

SIR CODE OF ETHICS

Interventional radiologists, as members of the medical profession, have ethical responsibilities not only to patients, but also to society, to other health professionals and to themselves. The following principles have been adopted by the Society of Interventional Radiology (SIR) as guidelines for honorable behavior by all Interventional Radiologists.

1. Interventional Radiologists shall be dedicated to providing competent medical service with compassion and respect for human dignity.
2. Interventional Radiologists shall deal honestly with patients and colleagues and help to ensure that patients are not exposed to fraudulent or deceptive practices or providers.
3. Interventional Radiologists shall respect the law and also recognize a responsibility to seek changes in those requirements that are contrary to the best interests of the patient.
4. Interventional Radiologists shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences within the constraints of the law. Protected patient information must not be shared or identifiable.
5. Interventional Radiologists shall participate in continuing medical education activities to maintain current scientific and professional knowledge, make relevant information available to patients, colleagues, and the public, obtain appropriate consultation, and use the talents of other health professionals when indicated.
6. Interventional Radiologists shall, except in emergencies, be free to choose whom to serve, with whom to associate and the environment in which to provide medical services. Discrimination on the basis of race, color, gender, age, sexual orientation, socioeconomic status, religion, or national origin is inappropriate and illegal.
7. Interventional Radiologists shall recognize the responsibility to participate in activities that contribute to the improvement of the community and the betterment of public health.
8. Interventional Radiologists shall perform research with integrity and report results honestly. No claim shall be made to research or intellectual property that is not theirs. Plagiarism or the use of others' research without permission and recognition of the source is unethical.
9. Interventional Radiologists shall not use any forum or medium of public communication to advertise themselves through deceptive, misleading or untruthful information.
10. Interventional Radiologists who choose to provide expert testimony in professional liability cases shall be as objective as possible. Expert testimony must be informed,

truthful and accurate. It is unethical for physicians to accept compensation for expert witness testimony that is linked to the outcome of the case.

11. Interventional Radiologists shall take steps to avoid conflicts of interest in their clinical practice and research. Actual and potential conflicts must be disclosed appropriately. Decisions about treatments shall be based on solely on medical considerations and patient needs.
12. Interventional Radiologists shall, while caring for a patient, regard responsibility to the patient as paramount.
13. Interventional Radiologists shall support access to medical care for all people

It is the policy of SIR to encourage every member's full compliance with these principles, to counsel members as appropriate and to assist them to achieve full compliance with these principles.

Disciplinary Procedures

A member of the Society may be disciplined or expelled for conduct, which the Society considers unprofessional, unethical, or offensive to the dignity or contrary to the best interests of the Society.

Disciplinary action may be initiated by any one or more violations of the Code of Ethics of the Society of Interventional Radiology. Without restricting the general definition of the foregoing, the following shall automatically be considered not in the best interest or inconsistent with the purposes of the Society:

- Suspension or revocation of any right to practice medicine in any state, province or country by reason of a violation of a medical practice act, statute or government regulation.
- Conviction of a felony.

Disciplinary Options:

The Society may apply the following disciplinary options to any member for due cause. Disciplinary proceedings shall be considered confidential. The following levels of disciplinary action are available and defined as follows:

Expulsion: If the Society receives credible, verifiable evidence that a member has been involved in one of the two situations described above, such situation shall be considered grounds for automatic expulsion and the notification process to the individual shall be initiated as detailed below. The expelled member shall not be entitled to the benefits of the Society membership and shall return to the Society all certificates of membership fellowship awarded by the Society. Expulsion is permanent, and the individual may never be readmitted to the Society. Grounds for expulsion are not limited to the two situations outlined above but may also be invoked by the Society where violations of the Society's Code of Ethics have occurred.

Suspension: Suspension shall cause the member to lose the benefits of membership they are entitled to for a minimum of one year or a longer period. At the end of the determined suspension period, the individual may consider a petition for removal of suspension if the individual can show that during their suspension, they have demonstrated the necessary modifications to their behavior and has adhered to the ethical principles of the Society.

Probation: Probation is for a stated period of time and causes the member to lose the right to hold office or participate in Society-sponsored programs as a presenter, moderator, panelist, or otherwise. The individual retains the other rights, privileges and obligations of membership. At the end of the determined probation period, the individual may petition for removal of probation if it can be shown that during their probation, they have demonstrated the necessary modifications to their behavior and has adhered to the ethical principles of the Society.

Censure: Censure is a written reprimand of the member from the president of the Society with no loss of membership. Such censure is made part of the membership file of the member.

No Action Indicated: After careful consideration of a complaint, the Ethics Committee may decide that no action is necessary.

Disciplinary Process:

Ethics Committee Evaluation: Complaints of ethical misconduct by a member of the Society may be filed in writing with the chairman of the Ethics Committee. The Ethics Committee shall evaluate the merits of the complaint and decide whether any further actions are necessary. If the Ethics Committee finds that there is merit to the complaint, it will schedule a hearing on the matter and written notice of the complaint and hearing shall be sent to the accused physician and the complainant not less than forty-five (45) days prior to the hearing before the Ethics Committee. Such notification shall require proof of delivery to the physician. The notice shall state: 1) the time and place of the hearing, 2) the nature of the charges against them and identify any witnesses that are expected to testify against them, 3) that the physician that they may appear in person either alone or accompanied or represented by another person including legal counsel, 4) that they may submit such evidence determined to be relevant by the Chair of the Ethics committee, regardless of its admissibility in a court of law, and they may call, examine, and cross examine witnesses (subject to reasonable limits set by the Chair of the Ethics Committee), 5) that the physician may have a record made of the proceedings, copies of which may be obtained by the physician upon payment of any reasonable charges associated with the preparation thereof, and 6) that they may submit a written statement at the close of the hearing. A copy of these guidelines will be included with the notice. No member of the Ethics Committee who is in direct economic competition with the accused physician, or otherwise has a conflict of interest, shall participate in the review of the complaint. The parties will bear their own expenses with respect to the Ethics Committee hearing, as well as any other aspect of this disciplinary process, including any hearing before the Executive Council. The hearing will be conducted by the Chair of the Ethics Committee with the assistance of the Society's legal

counsel. If the physician fails to appear at the hearing, they will be deemed to have waived their right to a hearing before either the Ethics Committee or the Executive Council, and the Ethics Committee will proceed to consider the charges based on the written evidence and other testimony it receives. The Chair of the Ethics Committee may postpone or reschedule the hearing for good cause shown. After careful deliberations by the Ethics Committee, the Ethics Committee shall, within 30 days after the date of the hearing, inform the physician and the Executive Council in writing of its proposed decision to expel, suspend, or otherwise discipline the member, or dismiss the complaint. Such notification shall require proof of delivery to the physician and shall include the reasons for the Ethics Committee's proposed action.

Appeal to the Executive Council: If the physician does not agree with the proposed decision of the Ethics Committee to take disciplinary action against them, they can appeal the decision to the Executive Council. The Executive Council shall serve written notice to the member of the Society's intent to consider the appeal of the member not less than thirty (30) days prior to a meeting of the Executive Council. Such notification shall require proof of delivery to the physician. The notice shall 1) state the time and place of the meeting, 2) state the nature of the charges against them, 3) inform the physician that they may appear in person either alone or accompanied or represented by another person including legal counsel if, and only if, they appeared in person before the Ethics Committee as outlined above, 4) inform the physician that they may submit such argument and evidence as they deems appropriate (subject to reasonable limits set by the Chair of the Executive Council) to show that the decision of the Ethics Committee should be reversed and that no disciplinary action should be taken against them; except that the physician may not submit and the Executive Council may not consider, any new evidence or call new witnesses that were not presented to the Ethics Committee. If a majority of the members of the Executive Council determines that the expulsion, suspension, or other disciplinary action proposed for the member is supported by the evidence presented at this meeting and is the result of fair procedures, the Executive Council shall affirm the expulsion or disciplinary action. If a majority of the members of the Executive Council do not so determine, the Executive Council shall reverse the expulsion or disciplinary action and may remand the issue in whole or in part for further proceedings before the Ethics Committee and/or may dismiss the matter in whole or in part. Members of the Executive Council who are a) members of the Ethics Committee, b) are in direct economic competition with the member, or c) otherwise have a conflict of interest in the matter, shall be disqualified from participating in the appeal to the Executive Council. The member shall be informed in writing of the Executive Council's decision within thirty (30) days of the hearing. Such notification shall require proof of delivery to the physician and shall include the reasons for the Executive Council's decision.

Reporting the Decision: Where appropriate, the Society shall report its decision to the National Practitioner Data Bank and the relevant state medical licensing bodies. The decision may also be reported to the American Board of Radiology and/or state or local radiology societies if the circumstances so warrant.