

American Podiatric Medical Association, Inc.

Code of Ethics

PREAMBLE

The American Podiatric Medical Association (APMA) and its component organizations strive to honor the public trust by setting standards for ethical practice as described in this Code of Ethics (Code). These ethical standards define professional expectations and are enforced by APMA and its component societies and/or professional licensing boards. Failure to meet these ethical standards may lead to termination of membership. All podiatric physicians have the responsibility of aspiring to these standards of conduct and ethical behavior, assuring that the best care is provided for the individuals and groups whom they serve. As members of the APMA, podiatric physicians accept and take seriously the common values and principles established within this Code. This Code applies to all aspects of the professional lives of podiatric physicians as they go about the implementation of their work within a variety of contexts as health-care providers, administrators, educators, researchers, consultants, and/or employers.

Members of APMA may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct that could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with APMA or its component organizations at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

State and federal laws along with ethical standards govern the practice of podiatric medicine. Podiatric physicians must be aware of not only the ethical standards but also all applicable laws and regulations. In the case of an element of this Code prescribing a standard higher than that required by law, podiatric physicians must meet the higher standard. APMA supports legal and regulatory mandates for reporting of alleged violations of the law and unethical conduct and expects its members to do the same.

This document is not meant to be used in legal proceedings to establish a “Standard of Care.”

The following statements and precepts are considered to be dynamic and may be interpreted and applied to an ever-changing society. Some statements within this Code

require further explanation which may be found in the interpretive guidelines that follow.

Knowingly or recklessly making false allegations, statements, or charges about a podiatric physician or any other medical professional are also a violation of this Code of Ethics and may be subject to disciplinary action.

MEDICAL ETHICS (ME)

ME1.0 Professional Judgment

The podiatric physician has an obligation to facilitate patient care, placing the welfare and rights of the patient above all other considerations. The competence of a podiatric physician extends beyond technical skills alone. Recognizing the extent of one's ability to perform and knowing when it is appropriate to seek consultation or make referrals is imperative.

ME1.1 National Standards (Representing a Model to be Used by Individual States)

- ME1.11 The podiatric physician strives to maintain the highest standards of practice in accordance with the responsibilities conferred by the state, profession, and society. (*See interpretive guideline.*)
- ME1.12 Self-recognition of individual competencies enables the podiatric physician to practice in an environment that is consistent with those competencies.
- ME1.13 The podiatric physician freely utilizes the expertise of other podiatric physicians and professionals of other disciplines to enhance the welfare of the patient.
- ME1.14 The podiatric physician maintains continuing competence by participating in professional study and life-long learning activities designed to ensure that the podiatric physician's skills and knowledge are consistent with ongoing developments in the art and science of podiatric medicine and surgery.
- ME1.15 The podiatric physician has the responsibility to accurately and honestly report compliance with any Continuing Education Contact Hours (CECH) requirements for licensure, certification, and credentialing.

ME1.2 Practice Guidelines

- ME1.21 The podiatric physician strives to provide care consistent with established practice guidelines adopted by recognized podiatric medical organizations that utilize the opinions of authoritative experts. *(See interpretive guideline.)*

ME1.3 Patient Management

- ME1.31 Within the responsibility of a podiatric physician is the need to evaluate the patient, initiate care decisions, and decide on the best treatment plan. The plan should encompass the entirety of the patient and utilize appropriate consultation or referral. Patient evaluation and recommended treatment plan decisions should not be influenced by race, religion, ethnicity, age, gender identification, sexual orientation, disability, national origin, political belief, socioeconomic status, health status, or any other social determinants of health except as it may directly affect the health of the patient. *(See interpretive guideline.)*
- ME1.32 The podiatric physician is responsible for ensuring appropriate follow-up care for the patient when the podiatric physician is not directly available to render such care. *(See interpretive guideline.)*
- ME1.33 The podiatric physician should refrain from providing care for any individual with whom the podiatric physician has a personal relationship that may cause the podiatric physician to provide care with reduced objectivity, interfering with the exercise of sound medical judgment.

ME2.0 Informed Consent

The doctrine of informed consent is premised upon the right of the patient to exercise control over the patient's body by deciding whether or not to undergo a proposed treatment regimen. The duty of the podiatric physician is always to disclose relevant information to the patient and obtain the consent of a competent patient or someone legally authorized to give consent on behalf of the patient before initiating treatment. *(See interpretive guideline.)*

ME2.1 What a Patient Needs to Know About the Proposed Treatment

- ME2.11 The podiatric physician strives to ensure that the patient is cognizant of the nature of the illness or condition, the treatment proposal or its alternatives with reasonable explanations of expected outcomes, potential complications, and length of recovery.

ME2.2 Disclosure of Experience and Outcomes

- ME2.21 The podiatric physician provides truthful representations of the podiatric physician's experience and outcomes.

ME2.3 Economic Interests

- ME2.31 The podiatric physician strives to ensure that any economic benefit involving services, materials, medications, or facilities shall not interfere with the podiatric physician's primary responsibility for the welfare of the patient and shall comply with applicable legal requirements.

ME3.0 Confidentiality

The Health Insurance Portability and Accountability Act of 1996 provides strict rules for protecting a patient's personal health information. The podiatric physician and the podiatric physician's staff must maintain strict confidentiality as to the condition and treatment of all patients. Release of any information must be premised on the consent of the individual patient, unless otherwise mandated by law. *(See interpretive guideline.)*

ME3.1 Medical Records

- ME3.11 The podiatric physician acts in a manner that protects the confidentiality of the patient and the records of the patient.
- ME3.12 The podiatric physician ensures that the staff over which the podiatric physician has responsibility or supervises, has an essential knowledge of the duty to maintain the confidentiality of patient records.
- ME3.13 The podiatric physician will take all reasonable means necessary so that confidentiality of patient medical records and conversations are strictly maintained in the use of any online, web, or social networking communication medium.
- ME3.14 The podiatric physician may not withhold patient-requested medical records because payment has not been received for past services, except as otherwise provided by law.
- ME3.15 The podiatric physician should not arbitrarily withhold or charge unreasonable fees for records if requested by former employees, interns, or residents for purposes of obtaining board qualification/certification.

ME3.2 Diagnosis

- ME3.21 The podiatric physician respects the confidentiality of the patient's diagnosis and does not release the diagnosis without the consent of the patient unless mandated by law.

ME3.3 Treatment

- ME3.31 The podiatric physician respects the confidentiality of the patient's treatment information and does not release the treatment information without the consent of the patient unless mandated by law.

ME3.4 Use of Technology

- ME3.41 When engaging in electronic communications with patients, the podiatric physician and the podiatric physician's staff ensure the security of the communication medium. When engaging any forms of technology, the podiatric physician and the podiatric physician's staff complete appropriate education and training using the relevant technology.

ME4.0 Patient Respect/Advocacy

Respect for the patient and advocating for the welfare of the patient should be the supreme concern of the podiatric physician. A podiatric physician should acknowledge cultural, individual, sexual orientation, gender identity, and ethnic differences of patients and the podiatric physician has an obligation to recognize and set aside personal biases that could result in potentially discriminatory practices.

ME4.1 Do No Harm

- ME4.11 The podiatric physician has a duty to do all in the podiatric physician's power to avoid actions that would cause harm. Physical harm may be the result of poor professional judgment in the diagnosis and treatment of the patient's medical condition, including treatment beyond the scope of competency, and/or experimental procedures without the full consent of the patient. Financial harm may be the result of inappropriate and misleading advertising, unnecessary procedures, and/or inappropriate and/or fraudulent billing procedures. Emotional harm may result from harassment, discrimination, implicit bias, and/or the undertaking of a personal relationship with a patient.

ME4.2 Nondiscrimination

- ME4.21 The podiatric physician shall not discriminate against any patient because of race, religion, ethnicity, age, gender identification, sexual orientation, disability, national origin, political belief, socioeconomic status, or health status.

ME4.3 Harassment

- ME4.31 The podiatric physician shall not engage in any deliberate act of emotional abuse, physical abuse, sexual abuse, sexual misconduct, or sexual exploitation related to the podiatric physician's position as a health-care provider, administrator, educator, researcher, consultant, or employer. *(See interpretive guideline.)*

ME4.4 Patient Abandonment

- ME4.41 The podiatric physician shall not cease to provide care or to be available to provide care without giving the patient sufficient notice and/or the opportunity to seek continuing treatment from another health-care practitioner.

ME5.0 Professionalism

The podiatric physician should at all times act in a professional manner before patients, colleagues, and the general public. This conduct should extend not just to the podiatric physician's professional life but should encompass the podiatric physician's public life as well.

ME5.1 Compassion, Respect, Honesty, and Integrity

- ME5.11 The podiatric physician has the responsibility to carry out all aspects of the podiatric physician's career with compassion, respect, honesty, and integrity.

ME5.2 Accountability in Providing Expert Testimony

- ME5.21 The podiatric physician providing expert testimony shall have relevant experience, training, and knowledge in the area in which the podiatric physician has agreed to testify. Testimony must be objective and be limited to the area of expertise held by the podiatric physician. Expert testimony should be based upon recognized medical and scientific principles, theories, facts, and standard of care.

- ME5.22 The podiatric physician serving as an expert witness shall offer testimony that is honest and truthful.
- ME5.23 The podiatric physician may accept compensation for testimony offered but such compensation should not in any way be related to or based upon the outcome of the litigation.

ME6.0 Physician Health Responsibilities

The podiatric physician has the obligation to act upon the recognition of impairment(s) and/or health risks in one's self and in other health-care providers and to ensure that the treatment and safety of patients is not compromised because of such impairments and/or health risks.

ME6.1 Physical, Mental, Chemical, or Emotional Impairment

- ME6.11 The podiatric physician who is physically, mentally, chemically, or emotionally impaired should withdraw from those aspects of practice that could be detrimentally affected by the impairment. If the podiatric physician does not withdraw, other podiatric physicians who know of the impairment have the duty to take action to prevent the impaired podiatric physician from harming one's self or others. (*See interpretive guideline.*)

ME6.2 Practice and Infection Control

- ME6.21 The podiatric physician shall exercise in the podiatric physician's practice all appropriate strategies to preclude the spread of blood-borne pathogens and infections. Antibiotic stewardship must be practiced when treating infections in order to stem antibiotic overuse, and thus antimicrobial resistance.

ME7.0 Research Ethics

Research conducted by podiatric physicians must be scientifically based with data, results, and outcomes reported in an accurate and truthful manner. Support for research may be obtained from any source but should not influence or bias the outcomes. All conflicts of interest (e.g., research sponsors, etc.) shall be disclosed.

ME7.1 Integrity and Concern for Participants

- ME7.11 The podiatric physician shall maintain the integrity of the research study to ensure that decisions by participants and subjects are made in an unbiased and fully informed manner.

- ME7.12 The podiatric physician shall not subject any patient to an experimental diagnostic modality or treatment method without prior review of the experiment protocol by the podiatric physician's peers and with full disclosure to the patient. (*See interpretive guideline.*)
- ME7.13 The podiatric physician conducts research competently with due concern for the dignity and welfare of the participants.

ME7.2 Reporting

- ME7.21 The podiatric physician shall report truthfully in scientific and scholarly papers, lectures, accounts, and communications. (*See interpretive guideline.*)
- ME7.22 The podiatric physician shall avoid all forms of plagiarism, or otherwise taking credit for the work or ideas of others, by properly acknowledging the source. The podiatric physician shall not accept or require authorship credit for a publication based upon another person's research.

ME8.0 Educational Ethics

Podiatric physicians (e.g., CME coordinators, deans, residency directors, etc.) who are engaged in the coordination and delivery of educational programs have a responsibility to abide by prevailing rules and regulations governing how these programs are conducted including, but not limited to, approval and accreditation standards and the Code on Interactions with Health Care Professionals of the Pharmaceutical Research and Manufacturers of America (PhRMA).

BUSINESS ETHICS (BE)

BE1.0 Advertising

The podiatric physician has the responsibility to properly represent one's self in advertisements and other forms of communications to the public, including, but not limited to, statements about training, ability, board certification, and scope of practice.

BE1.1 Communications with the Public

- BE1.11 The podiatric physician shall ensure that communications to the public are accurate and do not convey false, untrue, deceptive, or misleading information. The podiatric physician shall provide truthful and accurate representations of the podiatric physician's credentials, training, experience, or ability. The podiatric physician shall not communicate claims of superiority that cannot be substantiated.
- BE1.12 The podiatric physician, in connection with the podiatric physician's name, must use the title(s), degree(s), or designation(s) authorized by state law. The title "doctor" or any abbreviation cannot be used without the qualification "podiatrist," "podiatric physician," or "Doctor of Podiatric Medicine," or other appropriate designation. The podiatric physician who is certified by a specialty board may use the appropriate term in connection with the podiatric physician's specialty as may be prescribed by the specialty board.

BE1.2 Direct Solicitation of Referrals

- BE1.21 The podiatric physician shall not solicit patients in a manner that impairs the podiatric physician's objectivity regarding the selection of diagnostic or therapeutic methods. The podiatric physician shall provide realistic expectations as to outcomes, or utilization of diagnostic or therapeutic methods that may be employed in the care of the patient.
- BE1.22 The podiatric physician shall not offer gifts as an inducement to secure patient patronage. (*See interpretive guideline.*)

BE1.3 Free Foot Screenings

- BE1.31 The podiatric physician, as an inducement to provide additional services for a fee, may advertise and offer free examinations or free podiatric medical services with the appropriate disclaimer. The podiatric physician shall not, however, charge a fee to any patient or any third-party payer

for any podiatric medical service provided during this exam or service.
(See *interpretive guideline.*)

BE2.0 Business Transactions

The podiatric physician has the responsibility to maintain high moral, ethical, and legal standards in business transactions. Claims, bills, statements, and records must accurately reflect the services provided. (See *interpretive guideline.*)

BE2.1 Fee Splitting

BE2.11 The podiatric physician neither accepts nor offers commissions in any form or manner on fees for professional services, referrals, consultations, pathology services, radiology services, prescriptions, or other services or article supplied to patients. Division of professional fees or acceptance of rebates from fees paid by patients to radiological, pathological, laboratory, shoe store, or other establishments is inappropriate. (See *interpretive guideline.*)

BE2.2 Medically Unnecessary Procedures

BE2.21 The podiatric physician shall perform services of a diagnostic or therapeutic nature that can reasonably be expected to benefit the patient. (See *interpretive guideline.*)

BE2.3 Economic Interest

BE2.31 The podiatric physician shall not promote the sale of drugs, devices, appliances or goods to a patient, which are offered in such manner as to exploit the patient for the financial gain of the podiatric physician.

BE2.32 The podiatric physician shall not use the podiatric physician's position to exert undue influence on patient treatment choices that are, or may be, physically, psychologically, or economically detrimental to the patient. The podiatric physician respects the rights of the patient to make decisions and helps the patient to understand the consequences of these decisions. Decisions should not be affected by race, religion, ethnicity, age, gender identification, sexual orientation, disability, national origin, political belief, socioeconomic status, health status, or any other social determinants of health.

BE2.33 The podiatric physician shall not base treatment decisions on managed care incentives/disincentives when such decisions are, or may be,

detrimental to the patient or when they are not in the best interest of the patient.

- BE2.34 The podiatric physician shall not use the podiatric physician's position in a credentialing process to disadvantage another podiatric physician for the purpose of limiting competition.

BE2.4 Conflict of Interest

- BE2.41 The podiatric physician shall provide truthful disclosure of actual and potential conflicts of interest in the recommendation and/or prescription of services, materials, medications, and facilities that may be utilized in the care of a patient.
- BE2.42 The podiatric physician shall provide truthful disclosure of actual or potential conflicts of interest in communication with patients, potential patients, colleagues, and others. Such communication includes, but is not limited to, lectures, published material in peer review and other publications, and advertisements.
- BE2.43 The podiatric physician shall provide full public disclosure of financial relationships that constitute a conflict of interest, including any in which remuneration is expected to be awarded on an annual basis or any equity holding in a related company (excluding mutual funds and blind trusts).

BE3.0 Consideration in Referring a Patient and Seeking Second Opinions

The podiatric physician has the obligation of seeking consultation when the health and welfare of a patient would be advanced by referral to another podiatric physician, physician, or health care-provider with special skills, knowledge, or experience.

- BE3.1 The podiatric physician shall refrain from inducing a patient of another practitioner to become the podiatric physician's patient either by belittling the ability of the other practitioner or by the promise of better service at a lower fee.
- BE3.2 The podiatric physician providing a second opinion is obligated to return the patient to the referring practitioner, unless that patient exercises free choice in selecting the use of the second opinion practitioner to provide further care, or unless otherwise prohibited.
- BE3.3 The podiatric physician has both a professional and collegial obligation to refrain from offering commentary to a patient that could be construed as

defaming the decisions and opinions of the previous treating podiatric physician, physician, or other health care provider.

BE4.0 Employees/Associates

The podiatric physician reasonably delegates aspects of medical care to auxiliary health care personnel. The podiatric physician shall ensure that such personnel are qualified and adequately supervised.

BE4.1 Duty of Supervision

BE4.11 The podiatric physician has a duty to supervise the podiatric physician's employees and confirm that they are performing in an ethical and appropriate manner. *(See interpretive guideline.)*

BE4.2 Delegation of Authority

BE4.21 The podiatric physician delegating authority to an employee, associate, or to another physician for the care of the podiatric physician's patient shall ensure that the activity complies with professional standards, applicable laws, and does not discriminate on the basis of race, religion, ethnicity, age, gender identification, sexual orientation, disability, national origin, political belief, socioeconomic status, health status, or any other social determinants of health.

BE4.3 Duty to Comply with Professional Standards

BE4.31 The podiatric physician strives to practice podiatric medicine consistent with the standards of care established within the podiatric physician's community.

BE5.0 Respect for Law

The podiatric physician is obliged to comply with the letter of all applicable laws and regulations. *(See interpretive guideline.)*

BE5.1 Duty to Report Violation

BE5.11 The podiatric physician is obliged to report known violations of conduct by providers to the appropriate authority.

BE5.2 Medical Records

- BE5.21 The podiatric physician is obliged to maintain documentation of patient encounters that is legible, complete, accurate, and patient specific. (*See interpretive guideline.*)

BE6.0 Staff Respect/Advocacy

The podiatric physician has a duty to avoid interaction that would impair the physical and psychological health of those with whom the podiatric physician interacts on a professional basis.

BE6.1 Harassment

- BE6.11 The podiatric physician shall not engage in any deliberate act of emotional abuse, physical abuse, sexual misconduct, or sexual exploitation related to the podiatric physician's position as an employer, employee, partner, or associate. (*See interpretive guideline.*)

BE6.2 Nondiscrimination

- BE6.21 The podiatric physician shall not discriminate against any employee, partner, or associate because of race, religion, ethnicity, age, gender identification, sexual orientation, disability, national origin, political belief, socioeconomic status, health status, or any other social determinants of health.

BE7.0 Managed Care/Insurance Issues

In the light of reimbursement issues, the podiatric physician shall focus on patient care and patient advocacy.

BE7.1 Patient Advocacy

- BE7.11 The podiatric physician has the obligation to advocate for the health of the podiatric physician's patients in negotiating with managed care organizations and other third-party payers.

BE7.2 Financial Incentives/Disincentives

- BE7.21 The podiatric physician shall not use insurance coverage/reimbursement levels as the substantive determination of the treatment plan.

BE7.22 The podiatric physician shall not accept financial incentives to withhold care or referrals that are appropriate for the care of the patient.

ASSOCIATION ETHICS(AE)

AE1.0 Conflict of Interest

An APMA member rendering volunteer or compensated services to APMA or its component association(s) provides truthful disclosure of actual and potential conflicts of interest and recuses one's self from discussion and action on all issues relevant to the actual or potential conflict. Failure to recuse oneself is considered a violation of this Code and may lead to suspension of the involvement of the member in the voluntary or compensatory service. *(See interpretive guideline.)*

AE2.0 Confidentiality

An APMA member rendering volunteer or compensated services to an organization(s) shall adhere to the rules of confidentiality of the organization(s).

AE3.0 Commercial Relationships

The podiatric physician rendering volunteer or compensated services to APMA or its component association(s) is obliged to disclose all significant commercial relationships with other organizations, businesses, or entities that have a relationship with podiatric medicine.

AE4.0 Association Conduct

An officer or elected representative of APMA or its component society is obligated to abide by the constitution and/or bylaws of the officer's/representative's respective organization(s), when not in conflict with this document.

AE5.0 Harassment

APMA is committed to maintaining a business environment where all individuals are treated with respect and dignity. Harassment, whether verbal, physical, or arising out of the APMA business environment, is unacceptable and will not be tolerated. All forms of harassment, including sexual harassment, are illegal. Cases of harassment may be viewed as violations of this Code and APMA policies and result in expulsion from membership.

The American Association of Colleges of Podiatric Medicine/Council on Teaching Hospitals, Council on Podiatric Medical Education, and American Podiatric Medical Students' Association have been encouraged by the APMA House of Delegates to develop an education program for residency applicants and residency interviewers regarding appropriate and inappropriate behaviors, including implicit bias and

microaggressions and cultural awareness, during the residency interview process, residency training, and the mechanism by which to lodge complaints.

INTERPRETIVE GUIDELINES

The following interpretive guidelines are provided to further elaborate upon the Code of Ethics.

- ME1.11 A function of state licensing agencies is to establish standards of competency for members of the profession within their respective jurisdictions.
- ME1.21 Practice guidelines suggest and recommend modalities for patient care as correlated to various diagnoses that may be encountered. They should not be construed to constitute unalterable treatment strategies. Recognized podiatric medical organizations may include, but are not limited to, specialty colleges and boards and other such agencies that formulate practice guidelines based upon well-grounded scientific and educational precepts. The guidelines recommended by such organizations are often useful but have no legally binding effect on members of APMA.
- ME1.31 Treatment decisions, including surgery, should relate to the consideration of the physical, emotional, social, and occupational needs of the patient. All treatment regimens should include appropriate documentation of the indications for treatment. The performance of any unnecessary treatment is considered a serious ethical violation.

Consultation and referrals should be sought when:

- 1.) the patient can benefit from the care of a provider with different training and/or experience; or
- 2.) when the patient requests a consultation or referral.

No compensation shall be claimed for the referral of patients for care and/or evaluation.

- ME1.32 Follow-up care should be provided by a qualified podiatric physician or other appropriate health-care professional until the patient has fully recovered. If the podiatric physician is unable to personally provide the follow-up care, then the podiatric physician shall make arrangements with another qualified podiatric physician or qualified health-care professional to provide continuing care, and properly notify the patient of discontinuation of care and arrangements for follow-up care in accordance with prevailing law.

ME2.0 The doctrine of informed consent is usually defined as a duty to warn a patient of

- 1.) possible complications expected;
- 2.) sequelae of the treatment;
- 3.) unexpected risks of the proposed treatment;
- 4.) reasonable alternative(s) to the treatment;
- 5.) risks and comparative benefits of the alternatives;
- 6.) in most cases, the effects of non-treatment; and,
- 7.) economic interests that have the potential to influence judgment.

ME3.0 A patient has the right to have all identifiable medical and health information treated in strict confidence. This right includes the right to control the dissemination of such information. A patient must be secure in the expectation that medical information disclosed to the podiatric physician will remain confidential. Failure to respect the right of privacy may cause the patient to withhold important information vital to patient care. Unauthorized release of confidential material may result in embarrassment, stigma, discrimination, and possible legal liability.

Common types of disclosure pose a threat to medical data privacy:

- 1.) The purposeful or repeated disclosure of confidential patient information on computer screens or by the inappropriate utilization of online communication capability.
- 2.) The routine release of information; health information is often shared without the specific knowledge of the patient based on blanket consent. The patient may not know that the information is sensitive when the patient signs the consent. Consent should be obtained knowingly.

ME4.31 Sexual harassment, whether verbal, physical, or arising out of the patient-care, education, or work environment, is illegal, as it violates Title VII of the Civil Rights Act of 1964 and many state laws. Sexual harassment is unwelcome sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature that occurs within the podiatric physician's role as a health-care provider, administrator, educator, researcher, consultant, employee, or employer. Other harassment includes demeaning behavior directed towards others in the patient-care, education, or work environment.

The podiatric physician at no time should abuse the authority figure the podiatric physician presents as a means of fostering sexual relations with

a patient, student, resident, fellow, or employee. The podiatric physician may not employ sexual favors in bartering for professional services.

Sexual intimacy with patients, students, residents, fellows, or employees is inappropriate unless the personal relationship precedes the professional relationship or occurs after the professional relationship has ended.

ME6.11 Physical disability includes, but is not limited to, deterioration through the aging process, or loss of motor skill that results in the inability to practice the profession with reasonable judgment, skill, or safety.

Mental disability is any psychological condition or habitual or excessive use of alcohol, narcotics, stimulants, or other chemical agents or drugs that results in the inability to practice podiatric medicine with reasonable judgment, skill, or safety.

Addressing the problem of impairment includes several steps:

- 1.) the podiatric physician recognizes the problem;
- 2.) the podiatric physician seeks help within the profession;
- 3.) the podiatric physician seeks active treatment of the impairment; and
- 4.) the podiatric physician seeks evaluation of the podiatric physician's capacity to provide patient care.

ME7.12 The podiatric physician shall subject all research projects involving human or animal subjects to the scrutiny of an independent body whose function is to review such projects for appropriateness and for protection of the human or animal subjects.

ME7.21 The podiatric physician shall not intentionally mislead professional or lay audiences through scientific and scholarly papers, lectures, accounts, and communications, whether or not personal gain may accrue from such action.

BE1.22 Promotional gifts of nominal value may be offered.

BE1.31 In the event that a condition requiring treatment presents at the time of a free examination, reasonable charges for the treatment may be allowed upon written consent from the patient for the services and related charges.

The patient who opts to establish a fee-for-service relationship with the podiatric physician, following the free exam, must be informed that a fee for service will apply. Written documentation is suggested.

BE2.0 Fraud includes but is not limited to knowingly presenting (through actual knowledge, deliberate ignorance, or reckless disregard) or causing to be presented a false or fraudulent claim.

Fraudulent acts include but are not limited to:

- 1.) willfully making or filing false records or reports within the scope of practice;
- 2.) gross, willful, and continued overcharging for professional services including filing false statements for collection of fees for those services, including, but not limited to, filing false statement for collection of monies for services not rendered or not provided as claimed;
- 3.) routine waiver of deductibles and co-payments that may lead to artificial inflation of the reported charges;
- 4.) billing for supplies, equipment, or services not reasonable and necessary;
- 5.) repeat billing (double billing) for the same service that was not provided on repeat visits;
- 6.) billing for non-covered services as covered services;
- 7.) using an improper modifier to increase or allow inappropriate reimbursement;
- 8.) billing for component parts of a procedure rather than the inclusive global procedure (i.e., unbundling); and
- 9.) billing at a higher more intensive level to increase reimbursement.

In addition, the following conditions and issues must be considered:

- 1.) Services billed should reflect the care provided as deemed medically necessary by the podiatric physician.
- 2.) Reasonable efforts should be made to inform the patient of costs for services or treatments that the patient will be directly responsible to pay.
- 3.) The podiatric physician must be able to provide documentation to support appropriateness of care.
- 4.) Remunerations (e.g., kickbacks, inducements and self-referrals) for referrals are inappropriate and illegal. Such remunerations include knowingly and willfully giving or receiving anything of value to induce referrals.

- 5.) Bartering for professional services may be conducted only if requested by the patient and the arrangement is not exploitative.

BE2.11 Fee splitting is defined as sharing of fees for the purpose of referrals where one entity provides no service for its portion of the fee. Such sharing of fees is considered unethical and potentially illegal.

BE2.21 Documentation must be complete and legible, encounter-specific, and should state the reason for the encounter. If not specifically documented, the rationale should be readily inferred.

Documentation also should identify any health risk, patient progress, and revisions to the treatment plan. Evaluation and Management (E/M) guidelines should be followed.

The podiatric physician should be aware of the following risk areas:

- 1.) Financial arrangements with entities that may involve referrals
- 2.) Joint ventures with entities supplying goods or services to providers or patients
- 3.) Consulting contracts or medical directorships
- 4.) Office or equipment leases with entities that could involve referrals
- 5.) Soliciting, accepting, or offering any gift or gratuity of more than nominal value to or from an entity or person who may benefit from any referral in a federal program.

BE4.11 The podiatric physician shall provide appropriate supervision of the activities of employees in the course of their podiatry-related activities to ensure the safety of the patient, other employees, and visitors to the clinical facility in which podiatric services are rendered.

The podiatric physician shall provide appropriate supervision of the activities of employees in the course of their podiatry-related activities to ensure the accuracy of documentation, claims, and other communications made by the employees.

The podiatric physician shall provide appropriate supervision of employees and others contracted by the podiatric physician, who in the course of their employment or by reason of their contract, have, or reasonably may have, contact with the patients, other employees, or visitors to the clinical facility in which podiatric services are rendered.

- BE5.0 Failure to be informed of applicable laws and regulations may constitute deliberate ignorance or reckless disregard and, therefore, is an ethical violation.
- BE5.21 The podiatric physician has a duty to maintain complete and legible medical records to ensure future continuity of care by other professionals, to ensure accountability, to meet the requirements of the health-care system, and to meet legal requirements.
- BE6.11 Sexual intimacy with any employee, associate, or business partner is inappropriate unless the personal relationship precedes the business relationship, occurs after the professional relationship has ended, or the podiatric physician and employee, associate, or business partner mutually consent to the personal and professional relationship.
- AE1.0 Association decisions and actions must not be based on personal interests or relationships. Relationships, including any ownership interests with suppliers, contractors, or any groups with competing interests with APMA must not influence the independent and sound judgment of an individual who serves APMA or its component associations. Any situation that is or may be a conflict of interest must be avoided. To avoid a conflict of interest, one must disclose any relationship(s) that others might misinterpret. An individual who is in a position to actually or potentially influence decisions has a duty of full disclosure. If in doubt about a relationship, it should be disclosed. A conflict of interest may arise through a family relationship. When an extended family member has a relationship or ownership interest with an entity that may conflict with APMA, it must be disclosed. Extended family member shall be defined as spouse, domestic partner, parent, child, brother, sister, aunt, uncle, or anyone living with the individual.

Conflicts of interest may be present when one or more of the following situations exist:

- 1.) Willfully making or filing false records or reports within the scope of practice. A podiatric physician with an economic interest, a material financial interest, or material financial relationship with any business or in an organization that is the subject of consideration. A “material financial interest” includes a financial ownership interest of 5 percent or more, a financial ownership interest that contributes materially to a member’s income, or a position as proprietor, director, managing partner, or key employee. A “material financial relationship” would be present if a

- member or a member of the podiatric physician's immediate family receives monetary compensation (including honoraria and grants) in an amount equal to or greater than \$2,000 per year or \$5,000 over three years.
- 2.) A podiatric physician with a position of leadership (i.e., a director, trustee, or officer) in an organization, or an employee of an organization that is the subject of consideration.
 - 3.) A podiatric physician with a family member who is an owner, director, trustee, or employee of an organization that is the subject of consideration.
 - 4.) A podiatric physician having a business or personal relationship with an individual who is the subject of consideration.
 - 5.) A podiatric physician having an existing or prior relationship with an individual(s) or organization(s), which precludes the rendering of an impartial consideration.
 - 6.) A podiatric physician having information that was obtained under an agreement or assumption of confidentiality in an activity or relationship external to the consideration, but regarding or bearing on the subject of the consideration.
 - 7.) A podiatric physician serving on a board of directors of an organization with a competing or conflicting interest to APMA.
 - 8.) Gifts, favors, travel, and entertainment may rise to a level of a conflict of interest. Gifts of nominal value, given in the normal course of business, are acceptable. Gifts received on a regular or continual basis, gifts of more than nominal value (\$100), or gifts of money or cash equivalents are indications of a potential conflict and must be disclosed.

Members of the APMA Board of Trustees (including officers) have an unbending duty of loyalty and fidelity. They shall not use their positions or knowledge gained from their volunteer service to APMA for personal or professional benefit. The interests of APMA must have the first priority in all decisions and actions.

Conflicts of interest are not always obvious and in many cases the matter in question may be described best as a *duality of interest*. A duality of interest recognizes that a board member may have multiple interests. Those interests must receive regular scrutiny to ensure that they do not create a conflicting situation. Board members should always strive to avoid activities that may interfere with the performance of their duties, and to ensure that there is no personal, professional, or political gain at

the expense of APMA. No expectation of ethical conduct is made to eliminate relationships and activities that may create a duality of interest, but do require the disclosure of any conflicts of interest and the recusal of any interested party in a decision relating thereto.

Although not exhaustive of every possible conflict that might arise, the following examples help define parameters that may be relied upon through analogy to other situations. Board members shall avoid:

1. Holding proprietary interests in any third party having a financial relationship with APMA.
2. Holding office, serving on the board, participating in management, or being otherwise employed by any third party having a financial relationship with APMA.
3. Using APMA's good will other than for approved APMA activities, programs, and purposes.
4. Receiving remuneration, personal gifts, or loans from third parties having a financial relationship with APMA.

Board members also should be mindful that a "conflict of interest" exists if a decision could be influenced (i.e., perceived conflict of interest) — it is not necessary that influence actually take place.