Code of Ethics
Approved 11.12.07

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INTRODUCTION
The International Society for Clinical Densitometry (ISCD) is a multidisciplinary membership composed of clinical and technologist healthcare providers, researchers, educators, and others from around the world who have a professional interest in the quality assessment of skeletal health. The ISCD is registered in the United States as a 501(c)(3) nonprofit entity.

As a nonprofit society, the ISCD is funded for the public good and must comply with applicable laws (local, state and federal). Fundamental values such as honesty, integrity, fairness, respect, trust, responsibility, and accountability serve as guiding principles for the ISCD.

In 2006, the ISCD Ethics Committee was charged with the responsibility to develop a Code of Ethics for review by the ISCD Board of Directors (Board). This Code of Ethics identifies general principles and guidelines for ethical issues regarding relations within the ISCD, with its members, with the scientific community, the general public, and with sponsors.

After an initial review and revision process, the Board approved this Code of Ethics on March 14, 2007, for posting on the ISCD Web site for review and comment by the membership for 90 days, after which the Board approved this Code of Ethics on November 12, 2007.

I. GUIDING PRINCIPLES FOR EXCELLENCE

I.A. Mission
The Mission of ISCD, as defined and approved by its Board, is: To Advance Excellence in the Assessment of Skeletal Health. The Mission is found in the ISCD’s strategic plan and is periodically evaluated to determine if modifications are required.

The resources of the ISCD are devoted to achieving this Mission. The ISCD’s Mission is accomplished through the following programs:

I.A.i. Promoting broader understanding of the clinical application of bone mass measurement technology.
I.A.ii. Striving for quality control to make densitometry performance and reporting clinically relevant to physicians.
I.A.iii. Adopting an industry and technology neutral approach towards advances in the field.
I.A.iv. Supporting the debate on cost and accessibility of densitometry.
I.A.v. Encouraging improvements in patient care through appropriate utilization of densitometry.
I.A.vi. Sharing common information among members.
I.A.vii. Continuing professional education and certification for clinicians and technologists.
I.A.viii. Developing a positive interface with other relevant societies.

I.B. Core Values
The ISCD and its members are dedicated to the following Core Values:
I.B.i. Excellence – to work at the highest level of performance in all endeavors related to ISCD’s Mission, with a commitment to continuous improvement, and at the highest level of ethical conduct.

I.B.ii. Integrity – to be honest, fair, objective, and trustworthy in developing and disseminating scientifically accurate information, providing clinical care, and performing research.

I.B.iii. Respect – to recognize the dignity of every person, protect privacy, and value diversity, not discriminating based on race, color, national origin, religion, gender, disability, or affiliation.

I.B.iv. Stewardship – to manage finances and other resources of the ISCD responsibly.

II. RESPONSIBILITIES OF ISCD AS AN ORGANIZATION

II.A. Leadership

The ISCD is governed by a volunteer Board consisting of individuals who are committed to ISCD’s Mission.

II.A.i. Board Responsibilities and Conduct, and Composition

II.A.i.1. The Board of the ISCD is elected by the membership and has responsibility for providing oversight and leadership for the ISCD with high integrity and the highest standard of ethical conduct.

II.A.i.2. With the Mission in mind, the ISCD Board engages in ongoing planning activities to determine the specific goals and objectives related to the Mission, and to evaluate the success of the ISCD’s programs toward achieving the Mission.

II.A.i.3. The Board strives to meet the professional needs of the ISCD’s members.

II.A.i.4. The Board establishes policies for the effective management of the ISCD. The Board approves the ISCD’s annual budget and periodically assesses the ISCD’s financial performance in relation to the budget, including the distribution of ISCD’s resources for programs and administration. The Board hires the ISCD’s executive staff and periodically evaluates his/her performance.

II.A.i.5. The Board is responsible for its own operations, including the education, training, and development of Board members, and annual evaluation of its own performance.

II.A.i.6. Frequency of Board meetings is determined by the need to fully and adequately conduct the business of the ISCD.

II.A.i.7. Written minutes of Board meetings describing the actions of the Board, including reports of the Executive Committee, are maintained and distributed to Board and Executive Committee members. The ISCD and its Board have a responsibility to protect Board discussions against unintended disclosure.

II.A.i.8. Board members are expected to participate in program activities to support the Mission of the ISCD.

II.A.i.9. The Board appoints chairs for all ISCD committees and task forces, and selects editors for the ISCD’s publications, including its journal, the Journal of Clinical Densitometry.

II.A.i.10. The Board supports the editorial process of its journals. Editors have a fiduciary responsibility for managing the journal prudently, ensuring the
quality of publications, and maintaining the confidentiality and integrity of the review process.

II.A.i.11. The Board has a responsibility to inform and educate the ISCD’s membership about relevant ethical issues.

II.A.ii. **Board Composition**
II.A.ii.1. The Board is composed of individuals from the ISCD membership who are personally committed to the Mission of the ISCD.
II.A.ii.2. Board membership strives to reflect the diversity of the constituencies served by the ISCD.
II.A.ii.3. Board members serve without compensation. While time commitments are expected, Board members are not expected to incur significant financial expenses in their service to the ISCD, and they will be reimbursed only for certain expenses directly related to their Board service. Board membership is not based on a Board member’s ability to contribute financially to the ISCD.
II.A.ii.4. The Nominating Committee for the Board has a responsibility to ensure a fair and nondiscriminatory nomination process and request that nominees provide accurate and current Curricula Vitae and disclosures, including potential areas of conflict that would impact the Board’s ability to perform its functions.

II.B. **Disclosure and Conflict of Interest**
ISCD Board members and all those who participate in activities of the ISCD should act in the best interest of the ISCD, rather than in furtherance of personal interests or the interests of third parties.

II.B.i. **Disclosure and Conflict of Interest Policy**
ISCD has a written disclosure and conflict of interest policy to identify actual, potential, or perceived conflicts of interest. It is applicable to Board members, their immediate family members (such as spouses/partners) and senior staff members (and their spouses/partners) who have significant independent decision-making authority regarding the resources of the ISCD. The policy identifies the types of conduct or transactions that raise conflict of interest concerns, sets forth procedures for disclosure of actual or potential conflicts, and provides for review of individual transactions by the uninvolved members of the Board. A disclosure form is provided to and signed by Board members and senior staff members, both at the time of the individual’s initial affiliation with the ISCD and annually thereafter.

II.B.ii. **Disclosure and Conflict of Interest for CME Activities**
ISCD members, senior staff, and others who serve as a faculty member or planner in a continuing medical education (CME) activity sponsored by the ISCD must meet additional standards regarding conflicts of interest, as required by the Accreditation Council for Continuing Medical Education (ACCME). Grantors from industry that support a CME activity sponsored by the ISCD must also follow government and industry dictated conflict of interest guidelines.

II.C. **Financial and Legal Issues**
II.C.i. **Financial Accountability**
II.C.1. The Board assures that the ISCD’s financial resources are used in furtherance of the ISCD’s purpose through approval of an annual ISCD budget. Accurate financial records are kept and are available for review by outside Certified Public Accountants and the Board.

II.C.2. The accuracy of the financial reports is subject to an annual audit by a Certified Public Accountant.

II.C.3. The Board establishes the ISCD’s investment policy and the amount set aside as reserve funds. To protect its assets, the ISCD has written financial policies governing investment of the assets of the ISCD, internal control procedures, purchasing practices, and reserve funds.

II.C.ii. Legal Compliance and Accountability
II.C.ii.1. The ISCD is aware of and complies with all applicable federal, state, and local laws, including those related to fundraising, licensing, financial accountability, human resources, and insurance coverage and taxation, with periodic internal reviews that are provided in summary form to the Board.

II.D. Openness
As a nonprofit organization, ISCD is committed to openness regarding information about its goals, programs, and finances.

II.D.i. The ISCD prepares, and makes available annually to its members and the general public, information about the ISCD’s Mission, program activities, leadership, and audited financial data.

II.D.ii. Records of the ISCD are open to its members and the general public, and are available by appointment.

II.D.iii. The ISCD provides its members with mechanisms for voicing their opinions and concerns, including raising them during the Annual Business Meeting and approaching individual Board members and senior ISCD staff.

II.D.iv. Timely and constructive response to issues raised is an ISCD goal.

II.D.v. The ISCD provides members of the public who express an interest in the affairs of the ISCD with a meaningful opportunity to communicate with an appropriate representative of the ISCD.

II.D.vi. ISCD has management staff members, legal counsel, and outside accountants who are responsible to assure that the ISCD is complying with both the letter and the spirit of federal and state laws which require disclosure of information to members of the public.

II.E. Privacy
The ISCD is committed to maintaining privacy, as evidenced by the following:

II.E.i. The ISCD provides members with mechanisms for voicing their opinions and concerns confidentially, including approaching individual Board members and senior ISCD staff.

II.E.ii. The ISCD has policies in place that protect the confidentiality of personal information it obtains.

II.E.iii. The ISCD maintains the privacy of visitors to the ISCD’s Web site.

II.E.iv. The ISCD does not sell or exchange the lists maintained by the ISCD. Bylaws permit the list to be rented for one-time use, provided the contents to be mailed have been approved by the Board or senior staff.
II.F. **Fundraising**
Charitable contributions, including donations and unrestricted educational grants from industry and others, provide an important source of financial support. The ISCD, as other nonprofits, may accept fees from industry and others for services rendered (e.g., commercial exhibits at the ISCD’s meetings). The ISCD fundraising program is maintained on a foundation of truthfulness, transparency, and responsible stewardship.

II.F.i. **Fundraising Activities**

II.F.i.1. The ISCD’s fundraising practices are consistent with its Mission, compatible with its organizational capacity, and respectful of the interests of current and prospective donors and grantors.

II.F.i.2. Solicitation materials are accurate and truthful, and correctly identify the ISCD, its Mission, and the intended use of the solicited funds.

II.F.i.3. All statements made by the ISCD in its fundraising appeals about the use of a contribution or fee are honored.

II.F.i.4. The ISCD honors the known intentions of a donor regarding the use of provided funds.

II.F.i.5. The ISCD does not allow its objectivity to be influenced by any source of income.

II.F.i.6. Dualities of interest are disclosed in a timely and comprehensive manner.

II.F.i.7. The ISCD’s fundraising costs are well within established guidelines for nonprofit organizations.

II.F.ii. **Contributions from Industry**

II.F.ii.1. The ISCD maintains its independence from the influence of commercial supporters. Industry grantors will have no control over the content of the supported program, including the topics or selection of participants.

II.F.ii.2. Grants obtained in support of a CME activity sponsored by the ISCD meet the strictest requirements of ACCME and other government and industry dictated guidelines.

II.F.ii.3. The ISCD and its agents (e.g., journal publisher) may accept fees from industry for product advertising in ISCD’s journal, other publications and annual meeting. However, journal advertisements and exhibit hall display of commercial products or services do not imply the ISCD’s warranty, endorsement, or approval of these products or services, nor their effectiveness, safety, or quality.

II.F.ii.4. The ISCD reviews and approves for publication all commercial advertisements submitted for publication in ISCD materials.

II.F.ii.5. The ISCD is careful in endorsing or marketing products and services not of its own design. The ISCD does not endorse or market any product or service of a for-profit company.

II.F.iii. **Donor/Grantor Relationships and Privacy**

II.F.iii.1. The ISCD respects the privacy of donors and safeguards the confidentiality of information which a donor reasonably would expect to be private.

II.F.iii.2. The ISCD provides donors an opportunity to state that they prefer to remain anonymous and that their name, the amount of their gift, or other information not be publicly released.
II.F.iii.3. The ISCD does not sell, rent, or exchange any donor list.
II.F.iii.4. The ISCD honors requests by a donor to curtail repeated solicitations.
II.F.iii.5. Solicitations from the ISCD are free from undue influence or excessive pressure, and are respectful of the needs and interests of the current or potential donor or grantor.
II.F.iii.6. Maintaining the integrity, confidentiality, and privacy requests of donor/grantor relationships is a priority of the ISCD.

II.F.iv. Acceptance of Gifts/Endowments
II.F.iv.1. Currently, only financial donations and endowments are accepted by the ISCD.
II.F.iv.2. Acceptance of non-cash charitable gifts or endowments may be considered by the Board on a case-by-case basis.
II.F.iv.3. The Board may develop policies to govern the acceptance and disposition of non-cash charitable gifts. These policies shall include procedures to determine any limits on individuals or entities from which the ISCD will accept a non-cash gift, the purposes for which donations will be accepted, the type of property that will be accepted, and whether to accept an unusual or unanticipated gift in light of the ISCD’s Mission and organizational capacity.

II.F.v. Employment of Fundraising Personnel
II.F.v.1. The ISCD exercises control over any staff, volunteers, consultants, contractors, and businesses that are known to be soliciting contributions on behalf of the ISCD.
II.F.v.2. Fundraising on behalf of the ISCD is only permitted with the approval of the Board and in a manner authorized by the Board.

II.G. Meeting Standards of Scientific Integrity
The ISCD is committed to meeting the highest standards of scientific integrity in all its programs and services.

II.G.i. ISCD Educational Materials and Programs
The ISCD develops and disseminates novel, copyrighted, health-related information to professionals and consumers through a variety of media, including print and the Internet. The ISCD also convenes meetings during which scientific presentations are made by individuals. In addition, the ISCD provides editorial oversight for health-related content in selected publications owned by others. As new knowledge about the assessment of skeletal health becomes available, ISCD has a responsibility to disseminate this information accurately and objectively to its members and other constituents. The ISCD assures the highest standards of scientific integrity through the following:
II.G.i.1. The ISCD assures that any health-related program or service for which it has oversight is factually accurate and supported by current medical evidence and/or expert opinion, and provides sufficient contextual information to be understood.
II.G.i.2. All copyrighted educational materials developed and distributed by the ISCD, are subjected to peer review as to scientific rigor and approved by the ISCD Board or its appointed committees/editors.
II.G.i.3. With Board oversight, appropriate ISCD committees determine the scientific content and select the faculty for all ISCD educational programs that are supported through unrestricted educational grants from industry and others. Faculty are asked to provide scientifically accurate information and balanced presentations.

II.G.ii. Publication of Research Findings

In the publication of original research results, including in its journal, ISCD adheres to the highest standards of scientific integrity and confidentiality.

II.G.ii.1. ISCD adheres to Uniform Requirements publication guidelines as established by the International Committee of Medical Journal Editors (ICMJE). The ICMJE guidelines include ethical principles related to publication in biomedical journals. (See www.icmje.org for most recent guidelines.)

II.G.ii.2. ISCD affirms that scientific misconduct in any form, including plagiarism, fabrication, or falsification of data, jeopardizes the research endeavor.

II.G.ii.3. The accurate and truthful reporting of research is a requirement of authorship.

II.G.ii.4. Authorship also implies a substantial contribution to the research and acceptance of responsibility for the content of the publication. If the editors suspect misconduct involving a manuscript under consideration or in press, the editors have the right to refuse to publish the manuscript.

II.G.ii.5. To maintain the high standards of its journal, editors strive to ensure that all manuscripts are evaluated in a fair and impartial manner, focusing evaluations on the importance and quality of the work. Objective peer review of submitted manuscripts is conducted by volunteer experts with appropriate expertise and sound judgment, selected by the journal’s editors.

II.G.ii.6. Editors treat unpublished material in a confidential manner, avoiding disclosure of information about a manuscript under consideration to anyone other than those from whom professional advice is sought or part of the normal editorial process.

II.G.ii.7. Editors provide an organized and timely editorial process that includes written feedback and reviewer comments to the author. Editors are responsible for acceptance or rejection of a manuscript. Editors must recuse themselves from reviewing work in which a potential or actual conflict of interest exists.

II.G.ii.8. All authors submitting manuscripts or other communication to any ISCD publication are expected to abide by its publication guidelines.

II.G.ii.9. Reviewers for articles submitted to the scientific journal should adhere to the highest ethical standard in their reviews. Peer review is an essential step in the publication process to ensure that published articles describe well-designed and executed research that provides a significant addition to the scientific literature. Objective review of the scientific rigor of manuscripts is essential, and peer reviewers are necessarily experts knowledgeable in the field under review.

II.G.ii.10. Reviewers should be selected to demonstrate respect for scientific inquiry, knowledge of the discipline, and willingness to provide judgment of publications in a fair and impartial manner while maintaining confidentiality.
of the communications. Potential reviewers with significant conflicts of interest are disqualified.

II.G.ii.11. Reviewers are advised to report suspected duplicative publication, fraud or plagiarism.

II.G.ii.12. For the journal, the current policy is that authors are blinded to the reviewers of their manuscripts and reviewers are blinded to authors. Selected reviewers who discover significant conflicts of interest (e.g., author, author’s institution, subject matter) regarding an assigned manuscript are expected to recuse from the review, preferably without reading the submission.

II.H. Public Policy
Nonprofit organizations such as the ISCD provide an important vehicle through which individuals organize and work together to improve their communities.

II.H.i. The United States (where ISCD is incorporated) tax status of ISCD limits the ISCD from engaging in activities in an effort to influence legislation and government policy.

II.H.ii. However, the ISCD represents the public policy interests of its members and other constituents through public education.

II.H.iii. The ISCD may establish positions on specific health-related issues and actively promotes their adoption by healthcare professionals and to the public in the interest of public health.

II.H.iv. The ISCD will comply with all applicable laws and regulations regarding its relationships with legislators, regulators and policymakers.

III. RESPONSIBILITIES OF ISCD MEMBERS
Healthcare providers, technologists, researchers, educators, and others from around the world who have a professional interest in the assessment of skeletal health are eligible for membership in the ISCD. Professionals have specialized knowledge and skills that they are expected to exercise with competence and objectivity. Balancing these privileges are the responsibilities to adhere to the norms of professional behavior.

Professional organizations represent their members to the public. There are expectations by the public that these organizations will identify, disseminate, and enforce the professional norm of their membership. This Code of Ethics aspires to identify high standards of professional behavior, educational features indicating to members what would be the collective expectations of individual behavior, and regulatory features indicating and supporting the appropriate roles of behavior and issuing measured sanctions for violation.

III.A. Responsibility to the ISCD
All members of the ISCD have the following responsibilities in interacting with the ISCD:

III.A.i. To have professional or scientific interests in the assessment of skeletal health.

III.A.ii. To be committed to the “Standards of Excellence: Guiding Principals” found in this Code of Ethics, including the Mission statement and Core Values.

III.A.iii. To promote the Mission and growth of the ISCD.
III.A.iv. To maintain a reputation for truth and honesty in their professional and scientific undertakings.

III.A.v. To strive to maintain and improve health-related knowledge and skill, and make available to patients and colleagues the benefits of their professional attainments.

III.A.vi. To participate in CME and continuing professional development education activities.

III.A.vii. To participate in the ISCD’s meetings and events, and read the health-related information the ISCD has developed and that over which the ISCD has editorial oversight.

III.A.viii. To read and contribute to the ISCD’s journals.

III.A.ix. To consider serving on ISCD committees, task forces, editorial boards, and other working groups configured by the Board to meet certain objectives related to the ISCD’s Mission. While time commitments may be expected, members are not expected to incur significant financial expenses in their service to the ISCD, and they may be reimbursed only for certain expenses directly related to their service.

III.A.x. To maintain integrity when providing scientific evidence or clinical experience by avoiding promotion of any particular product or service marketed by industry.

III.B. Responsibility to Colleagues and Community

ISCD members have the following responsibilities to their colleagues and others in their community:

III.B.i. To treat colleagues with respect and promote collegiality.

III.B.ii. To promote the educational and professional growth of their colleagues, and attribute and share intellectual property appropriately.

III.B.iii. To give proper attribution to the accomplishments and works of colleagues.

III.B.iv. To maintain patient welfare, not financial gain or academic promotion, as the top priority in clinically related commercial ventures with colleagues.

III.B.v. To report to appropriate authorities the conduct of colleagues that threatens research integrity, the integrity of the profession, or patient welfare.

III.B.vi. To avoid sexual relationships with employees, students, and patients, as these are ethically improper.

III.B.vii. To avoid behaviors, such as substance abuse, that interfere with a member’s dealings with the ISCD or with a member’s clinical practice or scientific endeavors relating to the assessment of skeletal health.

III.B.viii. To avoid publicizing themselves through any form of public communication in an untruthful, misleading, or deceptive manner. Competition between and among healthcare providers is ethical and acceptable.

III.C. Responsibility in Clinical Practice

ISCD members who pursue clinical practice have the following responsibilities:

III.C.i. To provide competent and compassionate patient care.

III.C.ii. To practice within the scope of their personal education, training and experience.

III.C.iii. To maintain good standing with appropriate licensing and regulatory agencies.

III.C.iv. To abide by applicable laws and regulations.
III.C.v. To treat patients with respect, including obtaining informed consent when appropriate.

III.C.vi. To maintain patient privacy and confidentiality in the clinical setting. Confidentiality may be breached when required by law (e.g., reporting spousal abuse, certain infections).

III.C.vii. To exercise appropriate respect for the patient’s other healthcare professionals.

III.C.viii. To avoid or disclose conflicts of interest; when a conflict of interest arises, it must be resolved in the best interest of the patient.

III.C.ix. To present to the patient, in understandable terms, pertinent health-related facts and recommendations consistent with professional standards.

III.C.x. To ensure that all records are kept accurately and ongoing patient care is documented and followed appropriately.

III.C.xi. To be cautious in accepting gifts from industry because these gifts may be intended to influence opinion.

III.C.xii. To use their expertise to participate in decision making regarding the distribution of available resources for the benefit of patients, both as individuals and as groups.

III.C.xiii. To charge professional fees commensurate with the services provided. It is unethical to charge for services not provided. Strive to devote some time and work to provide care for individuals who have no means of paying.

III.C.xiv. To fulfill the obligation to serve as the patient’s advocate and ensure that the patient’s welfare remains the paramount concern.

III.C.xv. To recognize that the honored ideals of the health-related professions imply that the responsibility of its members extends not only to the individual patients who are ultimately served, but also to ISCD as a whole.

III.D. Responsibility in Scientific Research

ISCD members engaged in scientific research have the following responsibilities:

III.D.i. To conduct all research under conditions of full compliance with ethical, institutional and government guidelines.

III.D.ii. To maintain high standards of research on humans, including respect for research subjects, informed consent, maintenance of privacy and confidentiality, ethical approval of the research design, and honest reporting of adverse results. Research involving animals should include respect for animals as sentient creatures.

III.D.iii. To ensure that all research is conducted or supervised by individuals with the appropriate skill and experience.

III.D.iv. To share research findings to the extent it is practical.

III.D.v. To report data fully and truthfully, including negative results, when appropriate.

III.D.vi. To recognize that authorship of papers reporting on research findings implies a substantial contribution to the research and acceptance of responsibility for the content of the publication. The ISCD affirms that scientific misconduct in any form, including plagiarism, fabrication, or falsification of data, jeopardizes the research endeavor.

III.D.vii. To contribute to scientific programs or services of the ISCD with the highest level of scientific integrity.
III.E. Responsibility in Education
ISCD members, who are involved in educating others, including healthcare professionals, the media, industry, or the general public, have the following responsibilities:

III.E.i. To conduct themselves according to the highest standards of professional behavior.

III.E.ii. To disseminate only accurate, unbiased information supported by current science.

III.E.iii. To disclose conflicts of interest.

III.F. Sanctions
On occasion, the personal or professional behavior of a member might be such as to warrant a sanction by the ISCD. The ISCD has the right to suspend or expel a member and/or prohibit publication of research findings in ISCD’s publications. Such decisions require an unequivocal demonstration of professional behavior that is unethical or illegal such as being convicted of a felony. Decisions require the administration of appropriate due process and will be addressed on an individual basis by the Board.

IV. CHANGES TO THE CODE OF ETHICS
This document may be modified as necessary with approval of the ISCD Board of Directors.