



Code of Ethics

Preamble

The Code of Ethics (“the Code”) of the American Urological Association (AUA) is a public document defining expectations for the professional and personal behaviors and actions of all members. The Code aligns with the AUA’s vision “to be the premier professional association for the advancement of urologic patient care” and mission “to promote the highest standards of urological clinical care through education, research, and the formulation of health care policy.”

The Code provides an overarching ethical framework for AUA members. Moreover, the Code is an enforceable code of conduct necessary to protect the public safety and the reputation of urology. The AUA recognizes that ethical attitudes may vary and reminds readers that the Code is not a legal document and should not substitute for or supersede applicable local, regional, and national statutes and regulations.

The AUA’s Code of Ethics includes:

- Section 1 – Patient Care
- Section 2 – Competence
- Section 3 – Harassment & Discrimination
- Section 4 – Confidentiality & Consent
- Section 5 – Business Practices
- Section 6 – Research
- Section 7 – Civility & Health Care Policy

Section 1 – Patient Care

General Principles of Patient Care: AUA members must always strive to practice with the goal of achieving the finest standards of urologic care whether visits are in person or via telehealth. Members must engage in the practice of urology with honesty and place the welfare and rights of patients above all else. Members must treat each patient as they would themselves or their family members. Urologic care must be provided with full respect for human dignity and patient autonomy, accounting for individual cultures and beliefs.

Care Continuity: Care continuity of medical and surgical patients is a core tenet of ethical practice and is the personal responsibility of all members. This responsibility applies to patients in the pre-operative period,



during post-operative recovery, and as part of long-term follow-up. It is recognized that care under the direct or indirect supervision of members may be delegated to other individuals including, but not limited to, advanced practice providers, nurses, medical assistants, and trainees. Members of the urologic care team must possess and maintain appropriate training and competence.

Commitment to Care: Members must commit to comprehensive patient care and must maintain this commitment once a physician-patient relationship is established. Members who withdraw from this relationship for whatever reason should assist in providing options for alternative urologic care and provide medical records following institutional policies and procedures.

Fee-splitting. Members may not engage in fee splitting by receiving payment a portion of their fee from the physician who referred a patient for treatment.

Work Outside of Regular Practice: Surgery or medical care performed anywhere, including outside a member's primary state or locality, should be performed with the same standards of care used in regular practice and, where feasible, with the approval of local privileging boards. This applies to locum tenens, itinerant surgery (performed by a visiting surgeon in which the postoperative care is left to another physician), and medical mission work. Patients who are treated in these circumstances should be made aware of the limitations, especially regarding long-term follow-up and care continuity.

Early Adoption of New Technologies: As members consider adopting new or emerging technologies, especially where such technologies are unregulated or underregulated, it is the member's ethical obligation to prioritize patient safety and ensure they have received the proper training and support. Individuals must receive proper approval from the credentialing committee of their local hospital or health care system prior to implementing any new technologies. Information about new technologies must be disclosed to patients as required by state and federal laws and regulations, including those related to patient privacy. Members are expected to comply with all laws and regulations applicable to the use of new and emerging technologies.

Section 2 – Competence

Continuing Urologic Education: Members should maintain their qualifications by continued study using the scientific basis of evidence and proof. Medical knowledge must continuously be maintained and improved in order to offer the most appropriate treatments and alternatives for patient care. Members should seek the assistance of respected colleagues in handling challenging clinical scenarios.

Competence: The Merriam-Webster Dictionary defines competence as “having adequate knowledge, judgement, and skill”¹ to make professionally appropriate and acceptable decisions regarding patient care and management. In an ethical sense, and as applied to urology, competence should include possessing the necessary skills and abilities to provide the best available treatments or procedures. Members must safeguard the public and the profession from physicians deficient in moral character or professional competence. Members shall report to the proper authorities fellow members engaging in illegal activities,



unethical conduct, fraud, or deception. Members must encourage physicians impaired by alcohol or substance abuse to seek help and must report their concerns to privileging boards or other regulatory entities. Members must also report any suspected abuse or neglect of patients.

Section 3 – Harassment & Discrimination

The AUA requires that its members (in all categories) and candidate members uphold the highest standards of ethical behavior and professionalism. This includes during professional practice, in the respectful treatment of our colleagues, business/industry associates, staff, employees, trainees, and students. Members shall not discriminate based on race, ethnicity, gender, sexual orientation, gender identity, nation of origin, culture, religion, age, (dis)ability, or socioeconomic background. Incidents of abuse, physical or sexual harassment, professional misconduct, or other inappropriate behaviors will not be tolerated. Members should report to appropriate authorities any suspected sexual harassment, exploitation, and/or sexual misconduct. Depending on the state, physicians may also have a legal responsibility to report suspected violations.

Section 4 – Confidentiality & Consent

Patient Confidentiality: Physician-patient confidences must be safeguarded within the constraints of the law.

Informed Consent: Informed consent is integral to providing appropriate medical and surgical care. Members must provide patients with the information necessary to consent and make their own treatment decisions. The discussion must be in accordance with local consent laws. Ethically, it is recommended that the discussion include available and acceptable treatment options, known risks and benefits, reasonable expectations, possible complications, available alternatives, and the identification of other medical personnel who will be participating directly in the delivery of care. Members must respect the rights of their patients and be limited by the scope of their implied and administrative consents.

Section 5 – Business Practices

Advertising: Any advertising used by members must be honest and straightforward, not fraudulent or deceptive. Member communications with the public must be accurate and not misrepresent training, credentials, experience, or ability. Members must refrain from the publication of negative marketing materials targeting other providers.

Expert Testimony. If members are asked to serve as an expert witness, their testimony shall be based on recent and substantive content expertise. Members serving an expert witness shall be able to discuss the



factual, scientific and truthful basis for the expert witness opinion provided in compliance with AUA's Expert Witness Policy².

Social Media: Social media must be used in an ethical and transparent way. Members, in their professional communications, must not post inappropriate, discriminatory, or unprofessional content on social media. Members must not disclose any patient health information without consent and should not use social media to negatively impact or bias their relationships with patients, colleagues, employees, business/industry associates, trainees, or students. In the use of social media, members must also respect the intellectual property rights of others and refrain from using copyrighted materials, published presentations, and other proprietary resources without permission from and recognition of the owners.

Artificial Intelligence: The use of artificial intelligence to create or edit content, whether for business, professional use, or for purposes related to research, must be clearly disclosed and include specific identification of content that was developed by or with use of this technology. Members are expected to comply with all laws and regulations applicable to the use artificial intelligence and to respect the intellectual property rights of others.

Section 6 – Research

Investigative Research: Members who engage in investigative research must perform this work in a fair and truthful fashion. Research should be conducted for the benefit of society and patients. Unethical research is not acceptable and can negatively impact the collaborative reputations of researchers and institutions, as well as the AUA. Members who are principal investigators must adhere to guidelines for the responsible, ethical performance of research as defined and approved by internal and external review boards. They must also ensure that research collaborators who serve as co-investigators, trainees, students, coordinators, or other contributors to the work must adhere to these same guidelines.

Clinical Trials: Clinical trials must strictly follow accepted standards and their existence and progress must be published according to these standards. Reporting of conflicts of interest relationships as defined by local and national regulatory agencies must be disclosed at all stages of research planning, development, publication, and dissemination.

Plagiarism: Members must not present someone else's work as their own in presentations or publications. All published work should be acknowledged and the original author cited.



Section 7 – Civility & Health Care Policy

Local, State, and Federal Laws: Members must obey all local, state, and federal laws in their professional actions.

Healthcare Policy: Members are encouraged to use available and acceptable methods to change or improve laws that may not align with the best interests of their patients. These methods include lobbying, community engagement, and public speaking.

Changing Ethical Environments: Societal and ethical norms are constantly changing. Members should recognize this and constantly work to improve and adapt the ethical care they provide. In parallel, the AUA will periodically work to amend or modify portions of this Code. Emerging issues inevitably appear and must be judiciously considered in the light of the best interests of individuals, the field of urology, and society.

Version History

Board of Directors, January 1999

Board of Directors, February 2024 (Revised)

References

1. Merriam-Webster Dictionary (2024). Definition of Competence. Online Edition. https://www.merriam-webster.com/dictionary/competence?utm_campaign=sd&utm_medium=serp&utm_source=jsonld.
2. AUA Expert Witness Policy (2011). <https://www.auanet.org/about-us/policy-and-position-statements/expert-witness-testimony-in-medical-liability-cases>