

Neurocritical Care Society

CODE OF PROFESSIONAL CONDUCT

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1. GENERAL STATEMENT OF PURPOSE

The Code of Professional Conduct (COPC) of the Neurocritical Care Society (NCS) is a guideline for ethical behavior for professionals practicing the subspecialty of Neurocritical Care and for the performance of duties and activities associated with the NCS. The primary goal of this document is to promote the highest quality of Neurocritical Care framed by traditional and modern ethical standards and to reinforce the importance of professionalism in interpersonal behavior expected of all NCS members.

The COPC may be used to evaluate qualifications for NCS membership, as well as to evaluate member's maintenance of good professional standing. Violations of these provisions may serve as the basis for action as provided by the Disciplinary Policy of the NCS. The need to have a member's behavior evaluated should depend on the egregiousness of a violation and must follow a due process as outlined in the Disciplinary Policy.

NCS is not a regulatory body nor does it adjudicate legal claims brought by patients, families, or any person. The COPC is not appropriate for third parties seeking redress for alleged malpractice. Such matters should be addressed through the civil court system, just as licensing matters should be addressed by the appropriate licensing agency. Finally, if any provision of the COPC conflicts with applicable local, state or federal laws, those laws will supersede the tenants of this document.

The COPC does not define or establish a community standard. The COPC is not intended, nor should it be used, to support a cause of action, create a presumption of a breach of legal duty, or form a basis for civil liability.

2. PERSONAL BEHAVIOR

Members shall be dedicated to achieving the standard of care within the purview of their skill set and will not engage in activities that are inconsistent with a balanced approach to accepted ethical principles,¹ especially any activity that may not be in the best interest of their patient. Members of the NCS shall restrict their practice to what they are competent to deliver based on training, experience, and reasonably attempt to practice evidence-based medicine. Members shall be involved in continuing education activities in order to keep current with new technology and scholarship in neurocritical care. Additionally, they should pursue, obtain and maintain formal credentialing relevant to their area of practice.

¹ Autonomy, beneficence, nonmaleficence, and justice (Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. New York: Oxford University Press; 2009)

Members shall only provide care if they are in a state of physical and mental well-being such that they would not be considered impaired by their local health care employer. This includes, but is not limited to, the abuse of alcohol or other substances. Should this occur, he or she should participate in appropriate treatment and should accept the recommendations of his or her institution's process for evaluating impaired professionals.

If a member has concerns about the professional competence of a colleague, he or she is encouraged to raise such concerns with the individual. All members are also expected to follow the reporting requirements of their state's or local jurisdiction's professional practice standards. Members should observe applicable jurisdictional laws including cooperating with lawful requests from local, state, or federal agencies; insurance companies; and other government agencies within the constraints of patient privacy and confidentiality. Members should conduct their duties and maintain professional conduct regardless of a patient's or colleague's gender, race, ethnicity, religion, nationality, or sexual orientation.

3. THE PROVIDER-PATIENT RELATIONSHIP

The provider-patient relationship forms the foundation of the practice of Neurocritical Care. This is a fiduciary relationship, and as such, the provider must take upon themselves the medical concerns of the patient as if they were their own. The patient entrusts their well being to the provider and consequentially he or she has an obligation to endeavor to be worthy of that trust. This includes the obligation to obtain the un-coerced informed consent of the patient or their appropriate surrogate decision maker to support the right of self-determination in health care (autonomy). Knowledge or authority gained during a patient interaction may not be used for the benefit of the provider if it is also to the detriment of the patient.

If a provider and patient (or their surrogate) cannot agree on an appropriate course of action, the local institution's policy on resolution of potentially inappropriate care should be followed and care should be continued until a consensus has been reached. If a transfer of a patient is requested or required, the provider shall continue to provide care to the patient until another provider has taken responsibility.

Appropriate communication with the patient, their family, and consultation with colleagues is expected from members of NCS. If a medical issue requires the expertise of another provider, the assistance will be pursued as appropriate. In case of an unanticipated resource crisis, care should be provided based on immediacy of need. Members ought to do their utmost to ensure dignity in dying including providing relief of pain and suffering.

4. RELATIONSHIPS WITH OTHER MEMBERS

Members shall respect all other members as equal colleagues regardless of their background or achievements. This includes accepting the validity of different opinions and the commitment to growing through active listening and consensus building. When we disagree it should be our arguments that conflict and not our personalities. Ad hominum attacks will not be permitted. Perpetuating rumors that have no foundation is unworthy of a member of the Neurocritical Care Society.

Sexual harassment is unacceptable. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature may create an intimidating, hostile or abusive environment that is antithetical to the vision and mission of NCS. This includes behavior that may occur in the context of an official NCS function or at other

times. Examples might include sexual pranks, jokes or innuendo whether in person or via e-mail (especially when this may involve a senior member or have active or potential formal or informal mentor-mentee relationship). Intoxication which raises the risk of sexual harassment is to be avoided. Should a member have the opportunity to constructively work with colleagues to help avoid or defuse interactions that might constitute sexual harassment, each member is encouraged to do so.

NCS strives to provide mentor-mentee relationships as part of its educational mission. These relationships must be treated with respect and solemnity. Explicit agreements between mentors and mentees are encouraged. A mentor should not ever exploit the work or talent of a mentee nor represent a mentee's work as his or her own.

Members are encouraged to participate in peer-review activities to promote the best care for their patients. Members should not unjustifiably criticize a colleague's judgment, training, knowledge, or skills; however, members should not knowingly ignore a colleague's incompetence or professional misconduct. To this end, members shall be responsible for helping their colleagues maintain a high level of performance and integrity in their delivery of health care.

5. EXPERT TESTIMONY

In keeping with established standards of expert testimony, a member called upon to provide expert medical testimony should testify only about those subjects of which the member is qualified as an expert.² Before providing testimony, the member should carefully review the relevant records and facts of the case, as well as the prevailing standards of practice as available in applicable and/or local guidelines. In providing testimony, the member should provide scientifically correct and clinically accurate opinions, and the testimony shall be consistent with standards of care within the field of neurocritical care. A member shall not represent their personal opinion as reflective of the position of the NCS when this opinion differs from position statements of the NCS. Members shall cooperate with members of the legal profession in order that justice with mercy and compassion shall prevail in accordance with the law. Members should recuse themselves from cases in which they feel an ethical or moral conflict of interest or if it is found that they are not the appropriate expert in a given case, even if this realization occurs during the course of the case when not initially apparent. Compensation for testimony should be reasonable and commensurate with the time and effort spent and must not be contingent upon outcome. In the event that members of the NCS serve as experts on opposing sides of legal action, every attempt to ensure that there are no personal conflicts of interest should be undertaken and members are encouraged to reach out to the board of the society if advice is required.

² Sanders J. Expert Witness Ethics. *Fordham L Rev.* 2007;76(3):1539.

6. RELATIONSHIPS WITH INDUSTRY AND OTHER CONFLICTS OF INTEREST

Collaboration between health care professionals and the pharmaceutical and biotechnology industry can help develop Neuro Critical Care education and scientific knowledge. Multiple motivations are present in these relationships; therefore, a clear policy is needed to ensure ethically appropriate behavior. In addition to conflicts of interest that affect professional practice outside of NCS, a conflict of interest may exist whenever a member is in a position to directly or indirectly benefit himself or herself, a family member(s), other individuals, or another organization with which the individual is affiliated through the use of their role in the NCS.³ To this effect, members who are not company employees shall refrain from publicly endorsing a company's products or services if they may be construed as representing the opinion of the NCS.

Members should not represent themselves to the public in an untruthful, misleading, or deceptive manner. Members who make written or oral public statements concerning a company's product from which they receive compensation or support or in which they hold a significant equity position have a duty to disclose their financial relationship with the company in that public setting. In all professional settings in which an appropriate request is made to the member to disclose conflicts of interests, all actual or potential conflicts of interest shall be disclosed, whether they are financial or otherwise and whether or not they are deemed by the member to be relevant to that interaction.

The NCS requires that all personnel involved in relevant society activity will disclose any and all potential conflicts of interest. The Board of Directors may also choose to not appoint an individual as a member of a committee or subcommittee if a significant conflict exists relevant to that group's function. The relationships that will be assessed include: having stock or stock ownership, compensation for expert testimony, being a pioneer or having any direct or indirect compensation or financial support. If an individual refuses or otherwise fails to disclose conflicts of interest, he or she may be recused from the participation in activities within the NCS.

The Ethics Committee may act in an oversight manner to help determine whether a conflict exists, resolve conflicts of interest, or organize its own subcommittee to review and resolve conflicts of interest that arise and are not resolvable at the committee level. The NCS President may assign additional members to such a subcommittee that do not have any relationship with the potential source of the conflict of interest.

Every member has a duty to report to the NCS Board of Directors or the Ethics Committee if they suspect unresolved violations of conflict of interest on the committee on which he or she serves. This conflict of interest policy is intended to encourage and enable members to raise concerns related to conflict of interest within the organization for investigation and appropriate action. With that goal in mind, no member who in good faith reports a concern shall be subject to retaliation and anyone believed doing so is subject to corrective action per the Disciplinary Policy.

³ A conflict of interest may also arise whenever a covered member's activities are in opposition to, detract from, or in some manner might become detrimental to the purposes of the NCS as described in its articles of incorporation, bylaws, mission statement, or policies and/or procedures.

6. ETHICS OF RESEARCH

Members engaged in research must abide by the Federal Code of Regulations for the Protection of Human Research Subjects. Members must obtain appropriate approval for their research protocol through the local Institutional Review Board (IRB) or another comparable body and must comply with their oversight. Members conducting research on behalf of sponsoring entities and who receive payment for enrolling or treating subjects in a clinical research project should inform the subject of any compensation received or to be received for the subject's participation.

7. ETHICS OF SCHOLARLY PRODUCTION

Members should publish research results truthfully, completely, and without distortion, including studies resulting in negative or unexpected findings. In reporting research results to the news media, members should make statements that are clear, understandable, and supportable by the facts. Members should disclose if results of research are being released before appropriate peer review. Members should claim authorship as defined by standard published and accepted guidelines. Scholarly work includes, but is not limited to, work that presents research findings or carries recommendations for diagnosis, treatment, or prevention of medical conditions. In addition, the NCS encourages the members to participate in the creation and development of creative and useful works in connection with their service to the NCS. Scholarly work produced to represent the consensus opinion or on behalf of the NCS shall be owned by the NCS.

8. INCOME AND REIMBURSEMENT DURING THE PRACTICE OF NEUROCRITICAL CARE

A member shall only receive compensation for services he or she actually delivers or directly supervises. Division of income among members of an organized group of members, based on the value of the services performed by each member, as determined by group members, is appropriate. Members shall be honest in financial dealings with patients, insurance agencies, and health care financing agencies and shall provide accurate, complete, and timely information to those agencies. Members 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.

Note: *Portions of this Code were modified or adapted from the following codes of professional ethics and professional conduct:*

- *American Academy of Neurology*
- *American Academy of Neurological Surgeons*
- *American College of Physicians*
- *American Medical Association*
- *Society of Critical Care Medicine*
- *Council of Medical Specialty Societies*

This Code of Professional Conduct is revised from the originally written in 2013 by: Fred Rincon, MD, MSc, MBE; Eliahu Feen, MD; Ed Manno, MD; David Greer, MD; Michael Rubin, MD; Ludo Vanopdenbosch, MD; James Riviello, MD; Owen Samuels, MD; Edna Costa-Freitas, MD; Eric Bershad, MD; Kevin Sheth, MD; Ann Helms, MD; William Kofke, MD; Jordan Bonomo, MD; Kathryn Beauchamp, MD.