



**World Federation of Interventional and
Therapeutic Neuroradiology**

**2.5 LIVE DEMONSTRATIONS. ADDENDUM TO THE WFITN ETHICS
CHARTER OF 2016 (1)**

Contributors

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Live in-room demonstrations can be either performed within a small group of attendees inside the angiosuite, or can be broadcast live, outside the angiosuite. Both concepts of "live teaching" can be considered as valuable tools for spreading familiarity with new techniques and devices.

This charter confirms that treatments observed from inside or from outside the angio-suite, as far as they are exposed to observers or attendees or visitors, like proctoring treatments or live teaching courses, have to follow exactly the same precise ethical and organizational rules as described below. Doing "live treatments" according to the above description, should not change the strategy of the operator, which has to be based on his own practice and decision making criteria.

Live cases broadcasting are perfectly appropriate as a teaching method, provided that:

1. Patient consent to participation in such demonstrations, after detailed explanation is provided
2. Patient care is not compromised in order to facilitate the demonstration (for example, by delaying treatment until a visiting observer arrives), as it should be during non-broadcasted treatments.
3. Any commercial or financial influence regarding the choice of technique or device is excluded, as it should be during non-broadcasted treatments.
4. The way a patient is treated must not be related to any company participation or advertisement to the live demonstration, as it should be during non-broadcasted treatment.
5. Financial remuneration to the operator for performing live treatment is inappropriate, as it should be during non-broadcasted treatment.

The opportunity of teaching by live demonstration broadcasting, comes with the requirement to protect patients in any case through the following steps:

- The patient should be fully informed regarding his treatment and also that it will be observed and recorded for teaching purposes. Refusal of consent should in no way influence the future patient's care.
- Patient confidentiality must be protected at all times.
- All efforts to protect the patient's privacy and comfort must be taken including no visible camera or cameraman when the patient is entering or leaving the angiosuite.
- There must be a pre-established strategy for the treatment. The operator should be able to change strategy based on personal experience and judgment according to the proceedings of the procedure.
- The operator can decide at any time whether to interact or not with the panellists, either per sound connection or per video transmission. It remains operator's discretion whether to maintain or stop audio or video connection for any reason.
- Immediate stop of the live transmission is recommended if any complication occurs, in order to preserve serenity in the management of the complication. Discussion will take place later.
- An honest discussion with the audience should take place after the treatment is completed.
- Cases for treatment should be selected only in places where the treatment indications and the devices are authorized at the time of the procedure.
- It is not acceptable to perform a "first device" procedure during live transmission. The number of cases to be done with a new technology, before the permission to move to live transmission, has to be discussed device based, in order to find a consensus.
- The operating teams have to follow their 'everyday' practice in terms of their indications, approach, treatment technique and devices.

1. Picard L, Bracard S, Rodesch G. WFITN Ethics Charter. *Interventional Neuroradiology* 2016; Vol 22, Issue 6, pp. 618 – 623.
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