Code of Ethics
of the
Massachusetts Society of Eye Physicians and Surgeons

Preamble

The Code of Ethics of the Massachusetts Society of Eye Physicians and Surgeons is composed of two parts, the Principles of Ethics and the Rules of Ethics. The Principles of Ethics form the first part of this Code of Ethics. They are aspirational and inspirational model standards of exemplary professional conduct. The Rules of Ethics form the second part of the Code of Ethics. The Rules of Ethics are more specific descriptive standards of professional conduct based upon the Principles which the Society believes constitute the minimally acceptable standards with which all members of the Society are expected to comply as an initial and continued condition of membership.

A. Principles Of Ethics

The Principles of Ethics form the first part of this Code of Ethics. They are aspirational and inspirational model standards of exemplary professional conduct for all Fellows or Members of the Society in any class of membership. They serve as goals for which Society Fellows and Members should constantly strive. The Principles of Ethics are not enforceable.

1. Ethics in Ophthalmology.

Ethics address conduct and relate to what behavior is appropriate or inappropriate, as reasonably determined by the entity setting the ethical standards. An issue of ethics in ophthalmology is resolved by the determination that the best interests of patients are served.

2. Providing Ophthalmological Services.

Ophthalmological services should be provided with compassion, respect for human dignity, honesty and integrity.

3. Competence of the Ophthalmologist.

An ophthalmologist should maintain competence. Competence can never be totally comprehensive, and therefore should be supplemented by other colleagues when indicated. Competence involves technical ability, cognitive knowledge, and ethical concerns for the patient. Competence includes having adequate and proper knowledge to make a professionally appropriate and acceptable decision regarding the patient's management.

4. Communication with the Patient.

Open communication with the patient is essential. Patient confidences should be safeguarded within the constraints of the law.

5. Fees for Ophthalmological Services.

Fees for ophthalmological services should not exploit patients or others who pay for the services.

6. Corrective Action.

If a member has a reasonable basis for believing that another person has deviated from professionally-accepted standards in a manner that adversely affects patient care or from the Rules of Ethics, the member should attempt to prevent the continuation of this conduct. This is best done by communicating directly with the other person. When that action is ineffective or is not feasible, the member has a responsibility to refer the matter to the appropriate authorities and to cooperate with those authorities in their professional and legal efforts to prevent the continuation of the conduct.

7. An Ophthalmologist's Responsibility.

It is the responsibility of an ophthalmologist to act in the best interest of the patient.

8. Professional Integrity in Research.

It is the responsibility of the ophthalmologist to maintain integrity in clinical and basic research. Professional relations with industry regarding research should advance the best interests of patients and the profession.

9. Community Responsibility.

The honored ideals of the medical profession imply that the responsibility of the ophthalmologist extends not only to the individual but also to society as a whole. Activities that have the purpose of improving the health and well-being of the patient and/or the community in a cost-effective way deserve the interest, support, and participation of the ophthalmologist.

B. Rules of Ethics

1. Competence. An ophthalmologist is a physician who is educated and trained to provide medical and surgical care of the eyes and related structures. An ophthalmologist should perform only those procedures in which the ophthalmologist is competent by virtue of specific training or experience or is assisted by one who is. An ophthalmologist should not misrepresent credentials, training, experience, ability or results.

2. Informed Consent. The performance of medical or surgical procedures should be preceded by appropriate informed consent. When obtaining informed consent, pertinent medical facts and recommendations consistent with good medical practice should be presented in understandable terms to the patient or to the person responsible for the patient. Such information should include

alternative modes of treatment, the objectives, risks, and possible complications of such a treatment, and the consequences of no treatment. The operating ophthalmologist should personally confirm with the patient or patient surrogate their (his or her) comprehension of this information.

3. Research and Innovation. Research and innovation should be approved by appropriate review mechanisms to protect patients from being subjected to or potentially affected by inappropriate, ill-considered, or fraudulent basic science or patient-oriented research. Basic science and clinical research are conducted to develop adequate information on which to base prognostic or therapeutic decisions or to determine etiology or pathogenesis, in circumstances in which insufficient information exists. Appropriate informed consent for research and innovative procedures should recognize their special nature and ramifications. In emerging areas of ophthalmic treatment where recognized guidelines do not exist, the ophthalmologist should exercise careful judgment and take appropriate precautions to safeguard patient welfare.

4. Other Opinions. The patient's request for additional opinion(s) should be respected. Consultation(s) should be obtained if required by the condition.

5. The Impaired Ophthalmologist. A physically, mentally or emotionally impaired ophthalmologist should withdraw from those aspects of practice affected by the impairment. If an impaired ophthalmologist does not cease inappropriate behavior, it is the duty of other ophthalmologists who know of the impairment to take action to attempt to assure correction of the situation. This may involve a wide range of remedial actions.

6. Pretreatment Assessment. Treatment (including but not limited to surgery) should be recommended only after a careful consideration of the patient's physical, social, emotional and occupational needs. The ophthalmologist should evaluate and determine the need for treatment for each patient. If the pretreatment evaluation is performed by another health care provider, the ophthalmologist should assure that the evaluation accurately documents the ophthalmic findings and the indications for treatment. Recommendation of unnecessary treatment or withholding of necessary treatment is unethical.

7. Delegation of Services. Delegation is the use of auxiliary health care personnel to provide eye care services for which the ophthalmologist is responsible. An ophthalmologist should not delegate to an auxiliary those aspects of eye care within the unique competence of the ophthalmologist (which do not include those permitted by law to be performed by auxiliaries). When other aspects of eye care for which the ophthalmologist is responsible are delegated to an auxiliary, the auxiliary should be qualified and adequately supervised. An ophthalmologist may make different arrangements for the delegation of eye care in special circumstances, so long as the patient's welfare and rights are the primary considerations.

8. Postoperative Care. The providing of postoperative eye care until the patient has recovered is integral to patient management. The operating ophthalmologist should provide those aspects of postoperative eye care within the unique competence of the ophthalmologist (which do not include those permitted by law to be performed by auxiliaries). Otherwise, the operating ophthalmologist should make arrangements before surgery for referral of the patient to another

ophthalmologist, with the patient's approval and that of the other ophthalmologist. The operating ophthalmologist may make different arrangements for the provision of those aspects of postoperative eye care within the unique competence of the ophthalmologist in special circumstances, such as emergencies or when no ophthalmologist is available, so long as the patient's welfare and rights are the primary considerations. Fees should reflect postoperative eye care arrangements with advance disclosure to the patient.

9. Medical and Surgical Procedures. An ophthalmologist should not misrepresent the service that is performed or the charges made for that service. An ophthalmologist should not inappropriately alter the medical record.

10. Procedures and Materials. Ophthalmologists should order only those laboratory procedures, optical devices or pharmacological agents that are in the best interest of the patient. Ordering unnecessary procedures or materials or withholding necessary procedures or materials is unethical.

11. Commercial Relationships. An ophthalmologist's clinical judgment and practice should not be affected by economic interest in, commitment to, or benefit from professionally-related commercial enterprises.

12. Communications to Colleagues. Communications to colleagues should be accurate and truthful.

13. Communications to the Public. Communications to the public should be accurate. They should not convey false, untrue, deceptive, or misleading information through statements, testimonials, photographs, graphics or other means. They should not omit material information without which the communications would be deceptive. Communications should not appeal to an individual's anxiety in an excessive or unfair way; and they should not create unjustified expectations of results. If communications refer to benefits or other attributes of ophthalmic procedures that involve significant risks, realistic assessments of their safety and efficacy should also be included, as well as the availability of alternatives and, where necessary to avoid deception, descriptions and/or assessments of the benefits or other attributes of those alternatives. Communications should not misrepresent an ophthalmologist's credentials, training, experience or ability, and should not contain material claims of superiority that cannot be substantiated. If a communication results from payment by an ophthalmologist, this should be disclosed unless the nature, format or medium makes it apparent.

14. Interrelations Between Ophthalmologists. Interrelations between ophthalmologists should be conducted in a manner that advances the best interests of the patient, including the sharing of relevant information.

15. Conflict of Interest. A conflict of interest exists when professional judgment concerning the well-being of the patient has a reasonable chance of being influenced by other interests of the provider. Disclosure of a conflict of interest is required in communications to patients, the public, and colleagues.

16. Expert Testimony. Expert testimony should be provided in an objective manner using medical knowledge to form expert medical opinions. Nonmedical factors (such as solicitation of business from attorneys, competition with other physicians, and personal bias unrelated to professional expertise) should not bias testimony. It is unethical for a physician to accept compensation that is contingent upon the outcome of litigation. False, deceptive or misleading expert testimony is unethical. For purposes of this Rule, expert testimony should include oral testimony provided under oath, affidavits and declarations used in court proceedings and certificates of merit signed, ratified or otherwise adopted by the physician.

17. Confidentiality. An ophthalmologist should respect the confidential physician-patient relationship and safeguard confidential information consistent with the law.

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