

The European Academy of Allergy and Clinical Immunology (EAACI)

Code of Ethics

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Introduction.

EAACI (European Academy of Allergology & Clinical Immunology) is a European association joining organizations as well as individual members. In order to be effective, EAACI needs to be viewed by the Allergists & Immunologists, the scientific community, the various social bodies, the general public, industry, media and political decision makers, as a scientific society of special competence, high respect and integrity. The primary purpose of this Code is to support EAACI's main goals, as listed below.

The EAACI Code of Ethics is an independent but integrated part of the Constitution of the Academy. It applies to its members (as Allergologists or other medical or associated practitioners as well as EAACI activity participants) and officers and is enforceable solely by EAACI.

This Code of Ethics cannot cover all specificities. So it is complementary to national laws and rules in the countries where EAACI events are organized.

EAACI reserves the right to engage disciplinary procedures in cases of relevant violations of this code, when it judges that such action is in the interest of EAACI or/and its members.

I – EAACI ethical aims

A. The EAACI mission statement: What EAACI is doing?

According to its constitution, ARTICLE 2, the Academy shall be a non-profit organisation aimed at:

- promoting basic and clinical research
- collecting, assessing and diffusing scientific information
- being a scientific reference body for other scientific, health and political organisations
- encouraging, evaluating and providing training and continuous education
- collaborating with patients and lay organisations in the area of allergy and clinical immunology.

Furthermore, points about medical practice and patient relationships are to be added introducing and improving medical ethics and bioethics especially applied to allergology & clinical immunology status all over Europe:

- Promoting good patient care and responsible research in this important area of medicine
- Cooperating with other relevant organizations in the field of patient and professional movements in Europe, cross-border healthcare services, prevention, patient education, impact of and on the environment, etc...

B. The Ethics requirements: *How should it be done?*

Allergies and other immune-mediated diseases are influenced by different factors: genetic, environmental, life style, socioeconomic and educational factors. The scope and quality of healthcare, and medical services should take account of these factors. As for medicine in general the purpose of allergy and clinical immunology aims at, but is not limited to, patient care as described above. We also have the obligation to foster research, to act responsibly for society as a whole and to be aware of very different factors that influence the incidence, prevalence, treatment and rehabilitation of allergological and immunologic diseases.

EAACI aims at constantly updating and promoting ethical rules focusing on the whole medical field of allergology and clinical immunology including diagnosis, therapy and research. These rules refer to the highest respect of human being and animals, responsible resource allocation and preservation of the environment.

EAACI is strongly attached to the values mentioned in the <u>Declaration of Helsinki</u> and the <u>Declaration of Geneva</u> (see reference texts).

1. Being a scientific reference body for other scientific, health and political organisations.

- EAACI is a European non-profit organization open for membership of national scientific societies and organizations as well as for individual members. EAACI should be a model of ethical being in a way of helping and serving patient and professionals.
- The EAACI constitution offers its member rules based on equality and fairness, human respect and transparency,
- Its working groups will be managed respecting fairness, transparency, humanity, highest scientific quality level.
- The scientific meetings, congresses, courses or schools, will be organized according to the ethics code. The attendees are expected to respect it.
- The journals, guidelines, position papers... will follow the rules of scientific integrity: for example declaration of conflict of interest, respect of authorship.
- Giving awards and grants, EAACI will act fairly, transparently taking into account specific needs and situations.

2. Promoting basic and clinical research

Medical progress is based on research that ultimately must include studies involving human subjects. It is the duty of the physician to promote and safeguard the health of participants of studies.

EACCI members are to be aware of central documents on research and their differences including:

- The Declaration of Helsinki
- The Bioethics convention,
- The European directives on clinical trials for drugs and medical products in their latest versions. Directive 2001/20/EC of the European Parliament and of the Council of 4 April 2001.
- Guideline for Good Clinical Practice from the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) <u>www.ich.org</u>,

3. Collecting, assessing and diffusing scientific information

Only official representatives (as determined by the Constitution) of EAACI are entitled to make public

statements or endorse any product, service, person or idea in the name of EAACI. This includes all kinds of communication.

The rules of scientific integrity also apply to any of these statements and actions including conflict of interest, authorship protection and transparency of procedures.

4. Encouraging and providing training, continuous medical education and continuous professional development

European Allergists and Clinical Immunologists are expected to continue the development of their skills and knowledge and, when and where appropriate, to communicate their knowledge to the public.

The aims of an EAACI member must be the advancement of awareness, knowledge and understanding in science, technology, or the humanities. This includes the fostering of informed critical responses to issues relating to science, technology, or the humanities linked to allergy and clinical immunology.

Relevant rules for CME are set up by

- UEMS (Union Européenne des Médecins Specialists), specified for allergology and clinical immunology in the European Board of Accreditation in Allergy & Clinical Immunology (EBAACI),
- as well as by national organizations.

EAACI members have to be aware of these rules and their application and their professional development.

5. Collaborating with patients and lay organisations.

EAACI is called to participate in joint actions with Patient Associations or other lay organisations.

The European integration and the subsequent increasing mobility of patients and health care providers will lead to new forms of cooperation for EAACI.

In all actions, especially in the case of public campaign and in lobbying for Allergology (Clinical Immunology), it will :

- act independently and in the interest of allergic patients.
- not unduly interfere with other professionals' interests
- be aware of influences from industry, politics and other secondary interests.
- provide disclosure of conflict of interest from responsible and/or active people.
- collaborate in a good manner and make contracts if necessary.

6. Promoting good patient care

EAACI health care professionals should act according to the best standard of professionalism including :

- competent and compassionate patient care,
- respect autonomy and maintain patient's best interests,
- respect all other health care professionals,
- not to discriminate because of ethnic origin, gender, religion, age, disability, sexual orientation, political attitude, civil status (refugees) or socio-economical level,
- responsible allocation of resources...

In the medical field there is a need to distinguish between the main goals of individual therapy (for individual patients), fair resource allocation based on best scientific knowledge (for society) and research (with the intention to benefit future patients).

The disregard of these distinctions and of central principles such as equality, tolerance, respect for others, and the principles of equal justice is an explicit violation of EAACI policy and will not be tolerated.

Reference texts.

The EAACI considers the following ethical and legal documents/texts and guidelines as central for its members:

1) **Therapy:**

Declaration of Geneva and consecutive Statements of the World Medical Association regarding best medical care for specific and vulnerable groups (among these women, children, asylum seekers and refugees), Medical professionalism in the new Millenium (*ABIM Foundation, ACP–ASIM Foundation, and European Federation of Internal Medicine*), Goals of Medicine/Care (*Mark J. Hanson, Daniel Callahan Cassel*), the European Charter of Patients' rights.

2) Research:

- *The* Convention_*in* 1950 European Convention *on* Human Rights (*November* 4th 1950)
- Declaration of Helsinki CIOMS/WHO (Adopted by the 18th WMA General Assembly, Helsinki, Finland, June 1964)
 Biomedical Research: Additional Protocol to the Convention on Human Rights and Biomedicine, concerning Biomedical Research.
- Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine Oviedo, 4.IV.1997. <u>http://conventions.coe.int/treaty/EN/Treaties/Html/164.htm</u>
- DIRECTIVE 2001/20/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 4 April 2001 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use.
- International Ethical Guidelines for Biomedical Research Involving Human Subjects Updated version 2002 – CIOMS (Council for International Organizations of Medical Sciences)
- European textbook on Ethics in research. European Commission on European research area, Science in Society. 2010. EUR 24452 EN
 Communication Unit. B-1049 Brussels. Fax (32-2) 29-58220
 E-mail: research-eu@ec.europa.eu. Internet: <u>http://ec.europa.eu/research/research-eu</u>.
 Contact: Lino Paula, European Commission. Office SDME 7/80
- Guideline for Good Clinical Practice from the International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) <u>www.ich.org</u>, updated, 2012.
- 3) **Public health /Health Technology Assessment:** Code of Ethics AHPA; EUNETHTA Core Model for Medical and Surgical Interventions, Wilson Jungner Criteria for the validity of screening programmes (WHO), specified by the UK National Screening Committee.
- 4) The Goals of Medicine: The Forgotten Issue in Health Care Reform By Mark J. Hanson, Daniel Callahan.

II. Byelaws for the EAACI Ethics Committee.

II.1. Activity fields and missions of the E.C.

1) In general: The E.C. is expected to be the referent European structure in the field of ethics in allergy training and practice, good practice and research and in the management of allergy diseases, patient information, patient care, and public health issues concerning allergies.

2) Within the EAACI Society:

- The E.C. will have to periodically review and assess the Code of Ethics, recommending any amendments that may be required to the Executive Committee.
- The E.C. will be the relevant committee to manage ethical affairs linked to conflicts of interest, CME, scientific studies, guidelines ... It is the Executive Committee's responsibility to review, endorse and publicise the Ethic Committee's position statements and decisions.
- The E.C. will respond to specific issues raised under the Code of Ethics. The Ethics Committee is obliged to consider each case referred to it and either investigate it or reject it. If appropriate, the Ethics Committee will issue a recommendation to the Executive Committee which shall decide on any appropriate action.
- It is of the responsibility of the E.C. to develop and to implement educational programmes on medical ethics for EAACI members.

The targeted activity fields of the E.C. might focus on:

Patient rights including patient education and healthcare professional rights,

Evidence-based allergy knowledge including allergy training, Continuous Medical Education (CME), Continuous Plan of Personal Development (CPD),

Scientific research (human material and population, animal),

Medical human approaches including philosophy, psychology, sociology, religious, and somatic approaches, including the social impact of allergic diseases,

Allergy public health domain,

Industry co-operation ...

II.2. Administrative procedures of the Ethics Committee

The Ethics Committee shall consist of nine members:

- The chair is appointed by the Board of Officers of EAACI, approved by the Executive Committee.
 - The chair will organize the Ethics Committee team: four EAACI members including the chair plus four non EAACI Members plus one substitute. The Ethics Committee's composition should be balanced by gender, practice, education, research and other endeavours within the fields of Allergology and Clinical Immunology.

It is strongly recommended to include people specialised & involved in Bioethics, Legislation, Patient association, Human sciences (Philosophy, Sociology, Psychology, Public Health ...).

- Sympathiser members to the Ethics Committee will be allowed to collaborate to the EAACI Ethics task. To become a sympathiser member it will be necessary to have been an EAACI member for minimum 5 years and to ask each year for such a voluntary and free involvement at the annual EAACI registration renewal.

Each year the list of Ethics Committee sympathiser members will be communicated by the EAACI Head Quarters to the Ethics Committee chair who will submit it to the EAACI Executive Committee for approval. The Executive Committee will reserve its right to refuse people for good cause.

Being an Ethics Committee sympathiser member will allow you to participate in priority to the Ethics Committee annual business meeting as it is open to the public.

- The Chair is the principal administrative officer responsible for calling meetings of the Ethics

Committee and for implementing this Code of Ethics.

- The Ethics Committee shall appoint one of its members to serve as the committee's Secretary. The Secretary shall act in the place of the Chair when the Chair is unable to serve.
- The term of office shall be four years. No person may serve for more than two consecutive terms on the Ethics Committee.
- A slate of members and officers for the next four year period will be prepared by the existing Ethics Committee and submitted to the Executive Committee for approval.
- Membership of the Ethics Committee members may be terminated by the Executive Committee for good cause.
- Meetings of the Ethics Committee shall be open for all members of EAACI. They shall be called upon by the Chair at least 14 days in advance by written or electronic notice to Committee members, and publicised on the web site of EAACI. The notice shall include the agenda for the meeting. A majority of all appointed Committee members shall constitute a quorum for the purpose of conducting business at the Committee meeting. Voting decisions shall be by majority of those present at a meeting, or voting by mail. Mail voting without a meeting is permitted where all Committee members submit mail votes.
- The EAACI shall indemnify and hold harmless, and defend completely all Ethics Committee members against liability arising from Committee-related activities.

II.3. Investigation procedures

1) Preliminary disposition - Submission

A submission involving this Code of Ethics may consist of a request by the Executive Committee, for issue of a position statement interpreting any provision of this Code of Ethics.

This request:

- May consist of issuance by the Executive Committee asking for advisory opinion interpreting any provision of this Code of Ethics.
- May consist of a finding by the Executive Committee that a member has failed to observe any provision of rules of Ethics under the Code of Ethics.

Submission are to be made directly by the EAACI Board of Officer (BoO), or in written and signed form by their submitters to the BoO, who will transfer to the Ethics Committee chair.

Upon preliminary review of such a submission, the chair of the Ethics Committee may reject it for good reasons: lack of information, inappropriate procedure and structure (the object of the submission not coming under the Code of Ethics field), lack of consequence of the introduced matter. In such cases, the chair of the E.C. will advise the Ex. Com of the reasons for rejection and will advise submission elsewhere if needed.

2) Investigation

For each submission, involving this Code of Ethics, the Ethics Committee shall conduct an investigation into its specific facts or circumstances to whatever extent is necessary in order to clarify, expand or corroborate the information provided by the Executive Committee.

- As soon as he has received it from the EAACI Board of officers or Executive Committee, the chair of the E.C. will introduce the submission to the whole Ethics Committee group within a week (7 days)
- The member who is the subject of the investigation shall be informed by letter within two weeks (14 days) developing the nature of the challenge the obligation of cooperating the possibility and opportunity to have a hearing* for the challenge (site visits and informal interviews might be carried out).

All these kind of investigation will require confidence, confidentiality, objectivity and respect without any indication of prejudgment.

*Hearing an inquiry: If the E.C. considers that it is relevant, a hearing can be organized (public one or private one depending of the E.C's discretion). The concerned member and other people (victim(s),

witnesses ...) invited to plead, will be informed a minimum of 30 days before the hearing. They may be assisted or represented by legal counsel at their own expense. The hearing shall be conducted by the Ethics Committee chair. A transcript or audio recording will be performed and an official record made as part of the investigation.

- The investigation will be achieved within 3 months maximum. If any delay is necessary, the Ethics Committee chair will inform the Ex. Com. and will send a request for good reasons to obtain an extension of 3 months, approved by the Ex. Com.
- Upon completion of an investigation the Ethics Committee may develop an advisory opinion by simple majority which shall be communicated to the Executive Committee.
 Any sanctions may be imposed solely by the Executive Committee upon a Member or Society who has failed to observe the Rules of Ethics.

3) Appeal:

Within thirty days of receipt of notice of a determination by the Executive Committee, that a Member or Society has failed to observe the Rules of Ethics in this Code and of imposition of a sanction, the affected Member or Society may submit to the Executive Committee in writing a request for an appeal.

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Annexe I to the EAACI Ethics Code: Acting with responsibility in the EAACI.

1. Being a EAACI member - Compliance with Code

- The Code serves a wide range of individuals and covers an equally wide range of interests and circumstances, it is necessarily written in a general style.
- This Code has been structured around general fundamental principles that form the basis of the behaviour expected from members.
- Supporting each fundamental principle is a general rule and specific clauses that prescribe aspects of the professional and ethical behaviour expected of members.
- In circumstances not specifically covered by the Code, members must have regard to the fundamental principles and should be guided by any similar situations specifically covered by this Code.
- This Code is not intended to cover every situation and it is anticipated that members will adapt the fundamental principles to the particular circumstances of their work. It is also expected that members will adhere to ethical requirements placed on them by legislation, regulations, advisory committees, professional bodies and their national authority as well theirs of the country where they are attending an EAACI meeting.
- A member of the European Academy of Allergology and Clinical Immunology (EEACI) must comply with the Code of Ethics of this Academy. A member whose conduct is considered to be in breach of the provisions of the Code will be asked to account to the Society for his/her actions.
- Breaches of the Code, and complaints about such breaches, may be dealt with, by the Academy under the Rules for Hearing and Determining Complaints of Breaches of the EAACI's Code of Ethics.
- This is a voluntary Code for all other persons involved in the allergy & clinical immunology field in Europe. The Academy recommends the provisions to them.

2. Being an EAACI officer

- An EAACI officer is defined as a person having responsibility within the Academy (Executive Committee member, chair or secretary of a working group whatever it is (section, interest group, committee, task force ...).
- Any member's actions for or on behalf of EAACI shall not be biased by an economic interest generated by industry. In the interest of openness and transparency, any conflict of interest whether individual or institutional, direct or indirect, has to be disclosed fully and in advance.
- Only official representatives (as determined by the Constitution) of EAACI are entitled to make public statements or endorse any product, service, person or idea in the name of the EAACI. All public representation will have to be very clearly defined as representing EAACI ones or personal activity.
- This applies in particular to publications in scientific journals and journals for the general public, to any form of public communication, and to speakers of national and/or international meetings whether of scientific or educational character.
- While members should not accept inappropriate gifts from industry, it has to be admitted that the term 'inappropriate' may depend on local and temporary criteria in many countries, and those involved have to rely much on their individual morals.

3. Being a speaker, chairman, article or poster author, etc ... at EAACI event

- Any member's actions for or on behalf of EAACI shall not be biased by an economic interest generated by industry. In the interest of openness and transparency, any conflict of interest whether individual or institutional, direct or indirect, has to be disclosed fully and in advance.
- This applies in particular to publications in scientific journals and journals for the general public, to any form of public communication, and to speakers of national and/or international meetings

whether of scientific or educational character.

- When acting for EAACI, speakers, authors, chairmen ... will not ask for payment.
- Specific financial rules are applied for speaker participation. EAACI will take in charge travelling fees, accommodation ones or fees for food or related to practical needs etc. but payment in money is not allowed.
- Selection processes for lecturers of scientific events, for allocating scholarships or other special funds to permit medical students, residents and fellows to attend educational conferences must be transparent and unbiased. Those involved in such selection processes should be willing to publish details of the criteria used for selection upon request.
- If an ethical difficulty might rise, the EAACI Ethics Committee should be asked to analyse the situation to be exposed and submitted to the Executive Committee. All decision will only be taken by the Executive Committee.

4. Carrying out basic and clinical research within the EAACI

Consistent with rule: a member must

- honestly represent their research goals and intentions to any potential participants in the research process
- fairly and fully represent their results without falsification or bias
- fairly record the intellectual, material and practical contributions of others to their work and results
- ensure that joint authors of publications and reports share responsibility for their contents
- endeavour to retain all types of research records for a period long enough after publication of the work to allow examination by bona fide critics (two years at a minimum) but archiving the data if possible, and, where commercial sensitivity is not an issue, making them freely available to others (see also rule 4 respect for colleagues and rule 5 respect for communities)
- not falsify qualifications or wittingly make other untrue claims of experience
- not commit plagiarism, or condone acts of plagiarism by others
- always be scrupulously honest in the application of findings from research and in the transfer of technology to the community wherever it occurs
- unless commercial considerations indicate otherwise, do all that they can to ensure the earliest possible publication of the results of publicly-funded research
- ensure that all speculative and interpretive statements in their reports are clearly identified as such.

5. EAACI position paper, guide lines

- Thanks to its working group resources, EAACI regularly publishes updated guidelines and/or position papers in all fields covered by allergology & clinical immunology. In such a way and because these texts are taken as European references for all European (and more) practitioners they have to answer strict ethical requirements:
- The first aim will focus on patient interests in respect of human integrity
- The text will include all economical adaptations/suggestions, avoiding exclusion of any people and/or any geographical part of Europe.
- A disclosure of conflict of interest will be introduced for each author implicated. The signature will not emphasize one or another among the authors but will reflect the whole working group concerned (EAACI Section Interest Group committee etc...).
- When items are overlapping with other specialties, the authors will take care about being fair promoting all medical specialties.
- All industrial bias will be avoided and especially all medical treatment will be introduced in International Common Denomination (ICD) forbidding specialty name of tablets or other medicament.
- The text will be fully written in very clear language. All the acronyms introduced will be explained.
- The bibliography will be clear, including only validated references according to the Evidence Based Medicine rules.
- Position Papers and/or guidelines ... will be broadcast independently of all pharmaceutical company (or commercial structure concerned) bias.

6. New EAACI working group : section, task force, interest group ... chair, secretary

Creating a new working group within the EAACI engages it and engages the founder members too.

- The choice of the name of the new structure will have to be the best adapted to the aim and will avoid confusion as well as overlapping with other EAACI working group. In that case the new structure will be built in agreement with the other groups concerned.
- The responsible people for this creation will act in an independent, honest and common interest manner in relationship with the needs of the Academy as well as the allergy patients' and practitioners' ones.

A disclosure of conflict of interest will be introduced for each member of the board and especially the chairman and the secretary.

- The new group will be organised according to the EAACI status and constitution.
- The new group will have its own specific organisation and statement validated by the EAACI Board of Officers and Executive Committee.
- The chair is responsible in front of the EAACI Ex. Com. Every year a report about the past year and the projects to be planned, will be introduced to the EAACI Secretary General.
- If an ethical difficulty might rise, the EAACI Ethics Committee could be asked to analyse the situation to be exposed and submitted to the Executive Committee. All decision will only be taken by the Executive Committee.

Annexe II to the EAACI Ethics Code: Using social media Internet platforms as an EAACI member.

Over the last two decades, the Internet has become an important source of information. In most recent years, a major contribution to the online dissemination of information has been achieved by social media. These are a group of internet applications that employ mobile and web-based technologies to create highly interactive platforms via which individuals and communities share, co-create, discuss, and modify user-generated content [1]. There is an ongoing increase in their use globally, including medicine and health care fields [2]. Social media can be classified as following [2]: (1) blogs (e.g. WordPress), (2) microblogs (e.g. Twitter), (3) social networking sites (e.g. Facebook), (4) professional networking sites (e.g. LinkedIn, Sermo), (5) thematic networking sites (e.g. PatientsLikeMe), (6) wikis (e.g. Wikipedia), (7) mashups (e.g. HealthMap), (8) collaborative filtering sites (e.g. Digg), (9) media sharing sites (e.g. YouTube, SlideShare), and others (e.g. SecondLife).

The main uses of social media in health communication among the general public, patients and health professionals focus on increasing interactions with others, and promoting, sharing, and obtaining health messages [3]. With regard to physicians in specific, social media facilitate the availability and rapid spread of up-to-date scientific output, as well as opinion-exchange and collaboration with other colleagues on demanding cases. In addition, physicians using social media can promote their practice and medical services provided, by building and improving social and professional networks and relationships. They also have the opportunity to engage with patients, aggregate data about patient experiences through blogs and monitor public reaction to health issues [3].

In accordance with modern trends and acknowledging the benefits and rising influence, EAACI has been actively involved in social media utilization through Facebook, Twitter, LinkedIn and Instagram public open accounts and the creation of videos uploaded on YouTube, all addressing the scientific community. Moreover, EAACI has established the Patients' Facebook and Twitter accounts. EAACI welcomes all physicians, scientists, patients and the general public to join and connect via the respective sites.

There is no doubt that the outreach of social media is broad and users from all age groups are expected to increase in the near future. Likewise, the same trend will apply in physicians' private and professional aspects of life. In this context, the present Annexe to the EAACI Ethics Code aims at raising awareness on important issues which need to be considered by EAACI members active on these platforms. It concerns digital immigrants (born before the general introduction of digital technologies, i.e. around 1985) as well as digital natives (born during or after the introduction of digital technologies) [4] and intends to provide a safe navigation for this modern online environment. It points out some common pitfalls deriving from the utilization of social media by health professionals and furthermore addresses concise and practical recommendations along the lines of "digital professionalism".

Common risks and pitfalls:

- The "permanent" digital fingerprint: Once information is online, it is extremely difficult to remove it (if at all) and it can quickly spread beyond one's control [5]. A careless post could have severe repercussions on training or employment as a physician, and loss of trust in the medical profession. It could also affect future employment candidacy.
- The privacy settings: Stringent privacy settings are important but do not guarantee that the platform is fully private and that things you say and post are not seen by a wider audience e.g. the "friends" of your "friends".
- The link between social media: It is increasingly common for many social media platforms to be linked up – for example users may choose to update automatically their Facebook profile from their Twitter or Instagram account. In this case, even if you have created separate personal and

professional accounts, this interactivity blurs the boundary between your personal and professional identities.

- **The excessive self-disclosure:** Social media provide grounds for the patients to gather increasingly more information about their doctors' private and professional life. Excessive self-disclosure from the side of the physician is generally regarded as a boundary violation in the patientphysician treatment relationship [6]. Disclosure of personal information on a social networking site is usually not aimed at patients, but patients might nevertheless access this information [7].
- **The online mingling of physicians with patients**: Such interaction in public domains leaves room for speculation and misunderstanding. Online interactions are memorialized and subject to third-party scrutiny and misinterpretation [8].

As an EAACI member you are strongly recommended to:

- **Discriminate your private from your professional presence on social media:** If you wish to create posts related to both your personal life and professional activities, choose to establish separate private and professional social media accounts. Ignore patients' "friendship requests" on your private account(s) and if applicable, kindly redirect them to your professional account. Don't use your accounts to pursue a relationship with patients.
- **Check and adjust the privacy settings of your social media account(s):** this applies especially to private accounts. If you wish to have a private account, make sure that the social media platform you have chosen has settings ensuring your privacy and apply proper adjustments. In addition, consider the possible link between different social media accounts and confirm that a professional account you may hold is not automatically updated from posts published on your private account (e.g. link between Facebook and Tweeter).
- **Be conscious and cautious of the image you present online:** If you have professional social media account(s) preserve your professionalism at all times; identify yourself and the institution/organization/hospital/private practice you are working for, and assure the quality and integrity of scientific information you post online. If you have private account(s) keep in mind that although your privacy settings may be stringent, your posts may be viewed by users not directly connected to you. Your profile page in both types of accounts should comply with the professional image you wish to project. Avoid becoming a fan of pages and/or part of groups with a derogatory theme since such an activity may be tracked by other users.
- Be respectful, polite, responsible and considerate: Do not refer to work-related issues, raise concerns, and express complaints about people within your working environment. Avoid criticizing colleagues and making comments that could potentially be regarded as defamatory. Do not post insulting material on other social media users' accounts/websites. Avoid the use of vulgar language and the adoption (e.g. post, share, like, favorite) of any material linked to prejudiced, in-appropriate or provocative social conduct. If you witness a colleague less familiar with online interactions making wrong judgment on information posted, it is of your responsibility to help him (her) to preserve his (her) ethical conduct as well as the "EAACI family" integrity.
- **Preserve the doctor-patient relationship with caution:** If approached by a patient with an online question on a medical issue, elaborate further before answering; if you choose to provide a particular online consultation you should deliver a responsible, evidence-based professional opinion

which always clearly encourages the patient to refer to a physician and discuss the issue in the context of a medical appointment. In this way you will ensure that neither the patients' health nor your scientific integrity is being jeopardized.

- **Maintain patients' confidentiality**: Do not upload medical information that would allow individuals to be identified unless you have been granted formal written informed consent. If you wish to use medical cases to raise awareness or inform, do warrant proper de-identification.

In synthesis, Social Media are wonderful tool to communicate but might be uncomfortable in specific situations. Every time "unsafety" or "danger" are emerging, it is strongly recommended to contact or to ask for help the EAACI Executive Committee which will get in touch with the Web Committee or the Ethics Committee.

References:

- Social media? Get serious! Understanding the functional building blocks of social media. Jan H. Kietzmann, Kristopher Hermkens, Ian P. McCarthy, Bruno S. Silvestre. Business Horizons, <u>Vol-ume 54, Issue 3</u>, May–June 2011, Pages 241–251
- J Med Internet Res. 2014 Feb 11;16(2):e13. doi: 10.2196/jmir.2912.Social media: a review and tutorial of applications in medicine and health care. <u>Grajales FJ 3rd</u>, <u>Sheps S</u>, <u>Ho K</u>, <u>Novak-Lauscher H</u>, <u>Eysenbach G</u>.
- 3. <u>J Med Internet Res.</u> 2013 Apr 23;15(4):e85. doi: 10.2196/jmir.1933.A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communication. <u>Moorhead SA</u>, <u>Hazlett DE</u>, <u>Harrison L</u>, <u>Carroll JK</u>, <u>Irwin A</u>, <u>Hoving C</u>.
- Prensky, Marc. "Digital Natives, Digital Immigrants." On the Horizon. NCB University Press Vol. 9 No. 5 (October 2001)
- 5. <u>J Med Internet Res.</u> 2013 Aug 28;15(8):e184. doi: 10.2196/jmir.2708.The impact of social media on medical professionalism: a systematic qualitative review of challenges and opportunities.<u>Gholami-Kordkheili F, Wild V, Strech D</u>.
- Freebury R, Ennis J, Rideout C, Wright M. General Guidelines for the Practice of Psychotherapy. In: Cameron P, Ennis J, Deadman J, editors. Standards and Guidelines for the Psychotherapies. Toronto: University of Toronto Press; 1998:17-43.
- Thompson LA, Black E, Duff WP, Paradise Black N, Saliba H, Dawson K. Protected health information on social networking sites: ethical and legal considerations. J Med Internet Res 2011 Jan;13(1):e8
- Hyman JL, Luks HJ, Sechrest R. Online Professional Networks for Physicians: Risk Management. Clin Orthop Relat Res. May 2012; 470(5): 1386–1392. doi: <u>10.1007/s11999-011-2197-z</u>

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Annexe III to the EAACI Ethics Code: Conflict of interest and loyalty – disclosure form.

The *EUROPEAN ACADEMY OF ALLERGY AND CLINICAL IMMUNOLOGY (EAACI)* requires disclosure of certain information from the following categories of individuals:

1. Board Members

2. Members of Scientific Committees, Interest group chairs and secretaries, faculty (for EAACI scientific meetings and educational programs offering CME)

3. Authors of EAACI position papers.

4. Speakers at EAACI meetings.

Disclosure by *Board Members* must be made in writing through use of an official EAACI Disclosure Form. A completed form must be returned prior to the commencement of EAACI term of office. Such disclosure must be updated whenever circumstances require or once per calendar year, whichever is sooner.

Disclosure by Members of Scientific Committees, Interest group chairs and secretaries and Faculty must be made in writing through use of the Disclosure Form. A completed form must be returned prior to the beginning of the Faculty member's involvement in planning or, if a speaker, before his/her presentation at a sponsored educational activity. Such disclosure must be updated whenever circumstance require or once per calendar year, whichever is sooner. Faculty must also disclose verbally the information contained on their disclosure form which is relevant to each specific talk they give.

Disclosure by *authors or speakers* must be made in writing at the time he/she is involved in a task force and immediately before an EAACI position paper is submitted or just before an EAACI event is announced. Authors & speakers will also be required to disclose their job title and employer (if applicable), and any other interest of theirs that would be judged by a majority of their peers to be more than casual and / or likely to impact their ability to exercise independent judgement in addressing the issue being discussed.

DISCLOSURE REQUIREMENTS:

1. Financial Interests

Disclosure of information about all organizations and commercial interests, other than their employer or their practice, from which the individual or a member of their immediate family or household receive annual remuneration in any amount (including grants, honoraria, consulting fees, etc) or hold shares which may create or be perceived as a conflict of interest.

2. Research Interests

Disclosures of information about all organizations which support research projects for which the individual or a member of their immediate family or household serve as an investigator.

3. Organizational Interests

Disclosure of information about all organizations, other than the EAACI for which the individual holds volunteer-positions

4. Gifts

Disclosure about all organizations from which the individual or a member of their immediate family or household have received a significant gift or that may create or be perceived as a conflict of interest in the last year.

5. Other Interests

Any additional interests of the individual or member of their immediate family or household that would be judged by a majority of their peers to be more than casual and/or likely to impact may ability to exercise independent judgement. This includes any financial interest in or relationship with any manufacturer of a commercial product, and financial interest or relationship with any organization that provides commercial support to EAACI educational activities.

6. Conflict of Loyalty

Conflict of loyalty would occur in situations where:

- A 'Member' is appointed to a position on the staff establishment of one of the EAACI's sponsors.
- Where a family person of a 'Member' is employed by the EAACI office without prior Executive Committee approval for such appointment, or where the Executive Committee is deliberately kept unaware of the relationship.
- Where a 'Member' takes up a position with another organization and it is shown that the 'Member's' interests maybe put at risk, or adversely affected thereby, or the EAACI's confidential information compromised.
- When 'Members' are dealing with the business of the EAACI their overriding duty is to act in the best interests of the EAACI. As described above, there may be situations in which a 'Member's' loyalty to the EAACI conflicts with his or her loyalty to another competitive organization of which he or she is a member, or is a 'Member'. Such conflicts of loyalty will not necessarily disqualify anyone from being a 'Member' unless clear conflict of loyalty is shown to exist.
- It is the onus of each 'Member' to declare in the EAACI's Interests and Loyalty Declaration the absence or presence of any conflict, or any activity open to interpretation as a conflict.
- Participation of Executive Members in scientific events of other organizations, even when is apparently competing with EAACI, is highly recommendable but with approval of EAACI Board of Directors Officers and always promoting EAACI activities.

EAACI model of Conflict of Interest disclosure form:

Please sign, date and print full name:

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