



## Expert Witness Affirmation Statement

I have read and I understand the AUA Expert Witness Policy. As a member of the medical profession and of the American Urological Association, I affirm my duty, when giving evidence or testifying as an expert witness, to do solely in accordance with the merits of the case. Furthermore, I declare that I will uphold the following professional principles in providing expert evidence or expert witness testimony:

- 1) I will always be truthful.
- 2) I will conduct a thorough, fair and impartial review of the facts and the medical care provided, and will not exclude any relevant information from consideration.
- 3) I will provide evidence or testify only in matters in which I have recent and relevant substantive clinical experience and knowledge, in the areas of medicine that are the subject of the proceeding.
- 4) I will evaluate the medical care provided in light of generally accepted standards, neither condemning performance that falls within generally accepted practice standards, nor endorsing or condoning performance that falls below these standards.
- 5) I will evaluate the medical care provided in light of generally accepted standards that prevailed at the time, place and circumstances of the occurrence.
- 6) I will provide evidence or testimony that is complete, objective, scientifically based, and helpful to a just resolution of the proceeding.
- 7) I will make a clear distinction between a departure from accepted practice standards and an untoward outcome, making every effort to determine whether there is a causal relationship between the alleged substandard practice and the medical outcome.
- 8) I will make a clear distinction between my personal opinion and accepted practice standards.
- 9) I will submit and provide copies of my testimony to scrutiny, if requested, by professional organizations (including AUA), hospitals, peer review bodies, and state medical or licensing boards, as appropriate.
- 10) I am willing to testify equally for plaintiffs and defendants, as requested, based on an objective review of the facts.
- 11) I will not accept compensation that is contingent upon the outcome of the litigation, or that is excessive under the circumstances.

Printed Name: \_\_\_\_\_ AUA Member Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signed statements may be mailed to AUA Headquarters c/o Committee & Society Affairs 1000 Corporate Boulevard, Linthicum, MD 20190. The AUA will not accept an Affirmation Statement that has been altered. Violation of the above principles may result in disciplinary review by the AUA Judicial & Ethics Committee. This Affirmation Statement shall expire only upon a written rescinding of the signature.**