Code of Ethics

The Aesthetic Society (American Society for Aesthetic Plastic Surgery)

PREFACE

The Aesthetic Society takes pride in requiring its members to uphold the highest ethical standards of our profession. The following ethical standards apply to all The Aesthetic Society members. These standards cover (1) ethical responsibilities to patients, (2) ethical responsibilities to other The Aesthetic Society members, (3) ethical responsibilities in practice settings, (4) ethical responsibilities toward the profession, and (5) discipline.

This Code is not a recitation of ethical philosophies, the non-adherence to which carries no penalty. Instead, it provides guidance to The Aesthetic Society members to avoid the unethical practice of aesthetic medicine.

Members who violate this Code are subject to discipline, up to and including expulsion from Society membership. This Code may be amended by a two-thirds majority vote of the Board of Directors upon consideration of any recommendations of The Aesthetic Society Ethics Committee.

1. ETHICAL RESPONSIBILITIES TO PATIENTS

1.01 Patient Safety

The Aesthetic Society' places the upmost importance on patient safety. Accordingly, a member's primary responsibility is to promote the aesthetic goals of patients only in practice settings that promote the highest standards of patient safety.

1.02 Competence

A. Members should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience and other current and relevant professional experience.
B. Members should only practice based upon a scientific basis. When generally recognized standards do not exist with respect to an emerging procedure, a member should exercise careful judgment and take responsible steps, including appropriate education, research, training, consultation and supervision, to ensure the competence of their work and to protect patients from harm.
C. The foundation of a member's practice should be evidence-based medicine and recognized scientific knowledge, including empirically based knowledge, relevant to aesthetic medicine.

1.03 Informed Consent

A. A member may choose whom to serve. Once the decision has been made to form a physician-patient relationship, services should be provided to patients only in the context of informed consent. A member should use clear and understandable language to inform patients of the purpose of each procedure and the expected risks, benefits and alternatives.
B. Photographic or other media format consents should be clear and specific and should fully inform the patient of the purpose of the photographs, the venues in which the photographs may be used, and any limitations to use of the photographs.
C. In instances when patients have difficulty understanding the primary language used in the member's practice, a member should take steps to ensure patients' comprehension, such as providing patients with a detailed verbal explanation or arranging for a person qualified to interpret.
D. In instances when patients lack the capacity to provide informed consent, a member should seek informed consent from an appropriate third party while informing the patient, consistent with the patient's level of understanding. In such instances, a member should seek to ensure that the third party acts in a manner consistent with the patient's wishes and interests.

1.04 Patient Assessment

Members are responsible for the patient's health and not just for the aesthetic procedure at hand. Members must therefore assure that a relevant physical examination and workup are done, and obtain informed consent sufficiently in advance of performing the anticipated procedure to afford the patient adequate time to reflect and possibly reconsider.

1.05 Privacy and Confidentiality

A. A member must respect the patient's right to medical and personal privacy.
B. A member may disclose personal health or confidential information:
    1. As directed with valid consent by a patient or a person legally authorized to consent on behalf of a patient.
    2. In response to a third-party request when the patient has first revealed personal health information to such third party, but only to such third party and only to the same extent as first revealed by the patient.
    3. In response to a publication by a patient in which the patient has revealed personal health information, but only in the same publication and only with respect to the same personal health information published by the patient.
    4. When required by law or necessity to protect the welfare of the individual or the community.
C. A member should inform patients about the disclosure of personal health or confidential information and the potential consequences. When feasible, this should be done before the disclosure is made.

D. A member should protect the confidentiality of patients when responding to requests from the media.
E. A member should not disclose confidential information, personal health information or personal identifiers when discussing patients for teaching or training purposes or with consultants, unless the patient has consented to such disclosure.

1.06 Professional Fees

A. A member shall determine the fee to charge for any particular service, including whether to identify the fee as discounted, provided the regular fee is also stated so as to make the identification of the current fee as discounted neither false, fraudulent, deceptive nor misleading.
B. A member shall not charge fees for emergent and/or medically necessary care that are exorbitant, i.e., fees that are wholly disproportionate to the services rendered. The reasonableness of fees depends upon the uniqueness and difficulty of the procedures involved, the skill required to provide proper care, the time and labor required, fees charged for similar services by similarly situated peers, any limitations imposed by contracted third-party payors, and the patient's advance agreement to the fees. A member shall not require prepayment for emergent and/or medically necessary care, but may require prepayment for all elective surgical procedures.
C. In all cases, a member shall only publish prices when all fees and costs of the product or procedure are revealed, regardless of whether the price published is stated as a range or a fixed sum.

1.07 Conflicts of Interest

A. A member must avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. A member should inform patients when a real or potential conflict of interest arises and take reasonable steps to ensure that any treatment decisions are motivated solely by the patient's best interests. In some cases, protecting patients' interests may require termination of the professional relationship with proper referral of the patient.
B. A member shall obtain informed consent from the patient as to any financial interests the member or the member's immediate family may have in any facilities, products, drugs or devices recommended or utilized by the member in the patient's treatment.
C. A member should not take unfair advantage of any professional relationship or exploit others to further one's personal, religious, political or business interests.

1.08 Sexual Misconduct

A member shall not engage in sexual misconduct.

1.09 Sexual Harassment

A member may not sexually harass patients or staff. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical

conduct of a sexual nature when such conduct is unwelcome or creates a hostile work environment.

1.10 Derogatory Language

Members may not use, transmit or post defamatory, harassing, abusive, derogatory or threatening language, but shall only use accurate and respectful language in all written or verbal communications.

1.11 Interruption of Services

A member should make reasonable efforts to ensure continuity of medical services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability or death.

1.12 Termination of Services

A. A member should take reasonable steps to avoid abandoning patients who are still in need of services. A member should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. A member should assist in making appropriate arrangements for continuation of services when necessary.
B. A member in fee-for-service settings may terminate services to patients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the patient and either no adverse medical consequences will result, or alternative care arrangements have been made.
C. A member who anticipates the termination or interruption of services to patients should notify patients promptly and seek the transfer, referral or continuation of services in relation to the patients' needs and preferences.

2. ETHICAL RESPONSIBILITIES TO THE AESTHETIC SOCIETY AND ITS MEMBERS

2.01 Respect

A. A member must treat fellow members with respect and should represent accurately and fairly their qualifications, views and obligations. Professional comments and criticism must be accurate and appropriate.
B. A member must avoid unwarranted negative criticism of other members in communications with patients, the public, the media or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to the member's attributes such as race, ethnicity, national origin, gender, sexual orientation, age, marital status, political belief, religion, immigration status, or mental or physical disability. Unwarranted negative criticism may also include blogs, letters to the editor, interviews, or any form of public communication where the member impugns another member when such imputation is not objectively provable.

2.02 Confidentiality

A member should respect confidential information shared by other members in the course of their professional relationships and transactions.

2.03 Intellectual Property

A member may not engage in any activity that infringes or misappropriates the intellectual property rights of others, including copyrights, trademarks, service marks, trade secrets, software, and patents held by individuals, corporations, or other entities, or that violates privacy, publicity, or other personal rights of others. When using the intellectual property of another with the owner's permission, a member shall provide proper recognition and shall only use such intellectual property in a manner consistent with the owner's license. The term "intellectual property" includes all creations of the mind for which exclusive rights are recognized, including, but not limited to, text, graphics and photographs.

2.04 Disputes Involving Other Members

A. A member should not take advantage of a dispute between members to obtain a position or otherwise advance the member's own interests.
B. A member should not exploit patients in disputes with other members or engage patients in any inappropriate discussion of conflicts between members.

2.05 Consultation

A member should seek the medical advice of other plastic surgeons whenever such consultation is in the best interests of patients. When consulting with other members about patients, a member should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral of Patients

A member should refer patients to other professionals when the other professional's specialized knowledge or expertise is needed to serve patients fully.

2.07 Sexual Harassment

A member may not sexually harass supervisees, students, residents, fellows or other plastic surgeons or create a hostile work environment. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature that is unwelcome.

2.08 Impairment and Incompetence of Other Members

A. Members should not allow their personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to compromise patient safety. Such members should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect patients.

B. A member who has direct knowledge of another member's impairment or incompetence that potentially interferes with practice effectiveness or compromises patient safety should consult with that member when feasible and should assist the member in taking remedial action.
C. If the member believes that the other member's condition compromises patient safety, the member should take action through appropriate authorities that can be done anonymously.

2.09 Unethical Conduct of Other Members

A. A member who believes that another member has acted unethically should seek resolution by discussing his or her concerns with the other member when feasible and when such discussion is likely to be productive.
B. When necessary, a member who believes that another member has acted unethically should take action through the The Aesthetic Society Ethics Committee and/or any appropriate regulatory channels.
C. A member should defend and assist fellow members who are unjustly charged with unethical conduct.

2.10 Fiduciary Duty

Consistent with Georgia Law, those serving the Society in any capacity have a fiduciary duty to work in the best interests of the Society. Examples of breaches of this duty include the release of confidential information, publicly maligning Society Partners, and usurpation of Society opportunities.

3. ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Unethical Publishing

A. A member, whether personally or through affiliated intermediaries, and whether by act or omission, shall not publish, which term includes all activities and forms of communication, anything which is false, fraudulent, deceptive or misleading, whether or not such publishing is for personal, commercial or practice related purposes.
B. Examples of unethical publishing include, but are not limited to:
    1. Advertising prices when all costs are not revealed.
    2. Manipulating photographs, whether by lighting, posing, image software applications or any other means so as to misrepresent the appearance of the preoperative condition or the medical outcome.
    3. Publishing photographs of patients upon whom you did not perform the advertised procedure, or of procedures not performed by you, except with the prior written consent of the patient and the doctor who performed the procedures, with a clear and conspicuous notice affixed thereto.

4. Publishing research not your own except with the prior written consent of the entity or individual who owns the rights to such research, with a clear and conspicuous notice affixed thereto.
5. Publishing material not your own, including intellectual property, without adhering to all requirements and/or limitations contained in the owner's license.
6. Utilizing "black hat" techniques, whether or not such techniques in fact positively influence a member's website, negatively influence a third-party's website, or divert web traffic. Such techniques include but are not limited to:
    a. Incorporating false, fraudulent, deceptive or misleading website data, terms, metadata, links or automatically generated back links
    b. Forging or misrepresenting message headers to mask the originator of the message
    c. Plagiarizing the content of another
    d. Accessing illegally or without authorization computers, accounts, or networks belonging to another, or attempting to penetrate security measures of another's system, or engaging in any information gathering activity that might be used as a precursor to an attempted system penetration
    e. Disrupting or interfering with the ability of another to effectively use his/her own network, system, service, or equipment
7. Any activity which has the self-evident purpose of obstructing any member's legitimate right to contact or be contacted by patients.
8. Practicing under a trade name, or marketing a procedure under a new name, that is false, fraudulent, deceptive or misleading.
9. Marketing services, products or procedures, whether or not trademarked, using descriptors of uniqueness, such as groundbreaking, novel or revolutionary, or increased safety, or lessened pain or discomfort, or efficacy, unless such claims can be easily and factually substantiated.
10. Publishing atypical patient outcomes without clearly and conspicuously disclosing that fact.
11. Publishing reviews or testimonials of atypical experiences without clearly and conspicuously disclosing that fact.
12. Publishing reviews or testimonials of individuals posing as patients (astroturfing).
13. Publishing reviews or testimonials with respect to any member without clearly and accurately stating the identity of the reviewer and the relationship of the reviewer to the member.
14. Claiming superiority in skills or services, including superiority due to the member's gender or ethnicity, which claims cannot be easily and factually substantiated by patients.
15. Exaggerated claims to fame.
16. Appealing to a patient's fears, anxieties or emotional vulnerabilities.
17. Advertising a specialty board certification when doing so is prohibited by the jurisdiction in which the member practices.

18. Participating in illegal transactions.
19. Failing to include in a paid appearance, promotion, article or advertorial a clear and conspicuous notice that such content has been purchased and is not editorial.
20. Failing to clearly and conspicuously identify as a model any individual appearing in member advertising who has not in fact received from the member the services suggested by the advertising.
21. Displaying any organization's logo in a manner that suggests membership by a non-member.

C. A member who appears in or benefits from a website, or utilizes marketing material provided by any third party, where such website and/or marketing materials violate this Code, is considered to have personally violated the Code and is subject to discipline.

3.02 Advertising and Public Relations

A member shall approve all advertisements before publishing, and shall retain a copy or record of all such advertisements in their entirety for one year after publication. A member shall be held personally responsible for any violation of this Code of Ethics instigated by the member's staff, or any public relations, advertising or similar firm acting on the member's behalf.

3.03 Kickbacks, Rebates, Fee Splitting and Social Coupons

A. A member shall not pay or receive kickbacks or rebates for patient referrals.
B. A member may pay or receive a fee for referring a patient if permitted by state law, provided the total cost of care for the patient is not increased solely by reason of the referral fee. A member may pay for a referral service when permitted by, and conducted according to, state law.
C. Fee splitting with another member is appropriate if, in addition to billing only for services actually performed, the patient is informed and consents, the fee is not increased solely by reason of the division of the fee, and fee splitting is permitted under state law.
D. Unless specifically prohibited by federal or state law, social coupons shall not constitute a kickback, rebate, referral fee or fee splitting, but shall instead be deemed lawful advertising.

3.04 Media Compensation

A member shall not compensate or give anything of value directly or indirectly to a representative of the media in anticipation of or in return for professional publicity.

3.05 Participation in Charity Events

A member may donate to a charity raffle, fund-raising event, contest or other promotion a prize which is an in-office consultation, a health care product, any procedure not requiring an incision, such as an injection, or a gift certificate redeemable for all or part of the cost of these prizes. Any such prize must identify any limitations required by state law and must

reserve to the member the right to require informed consent and to determine the suitability of the patient.

3.06 Patents, Trademarks and Trade Secrets

A. A member may not seek or obtain a patent for any invention or discovery of a method or process for performing a surgical procedure, except if the method or process is performed by or as a necessary component of a device or composition of matter or improvement thereof which is itself patentable subject matter.
B. A member may not market a procedure, whether or not trademarked, using descriptors of uniqueness, such as “groundbreaking”, “novel” or “revolutionary”, or “greater safety”, or “lessened pain or discomfort”, or “efficacy”, unless such claims can be easily and factually substantiated.
C. A member may not claim as a trade secret any method or process for performing a surgical procedure.

3.07 Self-Aggrandizement

A. A member should clearly distinguish between statements made and actions engaged in as a private individual and as a representative of the Society.
B. A member shall not claim superiority in any respect over another member unless such claim can be factually and objectively supported.
C. Members may claim only those relevant professional credentials they actually possess and promptly take steps to correct any inaccuracies or misrepresentations of their credentials made by others.
D. A member should take responsibility and credit, including authorship credit, only for work actually performed or contributed thereto.
E. A member should honestly acknowledge the work of and the contributions made by others.

3.08 Conduct Demeaning to the Profession

A. A member may not provide medical services in exchange for sexual or other inappropriate favors.
B. A member may not participate in or benefit from advertising campaigns that are in poor taste, vulgar, undignified,
or demeaning to patients or the profession. A member may not participate in or benefit from advertising campaigns or communications of any kind, including oral, written or electronic, including social media, that are inaccurate, disrespectful, crude, offensive, vulgar, undignified, or demeaning to patients or the profession.

3.09 Solicitations

A member shall not engage in uninvited solicitation of potential patients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

3.10 Delegation to Unqualified Practitioners

With the exception of patients whose recovery would be compromised by a transfer to another facility, a member should not perform a surgical operation when responsibility for diagnosis or care of the patient is delegated to another who is not qualified to undertake it.

3.11 Professional Discipline and Convictions

A. Professional discipline of any kind, whether imposed by a certifying body, regulatory commission, licensing board or a professional society, or any criminal conviction by any governmental body or judicial tribunal, whether or not of a professional nature, and whether or not such discipline or criminal conviction is suspended or stayed on appeal, shall be immediately reported by the member to the Society for review by the Ethics Committee.
B. Any loss of the right to practice medicine due to license suspension, license revocation or personal incarceration shall result in the automatic termination of membership in the Society.

3.12 Violation of Law

Violation of any applicable federal, state or state board of medicine laws, rules, regulations or codes of professional conduct shall be presumed to be a violation of this Code of Ethics.

4. ETHICAL RESPONSIBILITIES TOWARD THE PROFESSION

4.01 Expert Testimony

Members may testify as expert witnesses when appropriate, but only in an objective and unbiased manner. Compensation may not be contingent upon the outcome of the litigation. Testimony, including testimony as to credentials or qualifications, which is false, fraudulent, deceptive or misleading is a violation of this Code. Members serving as expert witnesses must:

A. Have, at the time of the incident, a minimum of 3-years experience as a board certified plastic surgeon as well as in the past year, substantive experience in the area in which they testify, including, without limitation, experience in the relevant subspecialty or the particular procedure performed on the plaintiff.
B. Thoroughly review the medical facts and testify to their content fairly, honestly and impartially.
C. Be familiar with the local community and national standards of practice prevailing at the time of the occurrence.
D. Provide evidence-based testimony regarding the standard of care, citing peer-reviewed plastic surgery literature where possible and identifying personal opinion as such.
E. Demonstrate or be prepared to demonstrate a causal relationship between an alleged substandard practice and a medical outcome.

F. Neither condemn performance that clearly falls within the community standard of care nor endorse or condone performance that clearly falls outside of such standard of care. G. Not testify that a maloccurence is malpractice.

4.02 Conflicts of Interest

Members owe to the Society as well as patients their professional discretion and impartial judgment. Accordingly, any violation of the Society's Conflict of Interest Code will be deemed a violation of this Code of Ethics.

5. DISCIPLINE

Enforcement of this Code shall follow the policies and procedures established by the Board of Directors and the Bylaws. For violations of this Code, potential discipline includes:

A. Private censure.
B. Public censure.
C. Probation.
D. Suspension.
E. Expulsion.
F. Referral to licensing boards for further action.

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