

# Aeromedical Ethics Panel

## 2025



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# Disclosure Information

*95th Annual Scientific Meeting*

We have no financial relationships to disclose.

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



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# Outline



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

# Ethical Tasks of Aerospace Medicine Physicians

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- 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

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- [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](#)
  - [AMHP 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](#) 2006
- [The Declaration of Helsinki: Human Subject Research](#) 2024
- [The Declaration of Tokyo: Guidelines for Physicians to Prevent Torture](#) 2022
- [The Declaration of Taipei: Research on Health Databases, Big Data and Biobanks](#) 2020
- [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

# 10<sup>th</sup> International Congress on Peer Review and Scientific Publication - Sep 2025



## Ethical Concerns for Researchers, Authors, Reviewers, Editors, Publishers, & Funders

- Authorship, Contributorship, Accountability, and Responsibility
- Conflicts of Interest
- Research and Publication Misconduct
- Editorial Nepotism
- Paper Mills and Citation Cartels
- Review and Approval of Studies
- Confidentiality and Rights of Participants
- External Stakeholders: Funding, Sponsorship, Media
- Tools and Software to Detect Wrongdoing
- Corrections and Retractions
- Evaluations of Censorship

# Ethical Articles of Aeromedical Interest

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- 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>

# Ethical Articles of Interest



- Viewpoint: “[Reporting Health Consequences of War in Medical Journals – First, Do no Harm](#)” Greenland et al; JAMA; April 23/30, 2024, Vol 331, pp 1361-1362.
  - Editors Note: “Reporting on Health and War in Medical Journals” Curfman and Biggins-Domingo; JAMA; April 23/30 2024, Vol 331, p 1368.
- Viewpoint: “[Integrating Clinical Trials and Practice; Protecting Participants is Not the Top Priority in Clinical Research](#)” Menikoff; JAMA; July 16, 2024, Vol 332, pp 195-196.
  - Revision to Section 8 of the WMA Declaration of Helsinki
    - **FROM** “While the primary purpose of medical research is to generate new knowledge, this goal can never take precedence over the rights and interests of individual research subjects.”
    - **TO** “Given that the primary purpose of medical research is to generate new knowledge, this goal will in many instances take precedence over the interests of individual research subjects. This circumstance is acceptable.”

# Ethical Articles of Interest



- JAMA; January 7 2025, Vol 333 – Issue on Ethics and Medical Research
  - [“Revisions to the Declaration of Helsinki on its 60<sup>th</sup> Anniversary,”](#) Resneck; pp 15-17.
  - [“Declaration of Helsinki – Revisions for the 21<sup>st</sup> Century,”](#) Bierer; pp 18-19.
  - [“Future-Proofing Research Ethics - Key Revisions of the Declaration of Helsinki 2024,”](#) Reis, Upshur, and Moodley; pp 20-21.
  - [“Revisiting the Declaration of Helsinki – A Patient-Centered Perspective,”](#) Bloom; pp 22-23.
  - [“The Revision of the Declaration of Helsinki Viewed from the Americas – Paving the Way to Better Research,”](#) Saenz and Carracedo; pp 24-25.
  - [“The Revised Declaration of Helsinki – Considerations for the Future of Artificial Intelligence in Health and Medical Research,”](#) Shaw; pp 26-27.
  - [“Editor’s Note: The 2024 Revision to the Declaration of Helsinki,”](#) Bibbins-Domingo, Brubaker, and Curfman; pp 30-31.
  - [“Editorial: Facilitating Efficient and Ethical Trials at the Intersection of Research and Clinical Care,”](#) Fernandez Lynch and Kramer; pp 34-36.
  - [“World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Participants,”](#) pp 71-74.
  - [“Making the Ethical Oversight of All Clinical Trials Fit for Purpose,”](#) Kass, Faden, Angus, and Morain; pp 75-80.
  - \* All Have Supporting Podcasts Available on the JAMA Network

# Ethical Articles of Interest



- Viewpoint: “[Recommendations to Ensure Safety of AI in Real-World Clinical Care](#),” Sittig and Singh, JAMA; February 11 2025, Vol 333, pp 457-458.
- “[GPT-4 Assistance for Improvement of Physician Performance on Patient Care Tasks: A Randomized Controlled Trial](#),” Goh et al, Nat Med, 5 Feb 2025 [e-pub]  
<https://doi.org/10.1038/s41591-024-03456-y>
  - Is it un-ethical NOT to utilize validated AI resources?
- “[A New Legal Standard for Medical Malpractice](#),” Aaron et al, JAMA; April 1 2025, Vol 333, pp1161-1165.
  - American Law Institute: Redefined the standard of Customary Practice to Reasonable Medical Care

# Ethical Articles of Interest



- Viewpoint: “[Launching the Trustworthy and Responsible AI Network \(TRAIN\)](#),” Embi et al, JAMA; May 6 2025, Vol 333, pp 1481-1482.
- Viewpoint: “[Moving Toward Implementation of Responsible Artificial Intelligence in Health Care, The European TRAIN Initiative](#),” van Genderen et al, JAMA; May 6 2025, Vol 333, pp 1483-1484.
- “[National Tuberculosis Coalition of America \(NTCA\) Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings](#),” Clinical Infectious Disease, April 18 2024 (epub)
  - “[Respiratory Isolation for Tuberculosis: A Historical Perspective](#),” Journal of Infectious Disease, January 15 2025, Vol 231, pp 3-9 (epub).
  - “[Rights-Based Legal Considerations for Tuberculosis Isolation Practices in Community Settings in the Postpandemic Era](#),” Journal of Infectious Disease, January 15 2025, Vol 231, pp 31-36 (epub).

# Bioethics Mobile Apps



- 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



Kings College  
London - Centre for  
Military Ethics





# Case Discussions

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1. The Old Steve Martin “I Forgot” Ploy
2. Flying Families
3. A Bone to Pick
4. Two Hats, Conflicting Interests?
5. These Aren’t the Droids You’re Looking For

## Ethics of Leadership

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



## Case 1 – The Old Steve Martin “I Forgot” Ploy

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A commercial helicopter pilot had an engine failure necessitating landing in a suburban cul-de-sac. He claimed it was a hard landing and went to hospital. After being evaluated, he returned to the landing site and flew his helicopter home. He then filed lawsuits against the manufacturers alleging multiple medical issues resulting from the hard landing, as well as PTSD. These included several surgical procedures. During deposition, these recent conditions as well as multiple previous and unreported medical conditions were discovered which the pilot stated that he had just forgotten to report the prior and subsequent problems but would do so on his next medical exam the following month.



# Case 1 – The Old Steve Martin “I Forgot” Ploy

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Review of prior medical records demonstrated:

1. Sixteen years of Second and then First Class FAA medical certifications. The only reported medical history was of bowel surgery, first reported 3 years after (and 2 exams after) the event. Only at this point is there an examination report of an abdominal scar.
2. Review of actual medical records, obtained by subpoena, demonstrated prior to first medical exam (previously unreported):
  1. Head injury with LOC and pseudotumor cerebrae
  2. He had chronic bowel problems requiring multiple surgeries, including stent of coeliac artery.
3. Additional medical conditions while holding an FAA Medical Certificate but not reported: Multiple medications including tricyclics, anxiolytics and multiple cardiac evaluations and medications. Chronic daily headaches. Small bowel intussusception and stomach fundal plication. Partial large bowel resection complicated by DVT and on warfarin; an implanted colonic pacemaker (experimental, done overseas) The pacemaker occasionally cause him to have uncommanded jerking of one leg (not a good thing in a hover).

What would you do?



# Case 2 – Flying Families

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You are the CMO for a commercial spaceflight company. A wealthy couple in their 40s want to fund a private, suborbital spaceflight and bring along their 13 y/o son.

While privately taking medical history and examining the SFPs, the son confides in you that he is scared to take this flight with his parents. He is scared that he may not make it home. He goes on to say that he only agreed to go with them because he is more scared of losing both of his parents on the flight and him being orphaned.

He has no significant past medical or psychiatric history.



# Case 2 – Flying Families

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Questions:

What potential ethical issues are present in this case?

How would this change if the child had a disorder that made him more physically dependent on his parents for ADLs and/or decision-making (e.g., Autism Spectrum Disorder)?

# Case 3 – A Bone to Pick



You are the flight surgeon for Private Astronaut PA - a 35-year-old healthy male who is preparing for an upcoming mission. He is concerned that his father was just diagnosed with Paget Disease of Bone (PDB). You remind yourself that PDB is a metabolic bone condition that typically presents in middle age, and leads to bone remodeling that can cause pain, bone deformities, and fractures. A quick literature search tells you that there is a strong heritable component to the disease.

PA is one step ahead of you, and has already found multiple companies that offer genetic testing for mutations in the SQSTM1 and TNFRSF11A genes associated with PDB. Additionally, he read there are medications called bisphosphonates that are used to treat PDB. Astronaut PA is wondering if he should take the genetic test and start using bisphosphonates.



# Case 3 – A Bone to Pick

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You recognize that:

a) **Acting** on the basis of genetic information even to better protect PA, *and*

b) **Not acting** on that information, and thereby failing to protect PA, when protection is an obligation

*Both might violate standards of ethical conduct*

What are the advantages of recommending the genetic test to PA? What are the disadvantages? What do you decide?

PA gets the genetic test done himself, and it shows he has pathogenic mutations associated with PDB. Now what?

How do you proceed? What factors do you consider in this decision?

PA asks if he can use any supplements or off label medications to lower his risk of bone related disease. How can you approach this?

What if PA was 50 years old instead of 35?

# Case 4 – Two Hats, Conflicting Interests?

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A colleague works as a medical review physician with you, but also works elsewhere performing occupational pre-employment health examinations. While reviewing an applicant's examination from a prior year you notice that the examination was performed at your colleague's occupational health exam clinic, though not by him, and that he had performed the medical review of that case.

Is there a conflict of interest? What if he had been the one to have performed the pre-employment examination?



# Case 5 – These Aren't the Droids You're Looking For

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You review applicant physicals for a client organization. Historically, your group has ensured that applicants are made aware of potentially harmful medical conditions identified during the exam process (e.g. very high BP), particularly if the examining provider did not document informing the applicant of such findings. The client has now requested that you discontinue this practice.

What would you do?



# Ethics of Leadership

# Case 6 – A Flight Surgeon in Name Only

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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 7 – LtCol in a Lt's Brain

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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 8 – Not Exactly Moonlight Graham

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

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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 10 – Not Playing Well with Others in the Sandbox

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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.

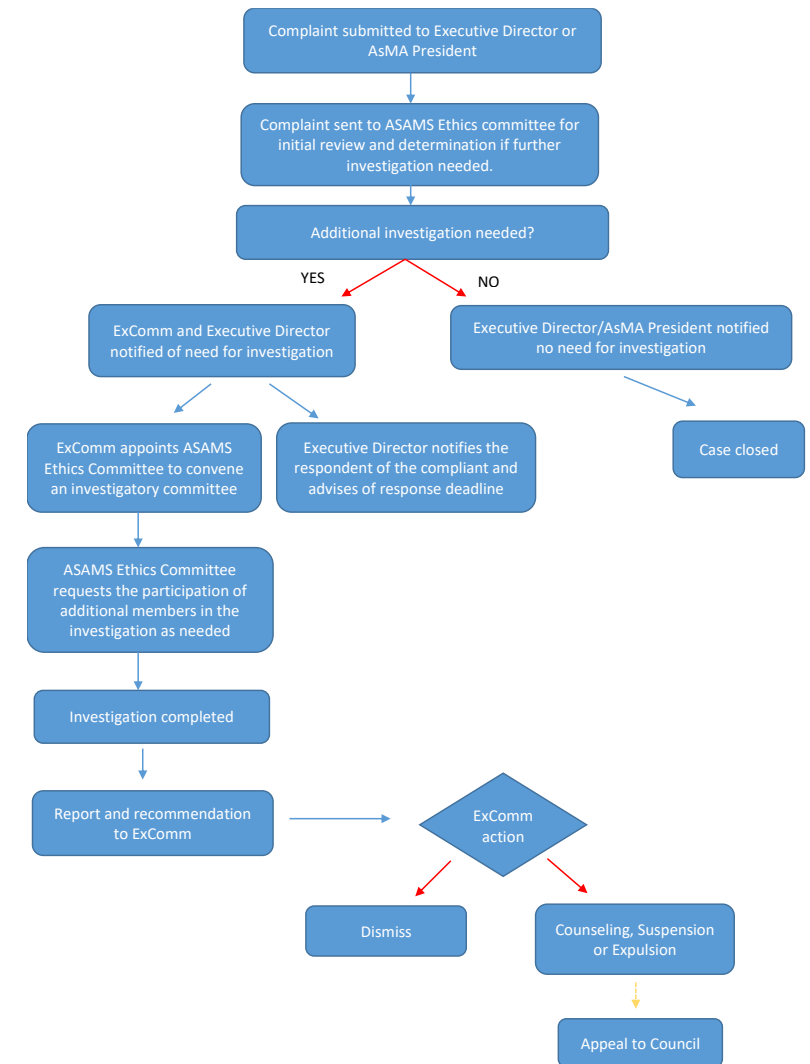
### Executive Committed determination of administrative action (1 month):

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





# Aerospace Medicine and Human Performance Editorial Policy on Use of Human Subjects

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- Ethics:
- The AsMA endorses the World Medical Association's Declaration of Helsinki ([www.wma.net/e/policy/b3.htm](http://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.

## **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.

## **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.

## **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. They have an ethical responsibility to fully disclose competing relationships that may result in a conflict of interest.