

European TCM Association (ETCMA)

Code of Professional Conduct

Version 1_090227

This Code of Professional Conduct will be translated into the languages of all member associations by the members.

About this Code

The Code of Professional Conduct is published by the European Traditional Chinese Medicine Association (ETCMA) as a basis for Codes of Conduct of member organisations and associations. It is based on the Code of Professional Conduct of the British Acupuncture Council (BACc).

The Code is set up for the protection of patients. It also serves to explain to people outside the profession the high standards under which members operate.

This Code represents a minimum standard and shall serve only as a basis for codes of conduct of ETCMA-member organisations and associations. It does not list every possible situation that practitioners will face in practice. In order to help maintain the highest levels of professional behaviour, therefore, ETCMA-member organisations and associations are encouraged to elaborate on key topics of this Code with examples of best practice as illustrations of the broad principles outlined in this Code. Members shall also regularly update their code in order to keep practitioners as informed as possible of changes and developments in the professional conduct expected of the ETCMA-member organisation or association.

The laws in the ETCMA-member states override this Code.

In this Code, 'practitioner' refers, if not marked otherwise, to the individual member of an ETCMA-member organisation or association. Furthermore, in this Code, 'patient' refers, if not marked otherwise, to an adult person seeking advice or treatment from a practitioner of their own free will.

Code of Professional Conduct

Obligations to Patients

Duty of care

1. Practitioners have a duty to their patients to maintain high standards of care, competence and conduct.
2. The relationship between practitioners and their patient is that between a professional and a client who is entitled to put complete trust in the practitioner as a professional. It is his or her duty not to abuse this trust in any way.
3. Any patient consulting a practitioner has the right to expect that he or she will:
 - a) make their care the overriding priority
 - b) listen to them carefully and respect their confidentiality

- c) explain findings to them as clearly as possible and ensure that they are understood
 - d) inform them clearly of the nature and purpose of any proposed treatment
 - e) respect their autonomy and encourage their freedom of choice
 - f) ensure that they know how and where the practitioner may be contacted
4. In providing care practitioners must:
- a) assess any condition thoroughly, with appropriate examination and investigation
 - b) recognise the limits of their professional competence and work within them
 - c) provide, where appropriate and with the patient's consent, relevant information to other health professionals who are caring for them
 - d) consult others and refer for investigation and treatment elsewhere, when necessary
 - e) keep accurate and comprehensive case notes and records
 - f) review the patient's treatment and progress at agreed intervals and assess the suitability of further acupuncture treatment
 - g) encourage patients promptly to seek other forms of medical treatment if acupuncture and Chinese medicine does no longer seem to be the most appropriate means of treating their problems
 - h) act promptly and appropriately if becoming aware of an error on their part, ensuring that the professional organisation or appropriate commission is informed as soon as possible for guidance on any further action or comment
 - i) act promptly if a patient complains about any aspect of their professional practice and keep a record of the complaint and any actions taken

Fees

5. When a patient consults a practitioner this involves entering into a contractual relationship. The patient will normally pay a fee. Even if the patient does not pay a fee, or where there is no explicit contractual relationship (e.g. in an emergency), the practitioner still has a duty to apply the standard of care expected of a professional practitioner of acupuncture and Chinese medicine.
6. Patients must be given clear information on the fee structure for treatment for both initial and subsequent sessions.

Case notes

7. Practitioners must keep accurate, comprehensive, easily understood, contemporaneous and dated case notes recording:
- a) the patient's personal details (name, address, telephone number and date of birth)
 - b) the presenting complaint and symptoms reported by the patient
 - c) relevant medical and family history (including practice details of the GP)
 - d) their clinical findings and Chinese medical diagnosis
 - e) any treatment given and details of progress of the case, including reviews of treatment planning
 - f) any information and advice that they give, especially when referring the patient to any other health professional
 - g) any decisions made in conjunction with the patient
 - h) records of the patient's consent to treatment or the consent of their next-of-kin and consent to contact their GP or any other relevant health care professional

8. Practitioners are legally required to keep patient records for the amount of years required by the law in the practitioner's country of practice.
9. The patient's case notes and records are the practitioner's property, and he or she must retain them. However, when a patient requests a copy of their notes, practitioners must follow the procedure laid out in the law of their country of practice.
10. The requirement to retain original records applies especially in the buying and selling of a practice; even with a patient's consent, practitioners must only pass on copies of the records, not the original notes. Practitioners must also ensure that patients are kept fully informed and offered appropriate choices about their continuing care and the safe keeping and location of their original records.
11. Practitioners must not use knowledge gained from patients or from their records in any other context for personal or professional gain.
12. Patient records must be kept secure and confidential at all times. The requirement of the law in the practitioner's country of practice must be fulfilled, including compliance with all regulations governing electronic data.
13. Records must be destroyed according to the law in the practitioner's country of practice. If the method of disposal is not regulated, shredding and burning are the most appropriate methods. Practitioners must also make appropriate arrangements for the safe keeping and transfer of patient notes in the event of the practitioner's death or serious injury.
14. If case notes are written in any other language than the official language in the country of practice, it will be the practitioner's responsibility to provide a full translation, if called upon to do so by the professional association's ethical board or similar commission in the event of a complaint being made, or the records being required for official purposes, or a request being made by the patient.

Delegation of professional duties

15. Practitioners must ensure that the practice is managed with due care should professional duties be delegated to another practitioner of acupuncture and Chinese medicine or to a practitioner of another therapy. The delegating practitioner must be satisfied that any such practitioner is adequately qualified and belongs to a reputable professional body. The delegating practitioner must also be satisfied that any services provided by the other practitioner are done so with the agreement of the patient.

Absence from practice

16. Should the practitioner be away from his or her practice for any length of time, it is his or her duty to ensure patients are informed about where they may seek appropriate treatment in his or her absence, or to provide properly trained and qualified locum cover. Should the practitioner retire from practice he or she must also inform the patients that he or she is retiring and ensure that the patients are aware of other practitioners in the area and of the location of their original case notes and records.

Continuing study

17. Practitioners must refresh their knowledge and techniques by, for example, attending appropriate seminars and post-graduate training courses, or by undertaking recognised continuing professional development training. This includes fulfilling any continuing professional development requirements set by the professional association.

Ethical Boundaries in Relationships with Patients

Inappropriate Relationships

18. Practitioners must not enter into a sexual relationship with a patient. They must also be aware of the dangers of allowing any sort of emotional relationship to develop with a patient. If practitioners realise they are becoming emotionally or sexually involved with a patient, they should end the professional relationship, and recommend to the patient an alternative source of appropriate care.

19. If a patient shows signs of becoming inappropriately involved with the practitioner, he or she should discourage them and, if necessary, end the professional relationship. Practitioners may wish to report such matters to the ethical committee or similar commissions, or seek advice from a colleague whilst maintaining the anonymity of the patient.

20. Practitioners must ensure that their behaviour in dealing with patients is professional at all times and not open to misunderstanding or misinterpretation. Non-physical behaviour, gesture, unnecessary physical contact, verbal suggestion or innuendo can easily be construed as abusive or harassing.

21. Practitioners must allow the patient privacy if they are required to undress for treatment. Practitioners must also ensure that they provide adequate clean covering for patient use.

22. Practitioners may sometimes find themselves called upon to treat a relative or someone whom they consider to be a friend. There is no harm in this provided that clear boundaries are kept between the social and professional relationships.

23. Practitioners must ensure that past, present or anticipated relationships of any kind do not interfere with their professional duties, and they must avoid any behaviour which can be construed in this way.

Legal Obligations

Patient Consent

24. Practitioners must explain carefully the procedures and treatment that they intend to administer, and must recognise that the patient is entitled to choose whether or not to accept advice or treatment. It can be construed as an assault to examine or even prepare to treat someone without their consent, and to continue to treat someone if they withdraw their consent in the middle of a treatment.

25. Consent must be given by a legally competent person, must be given voluntarily and must be informed. Although consent may once have been taken as implied by a patient's actions in turning up and lying on the treatment couch, explicit consent is now considered essential. Practitioners must seek explicit consent, in writing if necessary, and ensure that the patient understands the proposed therapy. This is particularly important where treatment may involve sensitive areas of the body. Practitioners are recommended to record all relevant information in the case notes.

26. Practitioners must record any subsequent explanation and consent obtained if the course of treatment extends beyond the original projection, if treatment continues beyond an agreed review date, or if the treatment itself involves significant changes in point locations, techniques used or time taken.

27. Practitioners must not delegate the obtaining of consent to a receptionist or unqualified assistant. Informed consent requires that the practitioner (or an appropriately qualified colleague) must explain the procedure, be available to answer questions and be able to satisfy themselves that the patient understands what they have told them.

Consent of Minors

28. Practitioners must seek the consent of a parent or guardian if the patient is legally defined a minor in the country of practice. In the absence of such consent practitioners must not offer treatment.

29. Practitioners must also be aware that the refusal of treatment by a child legally defined a minor in the country of practice may carry legal force and override the consent, even though properly given, of a legally authorised adult. If practitioners are in any doubt, they must contact the ethical commission or similar committee or seek legal advice before performing any treatment.

30. When a child legally defined a minor in the country of practice is treated, practitioners must follow the guidance offered by their professional association on whether a parent or legally authorized guardian is present in the treatment room throughout the whole examination and treatment.

Confidentiality

31. Practitioners have a duty to keep all information, medical or otherwise, concerning their patients entirely confidential, and such information may only be released with the explicit consent of the patient. This also applies to any views that the practitioner forms about the patient. This duty, which survives the death of a patient, also extends to anyone employed in the practice.

32. The fact of a patient's attendance at the practice must be considered confidential. Practitioners must also not assume that details of a patient's case may be discussed with their partner or their relatives unless explicit permission has been given.

Disclosures without consent

33. Disclosures without consent may be necessary in the public interest if the practitioner's duty to society overrides the duty to the patient. This may be because the patient is putting themselves or others at serious risk by, for example, the possibility of a violent or criminal act or failing to report a notifiable illness. In all circumstances practitioners are advised to consult the ethical commission or similar committee or take legal advice before making a decision to release information without a patient's permission.

34. A Court may order the practitioner to disclose information about a patient. In such circumstances, only information relevant to the proceedings should be disclosed. If called upon to do this, the practitioner should seek advice from the ethical commission or similar committee as to how best to proceed.

Commercial Obligations

Advertising standards

35. All advertising must be legal, decent, honest and truthful and must conform to relevant guidelines of the professional association or association the practitioner belongs to. Advertisements may include information about any non-acupuncture qualifications and special interests of the practitioner, but must not make claims of superiority or disparage professional colleagues or other professionals.

36. Advertising must not mislead or deceive. It must not be sensational and make unrealistic, self-laudatory, or extravagant claims. Neither its content nor the manner in which it is distributed should be such as to put prospective patients under pressure. Advertising must not create unjustified expectations about the length or type of treatment or its prospects for relieving the condition concerned. Claims to cure

conditions, as distinct from relieving symptoms, are strictly prohibited.

Placing and distribution of advertisements

37. Practitioners need to ensure that advertisements appear in appropriate surroundings, unlikely to bring disrepute to the profession, and that they are distributed by similarly professional means.

Financial and commercial activities

38. Practitioners must make a clear distinction between their acupuncture and Chinese medicine practice and any commercial activity in which they may be involved. There must be no suspicion of any business affairs having an influence over the attitude towards patients and their care.

39. To promote a product to patients for no good reason other than profit is highly unethical. If practitioners sell or recommend any product or service to a patient, they must be satisfied this will be of benefit to the patient and that they are appropriately qualified to offer such products or advice. It must be clear that any financial interest practitioners have in doing so does not influence the care or treatment provided.

40. Before selling or recommending such a product or service, practitioners must declare to the patient that they have such an interest. Practitioners must ensure that patients can differentiate between the prescribing of a product and the marketing of a product.

41. Practitioners must not encourage patients to give, lend or bequeath money or gifts which will directly or indirectly benefit them. Practitioners must also not put pressure on patients or their families to make donations to other people or organisations.

Obligations in Multi-Disciplinary Practice

Membership of other professional organisations

42. If practitioners belong to other professional bodies whose ethical standards differ from these, they must be aware that this cannot put them beyond this Code of Conduct as far as matters of professional conduct are concerned.

Practising other therapies

43. If practising other therapies, practitioners must have undertaken an appropriate course of structured training. If using other therapeutic modalities without appropriate training practitioners will be in breach of this Code.

Using other techniques, supplements or equipment as an adjunct to acupuncture and Chinese medicine treatment

44. If using techniques, supplements or equipment which are not within the normal scope of acupuncture and Chinese medicine practice, practitioners must inform the patient that this is the case. Practitioners are also strongly advised to ensure that they are appropriately trained in and hold valid insurance for the use of the technique, supplement or equipment, and to record the patient's consent to the treatment proposed.

Use of the title 'doctor'

45. The use of the title "doctor" by members, either as a prefix in advertising their practices, or in referring to themselves, or in allowing themselves to be referred to as 'doctor' in the context of being addressed as a practitioner of acupuncture and

Chinese medicine, must not be done in such a way as to imply that the member is a registered medical doctor.

46. Courtesy titles, doctorates in any other field, and post-graduate acupuncture qualifications are not acceptable as a basis for the use of the title 'doctor' as a prefix when being addressed as a practitioner of acupuncture and Chinese medicine.

Treatment of animals

47. Practitioners must not administer any type of treatment to an animal without appropriate training in veterinary acupuncture and Chinese medicine, always making sure that they do not treat outside the limits of their competence. In all events, practitioners must act according to the laws applicable in their own country.

Relationship with Professional Colleagues

Relationships with other therapists

48. In this section 'therapist' refers to all healthcare professionals, including practitioners of acupuncture and Chinese medicine who are not members of an ETCMA-member organisation.

49. Practitioners must not attempt to persuade the patient of another therapist to seek treatment with them.

50. If practitioners treat the patient of another therapist because of holiday, illness or any other reason, they must encourage the patient to return to their original therapist as soon as that therapist becomes available again. Practitioners must not attempt to solicit the patient, either directly or by default, to continue treatment with them.

51. In all cases the wishes of the patient are paramount. If a patient decides to transfer from a practitioner to another therapist, it is courteous, and in the patient's interest, for the practitioner and the other therapist involved to communicate with each other about this transfer, and for relevant information about the patient to be forwarded, with the patient's consent.

Relationships with medical doctors

52. It is good practice to maintain contact with medical doctors over shared patients. Practitioners should acknowledge referrals from medical doctors, and should also consider it good practice to inform and communicate with a patient's general doctor, with the patient's consent, when the patient has self-referred.

Criticism of other therapists

53. Practitioners may sometimes encounter criticism of the competence or professionalism of other therapists voiced by patients or colleagues. If practitioners hear such criticisms of other therapists, whether they are members of the ETCMA-member organisation or not, practitioners must at all times act with the utmost discretion and professionalism, and must be extremely cautious about voicing any opinion. This applies equally if they themselves hold critical views of others, either in the own field or in another health care discipline.

54. Practitioners are expected to act with integrity, discretion, and respect for the views of others. They are entitled to put forward their views on good clinical practice in publications, seminars, etc. However, practitioners must not criticise other healthcare disciplines or professionals, either directly or by implication, over and above the standards which apply in the debates to which a practitioner contributes.

Dealing with concerns about other therapists' behaviour

55. If there is evidence or if practitioners are reliably informed that another therapist's conduct, health or professional competence poses a threat to patients, practitioners have a responsibility to act in order to protect patients' safety. If necessary, they must report their concerns to the applicable commission or office.

56. Practitioners must obtain a patient's consent before repeating information given to them in confidence. Only in very extreme cases, such as when considering that the duty to society at large takes precedence, would the lack of such consent be considered acceptable.

Obligations as a Teacher

Public lectures

57. Lecturing to medical and paramedical groups and the general public, in order that they may better understand the work of the professional acupuncturist and the range of services, is perfectly acceptable. Such lectures must only be for information and must not be promoted or encouraged to be construed as training in acupuncture.

Assistants and Observers

58. Practitioners are allowed to have acupuncture students, potential acupuncture students, or other individuals present as observers in their practice. An observer may only be present with the explicit permission of the patient. Practitioners must take care to avoid 'coercive consent' where a patient feels that they are under pressure to allow an observer to be present.

Research

59. If practitioners are involved in research involving patients, they must seek the approval of an appropriate research ethics committee. Practitioners must also obtain consent of the patients if they are involved in the research. Practitioners must ensure above all that patient care is not compromised in order to meet the needs of research aims.

60. Practitioners must also ensure that the patient's confidentiality is respected in the sharing or publication of research findings. If the results of research cannot be aggregated in such a way as to conceal the identity of individual patients, any consent obtained from the patient for the use of such results must be based on full details of the distribution, publication and ownership of these results. If a patient refuses consent for the disclosure of research results, their choice must be respected.