BOMSS CODE OF ETHICS

1. General Purpose

This Code of Ethics of the British Obesity and Metabolic Surgery Society is intended as a guide to assist all members of the Society in achieving the highest level of ethical conduct in their Bariatric Surgery Practice. It is intended as a supplement to guidance contained in the General Medical Council's (GMC) publication *Good Medical Practice* and the Royal College of Surgeons of England's publication *Good Surgical Practice.* It is adapted from the Code of Ethics of the American Society of Metabolic and Bariatric Surgery (ASMBS).

2. Responsibility to Patients

First and foremost, all actions by the surgeon must be in the best interest of the patient. It is the surgeon's responsibility to select appropriate candidates for bariatric surgical procedures, to perform appropriate preoperative evaluation, to perform procedures which have acceptable safety and success outcomes as documented in peer reviewed literature, and to ensure appropriate postoperative care and follow up.

3. Investigational Procedures

The Society supports and encourages research and innovation in the field of bariatric surgery. However, if new procedures or significant variations of established procedures are performed, accepted national and local guidelines for human research should be followed. Patients should be informed and counseled and appropriate consent obtained. The study / procedures should be performed with the guidance and approval of the appropriate national and / or local ethics review and approval organization (currently IRAS). Appropriate data collection and analysis with reporting of any and all results by presentation at scientific meetings or publication in peer-reviewed literature is mandatory.

4. Continuity of Care

The surgeon must ensure appropriate continuity of care of the patient. It is not appropriate to delegate selection, preoperative evaluation and preparation, and counseling of the patient entirely to another medical professional. Consultation and evaluation by selected specialists are often required and indicated, but the surgeon must direct and supervise the overall management of the patient.

The surgeon is personally responsible for the patient's welfare throughout the operative procedure. The surgeon should be in the operating room or in the immediate vicinity for the entire procedure. If any part of the operative procedure is delegated to a Surgical Trainee, general supervision and active participation in key components of the operation by the surgeon is required. A bariatric surgery trainee should ensure the availability of their trainer or mentor / proctor before starting the procedure.

Occasional surgery may be performed in locations away from the surgeon's usual clinical or training location for education or training purposes and in unusual or unforeseen circumstances. The habitual or frequent performance of operations in

locations away from the surgeon's usual clinical or training location, however, is not supported. It would be expected that surgeons operated at sites where they were satisfied that team members were appropriately trained and familiar with their practice and that facilities were appropriate for the procedures performed, as per commissioning guidance.

Post-operative care is the responsibility of the operating surgeon. If the surgeon must be absent during any portion of the critical post-operative period, cover must be provided by another surgeon with appropriate skills and experience to provide care equivalent to that of the operating surgeon.

Long-term care and follow-up are also the responsibility of the operating surgeon. While distance, convenience to the patient and bariatric service practicalities may require a portion of this care to be appropriately delegated to and provided by another health professional, it is the responsibility of the surgeon to ensure that there are robust, reliable and realistic arrangements in place for the short- and long-term post-operative follow up and care of all patients for whom they perform a bariatric operation. In particular if a patient develops a surgical complication within a short time period after surgery the surgeon should be primarily responsible if contacted for ensuring that appropriate access to surgical care is available.

5. Advertising

The surgeon should ensure that they and any organization they work with in providing bariatric surgery adhere to the *BOMSS Statement on Current Advertising Practice for Bariatric Procedures*.

6. Financial matters

All financial benefits received from pharmaceutical industry or any other financial interests need to be declared to local governing bodies and patients if appropriate.

If a surgeon has a vested financial interest in another corporate, solo or specialty practice, for which some form of payment, interest or dividend will be received for referral of a patient to that practice, the surgeon must inform the patient of his or her financial interest in the arrangement.

7. Expert Testimony Guidelines

BOMSS acknowledges the need for members to provide expert opinion on aspects of care in bariatric cases. A member serving as an expert witness should act in accordance to the relevant principals and guidelines set out in the GMC's documents *Good Medical Practice* and *Supplementary Guidance - Acting as an Expert Witness*.

References

www.gmc-uk.org/static/documents/content/GMP_0910.pdf

http://www.rcseng.ac.uk/publications/docs/good-surgical-practice-1

www.**ncepod**.org.uk/2012report2/downloads/BS_fullreport.pdf

http://asmbs.org/2012/06/asmbs-code-of-ethics/

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