all applicable statutes and norms for the protection of human subjects.

It is incumbent upon the investigator to ensure the safety, dignity, and privacy of colleagues and collaborators.

(9) Cooperation with IRBs and other Regulatory Entities

Members of the AANS are expected to comply with the rules and provisions of pertinent IRBs for the submission, approval and conduct of research protocols.

An investigator may choose to participate in industry-sponsored phased clinical trials designed to establish the safety and efficacy of drugs, biologicals, or medical devices for the purpose of registration with the US Food and Drug Administration or its equivalent. Such protocols may be managed by a Contract Research Organization (CRO) or Site Management Organization (SMO) in conjunction with an External Review Board (ERB).

Even though the ERB may have designed a consent form as part of the protocol, it is incumbent upon the investigator to confirm that the ERB consent complies with IRB rules.

It is also incumbent on the investigator to confirm that: (i) informed consent is obtained (see below); (ii) the provisions of the Healthcare Insurance Portability and Accountability Act (HIPAA) are respected; (iii) potential issues pertaining to the dissemination, ownership, and control of data or tissue are resolved; (iv) conflicts of interest are addressed (see below); and (v) the roles and conduct of the CRO and/or SMO conform to the rules and regulations of the institution in which the research is to be conducted.

(10) Informed Consent

It is imperative that human research subjects give voluntary, informed, and explicit consent with respect to all aspects of their participation.

Investigators should become familiar and comply with the generally accepted standards for informed consent in human experimentation. In broad terms, investigators must inform their subjects of: (i) the rationale for, methods of, and alternatives to the experimental protocol including alternative protocols; (ii) their right to be treated even should they decline to participate; (iii) their right to “opt out” at any point without prejudicing their treatment; (iv) the risks of participation, and any anticipated and expected complications inherent to the investigation; (v) contingency plans for treating complications; and (vi) all potential conflicts of interest (see below).

While families often ask to be involved in the consent process, their consent neither substitutes nor suffices when the subject is fully competent. When the competence of subjects is impaired, additional rules and considerations apply.

The issue of adequate informed consent for research subjects is both sensitive and complex. It is advisable to work with expert counsel in developing a consent protocol.

(11) Conflicts of Interest and other Biases

Clinical investigation often results in conflicts of interest. Many, but not all conflicts of interest may be resolved by disclosure. Investigators should be trained to anticipate and disclose potential conflicts of interest, real or apparent, fully and explicitly to all those who may be affected. Authors should disclose actual or potential conflicts in publications or presentations.

Investigators should also be trained to recognize conflicts that cannot be cured by disclosure and understand how they might be managed. For example, a surgeon cannot ordinarily participate objectively in phased clinical trials of drugs or devices in which he or she holds an ownership interest.

Direct and indirect industry sponsorship often leads to the appearance of material conflict of interest, whether or not any exists. To avoid the appearance of conflict of interest, it is prudent to disclose all sources of sponsorship and funding in conjunction with publication or presentation. The disclosure should include any non-monetary resources contributed to research, analysis, presentation or publication.

All analysis of data, manuscript preparation and presentation should be objective and free of commercial input, influence or bias. The investigator should protect equally against all other potential sources of bias.

The responsibility to identify and manage conflicts of interest should not be subordinated to Institutional Review Boards (IRBs) or other oversight entities. It is the responsibility of the investigator to recognize, disclose and address them.

(12) Communication

Investigators shall ensure that all reports and projects are materially complete and comprehensible to colleagues with the appropriate technical expertise. They should distinguish clearly between hypotheses and conclusions, between assumptions and findings, and between theory and fact. The discussion section should address any material limitations in the study, and conform to scholarly norms particularly with respect to the matters noted in paragraphs 1, 2, and 3 above.

(13) Negative Outcomes

Investigators are obliged to report negative results, including the results of clinical trials that fail to meet endpoints, and the results of investigations whose data fail to support the hypotheses they were intended to prove.

(14) HIPAA Compliance

Investigators engaged in research in jurisdictions subject to HIPAA shall comply and ensure compliance with its provisions.

i) Ethics Related to Community and World Affairs

The neurological surgeon, in addition to providing patient care, has a social obligation to be involved in community and world activities, especially those matters affecting health.

*A neurological surgeon is determined to be incompetent, for purposes of this document, when he or she is found to be without adequate ability, knowledge or fitness, being assessed as incapable or unskillful and as failing to meet certain qualifications to practice neurological surgery in accordance with normally accepted national standards.

** Limited exceptions may be allowed in the case of multi-center collaborative studies in which the role of the named authors stands as noted, but the role of clinical collaborators and investigators who are not involved in authorship may be modified and restricted to responsibility for the scientific, academic, and ethical integrity of the investigations and the data under their immediate supervision or control.