The Obesity Medicine Association (OMA) Guide Regarding Potential Conflicts of Interest (COI)

Edits to this document approved by the OMA's Board of Trustees on 10/2/2025

The Obesity Medicine Association (OMA) is committed to standards of integrity and ethical conduct, particularly for individuals in OMA leadership positions (i.e., OMA Board of Trustee members). Potential conflicts of interest can arise when personal, professional, or financial interests have the potential to influence (or appear to influence) impartiality and objectivity of the OMA's leadership. This guide serves to identify and suggest management of potential conflicts of interest. This guide has three overriding themes:

1. **Not every activity by the OMA leadership represents a conflict.** Dualities of interest occur when OMA leaders engage in activities that align with the interests of others involved in a similar activity. Some OMA leaders engage in patient care, educational, and/or clinical research activities that are in the best interest of patients. If such activities are sponsored by a pharmaceutical company, nutraceutical company, diagnostic company, or a device company, then the overlapping nature is not necessarily or technically a "conflict." That said, it is often prudent that even "dualities of interest" are disclosed and potentially accompanied by a management plan, even if not technically a conflict.
2. **Potential conflicts of interest exist beyond financial considerations.** Beyond potential monetary conflicts, other potential conflicts of interest involve personal relationships, professional relationships, favoritism, career aspirations, reputation, personal beliefs and biases, time allocation, intellectual property, professional loyalty, media engagement, and gift acceptance. No written document on the part of any organization can address or mitigate every conceivable conflict of interest. Thus, among the most essential ways to avoid conflict of interest is through individual commitment to objectivity, honesty, and ethical conduct. As such, it is best that OMA leaders recuse themselves from final decisions (i.e., voting) regarding all situations or activities for which they may have a conflict of interest.
3. **This document is only a guide.** Irrespective of this conflict of interest document, it is the OMA's Board of Trustees (BOT) who has the ultimate authority to consider and decide on whether an activity of any OMA member represents an acceptable or unacceptable conflict of interest. The OMA Ethics Committee may sometimes be involved as well. Finally, it should be recognized that this conflict of interest guide is an evolving document. Just as societal ethics evolve over time, so might this document evolve as well.

Overall, this "OMA Guidance Regarding Potential Conflicts of Interest" document serves as a guide to help identify and manage common and practical potential conflicts of interest within the OMA. While this document is specifically targeted to guide OMA leadership (e.g., OMA Board of Trustee members, *Obesity Pillars*® Journal Editor-in-Chief, and *Obesity Pillars*® Journal Executive Editor), all OMA members are encouraged to familiarize themselves with these disclosure principles and management procedures. The Table and Figures below provide practical guidance regarding common OMA leadership activities and suggest pathways towards resolving these potential conflicts of interest. Management of conflicts of interest may range from simple disclosure to ethical review. Depending on the potential conflict of interest, OMA members may be prohibited from running for OMA leadership office or may be removed from OMA leadership positions. The overall principles of conflict of interest management include:

- Disclosure and transparency
- Recusal regarding final decisions where potential conflicts of interest may arise
- Independent review by the OMA Ethics Committee when appropriate

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Type of Relationship/Activity	Obesity Medicine Association (OMA) Leadership
Unethical Conduct and Disallowed Activities	
***IMPORTANT*:** Even if an activity is designated as acceptable or manageable according to other sections of this guide, any conduct and/or activity determined by the OMA Board of Trustees as conflicting with the ethical interests of the OMA, and/or which may involve guidance by the OMA Ethics Committee, may ultimately be determined to be: "Not Allowed." Additionally, beyond the items in this guide, OMA leadership members are expected to use good judgment regarding disclosures and management of potential COI.	Not Allowed
Intentional or repeated failure to disclose potential conflicts of interest as outlined in this Table and accompanying Figure.	Not Allowed
Employment	
Ownership or full or part-time employment by a pharmaceutical, nutraceutical, diagnostic, or device company that manufactures or sells products or services related to obesity and its management. This "Not Allowed" categorization applies even if the employed individual is not directly involved in the company's manufacturing or sales.	Not Allowed
Full or part-time employment by a non-pharmaceutical, non-nutraceutical, non-diagnostic, or non-device commercial entity that provides services related to obesity and its management (i.e., healthcare services companies).	**Manageable: Disclosure with applicable recusals**

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Investments	
Investments (e.g. stock holdings, stock options, warrants, shares, bonds, or any other form of direct investment, not as part of a mutual fund) in pharmaceutical companies, nutraceutical companies, diagnostic companies, medical device companies, or other medical services related to obesity management.	**Manageable: Disclosure with applicable recusals**
Patent holder or patent applicant for treatments or devices related to obesity and its management.	**Manageable: Disclosure with applicable recusals**
Investments in mutual funds, that among holdings, include equities in pharmaceutical companies, nutraceutical, diagnostic, medical device companies or any other commercial entities that manufacture or sell products related to obesity management.	**Acceptable: Disclosure not required**
Publications	
Listed author for non-educational promotional materials that advertise commercial therapeutics, nutraceuticals, medical devices, and/or medical services related to obesity and its management.	Not Allowed
Senior Editor (e.g., Editor-in-Chief, Executive Editor, Managing Editor) of a non-OMA affiliated journal.	**Review by the OMA Board of Trustees. If approved: Disclosure with applicable recusals**
Associate Editor of a non-OMA affiliated journal.	**Manageable: Disclosure with applicable recusals**
Paid authorship of an educational publication funded by a commercial entity involved in obesity and its management.	**Manageable: Disclosure with applicable recusals**
Authorship of a book regarding obesity (see "Important" caveat in box above).	**Acceptable: Disclosure**
Authorship of a book not related to obesity (see "Important" caveat in box above).	**Acceptable: Disclosure not required**
Unpaid author, reviewer, or Guest Editor of scientific publications, such as journal articles, scientific textbooks/chapters, commentaries, and/or editorials published in peer-review publications.	**Acceptable: Disclosure not required**

Educational Activities	
Speaker for non-OMA educational or non-OMA promotional programs (i.e., face-to-face or virtual) regarding obesity-related topics where the non-OMA program occurs at any time during the dates of the OMA Spring and/or Fall conferences.	Not Allowed
Speaker for an obesity-related, non-OMA, non-continuing medical education, and non-maintenance of certification accredited activity such as a promotional speaker for a pharmaceutical, nutrition, or device company that markets products involved in obesity and its management (includes branded "product theaters" conducted at non-OMA scientific meetings).	**Manageable:** **Disclosure with applicable recusals**
Participating as a speaker or faculty for non-OMA courses and non-OMA webinars pertaining to the topic of obesity.	**Manageable:** **Disclosure with applicable recusals**
Participating in development of Clinical Practice Guidelines or similar projects led by non-OMA societies and/or for which OMA has no official involvement.	**Manageable:** **Disclosure with applicable recusals**
Speaker, faculty, or abstract presenter involving continuing medical education or maintenance of certification accredited activity, or non-branded "product theater" (e.g., as may occur during scientific meetings).	**Acceptable:** **Disclosure not required**
Faculty in commercially sponsored non-accredited activity where a not for-profit organization fully controls speaker selection and content (i.e., OMA commercially sponsored symposia).	**Acceptable:** **Disclosure not required**
Podcasts, posting on social media (e.g., Facebook, YouTube, Instagram, TikTok, WhatsApp, etc.), blogging or vlogging, TV or radio interviews, personal newsletters, online forums, discussion boards, influencer collaborations, or other personal "speech" activities that do not involve the OMA and that are not portrayed or implied as necessarily representing the opinions or positions of the OMA. (see "Important" caveat in box above).	**Acceptable:** **Disclosure not required**
Any OMA-related educational activity at any time, or non-speaker attendance by OMA leaders at one-on-one meetings or group gatherings during OMA conferences invited by non-OMA individuals or organizations.	**Acceptable:** **Disclosure not required**

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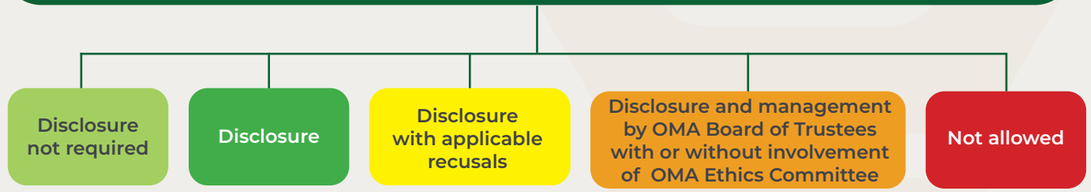
Consultant, Advisor, and Clinical Research	
Serving as a consultant/advisor (e.g., general consulting, attending an advisory committee, or being a member of a steering committee or executive committee) whose purpose is to advance obesity management or contribute to anti-obesity medication development.	**Manageable:** **Disclosure with applicable recusals**
Investigator in grant-funded research supported by nonprofit/government entities or commercial entities (e.g., pharmaceutical companies, nutraceutical companies, diagnostic companies, device manufacturers, companies whose business is substantially aligned with nutrition, physical activity, behavior modification, and bariatric procedures) with funds directed to an individual (e.g., investigator initiated clinical trials).	**Manageable:** **Disclosure with applicable recusals**
Investigators participating in grant-funded research supported by nonprofit/government entities and/or commercial entities (e.g., pharmaceutical companies, nutraceutical companies, diagnostic companies, device manufacturers, companies whose business is substantially aligned with nutrition, physical activity, behavior modification, and bariatric procedures) with funds directed to the Investigator's institution.	**Acceptable:** **Disclosure**
Participation in a data-safety monitoring board or independent core imaging interpretation group.	**Acceptable:** **Disclosure**
Exhibit Booths, Exhibit Presentations, and Advertisements	
Exhibition or presentation of a commercial booth at OMA's meetings, and/or the promotion or advertisement of products or services owned by a board member within OMA-sponsored programs or forums in which the board member holds a proprietary interest.	Not Allowed
Display and/or presentation of a commercial exhibit/booth at OMA meetings, for which the presenter does not have ownership of the clinical entity.	**Acceptable:** **Disclosure**
Display and/or presentation of an obesity-related commercial exhibit/booth at non-OMA meetings.	**Acceptable:** **Disclosure Not Required**

DISCLOSURE REPORTING: Disclosures should prioritize identifying potential COI and list the categorical nature of the disclosure. If the disclosure is reported, then it is not necessary to list the dates of each instance of the same disclosable activity. For example, if an OMA BOT member authors multiple non-OMA Guidelines for another medical organization, then it is sufficient to report the authorship relationship with the other medical organization. It is not necessary to list each manuscript and the publishing date. If an OMA BOT member serves as a consultant for an obesity-related company, it is sufficient to report the name of the company. It is not necessary to list each date for every consultant activity that took place.

Board of Director/Trustee Participation	
Serving on a **national** Board of Directors for a non-OMA medical society whose primary interest is obesity and its management.	**Review by the OMA Board of Trustees. If approved: Disclosure with applicable recusals**
Serving on a **national** Board of Directors for another medical society or association whose primary focus is not obesity and its management.	**Manageable: Disclosure with applicable recusals**
Serving on a **local or regional** Board of Directors for another medical society or association whose primary interest is related to obesity and its treatment or otherwise engaged in obesity-related activities.	**Manageable: Disclosure with applicable recusals**
Serving on a **local or regional** Board of Directors for another medical society or association whose primary interest is not obesity and its management and otherwise not engaged in obesity-related activities.	**Acceptable: Disclosure**
Referral to the Obesity Medicine Ethics Committee	
Most potential conflicts of interest among OMA leadership can be addressed and resolved via disclosure and/or recusal from final decisions in instances where conflicts of interest may arise. This table provides a practical guide regarding common illustrative examples. That said, unique circumstances may occur with any of these examples, wherein a review by the OMA Ethics Committee may be appropriate. Such a review may be prompted by complaints to, or recommendations by, the OMA Board of Trustees. In other cases, a review by the OMA Ethics Committee may be requested by an OMA leader seeking clarity about a potential conflict of interest. It is not practical for the OMA Ethics Committee to review all reported and unreported activities of OMA leadership. However, it is inevitable that questions will arise. In such situations, the OMA Ethics Committee may provide the OMA Board of Trustees guidance regarding potential conflicts of interest, from a perspective of objectivity and fairness that helps foster trust, integrity, and the reputation of not only the OMA, but OMA leadership as well.	**Disclosure and management by OMA Board of Trustees with or without referral to the OMA Ethics Committee**

Table: The color codes for potential conflicts of interest and their resolution are as follows: red activities are not allowed; light green are acceptable activities that do not require disclosure; dark green are acceptable activities where disclosure is requested; and yellow are activities manageable via disclosure and applicable recusals. The orange sections describe circumstances when the OMA Board of Trustees may be involved, with or without the input from the OMA Ethics Committee.

Obesity Medicine Association Leadership Potential Conflicts of Interest Guide (see Table)



From a conflict of interest standpoint, members of Obesity Medicine Association (OMA) leadership often engage in activities that are generally acceptable. As such, little benefit is derived from having OMA leadership report every conceivable activity. Not only does such an onerous approach risk incomplete reporting, but it also risks the creation of disclosure "noise" that may drown out and obscure those potential conflicts of interest that may be of meaningful relevance.

It is understood that limited, non-specific, general guidance regarding potential conflicts of interest has the advantage of better allowing for flexibility, discretion, and adaptation. However, experience supports that a basic listing of common potential conflicts of interest can save the OMA's Board of Trustees and staff time, and lessen OMA leadership angst, by proactively providing clear, consistent, and specific guidance.
The color coding (relative to the Table) provides a guide towards acceptable activities where disclosure is not necessary and where disclosure is prudent. For example, regarding light green acceptable activities, it is not mandatory (and perhaps not desirable) that OMA leaders report every continuing medical education or maintenance of certification program for which OMA leadership has participated as a presenter or faculty. That said, some educational and other OMA leadership activities should at least be disclosed (i.e., darker green). For example, it is prudent that OMA leaders report obesity research activities sponsored by pharmaceutical, nutraceutical, diagnostic, and/or device companies.

Yellow activities are generally manageable via disclosure and applicable recusal. As can be seen from the Table, most of the potential conflicts of interest that are listed as manageable involve relationships with industry. While industry-related matters do not constitute a substantial proportion of OMA societal activities, and while industry-related matters are not a common topic during OMA Board of Trustee meetings, such situations may arise. If they do occur, then the individuals having potential conflicts of interest with industry are expected to recuse themselves during the applicable final decision making processes (i.e., abstain from voting).

Finally, the red activities are not allowed and the orange section of the Table describes circumstances where the OMA Board of Trustees may need greater involvement and/or when referral to the OMA Ethics Committee may be appropriate.