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 Academy in any class of membership. They serve as goals for which Academy Fellows and Members should constantly strive. The Principles of Ethics are not enforceable.

B. Rules of Ethics

The Rules of Ethics form the second part of this Code of Ethics. They are mandatory and directive specific standards of minimally-acceptable professional conduct for all Fellows or Members of the Academy in any class of membership. The Rules of Ethics are enforceable.

C. Administrative Procedures

The Administrative Procedures form the third part of this Code of Ethics. They provide for the structure and operation of the Ethics Committee; and they detail procedures followed by the Committee and by the Board of Directors of the Academy in handling inquiries or challenges raised under the Rules of Ethics. All ophthalmologists who are Fellows or Members of the Academy in any class of membership are required to comply with these Administrative Procedures; failure to cooperate with the Ethics Committee or the Board of Directors in a proceeding on a challenge may be considered by the Committee and by the Board of Directors according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

The Code of Ethics of the American Academy of Ophthalmology applies solely to the Academy and to its Fellows and Members, and is enforceable solely by the Academy. The Academy does not suggest or imply that any other medical society, organization, or association should adopt, implement, or enforce codes or standards of ethics which are the same as or similar in any respect to the Academy's Code of Ethics.

A. PRINCIPLES OF ETHICS

1. Ethics in Ophthalmology. Ethics are moral values. An issue of ethics in ophthalmology is resolved by the determination that the best interest of the patient is served.

2. Providing Ophthalmological Services. Ophthalmological services must be provided with compassion, respect for human dignity, honesty and integrity.

3. Competence of the Ophthalmologist. An ophthalmologist must maintain competence by continued study. That competence must be supplemented with the talents of other professionals and with consultation when indicated.

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

5. Fees for Ophthalmological Services. Fees for ophthalmological services must not exploit patients or others who pay for the services.

6. Identification of the Deficient Ophthalmologist. Those ophthalmologists who are deficient in character, or who engage in fraud or deception, should be identified to appropriate authorities.

7. Ethical Rules. It is the duty of an ophthalmologist to place the patient's welfare and rights above all other considerations. To this end one must subscribe to ethical rules which are for the benefit of the patient.

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 must not misrepresent credentials, training, experience, ability or results.

2. Informed Consent. The performance of medical or surgical procedures shall be preceded by appropriate informed consent.

3. Clinical Experiments and Investigative Procedures. Use of clinical experiments or investigative procedures shall be approved by adequate review mechanisms. Clinical experiments and investigative procedures are those 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 these procedures must recognize their special nature and ramifications.

4. Other Opinions. Additional opinion(s) shall be obtained if requested by the patient. Consultation(s) shall 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 the ophthalmologist does not withdraw, it is the duty of other ophthalmologists who know of the impairment to take action to assure withdrawal of the impaired ophthalmologist.

6. Preoperative Assessment. Surgery shall be recommended only after a careful consideration of the patient's physical, social, emotional and occupational needs. The preoperative work-up must document the indications for surgery. Performance of unnecessary surgery is an extremely serious ethical violation.

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 must 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 must...
be qualified and adequately supervised. An ophthalmologist may make different arrangements for the delegation of eye care in special circumstances, such as emergencies, if the patient's welfare and rights are placed above all other 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 must 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, if the patient's welfare and rights are placed above all other considerations. Fees should reflect postoperative eye care arrangements with advance disclosure to the patient.

9. Medical and Surgical Procedures. An ophthalmologist must not misrepresent the service that is performed or the charges made for that service.

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 for pecuniary gain is unethical.

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

12. Communications to Colleagues. Communications to colleagues on research including clinical investigation must be accurate and truthful. Appropriate disclosure of commercial interest is required.

13. Communications to the Public. Communications to the public must be accurate. They must not convey false, untrue, deceptive, or misleading information through statements, testimonials, photographs, graphics or other means. They must not omit material information without which the communications would be deceptive. Communications must not appeal to an individual's anxiety in an excessive or unfair way; and they must 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 must 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 must not misrepresent an ophthalmologist's credentials, training, experience or ability, and must not contain material claims of superiority that cannot be substantiated. If a communication results from payment by an ophthalmologist, this must be disclosed unless the nature, format or medium makes it apparent.

C. ADMINISTRATIVE PROCEDURES

1. Ethics Committee

(a) The Committee. The Board of Directors appoints at least five (5), but not more than nine (9), ophthalmologists who are Voting Fellows or Members of the Academy to serve three (3) year, staggered terms as members of the Ethics Committee. The Board of Directors makes its appointments to the Committee from among respected ophthalmologists who will, to the extent practicable, assure that the Committee's composition is balanced as to relative age and experience and as to the emphasis of the appointees upon practice, education, research or other endeavors within ophthalmology. Members of the Ethics Committee may serve no more than two three-year terms. However, a member appointed as Chairman or Vice Chairman of the Committee may serve no more than three three-year terms. Members may resign from the Committee at any time. Membership on the Ethics Committee may be terminated by the Board of Directors at any time and for any reason. Vacancies on the Committee are filled by the Board of Directors. Committee members are reimbursed for expenses. The Ethics Committee is responsible for (i) developing and implementing an educational program regarding the Code of Ethics among ophthalmologists and ophthalmologists-in-training who are Fellows or Members of the Academy, (ii) investigating each inquiry regarding ethics and recommending whether the Board of Directors should issue an advisory opinion interpreting the Rules of Ethics in this Code, (iii) investigating each challenge regarding ethics and recommending whether the Board of Directors should make a determination that a Fellow or Member of the Academy has failed to observe the Rules of Ethics in this Code, and recommending an appropriate sanction, and (iv) assessing the Principles of Ethics, Rules of Ethics and Administrative Procedures in this Code periodically and recommending any amendments to the Board of Directors.

(b) The Chairman of the Committee. Upon nomination by the President-Elect of the Academy, the Board of Directors appoints one member of the Ethics Committee as the Committee's Chairman to serve, at the will of the Board of Directors, as the principal administrative officer responsible for management of the promulgation, interpretation and enforcement of this Code of Ethics. The Board of Directors appoints as the Chairman a distinguished ophthalmologist who possesses recognized integrity and broad experience. The Chairman of the Committee is responsible directly and exclusively to the Board of Directors; the Chairman is reimbursed for expenses and, upon the approval of the Board of Directors, may be paid for services; and the Chairman is provided, upon the approval of the Board of Directors, with staff, legal counsel and other resources necessary to fulfill the responsibilities of administering this Code. The Chairman presides at, and participates in, all meetings and hearings of the Ethics Committee, except at any hearing at which the Committee considers the possible failure of a Fellow or Member of the Academy to observe the Rules of Ethics in this Code. The Chairman is responsible for ensuring that these Administrative Procedures are followed. The Chairman maintains liaison with entities, both public and private, which are interested or involved in medical ethics, particularly as they relate to ophthalmology.

(c) The Vice Chairman of the Committee. Upon nomination by the President-Elect of the Academy, the Board of Directors appoints a member of the Committee as the Committee's Vice Chairman to serve, at the will of the Board of Directors, in the place of the Chairman when the Chairman is unable to serve.

(d) Meetings of the Committee. Meetings of the Ethics Committee are called upon at least seven (7) days' written notice to Committee members, which notice includes a copy of the agenda for the meeting. A quorum consists of a majority of all of the appointed Committee members. Voting is by majority of those present at a meeting (or by a majority of those submitting votes in a mail vote). Mail voting without a meeting is permitted where all Committee members submit mail votes or abstentions. Voting by proxy is not permitted. A member of the Committee must decline to participate in the consideration of, or the decision in, any matter before the Committee in which the member has a personal interest.

(e) Indemnification and Insurance. All Ethics Committee members, staff, and other individuals engaged in investigations at the written request of the Chairman, are indemnified and defended by the Academy against liability arising from Committee-related activities to the extent provided by the Bylaws of
the Academy for Directors, Officers, employees and agents. The Academy maintains indemnification insurance against such liability.

2. Inquiries and Challenges

(a) Preliminary Review. The Chairman preliminarily reviews each submission involving this Code of Ethics to consider whether it may be an inquiry (i.e., a request for issuance by the Board of Directors of an advisory opinion interpreting the Rules of Ethics in this Code) or a challenge (i.e., a request for a finding by the Board of Directors that a Fellow or Member of the Academy has failed to observe the Rules of Ethics in this Code). A submission involving this Code of Ethics, whether or not it is designated or phrased as an inquiry or challenge, may be construed by the Chairman or the Committee as either an inquiry or a challenge in the light of information in the submission. Inquiries may be considered without regard to their means or form of submission. Challenges are not considered unless they are submitted in writing and signed by their submitters. Inquiries or challenges may be submitted by ophthalmologists (whether or not they are Fellows or Members of the Academy), other physicians, health care institutions, health care care insurers, allied health professionals, patients or organizations representing any of these.

(b) Preliminary Disposition. Upon preliminary review of a submission involving this Code of Ethics, the Chairman may conclude, in the Chairman's sole discretion, that the submission (i) contains insufficient information on which to base an investigation or (ii) is patently frivolous or inconsequential, i.e., it does not present an issue of interpretation of the Rules of Ethics in this Code adequate to constitute a valid and actionable inquiry and to justify bringing the submission before the Committee for investigation and recommendation to the Board of Directors on issuance of an advisory opinion or it does not present an issue of the failure of a Fellow or Member of the Academy to observe the Rules of Ethics in this Code adequate to constitute a valid and actionable inquiry and to justify bringing the submission before the Committee for investigation and recommendation to the Board of Directors on a determination of failure to observe the Rules of Ethics. If so, the submission is disposed of by notice from the Chairman to its submitter, if the submitter is identified. Each such preliminary disposition by the Chairman of a submission involving this Code of Ethics is reported to the Ethics Committee.

(c) Investigation. For each submission involving this Code of Ethics that the Chairman concludes is a valid and actionable inquiry or challenge, the Committee conducts an investigation into its specific facts or circumstances to whatever extent is necessary in order to clarify, expand or corroborate the information provided by the submitter or in order to determine, with respect to a challenge, whether it is most appropriately raised under the Rules of Ethics in this Code and considered further by the Ethics Committee and Board of Directors rather than by some other entity engaged in the administration of law or the regulation of the conduct of physicians, such as a law enforcement agency, physician licensing authority, medical quality review board or professional peer review committee. The Chairman supervises each investigation and may conduct an investigation personally. The Chairman may be assisted in the conducting of an investigation by other Ethics Committee members or by Committee staff. The Chairman may also be assisted by any other individual such as a member of the Board of Councillors of the Academy (i) whose location, professional position or expertise might facilitate the investigation, (ii) whose assistance is requested in writing by the Committee Chairman, and (iii) who agrees in writing to follow the Administrative Procedures of this Code; but only when all three (3) of those conditions are fulfilled. A Fellow or Member of the Academy who is the subject of a valid and actionable challenge is informed in writing at the beginning of the Committee's investigation as to (i) the nature of the challenge, (ii) the obligation to cooperate fully in the Committee's investigation of the challenge, and (iii) the opportunity to request a hearing on the challenge before the Ethics Committee. Investigations involving challenges are conducted in confidence, with all written communications sealed and marked "Personal and Confidential," and they are conducted objectively, without any indication of prejudgement. An investigation may be directed toward any aspect of an inquiry or challenge which is relevant or potentially relevant.

3. Proceeding on Inquiries

(a) Hearing on an Inquiry. In the course of an investigation involving an inquiry, the Committee may conduct a public administrative hearing to receive the views of those who are interested in, or may be affected by, issuance by the Board of Directors of an advisory opinion interpreting the Rules of Ethics in this Code. Thirty (30) days' written notice of the hearing is given to the Fellows and Members of the Academy and to others who, in the opinion of the Committee, may be interested in, or affected by, issuance of advisory opinion. The notice may include a tentative proposed advisory opinion. The hearing is conducted by the Committee with any three (3) or more Committee members participating. The Chairman of the Committee serves as the Hearing Officer to preside at the hearing and assure that these Administrative Procedures are followed. The Hearing Officer may issue any appropriate procedural or evidentiary ruling in the course of the hearing and may be assisted by legal counsel. The Hearing Officer presents at the hearing the issues raised by the inquiry, the results of the investigation up to the time of the hearing, and any tentative proposed Committee recommendation to the Board of Directors for an advisory opinion. Information is offered through witnesses, who may be assisted by legal counsel and are subject to questioning by the Committee. Any information may be considered which is relevant or potentially relevant. A transcript or recording of the hearing is made. The official record of the hearing becomes part of the investigation of the inquiry.

(b) Recommendation on an Inquiry. Upon completion of an investigation involving an inquiry, the Ethics Committee recommends whether the Board of Directors should issue an advisory opinion interpreting the Rules of Ethics in this Code. If the Committee so recommends, a proposed advisory opinion is prepared under the supervision of the Chairman and is submitted to the Board of Directors along with a summary of the record of the Committee's investigation. The Board of Directors has access to the entire record of the investigation. If the Committee recommends against issuance of an advisory opinion, the inquiry is dismissed with notice to its submitter, if the submitter is identified, and a summary report is made to the Board of Directors.

(c) Advisory Opinion. The Board of Directors issues an advisory opinion interpreting the Rules of Ethics in this Code (i) upon the recommendation of the Ethics Committee arising from an inquiry and following an investigation or (ii) upon the recommendation of the Committee arising from its own initiative. A representative of the Committee presents to the Board of Directors, for its review, the recommendations of the Committee and its record of the investigation. Once issued by the Board of Directors, the advisory opinion is promulgated by publication to the Fellows and Members of the Academy. Advisory opinions are compiled by the Ethics Committee; and the compilation is periodically made available to the Fellows and Members of the Academy.

4. Proceedings on Challenges

(a) Hearing on a Challenge. In the course of an investigation involving a challenge, the Committee conducts a private adjudicative hearing if one is requested by the Fellow or Member of the Academy who is the subject of the challenge or at the
Committee's own initiative. Thirty (30) days' written notice of the hearing is given to the Fellow or Member. The hearing is conducted by the Committee with any three (3) or more Committee members participating, other than (i) the Chairman, (ii) any Committee member who assisted substantially in the investigation of the challenge, and (iii) any Committee member whose professional activities are conducted at a location in the approximate area of that of the Fellow or Member of the Academy who is the subject of the challenge. Those Committee members participating in the hearing elect from their number of Hearing Officer to preside at the hearing and assure that these Administrative Procedures are followed. The Hearing Officer may issue any appropriate procedural or evidentiary ruling in the course of the hearing and may be assisted by legal counsel. The Chairman of the Committee presents to the Committee at the hearing the results of the investigation up to the time of the hearing. The Fellow or Member of the Academy who is the subject of the challenge, who may be assisted by legal counsel, may refute the results of the investigation and may offer any exculpatory information. The Chairman and the Fellow or Member may offer information through witnesses, who are subject to cross-examination and questioning by the Committee. Any information may be considered which is relevant or potentially relevant. A transcript or record of the hearing is made. The hearing is closed a part of the record of the investigation of the challenge.

(b) Recommendation on a Challenge. Upon completion of an investigation involving a challenge, the Ethics Committee recommends whether the Board of Directors should make a determination that the Fellow or Member of the Academy who is the subject of the challenge has failed to observe the Rules of Ethics in this Code. When the Committee recommends a determination by the Board of Directors of non-observance, the Committee also recommends imposition by the Board of Directors of an appropriate sanction. If the Committee so recommends, a proposed determination with a proposed sanction is prepared under the supervision of the Chairman and is presented by a representative of the Committee to the Board of Directors along with the record of the Committee's investigation. If the Committee recommends against a determination of non-observance, the challenge is dismissed, with notice to the Fellow or Member of the Academy who is the subject of the challenge and to the submitter of the challenge, and a summary report is made to the Board of Directors.

(c) Determination of Non-Observance. The Board of Directors makes the determination whether a Fellow or Member of the Academy has failed to observe the Rules of Ethics in this Code and imposes an appropriate sanction upon the recommendation of the Ethics Committee arising from a challenge and following an investigation. The Board of Directors reviews the recommendation of the Committee based upon the record of the investigation. The Board of Directors may accept, reject or modify the Committee's recommendation, either with respect to the determination of non-observance or with respect to the sanction. If the Board of Directors makes a determination of non-observance, this determination and the imposition of a sanction are promulgated by written notice to the affected Fellow or Member of the Academy and to the submitter of the challenge, if the submitter agrees in advance and in writing to maintain in confidence whatever portion of the information is not made public by the Board. Additional publication occurs only to the extent provided in the sanctions themselves. If the Board of Directors does not make a determination of non-observance, the challenge is dismissed, with notice to the affected Fellow or Member and to the submitter of the challenge.

(d) Alternative Disposition. Before the Committee makes any recommendation to the Board of Directors as to a determina-
Member of the Academy has failed to observe the Rules of Ethics in this Code and of imposition of a sanction, the affected Fellow or Member may submit to the Board in writing a request for an appeal. The Board of Directors establishes an appellate body consisting of at least three (3), but not more than five (5), ophthalmologists who are Voting Fellows or Members of the Academy and who did not participate in the Ethics Committee’s investigation or in the Board of Director’s determination. The appellate body conducts and completes the appeal within ninety (90) days after receipt of the request for an appeal. The purpose of the appeal is to provide an objective review of the original challenge, the investigation and recommendation of the Ethics Committee, and the determination of the Board of Directors, but not, however, the sanction imposed. The appeal is limited to a review of the Ethics Committee’s and Board of Directors’ application of the Rules of Ethics in this Code to the facts established in the investigation of the challenge and to a review of the procedures followed to ascertain whether they were consistent with those detailed in these Administrative Procedures. An appeal may not take into consideration any matters not included as part of the record of the Ethics Committee’s investigation and the Board of Directors’ determination. The appeal consists of a review by the appellate body of the entire record of the proceeding on the challenge and written appellate submissions of the Fellow or Member of the Academy who was the subject of the challenge and of the Board of Directors. Written appellate submissions and any reply submissions may be made by authorized representatives of the Fellow or Member and of the Board of Directors. Submissions are made according to whatever schedule is established by the appellate body. The decision of the appellate body either affirms or overrules the determination of the Board of Directors on non-observance of the Rules of Ethics in this Code by a Fellow or Member of the Academy. The decision does not address the sanction imposed by the Board of Directors. The decision of the appellate body, including a statement of the reasons for the decision, is reported to the Board of Directors. The decision is binding upon the Board of Directors, the Fellow or Member who is subject of the challenge, the Ethics Committee and all other persons.

(g) Resignation. If a Fellow or Member of the Academy who is the subject of a challenge resigns from the Academy at any time during the pendency of the proceeding of the challenge, the challenge is dismissed without any further action by the Ethics Committee, the Board of Directors or an appellate body established after an appeal; the entire record is sealed; and the Fellow or Member may not reapply for membership in any class. However, the Board of Directors may authorize the Ethics Committee to communicate the fact and date of resignation, and the fact and general nature of the challenge on which a proceeding was pending at the time of the resignation, to, and at the request of, an entity engaged in the administration of law or the regulation of the conduct of physicians, in a proceeding that relates to the subject matter of the challenge, provided, however, that that entity is a law enforcement agency, physician licensing authority, medical quality review board, professional peer review committee, or similar entity.