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Iranian Society of Asthma and Allergy Codes of Professional Ethics

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ABSTRACT

The advances in science and technology in recent decades, especially in medical sciences, have raised new ethical challenges. Hence, professional organizations in the field of medical science are trying to develop regulations in the field of medical ethics to help medical science professionals in making the best decisions in different circumstances and moral dilemmas. The organizations also try to monitor their performance using those regulations. On the other hand, due to the specialization of medical science as well as the complexity of communication between these disciplines, there is a growing need for regulations to answer questions and resolve the challenges of each discipline. Certainly, scientific societies, due to benefit from relevant specialists, are the best reference for the development of specialized guidelines, one of which is the Iranian Society of Asthma and Allergy (ISAA). The aim of the current study was to develop codes of ethics for ISAA members, using a qualitative study.

Generally, the ISAA codes of professional ethics consists of general and specific sections. In order to compile the general section, the upstream medical documents, including the patients' rights charter in Iran, the research ethics guidelines approved by the Ministry of Health and Medical Education (MOHME), ethical codes from the international societies of asthma and allergy, the general codes of professional ethics of the Iran Medical Council and the Islamic jurisprudential rules and the statute law of the country were used.

To develop specific sections, we interviewed the experts in the field of Asthma and Allergy about the ethical challenges they had ever faced with.

The ISAA codes of professional ethics developed in five chapters, entitled "Ethical Guidelines for the Managers and Director of the Society, General Guidelines, Specific Guidelines, Ethical Guidelines for Research and Education, and Procedure for Supervision on the Professional Behavior of the ISAA Members", and approved by the board of directors of ISAA.

Keywords: Asthma and allergy; Codes of ethics; Guideline

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INTRODUCTION

Despite the fact that medical professionals have been facing ethical questions and moral dilemmas throughout history, recent science and technology developments have led to increase in the number and change in the quality of ethical questions in the field of medicine. The current complicated situation makes it difficult for medical professionals to answer such questions by themselves. Therefore, inter-disciplinary activities to meet existing needs are more required. In this regard, professional organizations try to formulate clear guidelines and instructions to guide their members for making the best ethical decisions in different situations and to solve the moral dilemmas in their daily professional lives. Such professional codes of ethics are provided at different professional levels and with the different target populations. Besides, the professional authorities try to support the implementation of these sets of professional moral norms using various tools.¹ Typically, professional organizations such as medical councils, which have consisted of a wide range of professionals, develop general guidelines and codes of ethics to address issues related to various disciplines.¹⁻⁵ But the recent trend of specialization in the medical profession has ended in increasing the need for more specific guidelines to address the special questions and introduce the moral professional norms related to each medical specialty. Such guidelines, which are usually developed by professional associations of each discipline or field, specify the general codes regarding general norms of the medical practice.^{6,7}

The mission of scientific and professional associations in the field of asthma and allergy is to develop the knowledge and expertise of asthma and allergy with the goal of optimal care for patients.⁸ In this regard, the development of specific ethical codes assists such societies to achieve the main goal.^{9,10,11} The specific ethical code provided for such associations should address ethical issues that will have a positive impact on the scientific and educational mission as well as activities related to that mission and will promote the quality of the provided services. Such ethical codes must be tailored to meet the needs of the association, and in line with changing needs and conditions, should be improved by the association.¹²

Since the goal of the medical professionals is not limited to the treatment, and involves all services, from

health promotion to palliative care, stakeholders' engagement in a wide range of activities is necessary. Based on the codes of ethics of the two major associations of asthma and allergy in the United States and Europe, medical care providers and researchers in the field of asthma and allergy must maintain standards of professional knowledge and professionalism, be honest in all their professional interactions, continue their knowledge-making, apply, promote and disseminate unbiased expertise, adhere to their commitment to continuing medical education, provide appropriate information to patients, colleagues and the public, and if necessary, learn from the abilities and skills of other health professionals.^{6,7}

Iranian Society of Asthma and Allergy (ISAA) was established in August 1996. It is a scientific and non-governmental organization with a number of activities aimed to increase community health, to promote physicians' ability and skill in the fields of immunology, asthma, and allergy, and to educate the community for the prevention of allergic diseases. ISAA follows such activities by developing and maintaining patient care, research, education, and programs to prevent, detect, diagnose and treat asthma and allergy-related diseases, especially for high-risk people.¹³ In this regard, to institutionalize ethical standards, the present study was performed to develop the code of professional ethics for ISAA.

MATERIALS AND METHODS

The ISAA Code of Ethics, is a result of a project that was performed in three main steps, including 1) A non-systematic literature review 2) Qualitative research using semi-structured interviews 3) Focus Group Discussion for Validation of the previous two steps. Initially, we did an extensive literature review in scientific databases including Pubmed, Scopus and Google Scholar. The keywords used for the search were including “code”, “ethics”, “ethical” “moral” AND “asthma”, “allergy”, “immunology”. In addition, related documents inside the country were reviewed. In sum, 98 documents were analyzed. The main source documents in this step were the ethical charter of American Academy of Allergy, Asthma and Immunology (AAAAI) and the ethical charter of European Academy of Allergy and Clinical Immunology (EAACI), and also “Iranian Patients' Rights Charter”, the “Disciplinary Code of Medical

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Council of the Islamic Republic of Iran” and the “Research Ethics Guidelines of Iran National Committee for Ethics in Biomedical Research”. Using the literature the research team found three main categories to be used in the development process of the code of ethics for ISAA: general codes, specific codes and administrative procedures. In the next step, individual interviews were held with 10 stakeholders including four physicians experts in the field of asthma and allergy, two medical ethicists, two pharmaceutical company managers, and two patients to gather their concerns and ethical questions according to Iran's health, culture, social and economic conditions. The interviews were done by two members of the research team using a semi-structured interview method. The questions were about ethical challenges, concerns, dilemmas and moral distress situations experienced by the participants. In addition, the way they thought ISAA could help to develop the ethical status. The interviews were recorded and the interviewers took notes. After writing the recorded voices the text was rechecked with the taken notes. Thematic analysis was performed on the content of the interviews. In this step, the results were categorized into five themes including ethical guidelines for managers and directors of ISAA, general guidelines, specific guidelines, ethical guidelines for research and education and procedures for supervision on the professional behavior of ISAA members. A preliminary draft of the ISAA code of ethics was drafted by the research team.

As the third step, in two Focus Group Discussion meetings consisting of asthma and allergy specialists, as well as experts in the field of professional ethics, law, and jurisprudence, the first draft of codes of ethics were evaluated in terms of not being in conflict with the standards and upstream documents, including the Patients' Rights Charter in Iran,¹⁴ the research ethics guidelines approved by the Ministry of Health, Medical Education,¹⁵ Ethical codes from the international associations of asthma and allergy,^{6,7} the general codes of professional ethics of the Medical Council of Iran¹⁶ and the Islamic jurisprudential rules and the statute law of the country. Finally, the final codes were submitted to the Board of Directors and the General Assembly of the Scientific ISAA, where the draft was approved with the consensus of the ISAA members. The resulted document called “ISAA Code of Professional Ethics” which is consisted of 5 chapters including Ethical Guidelines for the Managers and

Director of the Society, General Guidelines, Specific Guidelines, Ethical Guidelines for Research and Education, and Procedure for Supervision on the Professional Behavior of the ISAA Members and one preface, which are presented below.

RESULTS

Preface

Although there have always been ethical questions and the related considerations in the field of medicine, the science development has recently increased the number as well as the quality of these questions which have led humans to work out possible solutions and create measures so as to provide answers to such prominent questions. The complexity of the current conditions does not allow the medical professionals to provide answers to all these questions by themselves; therefore, the necessity for interdisciplinary activities has been increased to answer existing needs. Professional organizations make all efforts to help their members in ethical decision-making in different working circumstances and moral dilemmas by compiling clear guidelines and instructions. These professional ethical guidelines are compiled and communicated in a variety of professional levels, with different target groups and the communicating authority does its best to support its implementation using all the means it has access to. Normally, professional organizations, comprising a wide variety of specialists, provide and communicate general codes of ethics and guidelines by considering relevant issues to all the specialists in all fields. However; specializations have led to an increased demand for specific guidelines in all areas of medicine in addition to the general guidelines. These guidelines are normally developed by the professional associations of each discipline or field, and while being consistent with the guidelines or general codes of ethics in each country, illuminate the examples of general codes of ethics in the specialized field. The mission of the scientific and professional societies like ISAA is the development and expansion of knowledge and expertise of asthma and allergy aimed at providing optimal care for the patients. These societies can be successful if they allow ethical communication with other scientific and medical organizations as well as the public on the basis of mutual trust and set all their statements, activities, and communications with the

other stakeholders as a reliable, authentic, fair, unbiased, and impartial representative.

Like all other medical activities, there are some ethical considerations and questions that physicians, scientists, and specialists in the field of Asthma and Allergy encounters are faced with and are not included in general codes of ethics. That is why it is essential to set specialized ethical guidelines that include all these cases. The new specialized guidelines, which are prepared for such societies, must bring up ethical considerations that will have a positive influence on the scientific and educational purposes as well as its relevant activities and add to the quality of the provided service. Such ethical guidelines must evolve in accordance with the needs of society. So if the circumstances change, society must be aware of verifying these guidelines. To attain this, considering the Constitution of the Islamic Republic of Iran and all other statute laws and regulations which emphasize the necessity of being obedient to moralities in all the domains of the life of community members, and also the prominent status of morality in the upstream documents of medical discipline such as the law of establishment of the Islamic Republic of Iran Medical Council, as well as its bylaws, and addenda including "Disciplinary Bylaw for Investigation of Professional Misconducts of Medical Professionals" appointed by the Supreme Council of the Medical Council, "Patients' Rights Charter", and "Research Ethics Guidelines" appointed by Ministry of Health and Medical Education, ISAA has voted the "Iranian Society of Asthma and Allergy Codes of Professional Ethics". This document which is based on related national and international documents, ethical guidelines of international societies related to asthma and allergy and interviews with the specialists in the realm of asthma and allergy, includes "Ethical Guidelines for Management of the society", "General Ethical Guidelines", "Especial Ethical Guidelines", "Research Ethics Guidelines", as well as "Byelaw for Supervision on Professional Conduct of Society Members", has been approved by the Board of Directors/General Assembly and would be enforceable for the society members since the date of issue.

Section One: Ethical Guidelines for the Managers and Directors of the Society

Article 1: The managers and director of the society are obliged to act independently within the framework

of the country's statute law in performing all the educational activities, scientific programs, providing services, carrying out corporate and professional activities and shall not be adversely influenced by foreign representatives, institutions, firms, and other stakeholders while interacting with them.

Article 2: The managers and directors of the society are obliged to develop and publicly announce all the plans and policies that guarantee their independence in decision making, programming, and implementation.

Article 3: The managers and directors of the society are obliged to use the name and the position of the society only to achieve its goals and objectives and meet the mutual interest of all the members. Participation of the society as a legal institution in any activities and programs that follow the personal interests of either managers and directors or a certain group is totally forbidden.

Article 4: Director, managers and the members of the "Professional Ethics Committee" of the society need to provide information about all the financial relations and correspondence with all pharmaceutical companies and industries in a formal assembly of the board of directors.

Article 5: The disclosure of conflict of interests is indispensable not only for all the members of the society but also for the society itself as a legal entity. Therefore; it is essential that all the financial and welfare deals of the society in particular with other firms, pharmaceutical industries, and medical equipment must be recorded in financial statements and all other formal documents of the society in order to inform both the public and the "Ministry of Health and Medical Education Commission for Scientific Societies".

Article 6: The managers and directors of the society are obliged to publish its annual financial statement publicly in order to provide clarification for all the members of the society as well as the Ministry of Health and Medical Education Commission for Scientific Societies.

Article 7: The managers and directors of the society are obliged to record clearly any donations in the financial statement and inform the members of the society as well as the "Ministry of Health and Medical Education Commission for Scientific Societies".

Article 8: Financial supports of any kind from any authority is acceptable only when the sponsor does not have any requests or mutual expectations outside the

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scope of professional ethics and just provide help to perform activities in accordance with the mission's objectives of the society.

Article 9: The managers and directors of the society are not allowed to permit any firm or producer to affix the society affirmation or approval on their commercial products or to name ISAA in the promotion of their products.

Article 10: In order to defend the independence of the society, managers and directors of the society are obliged, upon receiving a research grant, not to allow the sponsor to intervene in the selection process of the researcher and impartially select grant recipients based on the internal and fair criteria.

Article 11: The managers and director of the society, upon receiving a grant by the society for certain research, are obliged to guarantee the independence of the researchers and do not allow sponsors to intrude in the procedure of the research and content of the articles.

Article 12: The managers and directors of the society are obliged to ensure that the procedure of compiling and publishing the clinical guideline is done without any intrusions of companies.

Article 13: The managers and directors of the society are obliged to prosecute the matter through the competent authorities, including the judicial authorities, if the name, brand, or forum status of the association, are exploited by any entities, in particular, private companies.

Article 14: The managers and directors of the society are obliged to administer justice amongst all the members besides informing and distributing scientific, educational, welfare, and other similar vested opportunities fairly.

Article 15: The managers and directors of the society are obliged to make an all-out endeavor to defend the rights of all the members of society.

Article 16: The managers and directors of the society are obliged to make every endeavor to provide the appropriate setting to operationalize this guideline including necessary education for the society members.

Section Two: General Guidelines

Article 1: The members of the society are obliged to make every effort to provide the best medical care for their patients. When the members of society realize that they do not have the necessary scientific and practical qualifications, they need to consult with their

other co-workers or refer the patient to other qualified physicians. In case the patient's life is threatened to an imminent risk due to a medical emergency, the physician must do the best to stabilize the patient's condition before referring the patient.

Article 2: The members of the society are obliged to provide medical care on the bases of the most recent evidence-based diagnostic and therapeutic methods accepted by all patients.

Article 3: The members of the society are obliged to be obedient to the clinical guidelines approved by official institutions including the Ministry of Health and Medical Education, Medical Council, or the ISAA. Any case of being disobedient to these instructions for any reason must be reported to the issuing authority and report the offense against the guideline, with reference to the relevant authority and society. If there is not any guideline all medical practices must be in accordance with the latest edition of the reference books introduced by the Ministry of Health and Medical Education and specialized norms. ISAA specialists are the authority to determine norms.

Article 4: Providing any services that are not mentioned in article 3, entitled as traditional medicine, complementary medicine, and similar terms, or referring patients to the centers that deliver such services are totally forbidden for the society members. Obviously, if the security and efficiency of such therapeutic approaches are approved through standard research, they will be mentioned as a standard treatment in the mentioned documents.

Article 5: Holding a medical degree, by itself, at any level does not justify any sort of standard medical intervention. The society members are obliged to treat patients only in the fields where they have passed official education and have acquired the necessary scientific and practical skills. Acceptable education includes all those that have been certified officially by the Ministry of Health and Medical Education, Medical Council and the ISAA.

Article 6: Taking medical swear means accepting a permanent commitment to provide diagnostic and therapeutic services to all people as much as possible. The members of the society are obliged to provide medical services to all their patients regardless of their gender, nationality, race, ethnicity, religion, type of illness and social, political, or economic status. Rejecting patients is acceptable only because of justified constraints such as lack of time and proper

facilities, or lack of technical and scientific knowledge. Patients' denial is justified only if there are such reasons and it is not optional for the society members.

Article 7: The members of the society are obliged to pass on fairness to and justice among all their patients. The society member physicians must have explicit, specific and ethically justifiable criteria including the emergency conditions of the patients, the extent to which procedures and health expenditure are efficient, etc. when prioritizing the patients and resource distribution.

Article 8: The members of the society are obliged to adhere to the rules and observe the highest standards of treatment in dealing with patients and their companions while fully respecting their human dignity and courtesy and avoid any act of insulting or humiliating them. In this regard, the society member physicians are in charge of monitoring the performance of their assistants and colleagues, including the secretary of their office, and those who are in contact with the patients.

Article 9: The members of the society must keep calm under any circumstance and avoid getting angry. Those members who may get into rage must educate themselves to take preventive measures, including receiving anger control training. In any case, every furious, impolite, and disrespectful action even in response to vilification, offensive behaviors, and so on are not acceptable by the society members. In rare cases when there is a possibility of physical injury by the patients and their companions, the society members can defend themselves physically as low as needed.

Article 10: The members of the society are obliged to treat the patients kindly. They must try their best to increase their personal capacity in order to increase their capability of empathy with the patients and avoid any disrespect to emotions and feelings of either the patients or their companions.

Article 11: The members of the society are obliged to make every endeavor to respect the individual and religious beliefs of the patients and avoid any intrusions that are in contrast with patients' beliefs.

Article 12: The members of the society are obliged to prioritize patients' interest when proposing all diagnostic and therapeutic proceedings and avoid imposing any extra expense on patients.

Article 13: The members of the society are obliged to avoid any situation that their interests are probably in conflict with the patients' interests. If there is any

conflict between the physician's interests and responsibilities, it must be resolved to provide the benefits of the patient. Confronting such conflict of interest cases, society members must resolve it by revealing their conflict of interest and, if possible, referring the patient to another qualified physician who is not in conflict of interest.

Article 14: The members of the society are obliged to avoid receiving any gifts in cash or other considerable financial forms such as gold coins, traveling abroad, and like that, from pharmaceutical companies, pharmacies, Para-clinical institutions such as laboratories, imaging centers and so on.

Article 15: The members of the society are obliged to concentrate not only on the physical conditions of patients but also on all their personal characteristics including psychological aspect such as possible concerns; social aspects such as family relationship and friendship, lifestyle, intrapersonal communication; spiritual aspects, as well as probable psychological and social context in which the disease has occurred and finally provide required recommendations along with the reasons of the association between such factors with the patients' disease.

Article 16: The members of the society are obliged to make every effort to maintain the trust of the patients to the medical profession in general and Asthma and Allergy in particular. To attain this, the society member physicians have to provide required information to the patients with complete honesty at all stages of diagnosis and treatment and avoid any direct or indirect actions or words that may mislead patients.

Article 17: In order to provide welfare and comfort for the patients and their companions the members of the society are obliged to make every effort to take care of patients' time when making the appointment and meet their needs as soon as possible. In the cases that patients have to wait for an appointment, they must be provided with the necessary amenities as much as possible.

Article 18: The members of the society are obliged to take all necessary procedures to minimize the pain and suffering of patients. Along with all the diagnoses and treatment interventions, utilizing standard palliative techniques is essential.

Article 19: The members of the society are obliged to pay special attention to the vulnerable people including children, pregnant women, the elderly, mentally ill and psychotic patients, prisoners, people

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with mental or physical disabilities, and orphans while respecting fairness and justice among patients.

Article 20: The members of the society are obliged to use all their facilities to save patients' life in emergency cases, regardless of cost and if there is a lack of facilities to save lives, they are supposed to transfer them to appropriate medical centers. Abandoning the patients who require medical services without appointing them to a qualified physician due to some excuses like the end of shifting hours is not acceptable at all.

Article 21: The members of the society are obliged to provide the patients with necessary information about their disease, which are required for them to make a decision about how to proceed with the diagnostic and therapeutic procedures and other life-related decision makings. Such information must be understandable for them based on the perception level, education, and the status of the patients or their alternative decision-makers.

Article 22: All the members of the society are obliged to display the patients' right charter in their offices in a place readily visible to patients and visitors.

Article 23: All the physicians of the society are obliged to acquire the necessary information regarding the criteria and predictable cost of diagnosis and treatment and then appropriately, make it available to the patients.

Article 24: The members of the society are obliged to use the exact professional titles as mentioned in their certificates. The use of any other title to unjustifiably influence patients' decision making to refer to a specific physician, such as membership in medical societies that do not have a specific academic or professional qualification, is prohibited.

Article 25: All the members of the society are obliged to be available to the patients during the diagnoses and treatment procedure or provide the patients with the necessary information to contact them or other residents who have scientific and practical qualifications to deal with the patients in emergency situations. In case physicians for any reason, such as travel and the like are out of access, they need to provide patients with a replaced physician who is scientifically and practically qualified.

Article 26: The members of the society are obliged to provide patients with instructions regarding how to continue with the treatment procedure, how to use

medications, and tracking treatment, setting the next appointments, clarifying medications side effects, the cases that patients must refer to a physician or emergency unit, lifestyles modification, etc.

Article 27: The members of the society are obliged to provide the patient with all the information recorded in their medical records anywhere including hospital, office, clinic, and so on, upon their request. To do so, there is no need to obtain permission from any authority, including judicial or non-judicial authorities.

Article 28: The members of the society are obliged to bring up all diagnostic and therapeutic options which are medically appropriate and acceptable for patients and identify them with weaknesses, strengths, possible benefits and complications. They must try to reach a consensus decision with the patients while answering their questions.

Article 29: The members of the society are obliged to respect patients' right to freely and consciously choose a therapeutic approach. The patients' choice in such cases is limited to the options which are medically logical and correct. However, it does not mean that physicians must act on any patients' requests. Instead, physicians are surveillant of patients' right to choose an option from all proper alternatives.

Article 30: The members of the society are obliged to respect patients' rights to select any other physician or counselor and make every effort to provide another physician with the patient's medical information.

Article 31: The members of the society are obliged to respect patients' rights to avoid undertaking the suggested treatment. Applying approaches based on tricks or dishonest behavior to convince the patient to accept treatment is forbidden. In all treatment refusal cases especially when the patient does not accept life-preserving therapies and may die or face serious injury due to treatment refusal, the physician must make every effort to peruse the patient, and, finally, inform the relevant authorities, including the hospital ethics committee.

Article 32: In cases where the patient's decision, such as refusal to treat, refusal to inform a third party who is at risk from the patients' decision, or the lack of cooperation of patients, which leads to the public health threats, the members of the society are obliged to make every effort to convince the patient to change his/her decision. In the event of failure to change the patient's decision, physicians must inform the ethics committee of the hospital or local medical council to

address the issue.

Article 33: In cases the members of the society hesitate the competency of the patient for decision making, it is necessary to consult with the relevant specialists. After confirmation of the patient incompetency for decision making, physicians must obtain informed consent from alternative decision-makers. In case the decisions made by the alternative decision-makers do not seem reasonable to the physician and are not in the best interest of the patients, the members of the society must report the matter to the ethics committee of the hospital or local medical council.

Article 34: The members of the society are obliged to make sure of the patients' free and informed consent. The responsibility of obtaining informed consent is on the behalf of the physician or any other members of the team and cannot be appointed to anyone else. Patients should not be charged for obtaining informed consent.

Article 35: The members of the society are obliged to respect the right of the patients regarding the confidentiality of his/her personal sensitive and insensitive information in differential diagnosis and therapeutic procedures which is available to the treatment team. Respecting this right requires not transferring the information to anyone other than the patient or the person who is permitted on the patient's behalf. Only those who are in the treatment team are allowed to have access to the information regarding both diagnosis and treatment. Just being a physician does not provide any rights to access the patients' information.

Article 36: The violation of confidentiality principle by the society members is just limited to the cases that are clearly declared in-laws. In such cases, the patient must be informed about the legal procedure as much as possible prior to collecting information. The physicians' requirement to provide patients' information to judiciary authorities is only limited to formal court inquiry. Other cases do not include this requirement.

Article 37: The members of the society are obliged to respect the privacy of the patients. This includes avoiding all the activities that the patients consider as a violation of their privacy. In this regard, the members must avoid patients' examination in the presence of others, asking critical questions in the presence of others so that it makes the patients ashamed,

unnecessary touching of patients, especially in the case of non-homosexual patients, asking personal questions irrelevant to the disease and so on.

Article 38: Suggesting and establishing any emotional relationship within the treatment procedure with the patients and their companions is forbidden.

Article 39: The physicians of the society are obliged to allow someone to accompany the patients in the process of diagnosis and treatment, upon their request. This also includes the presence of someone at a cardiopulmonary resuscitation unless it prevents the practice of standard medical interventions.

Article 40: The members of the society are obliged to respect the right of patients to make a complaint to the authentic agents and if summoned by the authorities, attend a designated time and respond to the questions with complete honesty. Being afraid of being sued must not cause taking unjustified caution, imposing non-standard interventions and unnecessary expenses on patients, or refusing to accept high-risk patients.

Article 41: The members of the society are obliged to compensate injuries appropriately in the case of any damage to patients.

Article 42: The members of the society are obliged to cooperate with expertise commissions of the Medical Council and Forensic Medical Organization.

Section Three: Specific Guidelines

Article 1: Considering the potential dangers of Immunotherapy such as the considerable danger of Anaphylaxis Shock in patients, the members of the society are obliged to update the scientific and operational capabilities of their own and other members of the supervised therapeutic team whilst making sure that safe and efficient equipment is available in the clinical sites where cardiopulmonary resuscitation (CPR) if necessary.

Article 2: Considering costly allergy tests and imposing enormous expenses on patients the members of the society are obliged to obtain a precise history of the disease, examine patients carefully, and review their medical records before referring patients to do allergy-related tests or Immunotherapy and recommend such tests just in case they observe indication in the test.

Article 3: Considering the close relationship between Asthma and Allergy problems and patients' lifestyles and environmental conditions, the members

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of the society are obliged to devote enough time to do a basic interview with patient, take an accurate account, and inspect different aspects of the patient lives in order to diagnose the causes and aggravating factors as exact as possible.

Article 4: The members of the society are obliged to avoid conducting any diagnostic tests routinely in their office before examining the patients. In particular, conducting Spirometry tests is authorized just in case scientific indication has been observed. Routine Spirometry tests on patients are not acceptable.

Article 5: In order to reduce costs paid by the patients and the Health Care System, the members of the society are obliged to trust tests done or prescribed by other physicians just in the absence of strong reasons for the invalidity of the results. They are obliged to avoid repeating tests just because they have previously been done by another individual.

Article 6: The members of the society are obliged to closely observe standard Clinical Practice Guideline when patients suffering from common diseases like Allergic rhinitis. They can only take action to prescribe and perform more expensive treatments like Skin Tests if the initial ones fail.

Article 7: Considering the remarkable probability of the serious complications caused by ultra-rapid immunotherapy, such intervention must only be prescribed for cases who are in urgent need with acceptable reasons such as those who necessarily need the desensitization to a particular antibiotic or the ones who are sensitive to a bee sting and like that. The members of the society are obliged to avoid using this kind of treatment to cure cases such as Allergic rhinitis or for reasons such as far distant of patients and difficulty of frequent referral to take prescription drugs.

Article 8: Recommending any intervention as a treatment to patients needs to be within an evidence-based guideline that has been approved as a standard treatment. The members of the society especially the university faculties are obliged to avoid adopting any intervention that has only been studied in papers and has not been approved as a standard treatment yet especially in their internship hospitals such interventions can be carried out only within clinical trials in accordance with section 4 of this guideline.

Article 9: The members of the society are obliged to mention not only minute side effects but also the potentiality of serious complications like Anaphylaxis

and even death in the process of obtaining informed consent from the patients who have requested Immunotherapy especially Ultra Rapid Immunotherapy and make sure the patient has thoroughly comprehended the matter.

Article 10: Considering the negative mental image of a lot of patients and their companions towards taking oral steroid and in order to encourage patients' effective cooperation to take them both appropriately and punctually, the members of the society are obliged to be highly responsive to the concerns of patients and the parents of sick children in particular when prescribing such medications seem necessary. They are also obliged to provide an accurate account of short term and long term potential complications besides the consequences of not taking them.

Article 11: Considering the existing complexity of making a decision about Bone Marrow Transplant option for patients who suffer from Immunodeficiency and in order to prevent unrealistic expectations and hopes, the members of the society are obliged to submit final decision about the appropriateness of transplantation for such patients upon the special committees that are established in the facilities for this purpose.

Article 12: Those members of society who have been selected by insurance companies or insurer organizations to give approval to the certain and expensive prescription medicine are obliged to take actions only based on available evidence, valid documentation, and their own clinical judgment and do not be influenced by unjustified explanations. It is highly recommended that members make contact with the physician who has prescribed such medicine in case they hesitate and resolve any ambiguity. The members who are authorized for medicine confirmation are not allowed to take this opportunity to attract the patients for either further treatment or using them in the research they conduct.

Article 13: Although the members of the society are obliged to avoid receiving any gifts in cash or other remarkable financial forms including gold coin, and traveling abroad from pharmaceutical companies, pharmacies, paraclinical institutions including laboratories, radiography centers and so on, they are allowed to receive complimentary samples of expensive medicine for the patients who are in need and afford them. However, society itself has the priority to take such medicine.

Article 14: In serious Immunodeficiency cases when informing patients' parents about the nature and conditions of such horrible life-threatening disease may hurt patients' companions, physicians must warn them gradually and within a standard procedure in a way that in spite of telling them the truth they will not feel hopeless.

Article 15: It is recommended when diseases like Immunodeficiency impose catastrophic expenditures on patients' families, physicians do their best to provide financial support to afford treatment expenses through charity organizations and other possible approaches although the physicians do not have any ethical responsibility for such financial help and they will not be condemned if they do not make a monetary contribution.

Article 16: the members of the society are obliged to prescribe the medicines that have met the national and international approval in accordance with valid scientific sources. Providing and prescribing any non-standard handmade medicine by the physicians of the society is prohibited.

Article 17: In case of observing any possible medical errors on behalf of other physicians that have hurt patients remarkably, the members of the society, after making sure of the error, are obliged to behave in a very responsible way so that the patients will not lose their trust to the physician while they avoid any offensive and insulting remarks to their fellow members who have committed a medical error. They must convince the patients that such malpractices are inevitable and they must see the same physician to state and pursue the complications. Provoking patients to make an inconvincible complaint of the physicians and their fellow members is definitely prohibited.

Article 18: The members of the society are obliged to inform the ethical committee of the society in case of observing their fellow members' recurrent inconvincible errors. In case the physician committed such errors is not a member of the society the Medical Council must be informed in a written or oral form.

Article 19: Although respecting the patients' right to choose and make informed decisions is one of the fundamental principles of medical ethics, the members of the society are obliged to help patients for making the decision. In case the patients require the physicians to make the final decision they should try to avoid holding the last view as far as possible and by giving priority to the patients' benefits offer their suggestions

to either the patients or those who make the decision on their behalf.

Article 20: The members of the society are obliged to explain the matter to the families whose children suffer from Congenital Immunodeficiency Disorders and genetic defects and provide the necessary training for taking preventive measures in their following pregnancy.

Section Four: Ethical Guidelines for Research and Education

Article 1: Every member of the society who wants to conduct research on patients or other people during their professional career is obliged to put forward a proposal receive the ethical approval of one Research Ethics Committee which is authorized officially from the secretariat of the National Deputy of Medical Biology Research Ethics in Ministry of Health and Medical Education.

Article 2: Conducting research must not begin before the confirmation of the proposal by the Research Ethics Committee.

Article 3: It is necessary that the members of society consider the improvement of human health by observing their rights and humanity as their main purpose when conducting research on human beings. In the course of the research process and even after it, the health and security of the research subjects must have priority over other benefits.

Article 4: The members of the society are obliged to conduct human research only when they have the expertise and clinical skills. Designing as well as conducting the researches which are carried out on human beings must be within the scientific framework and updated knowledge based on a thorough literature review of the previous studies.

Article 5: the members of the society are obliged to conduct research on human beings only when they are sure the potential benefits for the subjects outweigh the perils. In non-therapeutic research, the level of harm must not exceed what ordinary people confront in their daily lives.

Article 6: The members of the society are obliged to take initial steps before conducting every research in order to minimize the potential injury and prioritize meeting their health.

Article 7: the members of the society are obliged not to put the subjects in danger for reasons like speed, easiness, researcher's comfort, lower expenses, or just

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practicality.

Article 8: The members of the society are obliged to stop the research process on human beings as soon as they figure out the subjects of the research are exposed to dangers more than potential benefits.

Article 9: The members of the society are obliged to respect the right of ethics committees to observe ethical considerations in the research procedure and provide these committees with the information as well as the documents that Ethics Committees may require.

Article 10: The members of the society are obliged to behave fairly when selecting the potential subject amongst the population of patients or any other population so that the distribution of dangers, expenses, and benefits of research participating in the subjects and population remains impartial.

Article 11: The members of the society are obliged to ask for informed consent from the subjects or those who make a decision on their behalf when they conduct research on human beings.

Article 12: The members of the society are obliged to make sure that the consent has been obtained informed and consciously. They are also obliged to inform the subjects of the research fully about all the information that can be influential in their decision.

Article 13: Informed consent form must include some information like research title and objectives, time duration, research methodology, budget resources, any potential conflict of interest, researcher's affiliation, as well as the advantages and disadvantages of the research. These items must be written comprehensibly. The subjects of the research must be informed that they can leave the research whenever they want.

Article 14: The research members of the society are obliged to make sure that informed consent has been obtained freely. Any behavior that involves threat, temptation, deception, or compelling the subjects to participate in the research is forbidden. Considering patients' requirements to their physicians, this matter must be considered more seriously especially when the members of the society want to carry out therapeutic research on their own patients.

Article 15: Rejecting or interrupting research participation by patients must not have any effect on the diagnostic and therapeutic services that members of the society provide to them. This must be informed of the subjects when obtaining informed consent.

Article 16: The members of the society are obliged to provide protection from some vulnerable groups like mentally disabled people, children, and infants, and prisoners whose capacity to give informed consent is limited. Such limitations must not make these groups as preferable subjects in the research conduction.

Article 17: In conducting research on vulnerable groups, the members of society are obliged to obtain informed consent not only from the replaced decision maker but also from the subjects themselves as far as possible and respect their denial for any participation.

Article 18: The members of the society are obliged to do their best to respect patients' privacy and observe the confidentiality of patients and subjects' information in research. They are also obliged to make rational decisions to prevent the unjustified publication of the collected data during the research procedure. In reporting rare cases double precision is required to protect the patients' identity.

Article 19: The researchers of the society are obliged to compensate for any financial loss which is imposed on the patients due to their participation in the research. In cases that research is sponsored by pharmaceutical companies, they are obliged to make sure that the financial sponsor will provide the subjects with comprehensive insurance and then start conducting research.

Article 20: The researchers of society are obliged to provide all the research expenses from research budget sources. They are obliged to avoid imposing any research expense on their patients or using their medical insurance.

Article 21: The researchers of the society are obliged to observe ethical standards in research publication including an honest, accurate, and comprehensive report of research findings that covers both positive and negative outcomes. Any kind of data fabrication or falsification is obliged to be avoided.

Article 22: The members of the society are obliged to participate as a research author just in case they meet the following authorship conditions. In addition, they must avoid mentioning those who do not meet the following conditions as an author. One is the author (or one of the authors) of an article, which firstly, has made a great contribution in the preparation of the research idea or design, collecting, and analyzing and interpreting data. Secondly, play an effective role in

writing research first draft or undertaking a critical review which will lead to the scientific edition of the research content. Thirdly, study and approve the final draft of the research. Finally, accept the responsibility that all the ethical standards in all the research procedures have been observed by all the fellow members.

Article 23: Those members of the society who are teaching as a faculty member are obliged to demonstrate their full capabilities to provide the best education for the university students and other learners and treat them with respect.

Article 24: In cases that performing educational duties is in contrast with providing diagnostic and therapeutic services to the patients, the priority is patients' benefits and the necessity of educating students cannot justify neglecting patients' rights.

Article 25: The members of the society are obliged to respect patients' rights to avoid participating in the education of students and learners. Patients cannot be obliged to participate in educational procedures due to the fact that university therapeutic centers are educational. Health services that are provided officially by learners at different levels are the exception to the rule.

Section Five: Procedure for Supervision on the Professional Behavior of the ISAA Members

Article 1: Definitions

- Professional Ethics Committee of ISAA is made up of 5 natural members which in this document is called committee briefly.
- Professional misconduct defined as any violation of professional standard medical ethics mentioned in laws of the country, disciplinary regulations of Medical Council and its addenda, patients' rights charter, and ISAA codes of professional ethics.
- Examples of educational and research misconduct in addition to those specified in the above document include violating the instructions issued by the Ministry of Health and Medical Education in the field of ethics in research and education.

Competent authorities include those who can be called, as appropriate, to follow-up final reports of the Professional Ethics Committee of ISAA on the professional misconducts of the members. They include judicial authorities, disciplinary committees of Medical Council, committees in charge of dealing with faculty members' misconducts, boards of

administrative offenses to university staff as well as educational or research institutions, and other law enforcement, disciplinary, and administrative authorities.

Article 2: Professional misconduct includes a variety of examples that have been already specified in approved documents and is classified under the following general categories:

- Professional misconduct in dealing with the patients and their companions
- Professional misconduct in dealing with the colleagues and other members of the therapeutic team
- Professional misconduct in professional dealing with organizations, medical institutions, pharmaceutical companies, and medical equipment
- Professional misconduct conducting medical education and research

Article 3: Professional misconduct is divided into mild, moderate, severe and very severe based on the kind, frequency, repetition, offender's status, committing motivation, its effects on the patients, and its adverse effect on public trust. Rating the misconduct for each case will be individually recognized by the committee, which will be determined by the ISAA announcement.

Article 4: The committee which includes 5 members is as follows:

- 3 individuals of the ISAA selected by the board of directors
- 1 lawyer familiar with medical laws holding at least master degree selected by the board of directors
- 1 individual specialized in medical ethics or one individual who is working in medical professions and related fields familiar with medical ethics selected by the board of directors

Note 1: Maximum 2 members of the society boards of directors can be a member of the committee in every round

Note 2: The members of the committee must not have any disciplinary conviction record

Note 3: The chairman of the committee is one of the members of the committee that is selected by the direct votes of the committee members.

Note 4: The committee is officially recognized following the presence of 3 members.

Article 5: The competency of the committee includes:

- Supervising the proper implementation and

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observing professional ethics standards by the members of the society

- Receiving and reviewing the reports on the professional misconduct of the members of the society
- Trying to resolve the received issues and, if necessary, reporting cases of professional misconduct to the competent authorities
- Performing educational and research studies related to professional ethics

Article 6: No natural and legal entity has the right to retaliate against the society members or experts. Any violation of this principle must be reported to the competent authorities.

Article 7: Reviewing professional misconduct must be done fairly and the rights of all individuals and members who are engaged must be considered. Every individual must be fair and impartial in all the stages of studying the case.

Article 8: in all the stages of investigation, resolution, and settlement of the report as well as submission to the competent authorities, the confidentiality must be respected as much as possible. In order to prevent disclosure of information, the chairman of the committee must ask for undertaking a commitment from all the engaged members such as experts, personnel, etc.

Article 9: The committee is responsible to protect the dignity of the people under study. Whenever after carrying out the inspection, regulating professional misconduct was not proved; the defendant must be fully supported. All the individuals who are engaged in reviewing the case including the members of the committee, experts, and others must make every effort to ensure that the rights, position, occupation, and the reputation of the stakeholders won't be threatened.

Article 10: No one is allowed to be informed about the reports, claims, or any related information except the members of the committee and related secretariat as well as invited experts who have signed the confidentiality commitment. Only on the assumption of necessity by the review committee to complete the investigation and investigation process, the minimum information required in accordance with the provisions of this instruction is provided to a third party. The information of the third party regarding the inspection of the case must be in accordance with maximum confidentiality and the third party must also be justified in relation to the principle of confidentiality. All the

information, evidence, and documentation are considered confidential and the chairman of the committee must take necessary actions to ensure compliance with this principle.

Article 11: inspecting professional misconduct is possible with the report of any natural or legal entity. This report must be presented as a written submission to the Professional Ethics Committee of the Society.

Article 12: The plaintiff needs to provide a written description of the professional misconduct as well as the required information such as contact information of himself and the defendant, evidence, and documents in the attachment.

Article 13: If the complainant refuses to provide necessary information or his/her characteristics or requests the confidentiality of his/her identity, or the report was submitted without any name or signature, but the issue is important to the committee, the review shall continue.

Article 14: The committee must fill a file with all the relevant documents for every submitted report. This file is confidential and a maximum of confidentiality should be kept by the end of the proceeding.

Article 15: After receiving the initial report, if the chairman of the committee can call for an urgent meeting at the earliest convenience within a week.

Article 16: The committee is obliged to make a decision either to accept or reject reviewing the case at least two weeks after receiving the report.

Article 17: If the committee's decision is not to review the case, it must be announced to the plaintiff.

Article 18: The committee is obliged to initially explain the defendant's rights and procedures of investigation.

Article 19: the initial procedure of investigation such as taking the professional viewpoints of the competent experts and asking the defendant to bring the issue up can be done by the chairman of the committee before setting the report forth for discussion in the committee.

Article 20: Based on the legal principles of the citizen's security and immunity and inhibition of inspection, the members of the committee and invited experts are not allowed to do any inspection in the private life of the plaintiff at all. In the examination phase, investigations that lead to the detriment of the defendant's reputation should not be performed. The disclosure of the information, evidence, location, and

accessibility must be limited to the people who are engaged in the inspection procedure as much as required.

Article 21: The name of the committee members and invited experts must be announced publicly. In case the defendant or the plaintiff by providing enough evidence announces any conflict of interest with any members of the expert team or committee, the chairman must apply any necessary changes. Otherwise, the chairman is obliged to provide his reasons for ignoring such complaints in the file appendix. This must also be mentioned in the reports.

Article 22: All the members of the committee are obliged to reveal any potential conflict of interest to the other members of the committee. If the committee realizes that the conflict of interest is influential, it is necessary to exclude the member(s) with conflict of interest from the decision-making process. If the number of members with a conflict of interest exceeds two members, the board of directors must appoint one to three individuals from its members as a temporary committee member to investigate this certain case.

Article 23: Conflict of interest includes cases like having a communal financial or spiritual interest, blood or causal relationship to a third-degree of each class, or having a legal dispute with the authorities with each party.

Article 24: If it is determined that a member of the committee or interviewed experts have had a conflict of interest or hostility with any of the parties, he/she must be immediately prevented from attending the proceedings.

Article 25: Only submitting claims about the conflict of interest or hostility does not remove the individuals from an investigation procedure. The committee is obliged to investigate conflict of interest or hostility and make a decision regarding the accuracy and importance of the matter. The claim for conflict of interest or hostility and committee decision for either attendance or non-attendance of the protested individual must be recorded and mentioned in the related reports.

Article 26: The chairman of the committee can invite reliable experts to attend committee meetings or to ask their judgments about the submitted reports.

Article 27: In the inspection procedure the plaintiff must be able to defend himself/herself, ask questions, and provide information, evidence, or documents based on the submitted report.

Article 28: The plaintiff can make a request to attend the meeting of the committee at least once.

Article 29: After the report has been received, the committee must, at a meeting not later than one month from receiving and recording the report, begin to investigate the case and declare its judgment in the earliest possible time from the date of receiving the report, by providing reasons for both parties and according to relevant authorities.

Article 30: The judgment of the committee, after mentioning the exact details of the parties and a summary of the issue, must stipulate whether or not the professional misconduct is recognized, as well as its type and degree, along with mentioning the reason.

Article 31: If the complainant disregards his objection at different stages of inspection, the committee must continue the proceedings until the final judgment is issued. The defendant has the right to be informed of the steps taken to investigate professional misconduct, any new claims, the meeting records, and reports.

Article 32: In the case of professional misconduct, depending on the type, frequency, and extent, the committee, in addition to referring its views to the competent authorities, may make a proposal to suspend the membership of the offender for a specified term to the board of directors.

Article 33: In the case of professional misconduct, depending on the type, frequency, and extent, the Committee may propose penalties to the competent authorities.

Article 34: Examination of cases in ethics committees doesn't remove the responsibility of authorities for investigating, prosecuting, and issuing sentence for punishment, and doesn't prevent a lawsuit by the parties to the authorities.

Article 35: The costs of investigating professional misconduct are provided by the community itself.

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CONFLICT OF INTEREST

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