

## CODE OF ETHICS

**Adopted: February 2005**  
**Revised: September 2012**  
**Revised: March 2016**  
**Revised: August 2025**

### **I. General Purpose**

This Code of Ethics of the American Society for Metabolic and Bariatric Surgery is intended as a guide to assist all members of the Society in achieving the highest level of ethical conduct in their relations with patients, peers, and the public.

### **II. Responsibility to Patients**

First and foremost, all actions by the healthcare provider should be in the best interest of the patient. It is the provider's responsibility to select appropriate candidates for metabolic and bariatric surgical procedures, to perform appropriate preoperative evaluation, to perform procedures that have acceptable safety and success outcomes as documented in peer-reviewed literature, and to provide appropriate postoperative care and follow-up personally.

### **III. Investigational Procedures**

The Society encourages evidence-based research and innovation. However, if new procedures or significant variations of established procedures are performed, accepted guidelines for human research must be followed. Patients should be informed and counseled, and appropriate consent obtained. The procedures should be performed with the guidance and approval of the appropriate Institutional Review Board. Rigorous data collection and analysis with reporting of results by presentation at scientific meetings or publication in peer-reviewed literature is mandatory.

The Society strongly discourages the patenting of surgical procedures.

### **IV. Continuity of Care**

The surgeon must ensure appropriate continuity of care of the patient, including delegating selection, preoperative evaluation and preparation, and counseling of the patient. 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 an associate, assistant, or resident, the surgeon must provide general supervision and active participation in key components of the operation.

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 surgeries in locations away from the surgeon's usual clinical or training location, however, cannot be condoned.

Postoperative care is the responsibility of the operating surgeon. If the surgeon must be absent during any portion of the critical postoperative period, coverage must be provided by another surgeon with appropriate skills and experience to render care equivalent to that of the operating surgeon.

Long-term care and follow-up is also the responsibility of the operating surgeon. While distance and convenience to the patient may require a portion of this care to be provided by another health professional, it is the responsibility of the surgeon to establish communication, provide appropriate patient information, and ensure proper continuity of care.

## **V. Advertising; Release of Information to Media or Nonprofessional Publications**

Advertising and other disseminated information must be truthful and accurate. False, deceptive, inaccurate, or misleading information in any form is inappropriate and unethical. Unjustified expectations of results must not be created, either through statements, testimonials, photographs, or other means. Realistic reporting of risks and possible complications, as well as the benefits, must be included.

Advertisements and other disseminations of information must not misrepresent a surgeon's credentials, training, or experience and must not contain claims of superiority of the surgeon or the procedure that are inaccurate or cannot be substantiated.

ASMBS members may not leverage the organizational name, their membership status, or any volunteer leadership role in marketing without express written permission from the ASMBS headquarters office.

ASMBS Officers may not publicly endorse, advertise, or otherwise promote any specific manufacturer's or distributor's medical device or pharmaceutical product during their term. Any private event roles must be fully disclosed per the ASMBS Financial Relationship Disclosure form prior to any such role.

## **VI. Fee Splitting**

A member shall not engage in "fee-splitting" or accepting or paying "kick-backs" or finder's fees for the referral of patients to his or her practice. 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.

## **VII. Expert Testimony Guidelines**

### **1. Eligibility and Service of Officers and Members**

- ASMBS Members are encouraged to serve as expert witnesses in metabolic and bariatric surgery cases, for both plaintiffs and defendants, provided they adhere to these ethical guidelines.
- ASMBS Officers and other elected leaders may only serve as expert witnesses in their capacity as individual metabolic and bariatric surgeons and not as representatives of the ASMBS. They must clearly document this distinction in all legal proceedings, discovery materials, and testimony.
- To avoid any appearance of endorsement by the Society:
  - Current ASMBS Officers may not serve as an expert witness for bariatric surgery cases during their term. However, they may complete cases that began before their term.
  - Committee Chairs and State Chapter Officers may serve as expert witnesses. Still, they must provide express disclosure that all opinions are their personal professional judgment and do not represent ASMBS policy or positions.

### **2. Objectivity and Duty to Truth**

- Members serving as expert witnesses must act as impartial professionals, not advocates or partisans. Their primary duty is to champion the truth and provide an unbiased, evidence-based assessment.
- All opinions must be grounded in a fair and balanced review of the available medical information.

### **3. Qualifications and Competence**

- Expert witnesses must demonstrate competence in the specific area of metabolic and bariatric surgery relevant to the legal matter.
- They must be actively practicing metabolic and bariatric surgery or have been actively practicing at the time of the alleged incident.

### **4. Basis of Testimony**

- Expert opinions should be supported by:
  - Personal experience
  - Specific clinical references or literature
  - Generally accepted practices in the field
- Experts must acknowledge where their opinions may vary from standard practice, fairly present alternative approaches, and avoid presenting personal views as the sole correct method if reasonable alternatives exist.

5. Time-Relevant Standards of Care

- Testimony must reflect the standards of practice prevailing at the time of the alleged incident, not solely current standards.

6. Compensation

- Compensation for expert witness services must be reasonable and proportionate to the time and effort required for review, preparation, and testimony.
- Payment may not be contingent on case outcome or the substance of the testimony.

7. Public Record and Peer Review

- Members should recognize that deposition and courtroom testimony under oath are public records and may be subject to peer review by professional colleagues.

8. Disclaimers and ASMBS Liability Protection

- Prior to testimony, expert witnesses must affirm under oath that:
  - Their opinions are solely their own professional judgment as members.
  - They do not represent the ASMBS or any official position of the Society.
- Experts must make all reasonable efforts to avoid creating any liability for the ASMBS.
- Members should review ASMBS-published positions or guidelines relevant to their testimony to prevent conflicts of interest or misrepresentation.

9. Conflict of Interest Avoidance

- Expert witnesses must avoid real or perceived conflicts of interest, including but not limited to:
  - Testifying against a direct competitor in their own catchment area
  - Testifying against individuals with personal or financial relationships to the expert
- Experts should also avoid circumstances where they could gain a competitive advantage from their testimony.