

# Code of Ethics

American Academy of  
Facial Plastic and  
Reconstructive Surgery



## **PREAMBLE**

Founded to provide opportunities for the continuing education of surgeons, the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) has had a deep and effective concern for the improvement of patient care and for the ethical practice of medicine. This Code of Ethics is comprised of ethical standards and codes chosen by the AAFPRS Board of Directors from established and authoritative sources and adapted as applicable. References in this Code to "members" includes all classes and categories of membership.

The ethical practice of medicine establishes and ensures an environment in which all individuals are treated with respect and tolerance. Discrimination or harassment on the basis of personal attributes such as gender, race, or religion, is proscribed as being inconsistent with the ideals and principles of the AAFPRS. Applicants for membership are evaluated in accordance with the requirements for membership in the AAFPRS by-laws, including their ethics. Members of the Academy practice in strict honesty and must avoid any and all forms of unethical behavior. Applicants will be refused membership because of unacceptable financial practices or other unethical behavior. Further, members will be disciplined or expelled for violation of the Fellowship Pledge and the Bylaws of the AAFPRS.

Medical competence is fostered by successful completion of board examinations as delineated by the bylaws of the Academy. Ethical competence is fostered by the adoption and enforcement of a Code of Ethics, adherence to which is prerequisite for admission to and maintenance of membership in the AAFPRS. Members are expected to act in accord with the Code of Ethics of the AAFPRS in all contacts with patients, peers and the general public. Further, members are individually responsible and accountable for their actions and words as well as the use of their names by any individual or entity. Members shall be subject to disciplinary action, including expulsion, for violation of any of the Code.

## **MISSION**

The Mission of the AAFPRS is:

- To promote the highest quality facial plastic surgery through education, dissemination of professional information, and the establishment of professional standards;
- To achieve understanding and recognition of the specialty of facial plastic surgery by the medical profession, hospitals, and other medical care entities, legislative and regulatory bodies, and the public at large;

- ☛ To define facial plastic surgery as a specialty that requires intensive training and competence, embodies high ethical standards, artistic ideals, commitment to humanitarian service, and a desire to enhance the quality of human life.
- ☛ To serve as the public's information source on facial plastic surgery; and
- ☛ To assist members in the practice of facial plastic and reconstructive surgery, guiding them in the delivery of high-quality, cost-effective medicine and surgery.

### **FELLOWSHIP PLEDGE**

Each member of the Academy must adhere to and uphold the Fellowship pledge.

*I agree to abide by the Articles of Incorporation and Bylaws of the Academy and by such rules and regulations as may be enacted from time to time, and to advance and extend the ideals and principles of the Academy.*

*I pledge to pursue the practice of surgery with scientific honesty and to place the welfare of my patients above all else, to advance constantly in knowledge, and to render willing help and teaching to my colleagues in medicine and seek their counsel when in doubt as to my own judgment, I agree to abide by the guidelines on advertising which are adopted by the Academy in order to promote legitimate and ethical advertising of physicians' services and to avoid the occasion of unprofessional conduct through false or misleading advertising. I declare that I will not practice the division of fees, either directly or indirectly, and that I will make my fees commensurate with the services rendered and with the patient's rights. Finally, I declare that on revocation or resignation of membership I shall return my membership certificate to the Academy.*

*Source: AAFPRS By-Laws, Article XVIII*

### **FUNDAMENTAL ELEMENTS OF THE PATIENT-PHYSICIAN RELATIONSHIP**

Physicians recognize that the health and well-being of patients depends upon a collaborative effort between the physician and patient. Patients share with physicians the responsibility for their own health care. Physicians can best contribute to this alliance by serving as their patients' advocate and by fostering these rights:

1. The patient has the right to receive information from physicians and to discuss the benefits, risks, and costs of appropriate treatment alternatives. Patients should receive guidance from their physicians as to the optimal course of action. Patients are also

entitled to obtain copies or summaries of their medical records, to have their questions answered, to be advised of potential conflicts of interest that their physicians might have, and to receive independent professional opinions.

2. The patient has the right to make decisions regarding the health care that is recommended by his or her physician. Accordingly, patients may accept or refuse any recommended medical treatment.

3. The patient has the right to courtesy, respect, dignity, responsiveness, and timely attention to his or her needs.

4. The patient has the right to confidentiality. The physician should not reveal confidential communications or information without the consent of the patient, unless provided for by law or by the need to protect the welfare of the individual or the public interest.

5. The patient has the right to continuity of health care. The physician has an obligation to cooperate in the coordination of medically indicated care with other health care providers treating the patient. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient reasonable assistance and sufficient opportunity to make alternative arrangements for care.

*Source: Report of Council on Ethical and Judicial Affairs of AMA, June 1990, as updated and as adapted by AAFPRS Board of Directors, Sept. 2000*

### **DELINEATION OF SURGICAL ACTIVITIES**

The Academy confines its interest to plastic surgery of the face, head and neck. The entire membership of the Academy should reflect the importance of a surgeon practicing primarily in the head and neck. For instance, an otolaryngologist generally does not perform surgery outside the head and neck, such as major cosmetic body surgery. The Board of Directors has expressed its view that the nominating committee should give due regard to this view as well as to the views of others when considering candidates for leadership.

*Source: Policy Adopted by AAFPRS Board of Directors*

### **PRINCIPLES OF PATIENT CARE**

Certain aspects of the ethical practice of medicine are of particular interest to surgeons. Some such statements are presented in this section.

1. The responsibility of a surgeon includes preoperative diagnosis and care, the selection and performance of the operation, and postoperative surgical

care. A surgeon may delegate part of the care of patients to associates, Fellows or Residents under his or her personal direction, because modern surgery is often a team effort. However, the surgeon's personal responsibility must not be delegated or evaded. It is proper for the responsible surgeon to delegate the performance of part of a given operation to assistants, provided the surgeon is an active participant throughout the essential part of the operation. If a Resident or Fellow is to operate upon and take care of the patient, under the general supervision of an attending surgeon who will not participate actively in the operation, the patient should be so informed and consent thereto.

2. It is unethical to mislead a patient as to the identity of the doctor who performs the operation.

3. It is unethical to turn over the postoperative care of a patient completely to the referring physician.

4. Visits made by a referring physician during the postoperative period, for which charges are submitted but a needed service is not rendered, constitute a breach of ethics that comes under the category of unnecessary treatment.

5. When a patient is ready for discharge from the surgeon's care, it may be appropriate to transfer the day-to-day care to another physician.

6. Physicians should strive continually to improve medical knowledge and skill, and must make available to their patients and colleagues the benefits of their professional attainments. Physicians have an affirmative duty to disclose new medical advances to patients and colleagues.

7. Physicians should practice a method of healing founded on a scientific basis, and should not voluntarily associate professionally with anyone who violates this principle.

8. The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession, and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

9. Fellows are expected to report knowledge of violation of principles and bylaws.

10. Physicians may choose whom to serve. In emergency situations, however, physicians should render service to the best of their ability. Having undertaken the care of a patient, a physician may not neglect the patient; and until the patient has been discharged, a physician may discontinue services only after giving adequate notice.

11. Physicians should provide services under the terms and conditions which permit the free and complete exercise of sound medical judgement

and skill. Nothing contained in this provision shall be construed to limit price competition among physicians. Competition between and among physicians and other health care practitioners on the basis of competitive factors such as quality of services, skill, experience, miscellaneous conveniences offered to patients, credit terms, fees charged, etc., is not only ethical but is encouraged. Ethical medical practice thrives best under free market conditions when prospective patients have adequate information and opportunity to choose freely between and among competing physicians and alternate systems of medical care. Except in instances of emergencies or urgent and life threatening disease or injury, nothing in this Code shall be construed to prohibit a member from requiring prepayment of professional fees for an elective surgical operation.

12. In the practice of medicine, a physician should receive professional income only for: medical services actually rendered or supervised by the physician, sale of medically-related products approved by the physician, and services provided by ancillary personnel known to and associated with the physician.

13. Physicians often practice in concert with allied health professionals who are under their supervision in the course of delivering appropriate medical care to their patients. In doing so, physicians should be guided by the following principles:

- It is ethical for a physician to work in consultation with or employ allied health professionals, as long as they are appropriately trained and duly licensed, when appropriate, to perform the activities being requested.
- Physicians may teach in recognized schools for the allied health professionals for the purpose of improving the quality of their education. The scope of teaching may embrace subjects which are within the legitimate scope of the allied health profession and which are designed to prepare students to engage in the practice of the profession within the limits prescribed by law.

14. A physician should seek consultation upon request, in doubtful or difficult cases, or whenever it appears that the quality of medical service may be enhanced thereby.

15. A physician may not reveal a patient's confidence, any observed characteristics of the patient, or any information obtained from the patient in a professional capacity, unless required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

16. Payment by or to a physician solely for the referral of a patient is fee splitting and is unethical. A physician may not accept payment of any kind, in

any form, from any source, such as a pharmaceutical company or pharmacist, an optical company or the manufacturer of medical appliances and devices, for prescribing or referring a patient to said source. In each case, the payment violates the requirement to deal honestly with patients and colleagues. The patient relies upon the advice of the physician on matters of referral. All referrals and prescriptions must be based on the skill and quality of the physician to whom the patient has been referred or the quality and efficacy of the drug or product prescribed.

17. A physician may not be involved in improper financial dealings - including, but not limited to:

- a) Payment and or acceptance of rebates or referral fees to any person, including agents, and employees of the member.
- b) Dividing a fee for medical service with another person licensed to practice medicine who is not a partner or associate of his or hers unless:
  - the patient consents to employment of the other person licensed to practice medicine under a full disclosure that a division of fees will be made;
  - a division is made in proportion to the services actually performed and responsibility assigned to each; and
  - the total fee charged by all persons licensed to practice medicine is not increased solely by the reason of provision for the division of fees.

18. It is in the public interest that medical expert testimony be readily available, objective, and unbiased. Members have an obligation to testify as expert witnesses when appropriate. However, members whose testimony, including testimony as to credentials or qualifications, is false, deceptive, or misleading may be subject to disciplinary action, including expulsion. Further to help limit possibly misleading testimony, members serving as expert witnesses should:

- a) Have recent and substantive experience in the area in which they testify;
- b) Thoroughly review the medical facts and testify to their content fairly, honestly, and impartially;
- c) Be familiar with the standard of practice prevailing at the time of occurrence;
- d) Neither condemn performance that clearly falls within generally accepted practice standards nor endorse or condone performance that clearly falls outside of such standards; and
- e) Not accept compensation that is contingent upon the outcome of litigation.

19. A physician's clinical judgement and practice must not be affected by economic interest in commitment to, or benefit from professionally related commercial enterprises or other actual or potential conflicts of interest. Disclosure of profes-

sionally related commercial interests and any other interests that may influence clinical decision-making is required in communications to patients, the public, and colleagues. When a physician's interest conflicts so greatly with the patient's interest as to be incompatible, the physician should make alternative arrangements for the care of the patient. Under no circumstance may physicians place their own financial interests above the welfare of their patients. The primary objective of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration.

20. Members must comply with all laws, regulations and standards. A member may be found in violation of this Code if:

- a) The member's right to practice medicine is limited, suspended, terminated, or otherwise affected in any state, province or country for violation of a medical practice act or other statute or government regulation or the member is disciplined by any medical licensing authority;
- b) The member is convicted of (or pleads guilty or nolo contendere to) a felony or any crime relating to or arising out of the practice of medicine or involving moral turpitude; or
- c) The member engages in sexual misconduct in the practice of medicine. Sexual or romantic relationships with current or former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the current or previous professional relationship.

21. A member must not perform a surgical operation that is not calculated to improve or benefit the patient.

22. Because of possible misperceptions by the lay public about the serious nature of surgery, a member should not ordinarily participate in a charity raffle, fund raising event, contest or other promotion in which the prize is any surgical procedure, and in which the member agrees to perform the procedure.

*Sources: American Medical Association Code of Medical Ethics as determined by AMA Council on Ethical and Judicial Affairs; Ethical Principles approved by Board of Regents of American College Surgeons; Code of Ethics of other AMA National Medical Specialty Societies, all as adopted by AAFPRS Board of Directors, September 2000*

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