A. General Statement of Purpose

NASS has established a Code of Ethics for its members intended to serve as guidelines in medical, social, and professional relationships, which occur in spine care practice. This code is a statement of ideals, commitments, and responsibilities of NASS members to patients, other health professionals, society and themselves, and thus may be considered as one of the measures used to evaluate a member's maintenance of good professional standing and to evaluate qualifications for membership by applicants.

B. Ethics as They Relate to the Spine Care Provider

1. A NASS member shall serve as the patient's advocate and exercise all reasonable means to ensure that the most appropriate care is provided to the patient.

2. A NASS member shall not participate in any activity which is not in the best interest of the patient.

3. A NASS member shall recognize the boundaries of his or her particular competencies and expertise, and provide only those services and use only those techniques for which he or she is qualified by education, training, or experience.

4. A NASS member shall not publicize or represent himself or herself in any untruthful, misleading, or deceptive manner to patients, colleagues, other health care professionals, or the public.

5. A NASS member shall be actively involved in continuing medical education in order to keep current on new medical technology and information in spine care.

6. A NASS member shall not become dependent on alcohol, drugs, or involved in any other abusive practice. Should such occur, he or she should submit voluntarily to treatment and should accept recommendations of the local committee for evaluating impaired physicians or similar peer review committee.

C. Ethics of Relationships Between Health Care Providers

1. In those instances in which a spine care provider is identified as being incompetent, his or her medical colleagues shall bring this circumstance to that person's attention and refer him or her to the appropriate professional committee of his or her hospital or state society, if necessary. A spine care provider is determined to be incompetent, for purposes of this document, when he or she is found to be without adequate ability, knowledge or fitness, being assessed as incapable or unskilful and as failing to meet certain qualifications to practice in accordance with normally accepted national standards.

2. A NASS member shall not practice medicine while impaired by alcohol, drugs, or physical or mental disability. The spine care provider who experiences substance abuse problems or who is physically or emotionally impaired should seek appropriate assistance to address these problems and limit his or her practice until the impairment no longer affects the quality of patient care.

3. A NASS member shall respect the rights of colleagues and of other health professionals.

4. A NASS member shall only receive compensation for services he or she actually delivers or directly supervises. The division of income among members of an organized group, based on the value of the services performed by each member, as determined by group members, is appropriate.
5. A NASS member transferring care of a patient to another health care provider, either by his or her own recommendation or at the request of the patient or patient’s family, shall cooperate with the health care provider who receives the transferred patient.

6. A NASS member shall cooperate fully and be actively involved in the educational process of other physicians and health care providers as circumstances permit.

7. A NASS member shall be responsible for helping his or her medical colleagues maintain a high level of performance and integrity in the practice of medicine, and shall refrain from repeating false charges about another health care professional.

8. A NASS member must fully cooperate with the NASS Professional Conduct and Ethics Committee (PCEC) and/or Conflict of Interest Review Panel (COIRP) in responding to any charges brought or any reasonable requests by the Committee.

D. Ethics Related to the Patient and Patient’s Family

1. A NASS member and the patient—and patient’s family, when appropriate—shall be involved in dialogue so the joint medical decision-making process will be in keeping with the patient’s philosophy and desires.

2. Privacy and confidentiality of information shared by the spine care provider and his or her patient, and/or patient’s family, including but not limited to, Protected Health Information under the Health Insurance Portability and Accountability Act (“HIPAA”), shall be respected except in those circumstances where societal concerns expressed in the law require disclosure.

3. Sexual misconduct on the part of a NASS member is an abuse of professional power and a violation of patient trust. Sexual contact or a romantic relationship between a spine care provider and a current patient is unethical.

4. A NASS member shall be the advocate of the terminally ill patient to allow dignity in dying while providing relief of pain and suffering and avoiding unnecessary financial burdens for both patient and family. The lawful wishes of the competent patient shall be respected.

5. A NASS member involved in human research and experimentation shall respect the rights of the participants and shall fully inform the participants before proceeding with any treatment or research.

E. Ethics Related to Industry

1. A NASS member who is not acting as faculty should not accept any subsidy from industry, directly or indirectly, to pay for the costs of travel, lodging or other personal expenses in attending scientific or educational conferences or meetings. However, faculty at such conferences or meetings can accept reasonable honoraria and reimbursement of reasonable expenses if customary except where such an agreement would conflict with his or her leadership role in accordance with NASS’ Policy on COI in Leadership Positions.

2. A NASS member should not individually accept any gifts of substantial value or cash from industry. Members may accept modest, occasional gifts from industry if they benefit patients or serve a genuine educational function and have a fair market value less than $100 (textbooks and anatomical models excepted).

3. A NASS member should not enter into any academic or consulting relationship with industry that might influence his or her care of patients. If a conflict or apparent conflict develops between the physician’s financial interest and the physician’s responsibilities to the patient, the conflict must be resolved to the patient’s benefit.
4. A NASS member must disclose to colleagues and patients, in a professional context, any financial relationships that he or she has with industry.

5. A NASS member who fails to disclose financial or other significant relationship with industry in accordance with NASS’ current Disclosure Policy is in violation of this Code of Ethics.

**F. Ethics as Related to the Legal Profession**

1. A NASS member shall respect the confidentiality of the doctor-patient relationship and shall not release Protected Health Information, as that term is defined in HIPAA, unless the patient has knowledgeably consented except as required by law.

2. A NASS member, as an expert witness, shall diligently and thoroughly prepare himself or herself with relevant facts so that he or she can, to the best of his or her ability, provide the court with accurate and documentable opinions on the matters at hand.

3. A NASS member shall cooperate with members of the legal profession in order that justice with mercy and compassion shall prevail.

**G. Responsibilities of the NASS Member to Government**

1. A NASS member shall always abide by the law of the land, but support changes in those laws which are contrary to the best interests of the patient and society.

2. A NASS member shall cooperate and deal honestly with governmental agencies involving those areas of health care of which he or she is a participant, but will preserve patient confidentiality.

**H. Ethics Related to the Physician and Insurance, Compensation and Reimbursement Agencies**

1. A NASS member shall be honest in financial dealings with the patient, insurance and health care financing agencies, and shall provide accurate, complete and timely information to those agencies.

2. A NASS member 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.

3. Financial and administrative constraints imposed by managed care may create disincentives to treatment otherwise recommended by the spine care provider as in the patient’s best interest. Any pertinent constraints should be disclosed to the patient.

**I. Ethics Related to Community and World Affairs**

NASS members, in addition to providing patient care, have a social obligation to be involved in community and world activities, especially those matters affecting health.

**J. Ethics Related to Research**
1. All NASS members who contribute to research will maintain the highest standards of academic integrity. Fraud, falsification of data and other forms of academic dishonesty must not be conducted or condoned. The publication of data from other sources must be adequately acknowledged.

2. Original research data should be held in trust for the scientific and academic community, and should be retained for a reasonable period. Subsequent to publication, all such data should be accessible on a reasonable basis.

3. It is recognized that research is often a collaborative effort. All who have made a significant intellectual contribution to the research activity should be included as authors of its publication or appropriately acknowledged. The authors should be able to vouch for the quality and integrity of the contributions to the work.

4. In proposing and carrying out research, NASS members must be open about the purposes, potential impacts, and sources of support for research projects with funders, colleagues, persons studied or providing information, and with relevant parties affected by the research.

5. All identified authors must disclose in publications or presentations potential conflicts of interest and sources of funding for that publication or presentation and any resources of the funding entity utilized in the research, analysis, presentation or publication.

6. NASS members engaged in research should undertake logistical tasks and accept responsibilities only if qualified by training or experience, or after full disclosure to all relevant parties of pertinent limitations in training or experience.

7. NASS members engaged in research must do everything in their power to ensure that their research does not harm the safety, dignity, or privacy of the people with whom they work, conduct research, or perform other professional activities.

8. NASS members engaged in research should follow the rules and practice of their local IRB with respect to obtaining an advance informed consent of persons being studied, and with respect to providing information, owning or controlling access to material being studied, or otherwise having interests which might be impacted by the research.

9. NASS members engaged in research must expect to encounter ethical dilemmas at every stage of their work, and must make good faith efforts to identify potential ethical claims and conflicts in advance when preparing proposals and as projects proceed.

10. NASS members engaged in research shall ensure that all reports and projects are complete, are clearly written in language understandable to others not involved in the project; fully distinguish among assumptions, speculations, findings, and judgments; employ appropriate statistics and graphics; adequately describe the limitations of the project, of the analytical method, and of the findings; and allow scholarly norms in the attribution of ideas, methods and expressions and in the sources of data.

11. NASS members engaged in research shall permit no release of information about individual persons that has been guaranteed as confidential, or that is violation of the Health Insurance Portability and Accountability Act (HIPAA).

12. All analysis of data, manuscript preparation and presentation will be free of commercial input, influence or bias. It will be the work solely of authors and colleagues. Authors will be forthright about disclosing all relevant data. All relevant findings regarding benefits, risks, complications and related issues will be disclosed in all prepared materials.
13. A NASS member will never submit a paper for publication or presentation under the name of any individual who has not contributed substantially to its preparation and who had not read and approved the paper, nor will he or she allow his or her name to be affixed to any paper he or she was not directly involved in creating.

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