Evolution of STS Ethical Standards: Adjudication, Policy Making, and Education

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Dr William Beaumont provided one of the earliest discussions of ethics specifically related to surgery and in particular to surgical research when, in 1833, he described his experiments with Alexis St. Martin’s gastric fistula [1]. Dr Beaumont was one of the first scientists in any field who obtained the consent of the research subject, mentioned requirements that would avoid harm to the research subjects, and allowed subjects to withdraw from an experiment when they wished:

Some experimental studies in man are justified when the information cannot otherwise be obtained. The investigator must be conscientious and responsible . . . for a well-considered, methodological approach is required. . . . The voluntary consent of the subject is necessary. . . . The experiment is to be discontinued when it causes distress to the patient. The project must be abandoned when the subject becomes dissatisfied [2].

Surgeons continued to make contributions to ethical theory and practice through the 19th and 20th centuries, but the first comprehensive exposition of medical ethics as it relates specifically to surgical practice appeared in 1998, with the publication of Surgical Ethics, coedited by The Society of Thoracic Surgeons (STS) member James W. Jones, MD, PhD [3]. Dr Jones followed this work 10 years later with The Ethics of Surgical Practice: Cases, Dilemmas, and Resolutions [4].

Oral presentations and publications with ethical implications have been part of STS since its beginnings. For example, nearly all of the STS Presidential Addresses that have been published in the Annals of Thoracic Surgery since 1969 have dealt with topics that more or less directly addressed behavioral issues with ethical implications: competence in practice, compassion, humanism, innovative temperament, communication (with patients, colleagues, and the public), quality of patient care, financially driven dilemmas, medical errors, and balancing lifestyle with professional obligations.

The STS Standards and Ethics Committee

Within 4 years after the initial STS Annual Meeting in 1965, the Society moved toward a focus on ethics in cardiothoracic surgery with the creation of the Ad Hoc Committee on Thoracic Surgical Training (1969–1970).

The Committee’s scope was expanded in 1970 to include setting standards and was renamed the Committee on Thoracic and Cardiovascular Surgery Training and Standards. For the first time, the need for practice standards was recognized, and the task was assigned to this new Committee: “The Committee shall maintain surveillance of postgraduate training in the specialty and the standards of its practice.” [Emphasis added.]

A specific focus on ethics was added in 1975, when the name of the Committee was modified; it became the Committee on Training, Standards and Medical Ethics. Each of these committees, starting in 1969, was chaired by Thomas B. Ferguson, MD.

In 1976, the Committee was renamed the Committee on Standards and Ethics—a name that persists today. From the time of its creation, the Standards and Ethics Committee (S&EC) has had three major functions: conducting peer reviews, developing policy, and adjudicating disciplinary matters.

Peer Review Function

From its inception, the Committee offered a peer review process for addressing issues about the performance of individual cardiothoracic surgeons or cardiothoracic surgery programs. Requests for peer review generally came from hospitals, and the first was received in 1977. A report of that review was issued to the requesting hospital in 1979. During the two decades that followed, the Society cultivated a reputation among national medical specialty societies for its level of interest and engagement in the quality of its members’ performance that was embodied in the STS peer review program. All told, 51 requests were received and 14 peer review reports issued.

The Society conducted its peer reviews in accordance with a set of detailed procedural guidelines that began with a series of general principles, the first of which stated that STS peer reviews were undertaken “for the purpose of improving the general standards of patient care,” with the S&EC functioning “as a body of scientific review and not as a legal tribunal.” Members of the Committee, sometimes joined by other STS members with special expertise, served on primary review teams. They typically conducted site visits to review records and interview nurses, anesthesiologists, surgeons, and others before generating a comprehensive report for STS Council (now Board of Directors) approval. When infrastructural problems beyond the control of the surgeon were identified, the final report to the requesting hospital strongly
influenced corrective action because of respect for STS authority.

For a variety of reasons, the volume of requests for STS peer review services dwindled as the new millennium approached. With other aspects of the specialty’s standards and ethics fully occupying its attention, the S&EC ceded the peer review function to another of the Society’s governance bodies, and this area of STS activity became dormant.

Policy Development

Almost immediately after its formation 38 years ago, the Committee began developing policies for the Society. The first of a long line of policies was adopted in the S&EC’s first year, 1976: “Guidelines for Ethical Relations with Communications Media” [5]. Many other policies followed, providing ethical guidance related to such areas as advertising, relations with cardiologists, and conflicts of interest [6]. The most recent ethics-related policy, adopted in 2011, was “Cardiothoracic Surgical Organizations’ Standards for Interactions with Companies” [7].

Certain policies developed by the S&EC addressed issues of personal responsibility, and their violation could subject STS members to disciplinary action. One such policy was the “STS Statement on the Physician Acting as an Expert Witness” (originally called the “STS Statement on the Physician Expert Witness”). Stimulated by an interest in medical liability reform from STS President Robert A. Guyton, MD, and under the leadership of Richard G. Sanderson, MD, the Committee developed the Statement in 2003 on the basis of a similar policy that had been adopted by the American College of Surgeons. This new policy represented just one dimension of a multifaceted STS initiative championed by Dr Guyton. That initiative included the creation and implementation of a unique Expert Review and Witness Registry, also under the auspices of the S&EC. The “Statement on the Physician Acting as an Expert Witness” was most recently revised in 2011 and has been the basis for a series of grievances adjudicated by the Committee (see Disciplinary Process).

Perhaps the most important policy ever adopted by the Society on recommendation of the S&EC was a comprehensive Code of Ethics, based on ethics statements that had been developed by the Coalition of Cardiovascular Organizations, the American College of Cardiology, and the American Medical Association. The Board of Directors adopted the new STS Code of Ethics in 2006 [8].

Disciplinary Process

The disciplinary process generally followed by the Society was initially spelled out in detail in 1976 through a new Bylaws Article on “Conduct and Discipline,” a streamlined version of which survives today (Article XI). After the Statement on the Physician Acting as an Expert Witness was adopted by the Board of Directors in May 2003, however, it was felt that a separate set of rules was required to address alleged violations of that document. Consequently, the Society’s

![Fig 1. Robert M. Sade, MD.](Image]

“Procedural Guidelines for Handling Disputes Between Members Regarding Expert Witness Testimony” were adopted later that year. These Procedural Guidelines were expanded in 2007 to cover all STS disciplinary matters in a document now named the “STS Procedural Guidelines for Handling Ethics Complaints Against STS Members” [9], and the related Bylaws Article was simplified significantly.

Before 2007, the Committee acted on five complaints that led to disciplinary action. From 2007 through August 2013, the S&EC received 29 complaints, resulting in 12 disciplinary actions against STS members. The outcomes of the disciplinary process are published in the Society’s quarterly newsletter, STS News. Available sanctions include, in order of increasing severity, a letter of admonition, a letter of censure, probation of membership in the Society, suspension of membership, and expulsion from the Society. Each of these sanctions has been applied in several cases, except that no violation has led to a member’s expulsion.

The Ethics Forum

In 1999, Robert M. Sade, MD (Fig 1), and Martin F. McKneally, MD (Fig 2), both members of the S&EC at the time, considered the implications of a publication that pointed to the dearth of discussion of ethics topics at surgical meetings and in surgical journals [10]. Believing that such discussions might help to elevate the level of practice in cardiothoracic surgery, Drs Sade and McKneally invited several individuals who had demonstrated an interest in ethics to attend an informal gathering at the 2000 American Association for Thoracic Surgery (AATS) Annual Meeting in Toronto.

The group agreed to develop ethics educational programs using several different approaches, including a variety of oral presentations at cardiothoracic surgery
society annual meetings and publications in cardiothoracic surgery-related journals. The committee chose the name Ethics Forum to convey the open nature of its deliberations and activities. Eventually, the Forum included the combined membership of the STS Standards and Ethics Committee and the AATS Ethics Committee and a few other surgeons with a sustained interest and commitment to surgical ethics.

Since 2001, the Forum has sponsored 40 presentations at the annual meetings of STS, AATS, the Southern Thoracic Surgical Association (STSA), and the Western Thoracic Surgical Association, often in the form of debates on issues of current interest. This series of presentations has been so successful that the Ethics Forum now has a permanent hour-long session in the STS, AATS, and STSA annual meetings.

The Forum has contributed to ethics education through publications in journals and in books. Since 2001, Forum participants have published more than 280 papers on topics related to biomedical ethics in various cardiothoracic and vascular surgery journals, including *The Annals* and the *Journal of Thoracic and Cardiovascular Surgery (JTCVS)*.

A controversy arose within STS in 2006 regarding the ethics of broadcasting live surgical procedures on television, both open and closed circuit, and the internet. The matter was initially considered by the S&EC and later was taken up by the Ethics Forum. After much discussion, debate, and consultation with interested parties, the Forum completed a report that included guidelines for the broadcast of live operations. The report was adopted by the STS Board of Directors and the AATS Council, making the guidelines official policy of both organizations. The report was published simultaneously in *The Annals* and *JTCVS* in 2008 [11, 12].

Two additional issues were subsequently brought to the attention of the Forum: relations between cardiothoracic surgeons and industry and between cardiothoracic surgery organizations and industry. The reports and guidelines resulting from those deliberations were subsequently adopted by STS and AATS and simultaneously published in *The Annals* and *JTCVS* [13–16].

**The Future**

The Standards and Ethics Committee has been a stable source of ethical deliberation and guidance for STS for many decades and will continue to be available for adjudication of complaints alleging ethical violations by STS members. It will also continue to develop policies in response to new situations facing cardiothoracic surgeons, providing helpful guidance for ethical responses by surgeons to such situations.

The Ethics Forum has been productive in developing educational programs and publications and positively influencing cardiothoracic surgical practice.

The frequency of difficult choices facing cardiothoracic surgeons in their relationships with patients, colleagues, health care institutions, health care plans, industry, and government will not likely diminish in the foreseeable future. Few of these relationships are likely to be free of problematic issues. Indeed, the problems may actually increase over the next few years. The Ethics Forum will continue to be an educational resource to inform cardiothoracic surgeons about the complex ethical issues confronting them and to help prepare them to deal with such issues appropriately.

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**References**

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