

**Duties and Organization of the Ethics Committee
of the International Continence Society**

October 2, 2006

Duties of the ICS Ethics Committee

The ICS Ethics Committee shall:

1. Develop a policy concerning the disclosure of financial information and potential competing financial interests among members of the ICS as these issues pertain to the activities and interests of the ICS. If disputes arise over these matters among the membership, the Ethics Committee shall investigate the particulars of the issue involved and prepare a recommendation for resolving the issue to be forwarded to the Advisory Board. The ultimate decision as to how the matter should be decided will rest with the Advisory Board.
2. Develop policies to insure that all research presented to the society is carried out in compliance with basic international ethical standards for the conduct of human and animal research.
3. Develop position papers on ethical matters as required from time to time by the ICS Advisory Board and Executive Committee (as for example, the American College of Obstetricians and Gynecologists Committee on Ethics has developed position papers on such matters as “At-risk drinking and illicit drug use: Ethical issues in obstetric and gynecologic practice;” “Nonmedical use of obstetric ultrasonography;” “Maternal decision making, ethics and the law,” etc).
4. Provide advice from time to time on specific ethical questions as requested by the Advisory Board and/or ICS Executive Committee
5. Organize an annual educational program on ethical issues relevant to the interests of the ICS in conjunction with each year’s annual scientific meeting
6. Serve as a conduit for conveying the views and opinions on ethical issues from the membership of the ICS to the Advisory Board and Executive Committee, and vice-versa.
7. Undertake such additional matters as may from time to time be required of the Committee by the Advisory Board or Executive Committee.
8. In carrying out its duties, the ethics committee is encouraged to consult externally with appropriate experts or to co-opt expert advice from academia, bioethics, industry, business, the legal profession with regard to specific questions before the committee to aid in its deliberations.

Organization and Structure of the ICS Ethics Committee

The Ethics Committee shall be composed of 11 members, to include the General Secretary of the ICS as a full voting member of the committee, an Ethics Committee Chair elected by the ICS membership for a term of 6 years, and 9 members elected directly from the ICS membership, each of these 9 elected members serving a term of 3 years. Three of these 9 members shall be elected each year, insuring that there is a regular rotation through the committee. Members of the committee shall be eligible for election to an additional 3 year term, after which time they must rotate off the committee. No committee member shall serve for more than 6 years.

The Chair of the Ethics Committee will be elected by the membership of the ICS for a 6 year term, in accord with Section 3 of the ICS Bylaws. The Chair may serve for only one term.

The General Secretary of the ICS shall serve as a voting member of the Ethics Committee for the duration of his or her term as General Secretary.

Each ICS member is entitled to vote for all elected members of the Ethics Committee. Each ICS member shall be entitled to vote for one candidate for each elected position at each annual election of Ethics Committee members.

The ICS Ethics Committee shall be composed of the following categories of members:

1. The General Secretary of the ICS, who will serve as a full voting member of the Ethics Committee
2. A Chair, to be elected for a 6 year term by the members of the ICS.
3. A gynecologist or urogynecologist
4. A gynecologist or urogynecologist
5. A urologist
6. A urologist
7. A continence nurse advisor or other member of the nursing profession
8. A geriatrician
9. A physiotherapist
10. An additional member not covered by the previous categories.
11. An additional member not covered by the previous categories.

The members of the committee shall elect from among their members a Deputy Chair to assist the Chair in carrying out the functions of the committee.

Organization of the Interim Ethics Committee

At the meeting of the Advisory Board in Paris in April, 2006, the previous Ethics Committee was dissolved due to the intractable internal issues mentioned previously.

The decision was taken unanimously by the Advisory Board to create an interim Ethics Committee composed of members of the Advisory Board. Dr. Lewis Wall was retained as Chair of the Interim Ethics Committee and was asked to invite other members of the Advisory Board to fill out the committee membership, with elections to replace members of the interim Ethics Committee scheduled to commence in 2007. Based on this plan, the interim Ethics Committee has been structured noted below. Dates of next election for positions on this committee are also given along with the names of the interim members.

1. The General Secretary of the ICS will serve as a full voting member of the Ethics Committee

Interim member: Walter Artibani. This position will be filled when the next ICS General Secretary takes up the position in 2009.

2. A Chair elected for a 6 year term by the membership of the ICS.

Interim member: Lewis Wall – election to be held in 2007

3. A gynecologist or urogynecologist

Interim member: Linda Cardozo – position to be elected in 2007

4. A gynecologist or urogynecologist

Interim member: Bernard Jacquetin – position to be elected in 2009

5. A urologist

Interim member: Jacques Corcos – position to be elected in 2008

6. A urologist

Interim member: Ted Arnold – position to be elected in 2009

7. A continence nurse advisor or other member of the nursing profession

Interim member: Diane Newman – position to be elected in 2008

8. A geriatrician

Interim member: No current Advisory Board member fits this position. It will be filled by Anthony Stone in the interim, with election of a geriatrician member to take place in 2007.

9. A physiotherapist

Interim member: Kari Bo – position to be elected in 2008

10. An additional member not covered by the previous categories.

Interim member: Gordon Hosker – position to be elected in 2009

11. An additional member not covered by the previous categories.

Interim member: No current Advisory Board members fit this position. It will be filled by Jean-Jacques Wyndaele in the interim, with election of an appropriate member to take place in 2007.