

# AUSTRALIAN HOMŒOPATHIC ASSOCIATION

## CODE OF ETHICS AND PRACTICE

This Code of Ethics and Practice was adopted by the National Council 12<sup>th</sup> October 2016 and supersedes all previous AHA Codes of Professional Conduct.

### Introduction

The aim of the Code of Ethics and Practice is to set out the principles and guidelines to be followed by members of the Australian Homoeopathic Association (hereafter, the AHA).

*It is incumbent upon homoeopathic practitioners to conduct themselves in a competent, honest, compassionate manner and in doing so, be good ambassadors of homoeopathy.*

The code describes in detail the standards of conduct and practice that are expected by the AHA of its members. Membership of the AHA is conditional upon adherence to these standards as outlined in the remainder of this document.

The guidelines for professional conduct that follow this Introduction expand on and provide examples for the following general principles, which operate in all situations.

***Please note the useful links at the bottom of this document which relate directly to particular aspects of the Code of Ethics and Practice.***

## 1. General Principles of Professional Conduct

The Member shall:

- 1.1. Practice only Complementary and Alternative Medicine (CAM) disciplines in which they hold a qualification, and only within the scope of that qualification.
- 1.2. Give precedence to the welfare of patients, students, research subjects and the public over their self- interest.
- 1.3. Preserve the integrity of the profession and when acting in their professional capacity, behave in a manner that enhances and does not damage the status of the profession.
- 1.4. Pursue professional development opportunities in homœopathy and share their knowledge with other members of the profession, their patients and the public, at the appropriate level.
- 1.5. Report their work with objectivity and scientific honesty.
- 1.6. Refrain from offering or undertaking work or advice beyond their professional competence.
- 1.7. Secure and maintain professional indemnity and public liability insurance.

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- 1.8. Notify their State Branch and the National Office immediately of any circumstance that may lead to an insurance claim.
- 1.9. Not use the title “Doctor” to falsely represent them as a registered medical practitioner.
- 1.10. Be aware of those diseases that are notifiable and take appropriate action in these cases.
- 1.11. Report occurrences of circumstances such as domestic violence and child abuse to the appropriate authorities as required by individual state laws.
- 1.12. Comply with current laws and regulations, particularly in regards to labelling and naming remedies.

## 2. Relationship with Patients

The Member shall:

- 2.1. Become familiar with and practice in compliance with the Australian National Competency Standards for Homœopathy.
- 2.2. Do no harm to patients.
- 2.3. Have the right to choose which patients they will serve professionally, however, they must always respond to any emergency or render such assistance as possible until the emergency has passed or until another health professional has assumed responsibility for the patient.
- 2.4. Not cease treatment of cases they have accepted in the course of their practice without providing due notice to the patient, or until another health practitioner has assumed full responsibility.
- 2.5. Refrain from attending indefinitely a patient whose state of health is deteriorating without insisting upon a referral to another appropriate health professional.
- 2.6. When requiring a second opinion, with the patient's approval, shall offer all practicable assistance to refer the patient to another appropriate health professional for such an opinion.
- 2.7. Shall select and maintain clean and hygienic premises, which are appropriate and ensure the privacy of the patient.
- 2.8. Refer the patient to another homoeopathic practitioner or other health professional, whichever is appropriate, where there is evidence of a problem or condition they are not competent to deal with, making their decision and the reasoning behind it clear to the patient.
- 2.9. Keep up to date and accurate records of their patient's condition and all treatments given for an appropriate period as required by law.
- 2.10. In the case of a patient being a minor or someone deemed not capable of acting on their own behalf (e.g., a person suffering from a mental disability

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or disorder), after they have done everything possible to respect such independence as may remain with the patient, shall regard their responsibilities as directed to the parent, next of kin or guardian, in accordance with the normal legal formulae.

- 2.11. Exercise a duty of absolute confidence to their patients and shall not disclose any information coming to their attention through their professional relationship with the patient, except when:

Required to do so by rule of law.

In an emergency where the information may assist in the saving of a patient's life, or the prevention or likely prevention of damage or disease to the patient.

In consultation with other health care practitioners, for the purpose of better assessment of treatment, or coordinating the treatment of the patient.

The patient has consented to the nature and extent of the disclosure.

- 2.12. Not engage an unqualified person to act as agent or locum tenens.
- 2.13. Fulfil their duty of care towards their patients, and provide, or refer their patients to, any additional available treatment that would be deemed necessary or beneficial by any competent homœopath.
- 2.14. Never abuse professional boundaries, whether sexual or otherwise. It is absolutely inappropriate for an AHA member to pursue or enter into an intimate relationship with a patient, student or supervisee. Such a relationship undermines the relationship of trust and contravenes professional boundaries.
- 2.15. Before entering a personal or social relationship with a patient be fully aware that the onus is on you to consider the boundaries to be observed. Members must ensure that professional relationships are maintained at all times.
- 2.16. Seek guidance from their educational institution (if a student) or from the AHA National Office when needing support to manage a potentially difficult situation of this nature.

### **3. Relationships with other AHA Members**

The Member shall:

- 3.1. Refrain from criticising the skill and judgement of any practitioner, nor make any remark or statement that may undermine a patient's confidence in that practitioner.
- 3.2. When providing a second opinion as consultants not attempt to secure for themselves the care of the patient in consultation.

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- 3.3. First approach a colleague in a helpful way if they form an opinion that a colleague is behaving unethically. If this proves to be ineffective, members may:

Warn the colleague of their intention to report the matter to the Association.

Proceed with this action, should it become necessary, through the State Branch in accordance with provisions laid down in Section 11.

### **4. Duties of Committee Members and Office Holders**

The Committee Member and Office Holder shall:

- 4.1. Not publicly impugn the AHA and must uphold the AHA's Aims & Objectives and Constitution at all times.
- 4.2. As a member of a State Committee, National Council or office holder uphold the General Principles of Professional Conduct as set out at the beginning of this Code of Ethics and Practice.
- 4.3. Make a full disclosure, in writing, of all facts and information that could be construed to contravene this Code of Ethics and Practice when being considered as a candidate for election to State Committees, National Council or office holder positions.

### **5. Relationships with Other Professionals**

The Member shall:

- 5.1. Co-operate with other professionals where necessary for the benefit of the patient.
- 5.2. Not convey confidential communications from members of related professions to a client without permission from the authors of such communications.
- 5.3. Refrain from giving or receiving any fee or commission for arranging a consultation with another professional.

### **6. Principles relating to Employment in Organisations**

The Member shall:

- 6.1. When in a position of full reciprocity of data with other professional co-workers, respect this trust in regard to their communications with clients and interested parties.

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- 6.2. Obtain copies of the qualifications, resume, professional association membership and insurance details of any other practitioner to be employed by them in their practice.
- 6.3. When in the position of employee at a clinic:
  - 6.3.1. Refrain from making available confidential case data of any patient to administrative clinic staff except for patients' contact details as required for the management of the clinic.
  - 6.3.2. If ceasing employment at a clinic that does not permit the transfer of its patients to the practitioner's private practice, ensure that confidential case data of any patient is only handed over to a succeeding qualified health practitioner.
  - 6.3.3. Never permit clinic managers or other practitioners to use the member's provider number for the purpose of providing health fund rebates to patients not treated by the member.
  - 6.3.4. Desist from allowing clinic managers or other practitioners who are not members of the AHA to use AHA Professional stationery other than on behalf of the AHA Professional member(s) working at the clinic.

### **7. Principles relating to Research**

The Member shall:

- 7.1. Conduct research in such a way that bias is not deliberately introduced into the planning, carrying out, or reporting of a research study.
- 7.2. Advise the subjects of possible effects, when engaged in research where there is a possibility of harmful effects to those subjects.
- 7.3. Obtain the subject's consent to proceed with the investigation, where effects are uncertain, after informing them that risk may be involved.
- 7.4. Not use a position of authority to exert undue pressure on potential subjects for the purpose of securing their participation in a particular research project.

### **8. Principles relating to Writing and Publishing**

The Member shall:

- 8.1. Not publish as their own work that which is not essentially theirs, or to which they have not made a significant contribution.
- 8.2. Not try to prevent the publication of a critical review of their work.
- 8.3. Refrain from endorsing favourably, for personal or financial gain, a work they know to be an inadequate.

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- 8.4. Avoid publishing confidential material about a patient or subject that might lead to their identification without their written permission.

### 9. Public Relations

The Member shall:

- 9.1. Do all in their power to uphold the dignity of their profession at all times and defend the honour and reputation of their fellow practitioners.
- 9.2. Respect the confidentiality of information which is of concern only to the AHA membership by not revealing this information to those outside the AHA.
- 9.3. Avoid speaking or commenting on any matter, on behalf of the AHA, unless specifically authorised to do so.

### 10. Advertising

#### 10.1. General Advertising

The Member shall:

- 10.1.1. Abide by all federal and state legislation advertising codes.
- 10.1.2. Ensure that the marketing and advertising of therapeutic goods and services is conducted in a manner that is responsible and does not mislead or deceive the consumer.
- 10.1.3. Refrain from making claims of cure or exclusive methods.
- 10.1.4. State clearly their qualifications.
- 10.1.5. Avoid suggesting a medical or other qualification to which they are not entitled.
- 10.1.6. Adhere to the AHA's Policies with regards to the use of the Association's logo:

Current Professional members are entitled to use the AHA logo on cards and stationery, provided the letters M.A.H.A. appear. Other modalities can be listed provided the qualifications are bone fide.

The AHA logo is not to be used in print media (e.g. newspapers, privately printed or designed brochures, websites) unless authorised by National Council or a Branch Committee. Where a Branch Committee is in doubt, the matter should be referred to National Council. The use of the AHA logo infers that the content of the message has been approved and endorsed by the AHA.

- 10.1.7. Clearly state fees and services provided ensuring the information is accurate with a disclosure of conditions attached.

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10.1.8. Write advertising information in a factual and explanatory form, not claiming superior competency or offering guarantees of a particular outcome as an inducement.

### 10.2. Practitioner Websites

The Member shall:

10.2.1. Provide consumers with accurate and easily accessible information that allows:

- identification of their business when involved in a transaction
- prompt, easy and effective communication with their business regarding any electronic transaction

10.2.2. Make sure that advertising material is clearly identifiable and distinguished from other content.

10.2.3. Be able to back up advertising, marketing or any other claims.

10.2.4. Ensure their website complies with accepted Australian and international standards of practice and guidelines in relation to electronic commerce.

10.2.5. Ensure their website includes an unsubscribe facility.

10.2.6. Exercise special care in advertising or marketing that targets minors.

10.2.7. Avoid sending unsolicited electronic communications.

10.2.8. Ensure messages contain information that clearly identifies the sender and/or business when sending electronic communications.

### Useful Links

Notifiable Diseases

<http://www.health.gov.au/casedefinitions>

Mandatory Reporting requirements

<https://www.1800respect.org.au/workers/fact-sheets/mandatory-reporting-requirements/>

Current Labelling Laws and Legislation

<https://www.legislation.gov.au/Details/F2016L01287>

Australian National Competency Standards

<http://www.aroh.com.au/page-1677482/1496087>

Medical Records

<http://www.avant.org.au/resources/start-a-practice/practice-operations/systems-and-procedures/medical-records/>

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Therapeutic goods advertising code

<https://www.tga.gov.au/publication/therapeutic-goods-advertising-code>

Age of Consent to Medical Treatment

<http://www.findlaw.com.au/articles/432/age-of-consent-to-medical-treatment.aspx>

The Australian Communications Council Internet Advertising Guidelines

<http://www.communicationscouncil.org.au/public/content/ViewCategory.aspx?id=889>

Basic Minimum Standards for consumer protection when dealing with international jurisdictions

<http://www.oecd.org/sti/consumer/oecdguidelinesforconsumerprotectioninthecontextofelectroniccommerce1999.htm>

Workplace conflict resolution tips and strategies

<http://www.mediate.com.au/workplace/>

<http://workplaceconflictresolution.com.au/>

<http://www.mindfulmediation.com.au/workplace-conflict-resolution/>

## References

- Law and Ethics in Complementary Medicine (4<sup>th</sup> Edition): Michael Weir, Allen and Unwin, 2011
- The Australian Guidelines for Electronic Commerce  
[http://archive.treasury.gov.au/documents/1083/PDF/australian\\_guidelines\\_for\\_electronic\\_commerce.pdf](http://archive.treasury.gov.au/documents/1083/PDF/australian_guidelines_for_electronic_commerce.pdf)
- Australian Medical Association Code of Ethics  
<https://ama.com.au/position-statement/ama-code-ethics-2004-editorially-revised-2006>
- The Society of Homeopaths Code of Ethics and Practice  
Revised October 2014
- The Australian Homoeopathic Association Inc Code of Professional Conduct  
April 2001