

## Code of Ethics

This Code sets out general principles in relation to the practice of Phlebology. It is not exhaustive and cannot cover every situation, which might arise in professional practice. It complements legislation but is not a substitute for legislative provisions and case law that have developed in the area. Phlebologists must be aware of legislative requirements and Medical Board Codes of the state that they practice in.

The role of the Australasian College of Phlebology (ACP) is to pursue excellence in the delivery of health care to patients. This will be achieved by innovative training, accreditation and continuing education supported by active assessment of the effectiveness of those programs.

The College will support research into venous disorders and will act as an advocate for patient care, forging productive relationships with individuals, the community and professional organisations both locally and internationally. The College will encourage and participate in practices and research, which optimise benefit for resource use.

### GENERAL PRINCIPLES

There are certain principles, which are fundamental to medical training and practice. The phlebologist's primary goals are similar to those of other doctors, that is, to improve the health of the patient, relieve suffering, and prevent untimely death whilst maintaining the dignity of the person.

#### Doctor Patient Relationship

In dealing with patients, the following attitudes are fundamental:

- 1. Recognition that the health interests of the patient and the community are paramount.**  
Patients must not be exploited for sexual, emotional, or financial reasons.
- 2. Respect for every human being, with an appreciation of the diversity of human background and cultural values.**  
Treatment should not be denied to a patient on grounds of culture, ethnicity, religion, socioeconomics, political beliefs, gender, sexual orientation, or the nature of their illness.

The phlebologist should be able to discuss with patients treatments, which are not scientifically proven or well understood. The phlebologist should attempt to ensure that appropriate medical advice remains available to the patient even if an alternative pathway of treatment is adopted.

The phlebologist should inform the patient if a personal moral judgment or religious belief alone prevents him from recommending a particular therapy.

- 3. Respect for an individual's right to privacy and confidentiality.**  
The phlebologist should protect the confidentiality of all information relevant to their patients, except as required by law. Where the phlebologist is legally required to release information about a patient, the patient should, if possible, be advised beforehand of the reasons and the information to be released.

The phlebologist should provide relevant/necessary information for patient care to other members of the health care team subject to the consent of the patient.

- 4. Awareness of the need to communicate with patients and their families, and to involve them fully in planning the management of the illness.**

The information provided should be easy to understand and sufficiently comprehensive to enable patients to understand their own condition and to be aware of the risks and benefits of investigation and treatment, including the option of no investigation or treatment. The assistance of an interpreter should be sought if necessary. In the case of adult patients, information should only be provided to family members with the patient's consent.

The phlebologist should ensure adequate opportunity for patients to ask questions and discuss alternatives.

The phlebologist should offer advice, where appropriate, without coercion. The phlebologist must recognise that it is not always in the best interests of patients or their families to do everything, which is technically possible to make a precise diagnosis or to attempt to modify the course of the illness.

Genetic investigations for the diagnosis of disease should only be conducted if there is a potential benefit and if appropriate counselling is conducted before and after testing.

The phlebologist should be aware of institutional and government requirements for gaining consent from patients including minors, mentally impaired patients and psychiatrically impaired patients.

**5. A desire to achieve optimal patient care with an awareness of the need for cost effectiveness of the treatment program.**

This allows maximum benefit to be obtained from available resources. The management should be determined by the medical needs of the patient and not influenced by incentives from others, or determined on the basis of personal profit.

**6. Ability to recognise conflicts of interest and the potential for these to compromise obligations.**

Conflicts of interest may be financial, professional or personal. Conflicts should be resolved in accordance with the best interests of the patient. Whilst the interests of colleagues, employers, funding bodies and the community are important, they are secondary to those of the patient.

**7. Recognition that it is not appropriate to refuse or delay treatment of a patient because the patient's actions might have contributed to the patient's condition, or because the patient might pose a risk to the phlebologist's health or safety.**

If the patient does pose a risk to the phlebologist's health or safety, then the phlebologist may take reasonable steps to protect themselves before undertaking investigation and treatment.

**8. Ability to recognise when a clinical problem exceeds the phlebologist's capacity to deal with it safely and efficiently.**

The phlebologist should offer to arrange a further opinion or ongoing care with another suitable practitioner if the patient requests this; if the therapy required is beyond the individual doctor's expertise or experience; or if the therapy required is in serious conflict with the doctor's personal belief or value system.

The phlebologist must be willing to work effectively in a team with other health care professionals for the benefit of the patient.

Continuity of care is important and appropriate cover should be arranged when the phlebologist is off-duty. Patients should be aware of necessary aftercare and where they should go to receive this.

**9. Appreciation of the complexity of ethical issues related to human life and death, including the allocation of scarce resources.**

**10. Appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.**

The phlebologist should be involved in relevant continuing professional development activities.

The phlebologist who suspects that they may be infected with a serious infectious agent that might be transferred to patients should voluntarily be tested for such agents. Where infection is confirmed the practitioner should adhere to the fundamental professional obligation to avoid harm to patients.

The phlebologist should not practice medicine while impaired by alcohol, drugs, or physical or mental disability. The impaired practitioner should seek appropriate assistance to address these problems.

#### **11. Appreciation of conflicting and competing interests.**

Phlebologist's should avoid involvement in commercial matters that may be seen by the public as possibly competing with the patient being the centre of all clinical decisions. Declaring possible conflicts does not negate this conflict as patients are often in a vulnerable position in making decisions to purchase products, pursue therapies or investigations.

#### **When conducting a consultation**

The level of fees for the consultation and treatment should be available if requested by patients. The phlebologist should be prepared to discuss this fee with the patient as accurately as possible.

It is necessary to maintain legible and contemporaneous records that allow for continuity of care and evaluation of therapeutic outcomes. Matters relevant to the consent process should be documented, especially in complex procedural work.

Legal documents including sickness certificates should be discharged honestly, without prejudice and should form part of the medical record.

#### **If problems arise during care of a patient**

The phlebologist should deal with complaints promptly, constructively and honestly. It is necessary to co-operate with complaint procedures, which apply in the relevant State and institution.

If a patient suffers harm through misadventure or for any other reason, then it is necessary to act promptly to put matters right. A full explanation should be offered to the patient and an apology if appropriate.

The phlebologist should not let a complaint affect the standard of care offered to the patient. In some situations, it might be appropriate to arrange transfer of the patient's care to another doctor.

Adequate professional indemnity insurance should be maintained. This is a requirement of many state licensing and medical boards.

#### **On retirement**

The phlebologist should ensure that medical records are transferred or archived as required by the local jurisdiction.

#### **Collegiality**

The College will actively support and communicate with Fellows and Trainees.

The College through its members shall maintain, advance and convey its specialised body of knowledge to future generations.

The phlebologist should maintain membership of the College, relate professionally to other College members and uphold the dignity and honour of the specialty and the profession.

It is incumbent upon the phlebologist to persuade an impaired colleague whose professional performance is of concern to seek appropriate professional help. If this is not acted upon voluntarily by the impaired professional, it is the phlebologist's duty to report the impairment to the appropriate authority (for example, the relevant medical board).

### **Relationship with the profession**

The phlebologist should build a professional reputation based on integrity and ability.

When referring a patient, the phlebologist should make available to his colleague all relevant information after seeking the patient's permission to do this.

When an opinion has been requested by a colleague, the phlebologist's findings and recommendations should be reported in detail to that doctor provided that the patient gives consent for this to occur.

The phlebologist should not make comments that may needlessly damage the reputation of a colleague.

The phlebologist should be vigilant in identifying colleagues whose health, behavior or performance is a threat to the well-being of patients. The necessary authorities should be notified of relevant facts.

The phlebologist must ensure that any announcement or advertisement directed towards patients or colleagues is demonstrably true in all respects, does not contain any testimonial or endorsement of his or her clinical skills, and is not likely to bring the profession into disrepute.

### **Teaching**

The phlebologist must pass on his/her professional knowledge to colleagues, phlebology trainees and medical students. Before embarking on any clinical teaching involving patients, the phlebologist must explain the nature of the teaching methods and obtain the patient's consent. A patient's refusal to participate in teaching or supervised procedural work by trainees must not be allowed to interfere with the doctor-patient relationship.

In any teaching exercise, the phlebologist must ensure that the patient is managed according to the best-proven diagnostic and therapeutic methods, and that the patient's dignity and comfort are maintained at all times. At the same time, maximal clinical and operative experience should be provided for the trainee in an environment that is free from bullying and harassment.

Phlebologist's organising formal College educational activities are in a particularly influential position and should divest themselves of their relationships with commercial interests especially if these commercial interests have some association with the event.

### **Research**

Where possible, phlebologists should accept a responsibility to advance medical progress by participating in properly developed research. Where patients are to be approached to consider participation in research, the phlebologist must ensure that the research has scientific merit and that an independent ethics committee has approved it.

The phlebologist must recognize that the well being of the research subjects takes precedence over the interests of science and society. Informed consent must be obtained and the phlebologist must ensure that patients understand their right to refuse or to withdraw at any time. Such refusal or withdrawal must not be allowed to affect the doctor-patient relationship.

Evidence of fraud or misconduct in research should be reported to an appropriate authority.

### **The Phlebologist and Society**

The phlebologist should strive to improve the standards and quality of medical services in the community and should accept a share of the profession's responsibility for public health education. When providing scientific information to the public, the phlebologist has a responsibility to give the generally held opinions of the profession in a form that is readily understood. When presenting a

personal opinion, which is contrary to the generally held opinion of the profession, the phlebologist should indicate that this is the case.

When possible, phlebologists should use their special knowledge and skills to assist the government of the day in considering issues of resource allocation. However the phlebologist's primary duty is to provide his or her patient with the best available care.

When giving evidence in court, the phlebologist has a responsibility to assist the court by providing reasoned, clear, concise evidence to assist in arriving at a just decision.

When signing documents including sickness certificates, the phlebologist must ensure that the information they contain is accurate.

The phlebologist should retain all ethical standards when visiting or working outside his home country.

The phlebologist should practice within the sphere of his training and expertise in the context of local resources and cultural imperatives.

### **Electronic Phlebology Consultations**

Care must be taken in telephone consultations, telemedicine or other electronic forms of consultation in phlebology to ensure that basic principles of privacy and confidentiality are not compromised and a record is made to adequately document the encounter to the level of a normal consultation. Other electronic formats could include email, web based services, mobile telephony and messaging services with or without images.

Telephone consultations can be useful to follow up progress or clarify issues but must not be used as a substitute for face-to-face consultations, particularly for new patients or dramatic changes in a patient's condition. Telephone consultations must not be made in a way in which they can be overheard thus breaching confidentiality.

The use of unencrypted electronic mail to and from patients should be discouraged due to inadequate security of communication. Other forms of communication must be based on secure protocols.

Great care must be taken in telephlebology as there are many more opportunities for mistakes and misunderstandings to be made. Diagnostic accuracy is lower and patient cues are more difficult to pick up. This must be kept in mind during all such consultations. Telephlebology will often be used to assess acute conditions in patients living in remote locations and is not merely an alternative to a normal phlebological consultation.