

Aeromedical Ethics Panel

2023



Mark Mavity, MD - Chuck Mathers, MD
Annette Sobel, MD – Felix Porras, MD



Disclosure Information

93rd Annual Scientific Meeting



Mark Mavity, MD
Charles Mathers, MD
Annette Sobel, MD
Felix Porras, MD

We have no financial relationships to disclose.

We will not discuss off-label use and/or investigational use in our presentations



Outline



-
- Foundation Aeromedical Ethical Principles and Guidelines
 - Ethical Articles of Interest
 - USUHS Defense Medical Ethics Center
 - Case Discussions
 - Back-Up Cases
 - Back-Up References to Ethical Guidelines

Ethical Tasks of Aerospace Medicine Physicians



- Embrace Your Core Values
- Know Your Duties and Obligations
- Be Aware of Consequences
- Respect Standards of Practice
- Reflect the above in your Virtual Existence



Ethical Guidelines

- [World Medical Association \(WMA\)](#)
- [American Medical Association](#)
- [American Osteopathic Association](#)
- Aerospace Medical Association (AsMA)
 - [AsMA Bylaws Art III, Section 2](#)
 - [AsMA Policies and Procedures Manual](#)
 - [ASEM Editorial Policy on the Use of Human Subjects](#)
- American Society of Aerospace Medicine Specialists (ASAMS)
 - [Ethics Guidelines](#)
 - [Expert Witness Position Statement](#)
- USUHS Defense Medical Ethics Center (DMEC)
 - [DHB Ethical Guidelines & Practices for U.S. Military Medical Professionals](#)
 - [DoD Instruction 6025.27 \(8Nov17\)](#)
 - [DMEC Bioethics Training Course and Mobile Application](#)



WMA Ethical Policies

- [The Declaration of Geneva: The Physician's Pledge](#)
- [The Declaration of Helsinki: Human Subject Research](#)
- [The International Code of Medical Ethics- 2022](#)
 - General Principles
 - Duties to the Patient (**remotely delivered care, physician conscientious objection**)
 - Duties to Other Physicians, Health Professionals, Students and other Personnel
 - Duties to Society (**social determinants of health, misinformation**)
 - Duties as a Member of the Medical Profession

Ethical Articles of Interest



- “Graphic Medicine – The Best of 2022” JAMA; December 27, 2022; Vol 328; No 24; p. 2379
 - Review of “Clinical Ethics: A Graphic Medicine Casebook,” by KR Myers, ML Osborne, & CA Wu
 - Collisions between autonomy, beneficence, and nonmaleficence
- “Viewpoint: Anatomy From Nazi Germany to Today” JAMA; January 17, 2023; Vol 329; No 3; pp 207-208.
 - The Strughold Connection

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 - The Strughold Connection

Ethical Articles of Interest



- Ethical issues Related to Physicians Responding to Inflight Medical Events
 - <https://www.obgproject.com/2018/07/19/what-are-the-legal-ramifications-of-assisting-with-a-medical-emergency-during-flight/>
- Moral and Ethical Issues Faced by Non-Physicians Responding to Inflight Medical Events
 - <https://pubmed.ncbi.nlm.nih.gov/33714562/>
- Privacy/Confidentiality and Airline Pilot Suicides (taking their passengers with them)
 - <https://jaapl.org/content/early/2019/04/18/JAAPL.003839-19>
- Intoxicated Airline Pilots
 - <https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1553-2712.1994.tb02801.x>

Artificial Intelligence - Intersection of the Tricorder, the Three Laws, and Judgment Day



- JAMA, 25 April 2023, Volume 329, Number 16
 - Viewpoint: Harnessing the Promise of AI Responsibly; Dorr DA, Adams L, Embi P; pp 1347-1348
 - Viewpoint: AI-Generated Medical Advice-GPT and Beyond; Haupt CE, Marks M; pp 1349-1350
 - Editorial: Randomized Trials vs Real-World Evidence; Sheldrick C; pp 1352-1353
 - Emulation of RCT with Nonrandomized Database Analyses; Wang SV, Schneeweiss S, RCT-DUPLICATE Initiative; pp 1376-1385
- Roles in Aerospace Medicine
 - Research – Small Sample Sizes and Longitudinal Observational Studies
 - Education – Simulation Training
 - Diagnosis and Treatment – Remote and Off-Planet Care



DMEC Bioethics and Mobile App

- Philosophical Foundation of Ethics
- Philosophy of Medicine in the Military Context
- Prioritization of Care and Triage in Emergencies
- Legal and Ethical Considerations
- Informed Consent
- Confidentiality and Privileged Communication
- Physician and Patient Relationship
- Conscience Clauses
- End of Life Care
- Technology and Ethics
- Reproductive Ethics
- Public Health Ethics
- Care of Vulnerable and Marginalized Patients
- Research Ethics





Case Discussions

1. Space Tourism – The Final? Frontier
2. The 2nd Opinion
3. When Karen and Ken Try to Get on Your Flight
4. What Do You Know and How Do You Know It?

Ethics of Leadership

5. A Flight Surgeon in Name Only
6. LtCol in a Lt's Brain
7. Not Exactly Moonlight Graham
8. Isn't the Needle Supposed to Go in the Patient's Arm?
9. Not Playing Well with Others in the Sandbox

Case 1 – Space Tourism

The Final Frontier?



Mr. W, a 78 y/o former CEO and founder of a Fortune 500 company, contacts your commercial space company, InSpace, for which you serve as Chief Medical Officer, about flying a 5-day orbital mission as a spaceflight participant. Mr. W arranges an initial meeting with the president of InSpace. You and his daughter are in attendance. You observe Mr. W in a wheelchair and wearing an oxygen mask. Mr. W says that his greatest wish is to fly in space. He tells you his estate has pledged to pay for the entire flight, and he will donate a substantial portion of his wealth, upon his death, as a gift to InSpace. Following the meeting, Mr. W's daughter pulls you aside and says her father has recently begun making questionable financial decisions and is concerned about his intention to fly into space. The following morning, the president of InSpace calls you and says he would very much like to receive the offered donation and wants to make the flight happen.

Case 1 – Space Tourism

The Final Frontier?



You request review of Mr. W's medical records. They reveal a medical history of HTN, DMII, mild dementia and idiopathic pulmonary fibrosis. Recent pulmonary function testing shows severe restrictive lung disease. His lung function has gradually declined to the point where he now requires high-flow, non-invasive ventilation to maintain a resting SpO₂ of 91%. He has severe dyspnea that limits his mobility and even occurs at rest. Earlier this year, he was hospitalized for pneumonia. Previous treatments included nintedanib and pamrevlumab as part of a clinical trial. Due to his prognosis of survival being less than 6 months as determined by the progression of his illness and failure of medical management, he has elected to enroll in hospice. Upon further review of the medical record, you find a letter written by his treating pulmonologist, who raises grave concerns about his intention to fly into space. The physician states he will likely not survive the trip.

Case 1 – Space Tourism The Final Frontier?



Questions:

What potential ethical issues are present in this case?

How would you go about determining if Mr. W has decision-making capacity?



Case 2 – The 2nd Opinion

A 42 old male flight attendant is in operations briefing for a flight. He suddenly passes out. He is unconscious for about 30 seconds, without any motor activity. He then awakens, stands up, tells his startled captain that this sort of thing has happened before, it's no big deal and he's ready to go. The captain disagrees and refuses to let him on the plane. The flight attendant's supervisor is notified, who subsequently contacts HR and you, the company medical advisor. you interview the Flight Attendant. He reports that he has PTSD due to sexual abuse as a child while attending a Summer Camp. He's had these blackouts in the past, but they mostly went away and as long as he's not under stress, it's no big thing. Anyway, he only blacks out a few seconds. They just restarted because his wife has just become an administration at the same organization that runs the summer camps that originally abused him. He hasn't had a neurologic evaluation. He just does a little counseling. You order a Fitness for Duty Evaluation.



Case 2 – The 2nd Opinion

A neurologist examines him first and finds no organic disease.

A board-certified psychiatrist determines that the Flight Attendant is having blackouts associated with panic attacks due to PTSD that is inadequately treated: Unfit for duty, indefinitely.

The Flight Attendant obtains a second opinion from a Social Worker. She determines that she “cannot say he is unfit”.

Case 3 – Medical Tourism Meets Ken and Karen



Pax.- 62 years old female

Route.- San Jose del Cabo, Mexico to Chicago O'Hare Int'l.

Date.- April 28th, 2018

Personal history.- She had a liposculpture on April 24th and brought a letter from her surgeon stating that she was allowed to travel in a commercial flight 5 days after the procedure.

She is a heavy smoker.

Has been on antidepressants for many years.

When she was doing her check in, she was told that the letter she was showing could not be accepted and boarding had to be authorized by a certified aeromedical physician.

Physical examination .- She was then examined by the aeromedical nurse on site.

She showed pallor in her face, heart rate 118 bpm, 145/90 mmHg.

Her chest and abdomen were covered by bandages and tape.

Both legs were also bandaged.



Case 3 – Medical Tourism Meets Ken and Karen



Disrupting episode.- When her boarding was denied, she began to insult all personnel arguing that she paid for a first-class ticket, and she did not see anything related to medical conditions and boarding. The husband also became very aggressive.

Finally, the airport police was called and after several minutes of shouting and jostling the couple was “convinced” to go back to their hotel.

The attending surgeon was contacted regarding the situation, and he sent the full surgical summary of the patient, arguing that his patients never have had any complications during the flights when going back home. She was given 2 pints of blood during the trans- and post-operative and put on oral anti-coagulants.



Case 4 – What Do You Know and How Do You Know It?



You work as a medical review physician for a private company with many government and private industry clients. In your capacity, you review pre-employment medical examinations and write waiver recommendations in support of one particular client. However, you have access to all current and prior medical examinations for each applicant, including examinations done as part of applications to firms/agencies other than the one you support.

Which prior applications, if any, would you include in your review?



Ethics of Leadership

Case 5 – A Flight Surgeon in Name Only



A junior flight surgeon under your command at a remote overseas location is struggling on many levels. She will not fly with her assigned unit, nor associate with any of the unit's aircrew. Her lack of "bedside manner" is commented upon by more than one patient and the fliers refuse to see her in the clinic. Her clinical documentation is poor and requires near 100% of all her charts. She has strong-armed subordinates into changing her rating official and providing inappropriate physical profile restrictions. She plans to separate from active duty following this remote assignment and join a Reserve Component medical unit while in a civilian residency training program to which she has applied and been accepted. What do you do?



Case 6 – LtCol in a Lt's Brain

You arrive to a new duty station as a Flight Commander for a clinic. In the first week the squadron commander and Chief of the Medical Staff for the hospital share their concerns with you about a physician in your clinic who is new to the military though has many years of civilian practice, albeit in a different specialty. A strict oversight and peer review performance improvement plan is put together and over time you see moderate, though tenuous improvement in his performance and overall officership. As his new assignment window approaches it is clear he needs to be in a clinical setting of a large enough size to provide the additional oversight, mentoring, and education this officer needs. He brings to your attention that he has put his name in the hat for a remote overseas tour where he would be the only physician. What do you do?

Case 7 – Not Exactly Moonlight Graham



Your clinic boss has established extended hours under the guise of supporting the unit's new focus on night operations. This means each physician works 4 extended days each week, and must use their day off to fly (a requirement of the job for a flight surgeon). Interestingly, almost none of the fliers in your wing take advantage of these extended hours. The boss takes his days off on a Friday and then the following Monday which you find out is to allow him to better see his civilian practice. Moreover, on the evenings he is working the extended hours on base, he has his extended family (not military beneficiaries) come on base to see him and provide them medical care. He's a Colonel and you're a Captain. What do you do?

Case 8 – Isn't the Needle Supposed to Go in the Patient's Arm?



You are AD officer assigned to an ARC HQ as both SGH and SGP when one of their deployed medics (a nurse anesthetist) is found to have been using narcotics. He is allowed to redeploy without disciplinary action by the deployed chain of command, and as an ARC member, redeployed and off Title 10 orders, is no longer subject to UCMJ. What do you do?

Case 9 – Not Playing Well with Others in the Sandbox



You inherit from your predecessor an unresolved case involving a surgeon accused by other surgeons of refusing to see a local civilian. There is no evidence the patient's injuries were the result of US military action and theater policy, recently emphasized by HHQ, is to not treat such patients. Nonetheless, this patient was admitted to the facility and another surgeon requested that the accused scrub in to assist on a case which he refused to do based upon HHQ policy. An investigation into the physician's conduct has already been conducted by the time you arrive. What do you do?



Reference Aeromedical Ethics Guidelines

AsMA bylaws approved last year

ARTICLE III. MEMBERSHIP

Section 2. Review of Ethical Concerns

- A. Application: The Ethics Policy of the Association, as defined in the Policies and Procedures Manual, shall apply to all categories of Association members.
- B. Ethical Concerns:
 - (1) Ethical concerns should be resolved at the lowest level possible within the Association.
 - (2) Should the ethical concern not be resolved at lower levels, the concern may be elevated to the Executive Committee using the process delineated below. Ethical concerns addressed through this process shall be limited in scope to conduct deemed contrary to the best interests of the Association, to include the business and governance of the Association, the annual scientific meeting, and the Association's official journal. The Executive Committee shall determine if the concern is within the scope of this process.
 - (3) Any member may raise an ethical concern regarding another member who is believed to have violated the Ethics Policy of the Association or be guilty of conduct contrary to the best interest of the Association. Ethical concerns must be submitted to the Executive Director in writing and signed by the complainant. The written ethical concern must state the acts or conduct complained of with specific detail.
 - (4) The Executive Committee shall initially review the written ethical concern to determine the validity of the concern and whether a formal investigation is warranted. The Executive Committee may dismiss the concern if it is deemed not valid or outside of the scope of this process.
 - (5) If the Executive Committee determines the ethical concern has validity and is within the scope of the process, the concern will be referred to the Ethics Body for investigation as described in the Policies and Procedures Manual.
 - (6) The respondent shall be advised in writing of the ethical concern and be given an opportunity to respond to the Ethics Body and the Executive Committee.
 - (7) Once the investigation is complete, the Ethics Body shall provide a summary report of the investigation to the Executive Committee.
 - (8) For any ethical concern regarding a member of the Executive Committee, the Council will assume the role of the Executive Committee in this process.
- C. Administrative Action:
 - (1) Upon receipt of the report from the Ethics Body, the Executive Committee shall determine the appropriate administrative action.
 - (2) The Executive Committee shall have, but not be limited to, the following powers: dismissal of the ethical concern, censure, probation for a period not to exceed two years, suspension for a period not to exceed three years, or expulsion of a member, as the findings warrant.
 - (3) A two-thirds vote of the full membership of the Executive Committee is required for any ruling.
- D. Appeal Process:
 - (1) Proposed administrative actions may be appealed to the full Council and shall be submitted in writing to the Executive Director.
 - (2) Should an appeal be requested, no administrative action shall proceed until the appeal process is complete.
 - (3) A two-thirds vote of the full membership of Council is required to modify or reverse the action of the Executive Committee. Failing to achieve modification or reversal from the Council, the action of the Executive Committee is confirmed. Action of the Council is final.

AsMA Ethics Policy

(from Policy and Procedures Manual)

The Association members must be dedicated to carrying out the mission of the Association in an ethical manner. We will:

- Recognize the primary function of the Aerospace Medical Association at all times is to apply and advance scientific knowledge to promote and enhance the health, safety and performance of those involved in aerospace and related activities.
- Accept as a personal duty the responsibility to keep up to date on emerging aviation, space and environmental medicine issues and to conduct ourselves with professional competence, fairness, impartiality, efficiency, and effectiveness.
- Respect the structure and responsibilities of the Council, provide them with facts and advice as a basis for their policy making decisions, and uphold and implement policies adopted by the Council.
- Keep the aerospace medicine community informed about issues affecting it.
- Conduct our organizational and operational duties with positive leadership exemplified by open communication, creativity, dedication, and compassion.
- Exercise whatever discretionary authority we have under the law to carry out the mission of the organization.
- Serve with respect, concern, courtesy, and responsiveness in carrying out the
- organization's mission.
- Demonstrate the highest standards of personal integrity, truthfulness, honesty, and fortitude in all our activities in order to inspire confidence and trust in our activities.
- Avoid any interest or activity that is in conflict with the conduct of our official duties.
- Respect and protect privileged information to which we have access in the course of our official duties.
- Strive for personal and professional excellence and encourage the professional development of others.

Ethics Body

1. Membership: The Ethics Committee of the American Society of Aerospace Medicine Specialists (ASAMS) shall form the core of the Ethics Body.
2. Chairperson: The Chair of the Ethics Body shall be the Chair of the ASAMS Ethics Committee.
3. The Chair of the Ethics Body will determine if the membership of the Ethics Body should be augmented for any particular investigation.
 - A. If the respondent is not a physician or is an international member, the Ethics Body Chair may request the constituent organization representing the respondent provide a representative to the Ethics Body.
 - b. Depending on the nature of the ethical concern, additional members may be added to ensure adequate expertise in the area under investigation.
 - c. Appointed members should ideally have experience in medical and/or research ethics. Members should also not concurrently serve on the Executive Committee, Council, or as a constituent organization president.
4. The work of the Ethics Body shall be held in strict confidence by all Ethics Body members at all times except for the communications with the Executive Committee and Council as allowed in the Bylaws.
5. Recusal:
 - a. Any member of the Ethics Body, Executive Committee, or Council directly involved in the case, having significant prior knowledge of the case, or who believes him or herself biased, shall recuse him- or herself from the case review and determination of administrative action.
 - b. The respondent has the right to state an objection if he/she perceives any individual on the Ethics Body, Executive Committee, or Council as biased. If so, these individuals will recuse themselves from the review of the case and determination of administrative action.

Ethical Concern Processing (see flow chart)

Executive Committee initial decision (1 month):

1. The Executive Director should forward any written ethical concern to the Executive Committee as soon as possible after receipt with the goal of timely review of the concern.
2. If the Executive Committee determines the concern is not valid or outside of the scope of the process, the Executive Director will notify the complainant and respondent in writing of the decision to dismiss the concern.
3. If the ethical concern is determined to have some validity and is within the scope of the process, the case will be referred to the Ethics Body for investigation. The Executive Director will notify the complainant and respondent in writing of the decision to proceed with the investigation.

Ethics Body investigation (3 months):

1. The respondent will be given the opportunity to provide a written response to the Ethics Body as part of their investigation. If the respondent desires to address the allegations, they must do so in writing to the Ethics Body within twenty-one (21) days from the date of being notified of the investigation.
2. The Ethics Body will conduct an investigation examining all relevant facts of the ethical concern, including the response of the respondent. The investigation should be completed within 3 months; however, may be extended as needed.
3. The Ethics Body will submit a written report of the findings of their investigation to the Executive Committee.

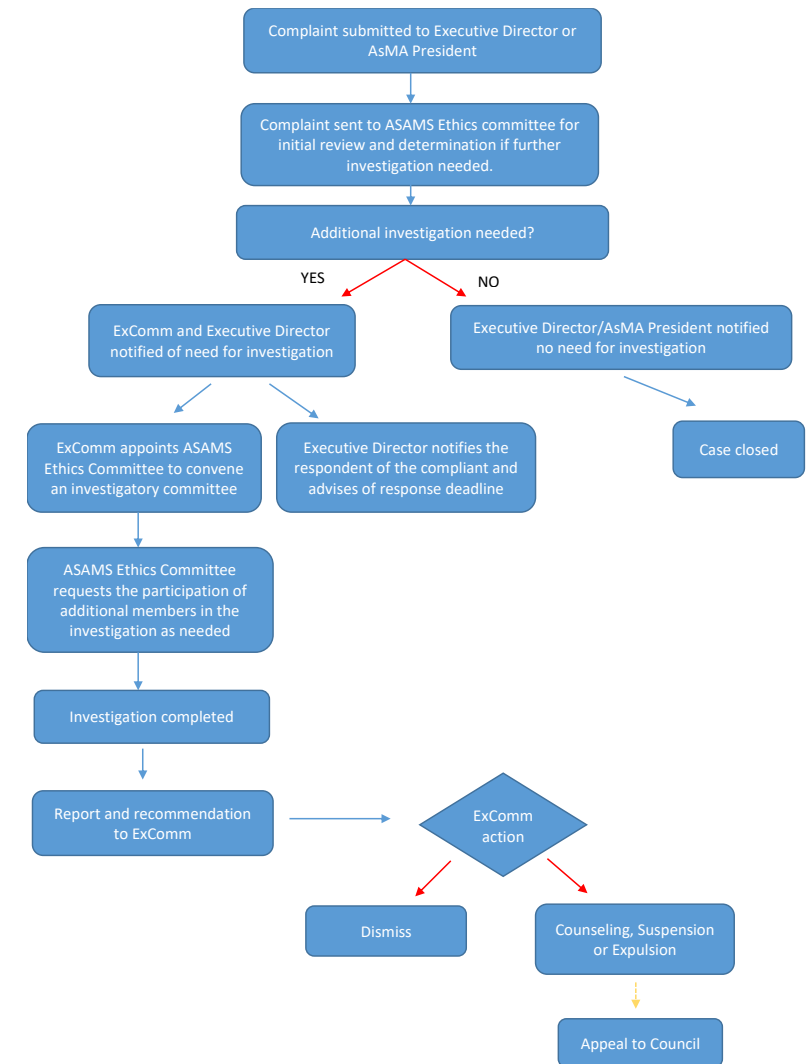
Executive Committed determination of administrative action (1 month):

1. If the investigation does not corroborate the ethics concern, the Executive Committee may dismiss the case. Both the complainant and respondent will be informed by the Executive Director in writing of the dismissal of the case.
2. If action other than dismissal is taken, the respondent will be notified by the Executive Director in writing of the decision and their appeal rights to Council. The complainant will be notified that the investigation corroborated their ethical concern and that appropriate administrative action has been taken.

Appeal to Council (2 months):

1. Council review of the appeal may be conducted in person, via teleconferencing, or electronically.
2. If Council does not uphold the administrative action of the Executive Committee, the Council will determine the appropriate administrative action.
3. Both the complainant and respondent will be informed in writing of the results of the appeal and any modification to the administrative action.

AsMA Ethics Body





Aviation Space and Environmental Medicine Editorial Policy on Use of Human Subjects

- Ethics:
- The AsMA endorses the World Medical Association's Declaration of Helsinki (www.wma.net/e/policy/b3.htm). Experimental protocols must be approved by the appropriate committee for ethical review of human experimentation and voluntary consent must be obtained from subjects after they have been fully informed of the nature of the experiment, any hazards involved, and their right to withdraw from the experiment at any time without prejudice or penalty. Inclusion of the following statement at the beginning of Methods will be understood by the Editor as the author's affirmation of compliance: "The study protocol was approved in advance by [name of committee and/or its institutional sponsor]. Each subject provided written informed consent before participating."

American Society of Aerospace Medicine Specialists (ASAMS) ETHICAL GUIDELINES

Physicians have long held to a professional standard of behavior based on strict principles of beneficence (acting first and foremost for the primary benefit of individual patients) and confidentiality. Limitations of unconditional adherence to these principles are apparent when medical conditions (as alcohol dependence) threaten the survival of the patient and potentially many others, as in the case of mass transit operators. The public safety of transit systems is dependent upon the health and cognitive functioning of those in multiple domains. For example, for those involved in air travel, adequate health and cognitive functioning are required in aircraft design and manufacture, aircraft and airfield maintenance, operating navigation/information systems, air traffic control, passenger screening, and sustaining health maintenance systems, in addition to the adequate health and cognitive functioning required to control aircraft onboard or remotely. Aeromedical specialists concentrate primarily on those most directly associated with flight: aviators themselves, those who remotely pilot aircraft, and air traffic controllers.

Medical decisions regarding an individual patient in an aviation-related enterprise can affect complex and interconnected interactions at multiple levels—including the safety of physicians themselves, who when flying or living under flight paths place their own lives in the hands of aviators. As a result, ethical guidance based on both ideals (*conditional* beneficence and confidentiality) AND consequences (societal safety) are required. Such ideals and sensitivity to potential consequences are, in turn, further shaped by the core values of relevant organizations (as businesses, government agencies and military departments) and individual medical practitioners.

ASAMS hereby establishes explicit standards to promote beneficence and confidentiality, as feasible, and to promote sensitivity to safety consequences, in order to assist members through the increasingly frequent circumstances of balancing their obligations to individual patients with their obligations to employers, governmental aeromedical authorities, and the public at large. ASAMS has adopted these Ethical Guidelines outlining responsible and honorable behavior by its members in fulfilling their professional responsibilities to patients, colleagues, employers and the public. Unethical or illegal physician behavior that comes to the attention of ASAMS will be subject to judgment about compliance with these standards by specialist peers, who will review all available evidence to investigate allegations of impropriety.

ASAMS members shall:

- I. Provide competent, professional, and scientifically sound medical services with compassion and respect for human dignity as well as the rights and privacy of their patients.
- II. Seek to fully identify individual biases and any situational or economic influences that impact aeromedical decision making to avoid conflicts of interest, and further consider fairly the rights and perspectives of all parties (clients, patients, employees, employers, governments, and the public) within the context of aerospace safety.
- III. Accord the highest priority to the health and safety of their patients while maintaining the highest standards of medical practice.
- IV. Respect the law and work within the community to safeguard the health and safety of their patients, their clients, affected populations and the overall public.
- V. Demonstrate a commitment to the development and maintenance of professional medical competence and personal scientific knowledge.
- VI. Behave honestly and in a professional manner at all times as befits all activities of a physician and bring to the attention of ASAMS those colleagues deficient in character or competence, who engage in fraud, deception, or other unethical behavior, or who suffer temperamental or medical impairments (including abusive personal practices, psychiatric illness and chemical dependency) which may interfere with one's ability to follow the above principles.

All ASAMS physicians are advised to review both the AMA and the AOA Codes of Ethics. ASAMS members are encouraged to seek peer advice whenever they find themselves in unclear, difficult or complex situations regarding medical decision making.

American Society of Aerospace Medicine Specialists (ASAMS)

EXPERT WITNESS POSITION STATEMENT

Definition of an Aerospace Medicine Specialist

ASAMS defines the term “Aerospace Medicine Specialists” as a licensed physician in good standing with board certification recognized by the American Board of Preventive Medicine or the American Osteopathic Board of Preventive Medicine. Full membership in ASAMS requires certification by either of these Boards.

Expert Testimony

As a member of ASAMS the aerospace medicine specialist has an ethical obligation to provide expert assistance in legal, administrative, and legislative proceedings and to testify in hearings or trials as an expert witness when appropriate. The aerospace medicine physician must clearly understand that the role of the medical expert witness is to provide credible information that helps all concerned in understanding complex medical or scientific issues. ASAMS members serving as expert witnesses should have experience in the area in which they testify. The aerospace medicine physician has an obligation to thoroughly review the medical facts and testify to their content fairly, honestly, and impartially; to be familiar with the standards of Aerospace Medicine practice prevailing at the time of the occurrence; and neither to condemn performance that clearly falls within generally accepted practice standards or to endorse/condone performance that clearly falls outside of such standards.

Conduct of the expert witness

The physician expert must demonstrate adherence to the strictest of personal and professional ethical standards. Truthfulness is essential and misrepresentation of a personal theory or opinion as scientific doctrine may be harmful to the individual parties, the profession, and the public. The expert shall testify honestly, fully and impartially to his or her qualifications regarding the medical or other scientific issues involved in the case. The medical expert must strive to avoid even the slightest appearance of impropriety or partiality. The expert must conduct themselves with professional decorum and avoid personal attacks, insult, or deprecatory remarks directed at other witnesses or parties.

Conflicts of Interest

The aerospace medicine physician’s judgment and practice must not be affected by economic interest in, commitment to, or benefit from professionally-related commercial enterprises or other actual or potential conflicts of interest. The aerospace medicine physician has an ethical responsibility to fully disclose competing relationships that may result in a conflict of interest. Further, the aerospace medicine physician has the duty to identify and consider all the rights of and benefits/harms to not only the individual patient but also of theE employer and the public at large.

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Qualifications of an Expert Witness in Aerospace Medicine

ASAMS members serving as expert witnesses should have experience in the area in which they testify, and board certification recognized by the American Board of Medical Specialties or the American Osteopathic Association - Bureau of Osteopathic Specialties and Board Certification. They have an obligation to thoroughly review the medical facts and testify to their content fairly, honestly, and impartially; be familiar with the standards of practice prevailing at the time of the occurrence; and neither condemn performance that clearly falls within generally accepted practice standards or endorse/condone performance that clearly falls outside of such standards.

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