What to know about the revised AAPM Code of Ethics

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Conflicts of Interest

I have none to report to you at this time.
My ethics credentials

“An expert is a man who has made all the mistakes which can be made, in a very narrow field.”

- Niels Bohr
Learning Objectives

Attendees should be able to:

1. Understand content and purpose of the revised AAPM Code of Ethics
2. Understand how to use it as a guide in implementing a framework for ethical decision making
3. Understand how AAPM addresses ethical issues
What is ethics?

• Distinct from civil, moral or religious law
• Behavioral – regards “right” choices
• Transactional – regards right relationship to others
• Personal – regards discipline, awareness and responsibility
Simple rules...

Do unto others as you would have them do unto you.

Do no harm.
It’s not that simple.

No matter how much we might have the impulse to see people “brought to justice” for making “wrong” choices, right relationships are complex.
On the topic of justice...

“When a man steals your wife, there is no better revenge than to let him keep her.”

- Sacha Guitry
Where our ethical challenges live...

- Asymmetric power of all sorts
  - Training
  - Employment
- Competition for contracts and grants
- Surprise displacement from a job
- The politics of authorship
- Conflicts of interest of various sorts
My personal raw place

“The patient comes first.”
Ethics and the AAPM

• In governance
• In practice
• In the future
Ethics in AAPM Governance

Caveat:

Things will change if y’all pass the reorganization proposal.
Ethics in AAPM Governance

Board of Directors

- Administrative Council
- Education Council
- Professional Council
- Science Council
- Special Committees
- Clinical Practice
- Professional Economics
- Professional Services
- Workforce Assessment
- Ethics
- TG-109
Rule 3.7.2: The Committee on Ethics

Purpose

The Committee on Ethics shall advise the Professional Council and, through it, the Board of Directors, on matters relating to the ethical practice of medical physics.

Activities

2. Investigate complaints involving alleged unethical practices of medical physics by or relating to AAPM members.
3. Prepare and maintain procedures for resolving ethical problems.
4. Educate the medical physics community on the ethical principles of professional practice.
Rule 4.0.2: Ethical Behavior

All applicants for membership and affiliation must attest that they will abide by the AAPM Code of Ethics.

Rule 4.0.3: Termination of membership or affiliation for ethical misconduct

Sanctions specified within the AAPM Code of Ethics (up to and including expulsion from the AAPM) may be imposed for ethical misconduct. Members or affiliates expelled for ethical misconduct may eventually reapply for membership or affiliation as specified in the Code of Ethics.
Ethics in AAPM Governance

Bylaws Article IV, Section 4. Termination of Membership

The membership of any member shall terminate upon occurrence of any of the following events: resignation of the member; use of degrees from non-accredited institutions or programs as defined in this Article; nonpayment of dues as specified in the Rules; or vote of the Board of Directors following a formal hearing by the Ethics Committee as specified in the Rules. Reinstatement of membership shall be as defined in the Rules.
Ethics in AAPM Governance

POLICY ID: PP-17B: Scope of Practice of Clinical Medical Physics

Definition 3.6: Qualified Medical Physicist (QMP) is an individual who is competent to practice independently in one or more of the subfields of medical physics, and meets the criteria set forth in the Definition of a Qualified Medical Physicist (AAPM Professional Policy 1). In addition, a QMP must hold a professional medical physics license where required and should uphold the AAPM Code of Ethics (AAPM Professional Policy 24).
AAPM Code of Ethics

• The Code of Ethics defines the standards and the procedures by which the Ethics Committee operates.
• More broadly, the Code of Ethics is designed to give AAPM Members an ethical compass to guide the conduct of their professional affairs.
AAPM Code of Ethics

The Code of Ethics (PP24) in its current form was first approved in 2008 and replaced several earlier Policy documents, notably the Guidelines for Ethical Practice for Medical Physicists (PP8), but also others of more limited scope; reviewing the work of others (PP5), vacating a position (PP4) and the formal complaint process (PP21).
AAPM Code of Ethics

“The following Principles of the American Association of Physicists in Medicine (AAPM) are [...] not a set of laws, but standards of ethical conduct. The Principles provide a framework for members and affiliates to conduct themselves with respect to patients, colleagues, and the public.”
Structure of the current Code

• Preamble and statement of general principles
• Guidance applicable to specific situations
  – Professional conduct
  – Research ethics
  – Education ethics
  – Business/Government ethics
• Detailed formal complaint process
Complaint process

- The complaint process is specified in detail and at length in the Code of Ethics.
- It is designed above all to be fair to everyone involved in a complaint.
- The complaint process is not efficient. That is also by design. Deliberation and review are important aspects of due diligence.
- There is intentionally broad latitude in the sanctions that can be recommended by the Ethics Committee.
Ethics Committee Activity

- Fewer than 5 inquiries are received in a typical year.
- Most are resolved by the Chair through a combination of advice, admonition and mediation.
- Some complaints are not pursued by the complainant for administrative reasons, such as a desire to remain anonymous.
- A few complaints a year go to the full Committee for discussion and further action, often resulting only in letters of advice or admonition.
- It has been many years since a complaint resulted in recommendation of a formal Board action.
A word about conflict of interest

• AAPM has a Conflict of Interest Policy (PP-15) and an editorial Col Policy (AP-102) quite separate from the Code of Ethics (PP-24).

• Conflict of interest is not inherently unethical, but an individual in a conflicted situation must manage the ethical hazard.

• The revised Code speaks specifically to the behavior, not the hazard.
PPs sunset

- The Code of Ethics is managed as a Professional Policy.
- Professional Policies are developed by Professional Council as recommendations to the Board. A Board vote is required to approve.
- Each AAPM Policy has a 5 year “sunset” cycle in which it must be renewed or allowed to expire.
- PP 24-C was approved 11/26/2012 with a sunset date of 12/31/2017.
- TG-109 was reconstituted in 2015 as the management team of the review process and possible revision.
TG-109

• The TG has just approved a complete draft of the revised Code. Changes are extensive.
• Review by the Ethics Committee is about to begin.
• Ethics Committee will present the draft revised Code for open Member comment soon; watch for that announcement.
The revised Code – what’s the same?

• Intent and significance
• Overall structure, mostly
• 98% of the Complaint process
Structure of the Code

OLD
• Preamble and statement of general principles
• Guidance applicable to specific situations
  – Professional conduct
  – Research ethics
  – Education ethics
  – Business/Government ethics
• Detailed formal complaint process

NEW
• Preamble and statement of general principles
• Guidance applicable to specific situations
  – Professional conduct
  • Clinical ethics
  • Research ethics
  • Education ethics
  • Business/Government ethics
• Detailed formal complaint process
The revised Code - what’s different?

• Length
• Tone/Voice
Tone/Voice

• Less “compliance manual” language and more guidance
• Shift from passive to active, tolerance to inclusion
  – “do no harm” becomes “do some good”
• A more consistent point of view and style of language
The revised Code - what’s different?

- Length
- Tone/Voice
- New Principles
  
  Research and Education Guidelines completely revised
  
  New Guidelines regarding 21st century ethics: social media, use of technology, multiculturalism, reputation, role of management
Principles – more for less

• There were XIII, now it’s X. And yet, Ill new concepts…
  – Members must hold as paramount the best interests of the patient under all circumstances.
  – Members must support the ideals of justice and fairness in the provision of healthcare and allocation of limited resources.
  – Members are professionally responsible and accountable for their practice, attitudes and actions including inactions and omissions.
Example of Guideline changes

Responsibility to the public

• OLD - Members shall strive to improve the community's public welfare through the dissemination of scientific knowledge and pertinent education.

• NEW - Members must strive to improve the public welfare through
  – disseminating scientific knowledge in a fair and unbiased manner,
  – supporting fair and just allocation of healthcare resources, and
  – maintaining standards of privacy and confidentiality in all environments, including online communication.
Example of Guideline changes

Responsibility to Peers and the Profession

Members have a responsibility to
• promote the profession and contribute to the knowledge and capability of the medical physics profession as a whole
• improve public appreciation and understanding of the role, function and responsibilities of a medical physicist
• establish the best possible practice environment
• conduct all their work with diligence, integrity and high quality
• remain cognizant of the precedents they set
The revised Code - what’s different?

• Length
• Tone/Voice
• New Principles
• Research and Education Guidelines completely revised
• New Guidelines regarding 21st century ethics: social media, use of technology, multiculturalism, reputation, role of management
Example of Guideline changes

Research Team
• OLD - Research misconduct: Specific examples of research misconduct are data fabrication, data falsification, and plagiarism. […] These ethical breaches are intentional wrongdoings that are considered abhorrent and intolerable by the research community.
• NEW - Members must
  – openly discuss the roles of individuals in the research team, as well as responsibilities and expectations for these individuals
  – discuss changes in roles or expectations and deal with these changes in an open and respectful manner
  – ensure that all data collected during a study are real and that the results are not fabricated, falsified or plagiarized
  – respect the confidentiality of research data and not disclose and/or disseminate data to others without the consent of the research team members
Example of Guideline changes

NEW - Members who are Self-employed

“Contractor” refers to a Member who typically enters into a formal or informal arrangement with a Client to provide routine services to the Client in exchange for direct compensation. In this capacity the Contractor, as well as any employee(s) of the Contractor, interacts in the workplace in a way that is functionally identical to an employee of the Client and all of the guidance relevant to employed practice in this Code applies.

“Consultant” refers to a Member who provides a Client with domain expertise and advice in exchange for compensation. Typically, Consultants are engaged by an organization’s management to provide expert guidance in the making of decisions that can have broad impact on the structure, investments and strategic priorities of the organization.
Summary

• The quest for right relationship can be complicated.
• The Code of Ethics is structured to be a resource to you.
• The Ethics Committee is structured to be a resource to you.
• A multi-year full revision of your AAPM Code of Ethics is now ripening. Please be part of the process.