



www.AmericanHeadacheSociety.org

AHS CODE OF PROFESSIONAL CONDUCT

PREFACE

The primary goal of the Code is to promote the highest quality of care. The Code outlines the set of professional standards that our members must observe in their clinical and scientific activities, but it is not intended to be an exhaustive list of professional standards or replace the requirements of any applicable laws and regulations.

The Code embodies traditional medical ethical standards dating from the time of Hippocrates as well as more contemporary standards. The Code is delineated to be generally consistent with the American Medical Association Code of Medical Ethics and the American Medical Association Current Opinions of the Council on Ethical and Judicial Affairs.

The Code outlines the standards of professional conduct for AHS members. Violations of these standards may serve as the basis for disciplinary action as provided in the AHS Bylaws. AHS, acting through its officers, directors, and Ethics Committee, will apply common sense and fairness in determining whether specific provisions of the Code are applicable to non-physician members. Where AHS determines that the applicability of a particular provision of the Code to non-physicians is unclear, AHS will provide members who are found to have violated such provision with a warning or letter of concern rather than taking disciplinary action. After receiving such letter, a non-physician member who is found to have engaged in similar misconduct will be subject to disciplinary action.

1.0 The Health Professional-Patient Relationship

The health professional (HP)-patient relationship forms the foundation for headache care.

1.1 Fiduciary and Contractual Basis

The HP has fiduciary and contractual duties to patients. As a fiduciary, HP has an ethical duty to consider the interests of the patient first. As a party to an implied contract, the HP has a duty to practice competently and to respect patients, autonomy, confidentiality, and welfare.

1.2 Beginning and Ending a Relationship

The HP is free to decide whether or not to undertake care of a particular person. The HP must not decline a patient on the basis of race, religion, nationality, or gender. Once the relationship has begun, the HP must provide care until care is complete, the patient ends the relationship, or the HP returns the patient to the care of the referring HP. If the HP justifiably desires to end the relationship, and if continued care is appropriate, he/she should assist in arranging care by another HP.

1.3 Informed Consent

The HP must obtain the patient's consent for tests or treatment. The HP should disclose information that the average person would need to know to make an appropriate decision. This information should include benefits, risks, costs, and alternatives to the proposed treatment. If the patient lacks medical decision-making capacity, the HP must obtain informed consent from an appropriate proxy.

1.4 Communication

The HP has a duty to communicate effectively with the patient. The HP should convey relevant information in terms the patient can understand and allow adequate opportunity for the patient to raise questions and discuss matters related to treatment.

1.5 Emergency Care

In an emergency situation, the HP should render services to the patient to the best of his/her ability. While obtaining informed consent is desirable before beginning treatment, the HP should not delay urgently needed treatment because of concerns about informed consent.

1.6 Medical Risk to the HP

A HP should not refuse to care for a patient solely because of the real or perceived medical risk to the HP. The HP should take appropriate precautions to minimize his/her medical risk.

1.7 Decision-Making

The patient has the ultimate right to accept or reject the HP's recommendation about treatment. The HP should respect decisions made by patients with decision-making capacity and by the lawful proxy of patients who lack decision-making capacity. If the HP cannot honor the patient's or proxy's decision, the HP should seek to arrange transfer of the patient's care to another HP.

2.0 General Principles of Care

2.1 Professional Competence

The HP must practice only within the scope of his/her training, experience, and competence. The HP should provide care that represents the prevailing

standards of practice. To this end, HPs should participate in a regular program of continuing education.

2.2 Consultation

The HP should obtain consultations when indicated. The HP should refer patients only to competent practitioners and should assure that adequate information is conveyed to the consultant. Any differences of opinion between the HP and consultant or between the HP and their referring HP should be resolved in the best interest of the patient.

2.3 Confidentiality

The HP must maintain patient privacy and confidentiality. Details of the patient's life or illness must not be publicized.

2.4 Patient Records

The HP should prepare records that include relevant history, findings on examination, assessment, and plan of evaluation and treatment. Patients are entitled to information within their medical records.

2.5 Professional Fees

The HP is entitled to reasonable compensation for services to or on behalf of patients. The HP should receive compensation only for services actually rendered or supervised. The HP must not receive a fee for making a referral ("fee-splitting") or receive a commission from anyone for an item or service he/she has ordered for a patient ("kickback"). The agreed upon division of practice income among members of an organized HP group is acceptable.

2.6 Appropriate Services

The HP should order and perform only those services that are medically indicated.

3.0 Personal Conduct

3.1 Respect for the Patient

The HP must treat patients with respect, honesty, and conscientiousness. The HP must not abuse or exploit the patient psychologically, sexually, physically, or financially.

3.2 Respect for AHS Members and Staff

The HP must treat AHS members and staff with respect. Guidelines applicable to AHS meetings and other activities are attached as Exhibit A

3.3 Respect for Agencies and the Law

The HP should observe applicable laws. Because agencies may impact on patients' welfare, the HP should cooperate and comply with reasonable requests from insurance, compensation, reimbursement, and government agencies within the constraints of patient privacy and confidentiality.

3.4 Maintenance of the HP's Personal Health

The HP should strive to maintain physical and emotional health. The HP should refrain from practices that may impair capacities to provide adequate patient care.

4.0 Conflicts of Interest

4.1 The patient's Interest is Paramount

Whenever a conflict of interest arises, the HP must attempt to resolve it in the best interest of the patient. If the conflict cannot be eliminated, the HP should withdraw from the care of the patient.

4.2 Avoidance and Disclosure of Potential Conflicts

The HP must avoid practices and financial arrangements that would, solely because of personal gain, influence decisions in the care of patients. Financial interests of the HP that might conflict with appropriate care should be disclosed to the patient.

4.3 Dispensing Medication

The HP may dispense medication, assistive devices, and related patient-care items within the limits of the law and as long as this practice provides a convenience or an accommodation to the patient without taking financial advantage of the patient. The patient should be given a choice to accept the dispensed medication or device or to have a prescription filled outside the HP's office.

4.4 Health-Care Institutional Conflicts

The HP generally should support his/her patient's medical interests when they are compromised by policies of a health-care institution or agency. HP's employed by healthcare institutions should represent the patient's medical interests and serve as their advocate to the institutional administration.

4.5 Conflicting Ethical Duties

While a HP ordinarily must respect a patient's confidentiality, there are circumstances in which a breach of confidentiality may be justified. When the HP is aware that an identifiable third party is endangered by a patient, the HP must take reasonable steps to warn the third party. When the HP is aware that members of the general public are endangered by a patient, the HP must take reasonable steps to advise responsible public officials or agencies of that danger.

5.0 Relationships with Other Professionals

5.1 Cooperation with Health Care Professionals

The HP should cooperate and communicate with other health care professionals, including physicians, dentists, psychologists, nurses, and therapists, in order to provide the best care possible to patients.

5.2 Peer Review

The HP should participate in peer review activities in order to promote the best care possible of patients.

5.3 Criticism of a Colleague

The HP should not unjustifiably criticize a colleague's judgment, training, knowledge, or skills. HPs should not knowingly ignore a colleague's incompetence or professional misconduct, thus jeopardizing the safety of the colleague's present and future patients.

5.4 Legal Expert Testimony

The HP called upon to provide expert testimony should testify only about those subjects for which the HP is qualified as an expert by training and experience. Before giving testimony the HP should carefully review the relevant records and facts of the case and the prevailing standards of practice. In providing testimony, the HP should provide scientifically correct and clinically accurate opinions. Compensation for testimony should be reasonable and commensurate with time and effort spent, and must not be contingent upon outcome.

5.5 Health Care Organization

The HP may enter into contractual agreements with managed health care organizations, prepaid practice plans, or hospitals. The HP should retain control of medical decisions without undue interference. The patient's welfare must remain paramount.

5.6 The Impaired Health Care Professional

The HP should strive to protect the public from an impaired HP and to assist the identification and rehabilitation of an impaired colleague.

6.0 Relationships With The Public And Community

6.1 Public Representation

The HP should not represent himself/herself to the public in an untruthful, misleading, or deceptive manner. A patient's medical condition must not be discussed publicly without the patient's consent.

6.2 Duties to Community and Society

HPs should work toward improving the health of all members of society. This may include participation in educational programs, research, public health activities, and the provision of care to patients who are unable to pay for medical services. The HP should be aware of the limitation of society's health care

resources and should not squander those finite resources by ordering unnecessary tests and ineffective treatments.

6.3 Disclosure of Potential Conflicts

HPs who make written or oral public statements concerning a product of a company 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 statement.

7.0 Clinical Research

7.1 Institutional Review

The HP who participates in clinical research must ascertain that the research has been approved by an Institutional Review Board (IRB) or other comparable body and must observe the requirements of the approved protocol.

7.2 Disclosure of Potential Conflicts

An HP treating patients in a clinical research project should ensure that patients are informed that the center or practice is receiving a financial grant in an amount sufficient to cover the total costs of the study and some profit. The HP should not bill the patient or the insurer for services already compensated by the study sponsor.

7.3 Individual Patient Experimentation

The HP who begins a patient on an experimental therapy that has not been approved as a valid clinical study by an IRB should obtain informed consent from the patient.

7.4 Reporting Research Results

The HP should publish research results truthfully, completely, and without distortion. In reporting research results to the news media, the HP should make statements that are clear, understandable, and supportable by the facts. HPs should not publicize results of research until after the data have been subjected to appropriate peer review.

(This policy was adapted from the policy of the American Academy of Neurology)

ATTACHMENTS: Exhibit A (Behavior Policy)

EXHIBIT A

AHS BEHAVIOR POLICY

INTRODUCTION:

The purpose of this policy is to ensure a professional and collegial environment for American Headache Society (AHS) live and virtual meetings, AHS listserv activities, and any other online, recorded, electronic, or live activities at which AHS members and staff participate.

POLICY:

EXPECTED BEHAVIOR - AHS expects all participants at its meetings, including annual conferences, board meetings, committee meetings, and all other AHS activities, live, electronic, recorded, and virtual, to behave responsibly and professionally and to abide by this policy. This policy applies whether the inappropriate behavior is committed by an employee, AHS member, volunteer, vendor, exhibitor, or another participant. AHS expects participants to comply with the following:

- a. Treatment of others. Participants must exercise professionalism, consideration, and respect in their speech and actions, and must refrain from demeaning, discriminatory, disruptive or harassing behavior and speech.
- b. Responsible consumption of alcohol. At many AHS networking events both alcoholic and non-alcoholic beverages are served. AHS expects participants at these events to drink alcoholic beverages responsibly. AHS and event staff have the right to deny service to participants for any reason and may require a participant to leave the event.
- c. Controlled substances. Participants should not be under the influence of illegal drugs while attending AHS events. This policy does not prohibit the possession and proper use of lawfully prescribed drugs taken in accordance with the prescription.

UNACCEPTABLE BEHAVIOR - Unacceptable behaviors include, but are not limited to:

- Any unreasonably disruptive behavior such as sustained disruption of talks, events, or meetings;
- Unwelcome and uninvited attention or contact with another participant;
- Verbal or written comments, or visual images, that are sexually suggestive, offensive, or that denigrate or show hostility or aversion toward an individual, or group of individuals;

- Slurs, threatening or negative stereotyping, intimidating, harassing, abusive, discriminatory, derogatory or demeaning speech or actions by any participant;
- Verbal harassment or harmful or prejudicial verbal or written comments or visual images related to gender identity, sexual orientation, sexual activities, race, religion, disability, age, appearance, or other personal characteristics;
- Deliberate intimidation, following or stalking;
- Unnecessary and/or unwelcomed touching, patting, groping, or other forms of physical assault including impeding or blocking movements;
- Unwelcomed telephone calls, e-mails, letters, home visits or other unwanted encounters with sexual overtones;
- Posting, displaying, or circulating any electronic media that demeans or shows hostility or dislike towards a person or group based on their protected status.
- Conduct by registered attendee(s) or guests at any AHS meeting or activity that is unlawful, in violation of the show rules or the convention center lease terms or convention hotel(s) policies/rules, in violation of/or is antithetical to the purposes and good order of the AHS event and its operation by AHS.

CONSEQUENCES:

- The AHS reserves the right to revoke, without refund, exhibition space and/or registration credentials of any attendee not in compliance with this policy.
- The AHS reserves the right to refuse the registration of any individual, as long as such refusal is consistent with applicable law and AHS policy.
- The AHS reserves the right to revoke attendee(s) badge and to have Security remove them from the Event premises at any time without prior notice. If AHS revokes name badge/meeting/activity credentials, fees paid for admission and travel expenses will not be refunded.
- Security has the right to remove any individual that appears to pose a threat to the safety and security of the AHS event. Law enforcement may also be called when necessary.
- The AHS has the right to remove any individual who has transferred a badge to another individual, as well as the recipient of such badge, in order to gain access to an AHS meeting or social event and to invoice the non-paying party for the event.
- Members found to be in violation of this policy may be subject to appropriate disciplinary action, including suspension or termination of membership.

Any individual who believes that this policy may have been violated should follow the procedures outlined in the AHS Disciplinary Action Policy.