ASMBS American Society for Metabolic and Bariatric Surgery

Code of Ethics of the American Society for Metabolic and Bariatric Surgery ("Society")

I. General Purpose.

This Code of Ethics of the American Society for Metabolic and Bariatric Surgery ("Society") 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.

1. Patient First, Always.
   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. Members must place the patient's welfare above personal, financial, or organizational interests; decisions must reflect the patient's best interests across indication, preparation, procedural choice, and follow-up (see also Section II, Responsibility to Patients, and Section IV, Continuity of Care).

2. Honesty, Clarity, and Informed Consent.
   Members must communicate diagnoses, options, risks, benefits, alternatives, and likely courses of recovery clearly, compassionately, and without exaggeration. Informed consent is an ethical standard of surgical practice, not merely a legal formality.

3. Respect for Autonomy, Dignity, and Privacy.
   Members must respect patient autonomy and dignity, and safeguard protected health information in line with law and ASMBS confidentiality commitments.

4. Boundaries and Conflicts.
   With the exception of family members, romantic or sexual interactions with a current patient are unethical. If a personal relationship is contemplated, the professional relationship must be ended appropriately and patient care transitioned (AMA Code of Medical Ethics 1.1.1, Patient-Physician Relationships).

5. Evidence-Based Practice and Innovation.
   Members must ground care in peer-reviewed evidence and accepted standards. When performing novel or significantly modified procedures, they must comply with human-subjects protections (IRB oversight), disclose investigational status, and rigorously collect/report outcomes (see Section III).

6. Continuity, Coverage, and Transitions of Care.
   Members are personally responsible for peri-operative and long-term follow-up and must arrange qualified coverage when absent, ensuring communication and safe transitions (see Section IV).

   i. 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 be available to direct and supervise the overall management of the patient, if needed.

   ii. 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, if available and if not available due to concurrent operation have an alternative substitute available.

   iii. 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 the degree of care skill, diligence, judgment, and professional competence reasonably expected of practitioners with similar training and experience under the same or similar circumstances.

iv. Long-term care and follow-up are 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 which shall be documented in the patient file steps taken, attempts to provide care, clinical assessments made, and follow-up completed.

v. Members shall protect confidential patient information and comply with all applicable privacy and security laws, including HIPAA and corresponding state confidentiality requirements. Patient information shall only be disclosed as authorized by law, ethical obligations, or patient consent. Members shall exercise reasonable safeguards to protect patient records and confidential information during all transitions of care.

III. Advertising: Release of Information to Media or Nonprofessional Publications.

1. Truthful Advertising.
   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.

2. Accurate Credentials and Representation.
   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.

3. Industry Relationship and Disclosure.
   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.

4. Responsible Public Communications.
   Members shall ensure that all public statements, advertising materials, websites, social media communications, interviews, presentations, testimonials, outcome data, and marketing materials are truthful, accurate, balanced, and not misleading. Members shall not knowingly make false claims, omit material information, exaggerate outcomes, misrepresent credentials, misrepresent training or experience, or create unjustified expectations regarding treatment results.

5. Financial Transparency and Conflict Disclosure.
   Members shall accurately disclose financial relationships with industry, manufacturers, sponsors, healthcare entities, and other organizations when required by law, accreditation standards, Society policies, or professional ethical obligations. Members shall not use their Society membership or leadership position in a manner that could reasonably create a misleading impression of Society endorsement.

IV. Marketing to Patients.

1. Patient Communication.
   Patient-facing claims (including testimonials, images, outcomes) must be truthful, balanced, and non-misleading; avoid creating unjustified expectations and never misstate credentials or superiority (see Section V, Advertising)

2. Ethical Integrity and Truthfulness.
   Members shall conduct themselves with honesty, integrity, professionalism, and candor in all professional activities. Members shall not knowingly make false statements, materially misleading statements, reckless statements made with disregard for the truth, or omit material facts in any professional, clinical, academic, administrative, credentialing, licensing, regulatory, peer review, disciplinary, employment, judicial, arbitration, mediation, governmental, or Society-related matter. Members shall maintain the highest standards of honesty and transparency in all interactions involving patients, colleagues, healthcare institutions, governmental agencies, licensing boards, and the Society.

3. No Intentionally False Statements.
   Members shall not knowingly provide false information to licensing boards, credentialing organizations, accreditation bodies, hospitals, insurers, governmental agencies, or professional societies. A violation of this

provision may constitute grounds for censure, suspension, expulsion, or termination of membership.

4. Public Statements.
   Members shall ensure that all public statements, advertising materials, websites, social media communications, interviews, presentations, testimonials, outcome data, and marketing materials are truthful, accurate, balanced, and not misleading. Members shall not knowingly make false claims, omit material information, exaggerate outcomes, misrepresent credentials, misrepresent training or experience, or create unjustified expectations regarding treatment results.

5. Disclosure.
   Members shall accurately disclose financial relationships with industry, manufacturers, sponsors, healthcare entities, and other organizations when required by law, accreditation standards, Society policies, or professional ethical obligations. Members shall not use their Society membership or leadership position in a manner that could reasonably create a misleading impression of Society endorsement.

V. Relations with the Public (including Media and Social Media).

1. Truthful, Responsible Public Communication.
   All public statements (websites, social media, interviews, advertising) must be accurate, balanced, and not misleading; do not claim superiority that cannot be substantiated and include realistic risks and benefits (see Section V, Advertising; ACS guidance on public/professional communications).

2. Appropriate Use of Organizational Identity.
   Members may not leverage ASMBS membership, leadership titles, or the Society's name to market or endorse products or services without express permission. Officers must not publicly endorse specific devices or drugs during their term (see Section V).

3. Social Media Professionalism.
   Members should maintain professionalism online, protect patient privacy, avoid disclosing identifiable patient information without authorization, and avoid posts that misrepresent outcomes or credentials (ACS Social Media Guidelines).

4. Transparency and Public Trust.
   In all public engagements, members should model transparency regarding roles, sponsorships, and conflicts. Members should provide evidence-based

public education about obesity, metabolic and bariatric surgery, and related treatments, avoiding sensationalism; advocacy should be honest, non-coercive, and aligned with ASMBS mission and policies.

VI. Relations with the Peer Team.

1. Collegiality, Respect, and Inclusion.
   Members must promote collegial, respectful workplaces that value diverse perspectives and interprofessional collaboration; discrimination or harassment is incompatible with professional ethics.

2. Competence, Consultation, and Shared Standards.
   Members should seek consultation when appropriate and offer timely, constructive input when asked. They should share knowledge and participate in quality improvement and peer review consistent with fair, evidence-based standards (ACS Statements on Principles).

3. Conflicts of Interest and Financial Relationships.
   Members must avoid real or perceived conflicts in collaborative work, disclose relevant financial interests (e.g., with industry, facilities, or referral entities), and recuse when needed. Fee-splitting, kickbacks, or contingent compensation for referrals are prohibited (see Section VI, Fee Splitting).

4. Accurate Representation of Qualifications.
   In academic, clinical, and public venues, members must not misrepresent credentials, training, or outcomes; do not imply ASMBS endorsement of personal views or services (see Advertising and Expert Testimony Guidelines).

5. Expert Testimony.
   When serving as an expert, members owe a duty to the truth, must ground opinions in prevailing standards at the time of the event, must disclose limitations and potential conflicts, and clarify that testimony reflects personal professional judgment—not ASMBS positions (see Section VII, Expert Testimony Guidelines).

6. Witness Integrity and Professional Cooperation.
   Members participating in investigations, peer review activities, disciplinary proceedings, credentialing matters, administrative proceedings, litigation, arbitration, mediation, or governmental inquiries shall provide truthful, complete, accurate, and non-misleading information. Members shall not conceal, alter, destroy, fabricate, withhold, or misrepresent material facts or information relevant to such proceedings.

7. No Improper Influence.
   Members shall not intimidate, threaten, improperly influence, coach, retaliate against, interfere with, or otherwise attempt to affect the testimony or participation of witnesses, complainants, respondents, investigators, Ethics Committee members, Board members, or other participants in any proceeding.

8. Maintain Accurate Records.
   Members shall maintain accurate, complete, contemporaneous, and professionally appropriate medical records. Members shall not knowingly falsify, alter, backdate, destroy, conceal, fabricate, or improperly modify patient records, treatment records, research records, credentialing records, administrative records, or any documentation relating to patient care. Integrity in medical recordkeeping is essential to patient safety, continuity of care, professional accountability, and public trust.

9. Legal Compliance.
   Members shall comply with all applicable federal and state healthcare laws governing patient care, privacy, informed consent, quality assurance, reimbursement, referrals, fraud prevention, and professional conduct. Conduct resulting in a final disciplinary action by a licensing authority for professional misconduct , and related to the member's practice of medicine or professional standing, may constitute grounds for review under this Code.

VII. Fee Splitting and Financial Relationships.

1. Member Compliance with the Law.
   Members shall not engage in fee-splitting arrangements, kickbacks, inducements, patient brokering arrangements, unlawful referral relationships, or the acceptance or payment of compensation in exchange for patient referrals. Members shall comply with all applicable federal and state healthcare fraud and abuse laws, including laws governing referrals, financial relationships, reimbursement practices, conflicts of interest, and healthcare business arrangements. Members shall comply with applicable federal and state self-referral restrictions and shall disclose financial interests whenever required by law. Financial relationships shall not compromise independent professional judgment or the best interests of patients.

2. No Member Conflict of Interest.
   Members shall disclose and appropriately manage financial relationships that may create actual or perceived conflicts of interest involving patient

referrals, ownership interests, healthcare entities, industry relationships, consulting arrangements, speaking engagements, or other financial interests. Members shall not knowingly submit, cause the submission of, or participate in fraudulent, false, misleading, or deceptive claims for payment, reimbursement, grants, governmental benefits, or insurance coverage. Members shall refrain from engaging in fraudulent billing practices, insurance fraud, kickbacks, patient brokering, or other unlawful healthcare business practices.

VIII. Investigational Procedures.

1. Ethical Development of New Procedures.
   The Society encourages evidence-based research and innovation. However, if new procedures or significant variations of established procedures are performed, then 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.

2. Research Integrity and Ethical Conduct.
   The Society strongly discourages the patenting of surgical procedures. Members engaged in research activities shall adhere to all applicable laws, regulations, ethical standards, and institutional requirements governing human subject research. Members shall not engage in research misconduct, including fabrication, falsification, plagiarism, improper manipulation of data, selective reporting of results, failure to obtain required approvals, or failure to disclose material conflicts of interest affecting research integrity. Research activities shall be conducted in a manner that promotes scientific accuracy, patient safety, and public trust.

3. Expert Testimony Guidelines.

   i. 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.

   ii. 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.

iii. To avoid any appearance of endorsement by the Society: 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.

iv. 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.

v. All opinions must be grounded in a fair and balanced review of the available medical information.

vi. 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.

4. Qualifications and Competence.

   i. Expert witnesses must demonstrate competence in the specific area of metabolic and bariatric surgery relevant to the legal matter.

   ii. They must be actively practicing metabolic and bariatric surgery or have been actively practicing at the time of the alleged incident.

5. Basis of Testimony.

   i. Expert opinions should be supported by: Personal experience, Specific clinical references, or literature.

   ii. 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.

6. Time-Relevant Standards of Care.
   Members providing expert testimony shall evaluate the conduct at issue based on the standards of care, professional knowledge, and circumstances that existed at the time of the alleged incident. Members may also discuss subsequent developments in medical knowledge, research, technology, or professional practice when relevant, provided

they clearly distinguish such developments from the standards applicable at the time of the events in question.

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. Expert Independence and Society Non-Endorsement.

   i. Members providing expert opinions or testimony shall exercise independent professional judgment based upon their education, training, experience, and review of the relevant facts.

   ii. Members shall not represent, imply, or state that their opinions constitute the official position of ASMBS unless expressly authorized in writing by ASMBS. Unless formally designated by ASMBS to do so, members providing expert opinions or testimony act solely in their individual professional capacities and not as representatives, agents, or spokespersons of ASMBS. 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.

   i. Expert witnesses shall provide opinions that are objective, independent, and based upon their professional judgment, qualifications, and review of the relevant facts and evidence.

   ii. Expert witnesses shall disclose any actual, potential, or reasonably perceived conflicts of interest that could affect, or appear to affect, their impartiality, including significant personal, financial, employment, supervisory, referral, business, or competitive relationships with any party involved in the matter.

   iii. The existence of a competitive, geographic, professional, or referral relationship shall not, by itself, preclude a member from serving as an expert witness. Members shall evaluate whether such relationships could reasonably impair their objectivity and shall disclose those relationships when relevant.

iv. Members shall decline an expert engagement when a conflict of interest is so substantial that a reasonable person would conclude the member cannot provide fair, independent, and unbiased opinions. Experts should also avoid circumstances where they could gain a competitive advantage from their testimony or knowledge of data from ASMBS supplied research.

IX. Compliance with Healthcare Laws and Professional Regulatory Obligations.

1. Compliance with Federal and State Healthcare Laws.
Members shall comply with all applicable federal, state, and local laws, regulations, and professional standards governing the practice of medicine, patient care, professional licensure, healthcare reimbursement, referrals, privacy, research, fraud prevention, and professional conduct. Conduct that constitutes professional misconduct under applicable licensure laws or regulations may also constitute grounds for review, discipline, censure, suspension, or termination of membership under this Code.

    i. Violations of applicable healthcare laws that are established by a final licensure action, criminal conviction, or final adjudication by a court or agency of competent jurisdiction, and that relate to the member's practice of medicine or professional standing, may be considered by the Society as evidence of conduct inconsistent with the ethical obligations of membership.

    ii. Members shall comply with applicable reporting, disclosure, credentialing, licensure, and professional responsibility obligations imposed by law, including obligations relating to disciplinary actions, peer review findings, credentialing determinations, and licensing matters.

    iii. Members shall protect confidential patient information and comply with applicable privacy and security laws, including HIPAA, corresponding state confidentiality requirements, and all other legal obligations governing the use, disclosure, transmission, and safeguarding of protected health information.

    iv. Members shall cooperate in good faith with peer review activities conducted for the purpose of improving patient safety, quality of care, and professional accountability. Members shall not misuse peer review processes, credentialing procedures, quality assurance activities, or disciplinary mechanisms for retaliation, personal

gain, competitive advantage, harassment, or other improper purposes.

v. Members engaged in research shall comply with applicable human-subject protections and research integrity standards. Members shall not engage in research misconduct, including fabrication, falsification, plagiarism, improper data manipulation, selective reporting, or failure to disclose material conflicts affecting the integrity of research findings.

vi. Members shall not participate in unlawful referral arrangements, kickbacks, inducements, patient brokering activities, fee-splitting arrangements, or compensation structures prohibited by federal or state law. Members shall disclose and appropriately manage financial relationships that may create actual or perceived conflicts of interest involving patient referrals, ownership interests, healthcare business arrangements, or industry relationships.

vii. Members shall not knowingly submit, cause the submission of, or participate in fraudulent, false, misleading, or deceptive claims for payment, reimbursement, grants, or governmental benefits. Members shall accurately disclose financial relationships with industry as required by law, regulation, accreditation standards, or Society policy.

viii. Members shall not engage in fraudulent billing practices, insurance fraud, kickbacks, patient brokering, deceptive healthcare business practices, or other unlawful conduct prohibited under applicable healthcare fraud statutes.

2. Medical Record Integrity.
Members shall maintain accurate, complete, timely, and contemporaneous medical records and other professional records. Members shall not knowingly falsify, alter, backdate, destroy, conceal, fabricate, or improperly modify patient records, credentialing records, research records, peer review records, administrative records, employment records, or any other documents relevant to professional activities.

3. Duty of Candor in Professional Proceedings.
Members shall provide truthful, complete, accurate, and non-misleading information in all professional, credentialing, licensing, accreditation,

peer review, disciplinary, employment, administrative, regulatory, judicial, arbitration, mediation, governmental, and investigative proceedings.

i. Members shall not knowingly make false statements, materially misleading statements, reckless statements made with disregard for the truth, omit material facts, submit inaccurate information, conceal relevant information, or otherwise interfere with the integrity of any proceeding. Members shall not knowingly provide false information to licensing boards, credentialing organizations, governmental agencies, hospitals, healthcare facilities, insurers, accreditation organizations, or professional societies.

ii. Members shall not knowingly make false, materially misleading, reckless, or incomplete statements in any peer review, credentialing, licensing, disciplinary, employment, administrative, regulatory, judicial, arbitration, mediation, or governmental proceeding. A violation of this provision may constitute grounds for censure, suspension, expulsion, or termination of membership.

4. Witness Integrity.
Members who provide testimony, statements, affidavits, declarations, interviews, reports, records, or other evidence in any proceeding shall do so truthfully and in good faith. Members shall provide complete and accurate information to the best of their knowledge and shall not knowingly conceal, withhold, alter, destroy, or misrepresent material facts. Members shall not intimidate, influence, coach, threaten, retaliate against, or improperly interfere with any witness, complainant, respondent, investigator, or participant in any proceeding governed by this Code.

5. Abuse of Process.
Members shall not misuse, manipulate, or abuse the Society's ethics, disciplinary, investigative, peer review, complaint, or grievance procedures. Members shall not file frivolous complaints, knowingly false complaints, bad-faith complaints, retaliatory complaints, or complaints intended primarily to harass, intimidate, gain a competitive advantage, or cause harm to another member. Abuse of disciplinary processes shall itself constitute an independent violation of this Code.

6. Anti-Retaliation.

i. The Society prohibits retaliation against complainants, witnesses, respondents, investigators, Ethics Committee members, Board

members, staff, or any individual participating in good faith in any proceeding arising under this Code. Retaliation includes intimidation, threats, harassment, adverse professional actions, interference with employment opportunities, credentialing actions, peer review actions, reputational attacks, or any conduct reasonably intended to discourage participation in a proceeding.

ii. To the fullest extent permitted by law and consistent with due process requirements, complainants may submit reports anonymously. The Society shall take reasonable steps to protect the identity of complainants and witnesses and shall disclose identifying information only when necessary to conduct a fair investigation, provide due process, comply with legal requirements, or adjudicate the matter.

X. Ethics Complaint Review, Investigation, and Appeal Process.

1. Receipt and Acknowledgment of Complaint.
All complaints alleging violations of this Code shall be submitted to the Chief Executive Officer ("CEO") of the Society through one of the approved reporting channels.

   i. Within five (5) business days of receiving a complaint, the CEO shall acknowledge receipt of the complaint to the complainant, unless doing so would compromise the integrity of the investigation or applicable law.

   ii. The CEO shall conduct an administrative intake review solely to determine whether the complaint is sufficiently complete to be referred for review. The CEO shall not make any determination regarding the merits of the complaint. Within ten (10) business days following receipt of the complaint, the CEO shall forward the complaint and all supporting materials to the Chair of the Ethics Committee for initial review.

2. Initial Review by the Chair of the Ethics Committee.
Within ten (10) business days after receiving the complaint from the CEO, the Chair of the Ethics Committee shall conduct an initial review to determine whether the allegations, if accepted as true, could reasonably constitute a violation of this Code under the reasonable person standard.
The Chair may request additional information necessary to determine whether the complaint should proceed. If the Chair determines that the

allegations do not reasonably state a potential violation of this Code, the Chair may recommend dismissal of the complaint, subject to any procedures established by the Society. If the Chair determines that the complaint warrants further review, the Chair shall refer the matter to the full Ethics Committee for formal investigation.

3. Formal Investigation by the Ethics Committee.

    i. Upon referral by the Chair, the Ethics Committee shall conduct a fair, impartial, and thorough investigation. The Ethics Committee shall have authority to request relevant documents, records, communications, electronically stored information, photographs, recordings, data, and other information from the parties and witnesses to the extent authorized by applicable law, the Society's governing documents, and applicable membership agreements. All members, complainants, respondents, and witnesses shall cooperate in good faith with the investigation.

    ii. Upon notice of a complaint or investigation, all parties shall preserve all potentially relevant evidence, including documents, communications, electronically stored information, recordings, photographs, and other materials. The destruction, concealment, alteration, or failure to preserve relevant evidence may constitute an independent violation of this Code. The Ethics Committee shall complete its investigation within **forty-five (45) to sixty (60) business days**, unless extended for good cause, including the complexity of the matter, witness availability, or other circumstances requiring additional time. Any extension shall be documented.

4. Determination by the Ethics Committee.
   Following completion of the investigation, the Ethics Committee shall determine whether a violation of this Code has occurred using the preponderance of the evidence standard, meaning that it is more likely than not that a violation occurred. The Ethics Committee shall issue written findings of fact, conclusions, and recommended corrective or disciplinary actions. The Ethics Committee shall issue its written determination within fifteen (15) business days following completion of the investigation.

5. Board of Directors Review and Implementation.
   The Ethics Committee shall transmit its written findings and recommendations to the Board of Directors. The Board of Directors shall not re-investigate the matter but shall review the Ethics Committee's findings for consistency with the Society's governing documents and shall implement, enforce, or otherwise execute the disciplinary or corrective actions recommended by the Ethics Committee, unless otherwise authorized under this Code or applicable law. The Board shall ensure that all approved disciplinary measures are carried out promptly and in accordance with the Society's governing documents.

6. Conflicts of Interest.
   Any complainant, respondent, witness, investigator, Ethics Committee member, Board member, or other individual participating in the review or adjudication process who has a personal, professional, financial, familial, supervisory, competitive, or other material conflict of interest shall promptly disclose the conflict and recuse themselves from participation in the investigation, deliberations, recommendations, or decision-making process. The Society may appoint alternate members or independent reviewers as necessary to ensure an impartial process.

7. Appeals.
   Any party seeking to appeal the Ethics Committee's final determination shall submit a written notice of appeal within thirty (30) business days following issuance of the Ethics Committee's written determination. All appeals shall be referred to an independent neutral decision-maker, which may include a mediator, arbitrator, retired judge, hearing officer, or other qualified independent adjudicator selected by the Society. The independent decision-maker shall have no prior involvement in the matter and shall have no actual or apparent conflict of interest.

   i. The independent neutral decision-maker may consult with the Society's outside General Counsel regarding procedural matters and applicable legal requirements; however, Outside General Counsel shall not participate in the final adjudication or influence the independent exercise of judgment. The independent decision-maker shall review the record of the investigation and any written submissions permitted under the Society's procedures to determine whether: The investigation and proceedings were

conducted in accordance with this Code and the Society's governing documents. The Ethics Committee's findings were supported by a preponderance of the evidence.

ii. The disciplinary action or recommended corrective measures were reasonable, proportionate, and consistent with this Code. The independent decision-maker may affirm, modify, reverse, or remand the matter to the Ethics Committee for additional proceedings or fact-finding, as appropriate.

iii. The written decision of the independent neutral decision-maker shall constitute the Society's final adjudication of the matter. Following the issuance of the final decision, the Board of Directors shall promptly implement and enforce the disciplinary or corrective actions ordered in the final determination in accordance with the Society's governing documents.

Summary Timeline (Business Days)

Step	**Timeframe**
Acknowledge receipt of complaint	**Within 5 business days**
CEO administrative intake and referral to Chair	**Within 10 business days of receipt**
Chair's initial review	**Within 10 business days of referral**
Ethics Committee investigation	**45–60 business days**
Ethics Committee written determination	**Within 15 business days after investigation concludes**
Appeal filing deadline	**Within 30 business days after final determination**

8. Consultation with Outside General Counsel.
   The Society's outside General Counsel shall be available throughout the complaint review, investigation, adjudication, implementation, and appeal process to provide legal advice and procedural guidance to the ASMBS Chief Executive Officer, the Chair of the Ethics Committee, the Ethics Committee, the Board of Directors, and the independent neutral decision-maker, as requested.

   i. Outside General Counsel shall serve solely in an advisory capacity and shall not participate as a fact-finder, investigator, voting member, or decision-maker unless otherwise expressly authorized by the Society's governing documents. The availability of legal counsel is intended to assist in ensuring compliance with applicable federal and state law, the Society's governing documents, principles of procedural fairness, and the consistent application of this Code. Consultation with outside General Counsel shall not impair the independence or impartiality of the Ethics Committee, the Board of Directors, or the independent neutral decision-maker.

Board Approval and Adoption

This Code of Ethics and Professional Conduct has been reviewed, approved, and formally adopted by the Board of Directors of the American Society for Metabolic and Bariatric Surgery ("ASMBS"). The Board of Directors has determined that this Code reflects the Society's commitment to ethical conduct, professionalism, accountability, fairness, and the highest standards of integrity for all individuals subject to its provisions.

This Code shall become effective upon its adoption by the Board of Directors and shall remain in effect until amended or repealed by the Board. The Board of Directors may review this Code periodically and adopt such amendments as it deems appropriate to ensure continued compliance with applicable law, evolving best practices in nonprofit governance, healthcare ethics, and the mission and values of the Society.

Approved and Adopted by the Board of Directors

American Society for Metabolic and Bariatric Surgery

(ASMBS) Approved on: July 14, 2026

Effective Date: July 14, 2026

C. Joe Northrup July 14, 2026

Chair, Board of Directors DATE

Diane M. Enos July 14, 2026

Chief Executive Officer DATE