



**Position Statement on
Truth in Advertising & Professional Credential Disclosure
(Approved by the Board of Directors: August 7, 2010;
Amended by the Board of Directors: August 18, 2012;
Amended by the Board of Directors: April 28, 2018)**

The American Academy of Dermatology and the American Academy of Dermatology Association (collectively AAD/A) support truthful, non-deceptive advertising by health care practitioners. The AAD/A strongly recommend the implementation of direct and concise regulations and enforcement against fraudulent, deceptive or misleading advertisingⁱ and strongly endorses transparency and disclosure of one's degree, field of study, board certification and state licensure.

America's patients deserve to know the licensure and qualifications of their health care providers. The AAD/A believes those who regulate and deliver medical care have an obligation to inform the public of the qualifications and limitations of their care prior to beginning treatment, and should identify or disclose their degree, field of study, board-certification (if any) and state licensure to each patient. This should be disclosed in all forms of advertisement, expressed when appropriate to each patient, and displayed prominently in writing in the provider's office.

The AAD/A is supportive of federal and state policies which seek the following:

- Increased transparency in state licensure and specialty board certification, including:
 - Required disclosure that a physician is certified, or eligible for certification by a private or public board, parent association, or multidisciplinary board or association that is an American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) member board, a board or association with equivalent requirements approved by the physician's licensing board, or a board or association with an Accreditation Council for Graduate Medical Education approved postgraduate training program that provides complete training in their specialty or subspecialty in all identification and advertisements and requires prior certification by a member board of the ABMS or AOA;
 - Required disclosure of the certifying board or association with one's field of study or specialty;
 - Required disclosure of one's professional degree, field of study and state licensure, including the use of clarifying titles (e.g. Dr. Jane Doe, Doctor of Nursing Practice; Dr. Jane Doe, Doctor of Naturopathy; Jane Doe, Physician Assistant);
 - Use or display of visible identification, including one's state licensure, for all levels of personnel in private medical practices, hospitals, clinics or other settings employing physicians and/or other personnel which offer medical, surgical or aesthetic procedures.
- Any other means which protects the public against fraudulent, deceptive or misleading advertising.
- Creation of public education campaigns regarding qualifications of health care providers.

ⁱ Advertising includes oral, written and other types of communications disseminated for the purpose of soliciting or encouraging the use of health care services. This includes but is not limited to: telephone directory, radio, newspaper and magazine advertisements; printed brochures; business cards; web site or other online media; editorial writing; and seminars soliciting patients.

Advertising is considered to be inappropriate, unprofessional and unacceptable by a member of the AAD/A when:

The member uses, participates in or promotes the use of any form of public communicationⁱⁱ or private communicationⁱⁱⁱ containing a false, fraudulent, deceptive, or misleading statement or claim, including a statement or claim which:

1. Contains a misrepresentation of fact, or fails to state any fact that is necessary to make the statement not deceptive or misleading, when considered as a whole.
2. Contains photographs, images, or facsimiles of persons that falsely or deceptively portray a physical or medical condition, injury, or disease, including obesity, or recovery therefrom.
3. Contains photographs, images, or facsimiles of persons who have received the services advertised, but who have experienced results that are not typical of the results obtained by the average patient, without clearly and noticeably disclosing that fact.
4. Contains photographs, images, or facsimiles of persons before and after receiving services, which use light, poses, or photographic techniques to misrepresent the results achieved.
5. Contains a testimonial or endorsement pertaining to the quality of the member's medical care if the experience of the endorser does not represent the typical experience of other patients or if, due to the infrequency and/or complexity of such care, the results in other similar cases cannot be predicted with any degree of certainty.
6. Contains a testimonial or endorsement pertaining to the quality of the member's medical care or the member's qualifications if the endorser has been compensated by the member or a third party retained by the member for making such testimonial or endorsement.
7. Is intended or is likely to create false or unjustified expectations of favorable results.
8. Contains a representation or statement of opinion as to the superior quality of professional services which is not susceptible to verification by the public or contains a statement representing that the member possesses skills or provides services superior to those of other physicians with similar training unless such representation can be factually substantiated.
9. Appeals primarily to layperson's fears, anxieties, or emotional vulnerabilities.
10. Contains, in reference to any matter which could substantially affect a patient's decision to utilize a member's services, a representation of fact or implication that is likely to cause an ordinary prudent person to misunderstand or be deceived, or fails to contain reasonable warnings or disclosures necessary to make a representation or implication not deceptive.
11. Contains a guarantee that satisfaction or a cure will result from the performance of the member's services.
12. States or implies that a member is a board-certified specialist unless the member is certified by a board recognized by the American Board of Medical Specialties, the American Board of Dermatology, American Osteopathic Board of Dermatology, Royal College of Physicians and Surgeons of Canada or international equivalent.
13. Fails to clearly and honestly indicate the level of training, education, and licensure of the healthcare team a typical prospective patient may encounter.
14. Is not identified as a paid advertisement or solicitation unless it is apparent from the context that it is a paid advertisement or solicitation.
15. Is intended or is likely to attract patients by use of exaggerated claims.
16. Intentionally uses terminology that is not readily comprehensible to the general public.

ⁱⁱ "Public communication" includes any information transmitted orally, in writing, or through electronic media, the primary purpose of which is to notify the public, including a segment thereof, or a person, of the availability of a member or any other health care provider affiliated with a member or his organization, to practice medicine as well as, but is not limited to, television, radio, motion picture, computer bulletin boards, Internet web pages, telephone, telegram, letter, handbill, circular, newspaper, magazine, book, list, directory, business card, professional announcement card, office sign, letterhead, telephone directory listing or professional notice.

ⁱⁱⁱ "Private communication" includes any information, written or otherwise, that is disseminated by a physician and not made known to the general public.

References:

This Position Statement adopts several provisions from the CODE OF ETHICS OF THE AMERICAN SOCIETY OF PLASTIC SURGEONS, Updated 09/25/2017.

This Position Statement is provided for educational and informational purposes only. It is intended to offer physicians guiding principles and policies regarding the practice of dermatology. This Position Statement is not intended to establish a legal or medical standard of care. Physicians should use their personal and professional judgment in interpreting these guidelines and applying them to the particular circumstances of their individual practice arrangements.