

# TRUSTEES PASS RESOLUTIONS ON INFORMED CONSENT, ETHICS, PROCEDURES

THE BOARD OF TRUSTEES (BOT) 1994 annual meeting on June 4 in Orlando saw the approval of several significant resolutions, several of which reflected recent developments in the nation at large. Following the uproar in the national media about human radiation experiments (see *Newsline*, March 1994, p. 9N, and July 1994, p. 13N), the SNM Committee on Ethics proposed a policy statement, which the BOT subsequently passed, regarding informed consent for use of either radioactive *or* nonradioactive substances. In the statement, the Society both endorses the need for continued studies into techniques for treating and diagnosing disease and affirms that it subscribes to the highest standards while conducting research on human subjects. The policy also reaffirms SNM's "requirement that such studies must be carried out only after there has been approval by the Institutional Review Board and informed consent obtained, with a full explanation of perceived risks and benefits."

Also on the subject of ethics, the BOT made a decision on the proposal for an SNM Ethics Review Board. According to Torry Mark Sansone, SNM executive director, the Society is investigating the advisability of establishing a code of ethics for nuclear medicine professionals or endorsing the AMA code of ethics, which would be supplemented by policy statements as appropriate. To support either decision, the Society is developing a protocol for conflicts of interest or for an Ethics Review Board. The Committee on Ethics proposed that such a board convene upon any accusation that an SNM member has violated the code of ethics. The accuser and the accused would each choose a board member, the SNM president would serve as a third member, and the Committee chair would serve as board advisor; the board would report its decision within thirty days of receipt of the accusation, with options for appeals. However, on June 3, the SNM Executive Committee determined that the SNM Legal Counsel should review the proposal before further action, and the BOT approved the Executive Committee's decision.

Due to a technicality (the BOT did not receive a copy of the revised bylaws in time for discussion), the BOT elected to postpone until the 1995 mid-winter meeting in Atlanta the decision on a council on clinical trials. This council would serve as a clearinghouse to which radiopharmaceutical companies could refer when undergoing Phase II and

IV clinical trials. By making protocols uniform, standardizing trials, and presenting to the FDA a unified concept for radiopharmaceuticals, the council should help NDA processing go more quickly.

To help clarify or strengthen the role, credentials, and licensure of nuclear medicine technologists, the BOT approved four documents from the SNM Technologist Section: 1) A description statement defines a nuclear medicine technologist and his or her certification and education, and includes responsibilities of "patient contact, the preparation and administration of radiopharmaceuticals, patient imaging procedures including computer processing, laboratory testing, patient preparation, quality control, and radiation safety." 2) A position paper on "Multicompetency, Multiskilled, Multicredentialed Nuclear Medicine Technologists," was partly a response to health care reform discussions and their emphasis on widely varying skills and competencies among health care workers. 3) A position paper on licensure of nuclear medicine technologists defines the elements of licensure and lists three approaches to implementing state licensure. 4) Performance and responsibility guidelines are a revision of the 1982 guidelines.

To raise revenue, the 1994-1995 SNM budget proposal included some fee increases which garnered some controversy. It called for raising annual meeting registration fees, increasing annual membership dues by \$50, and charging \$2/sq. ft. more for exhibits. Even with these revenue increases, the budget projected a \$21,783 deficit, though past surpluses would compensate for this deficit. Some board members expressed concern that increased exhibit fees might discourage some exhibitors and possibly offset any increases in revenue from the higher fee, but the board approved the budget with the fee increases and the deficit.

Other BOT actions included approvals of the Executive Committee's decision to revise the Therapy Council's "Guidelines of Physician Qualifications for the Administration of Therapeutic Isotopes"; the draft position paper by the Committee on Isotope Availability on the availability of stable and radioactive isotopes; the Executive Committee's motion to increase the number of seats of each of the JRCNMT (Joint Review Committee on Nuclear Radiation Technology) sponsoring organizations; and the Executive Committee's motion to *not* co-sponsor a 200-hour didactic training program with the American Society of Nuclear Cardiology.