



The Irish Institute of Medical Herbalists

CODE OF ETHICS

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RULE ONE

Members shall at all times conduct themselves in an honourable manner in their relations with their patients, the public, and with other members of the Institute.

A. Members' Obligations to their Patients**Practitioner – Client Relationship**

The relationship between a medical herbalist and his or her patient is that of a professional with a client. The patient puts complete trust in the practitioner's integrity and it is the duty of Members not to abuse this trust in any way. Proper moral conduct must always be paramount in Members' relationships with patients. Members must act with consideration concerning fees and justification for treatment. Members must strive to adopt a non-judgemental attitude towards patients.

Where a Member considers that treatment is beyond his or her capacity or skill, the patient with his or her consent, should be referred to another Member or appropriate Health Care Practitioner.

Members must take care when explaining the procedures and treatment which they propose to administer, and should recognise the patient's right to refuse treatment or ignore advice. It is unacceptable to solicit a patient by any means to accept treatment when he or she has not specifically requested it.

Children and Minors

Members shall take particular care in treating children and minors. The consent of a parent or legal guardian should be obtained in respect of any person under 16 years of age, or whatever age is specified in law at the time of treatment.

Law and Liability

Members shall be responsible for being aware of their position and liability in law.

Delegation of Professional Duties

Members must take care to see that their practices are managed with due diligence, in particular, delegation of professional duties should be made only in favour of those qualified to accept them.

Locum Arrangements

It is the duty of the Member if he or she is away from the practice for any length of time to ensure that adequate arrangements are made to enable patients to receive treatment.

Confidentiality

Members have an implicit duty, within the law, to keep all information concerning, and views formed about, patients entirely confidential between the Member and the patient concerned. This same level of confidence must be maintained by assistants and receptionists when these are employed. Even the fact of a patient's attendance at a Member's practice should be considered confidential, and should not be disclosed to a third party without the patient's consent.

Members are warned not to assume details of a wife's or husband's case should be freely discussed with the other. The above ruling applies to all parties including next of kin and Members should never allow a third person to be present unless with the express consent of the patient.

Disclosure of any confidential information to a third person is only in order when all the following requirements are met:

- i) Disclosure is in the patient's interests.
- ii) It is done with the patient's knowledge and consent except where the patient is not in a condition to give this and a third person is in a position to be responsible for patient's interests.
- iii) There is a real need for such information to be imparted, such as when a Member considers a case should be referred to a colleague.

The only exceptions to this principle of confidentiality are:

- i) When the law requires the information to be divulged.
- ii) When for reasons relating to the condition or treatment of a patient it is undesirable to seek his or her consent, but it is in the patient's own interest that confidentiality should be broken.
- iii) When the member reasonably considers that his or her duty to society at large takes precedence.
- iv) When case histories are used for herbal training, research or publication. In these cases the patient's anonymity must be very strictly preserved.

Members must ensure that they keep clear and comprehensive records of the treatment they administer to patients.

B. Member's Obligations to the Public

B1. Disclosure of Information

It may happen that Members receive requests by Courts of Law for the disclosure of confidential information. In such case, Members should first refer the matter to Council of the Institute for advice. If the Court nevertheless overrules this contention and requires disclosure of the information, the Member may be in contempt of court by refusing to disclose it, but if he or she does refuse, the Council will not hold the Member to be acting in breach of this Code of Ethics.

In serious cases, Members are strongly advised to take legal advice and to consult the Secretary of the Association before deciding how best to proceed. When in doubt concerning any matters that have legal implications, a Member would be wise to consult the Secretary of the Institute.

B2. Use of the Title 'Doctor'

No member may use the title 'Doctor' either directly or indirectly in such a way as to imply that he or she is a registered medical practitioner, unless this be the case. The mis-use of the title 'Doctor' will be construed by the Council as misleading to the public.

C. Members' Obligations to other Practitioners

It is against the interests of the Association to have distrust or dispute between Members. Members shall at all times conduct themselves in an honourable manner in their relations with other practitioners. Members shall at all times avoid discrimination against another Member, especially regarding nationality, sex or creed.

C1. Transfer of a Patient

Action taken by a Member to persuade the patient of another practitioner to patronize him or her is in all circumstances unethical and contravenes this Code of Ethics. When a Member treats a patient of another practitioner due to holidays, illness, or any other reason, the Member shall consider himself or herself to be under an obligation to encourage the patient to return to the original practitioner as soon as that practitioner can accept them back for treatment. In all cases the decision whether or not to return to the original practitioner rests solely with the patient.

C2. Denigration

No matter how justified a practitioner may feel in holding critical views of a colleague's competence or behaviour, it is unprofessional and would be considered unethical that he or she should communicate such an opinion to a third party. A Member to whom criticisms of a colleague's competence or behaviour are communicated should at all times act with discretion and should express no opinion.

RULE TWO**Members of the IIMH shall at all times abide by the Advertising Codes laid down by the Council of the Association.**

The following principles will be applied in relation to advertisements by Members:

1. Advertising, both in form and content, shall be appropriate to the interests of patients.
2. Advertising, both in form and content, shall be appropriate to the standing of the profession of medical herbalism.
3. Advertising shall not contain claims of superiority, specialism or curability and any claims made shall be capable of substantiation.
4. Advertising shall not denigrate other Members of the profession or other professions.
5. Advertising shall not be false, fraudulent, misleading, deceptive, self-laudatory, extravagant or sensational.
6. Advertising shall comply with legal requirements.

EXPLANATORY GUIDELINES**A. Interests of Patients**

The prime task of a medical herbalist is to relieve suffering. The interests of the patient are therefore paramount at all times in matters concerning advertising as in all other matters.

Advertisements shall recognise that many patients may be vulnerable to advertising encouraging them to seek treatment which, in their particular condition, may be inappropriate or unnecessary.

Advertising shall not play on patients' anxiety or create unjustified expectations as to the form or length of treatment or its prospects for relieving the condition concerned.

The relationship between practitioner and patient is one of trust. Advertising shall be of such nature that the trust of the patient is not abused and his or her lack of knowledge of the condition or medical herbalism is not exploited.

B. Appropriate to the Profession

The public expect high standards of propriety, integrity and behaviour from the professions. Advertising shall give members of the public the information which they need whilst retaining their confidence in medical herbalism.

Advertising shall not be of a kind which could reasonably be regarded as likely to bring the profession into disrepute.

Where fees are quoted in an advertisement the fees charged for both the initial consultation, subsequent treatment sessions and likely prescription costs shall be stated.

Advertising through unsolicited canvassing, by door to door or postal distribution, telephone or personal visits is prohibited.

C. Claims

Claims of superiority in advertisements are inappropriate.

Advertising which expressly or implicitly claims to cure conditions, as distinct from relieving symptoms, is prohibited.

The use of the term Consulting Medical Herbalist is forbidden unless so approved by Council.

D. Denigration

The interests of the patient and of the profession require that any denigration of a professional colleague, whether directly or by implication, is prohibited.

E. Compliance with Other Requirements

The attention of Members is drawn to current Codes of Advertising Practice within Ireland.

F. Broadcasts, Lectures, Articles etc.

Members are advised to consult the Secretary of the Association before participating in any form of publicity in the press, or on television or radio. There is a risk that such participation might constitute advertising, and a contributor could be responsible for the publication of incorrect information.

G. Informational Leaflets

The circulation of literature intended to educate and inform the public about the work of members of the Irish Institute of Medical Herbalists is perfectly acceptable, provided it is of a strictly professional style or format and distributed only at the express wish of members of the public.

Members may publish books, pamphlets and articles of an informative nature about herbalism. Such publications must be of scientific or educational value, and must avoid matters that might be considered to be in the nature of excessive personal advertising.

H. Commercial Activity

Members shall not use their membership qualification in the commercialization of any product or remedy or in connection with any retail or commercial establishment.

RULE THREE**Members shall comply at all times with the requirements of the Codes of Practice.**

Any member who fails to meet the requirements of the Code of Practice may be held to be in breach of the Code of Ethics and may be subject to disciplinary measures on the grounds of professional misconduct (see Rule Six, Section B2).

RULE FOUR**Members shall not give formal courses of instruction in the practice of Herbal Medicine without the approval of the Council of the Association.**

A. Lecturing to medical and paramedical groups and the public, in order that they may better understand the work of the qualified medical herbalist, is perfectly acceptable. Such lectures should be strictly informational and should not be promoted or constructed as being a 'training' in the theories or techniques of herbal medicine.

B. The training of an individual or individuals by a Member in the techniques of medical herbalism without the express consent of the Council of the Association is strictly forbidden. The only exceptions are: (1) where the training is done by a Member under the auspices of a teaching establishment approved by the Council; and (2) where the Member is training other fully qualified practitioners and the contents of the course have been vetted and approved by the Council.

C. The above rules do not preclude the participation of students of approved teaching establishments as observers in a Member's practice, provided that the teaching establishment has been consulted and the consent of any patient is obtained before allowing a student access to confidential information.

RULE FIVE**It is required that Members apply the foregoing to all their professional activities.****A. Membership of other Professional Organisations**

Members of the Institute may not belong to other Irish organisations of Western Herbal Medicine, whose ethical and training standards may differ from those of the IIMH.

B. Members of the IIMH Register Practising with Non-Members

Any IIMH Member who has a non-member practising with him or her is warned of the risk of misleading patients so as to believe that such an individual giving treatment is a Member of the IIMH. The fact that such non-member(s) are practising with him or her does not in any way alter the application of this Code of Ethics to the activities of the Member concerned.

RULE SIX**Infringement of the Ethical Code renders IIMH Members liable to disciplinary action with subsequent loss of privileges and benefits of the Institute.****A. General****A1. Examination of Complaints**

Members may be assured that all allegations made against them will be carefully examined by the Ethics Committee. The Ethics Committee acts impartially and its decisions depend solely on the facts and circumstances of each case.

A2. Complaints Procedure

Complaints against a Member are always investigated by the Council, provided such complaints are put in writing. The Member is informed in writing of the complaint and a request for a detailed explanation is made. A complaint against a Member can only be upheld if the Member is clearly shown to be in breach of the Ethical Code.

A3. Guidance

If any Member requires advice on a Professional or Ethical problem, he or she may consult the Secretary of the Institute, who will refer him or her to the appropriate person or committee for advice.

A4. Convictions

Members should be aware that the Ethics Committee is obliged to accept the findings of a Court of Law, and is not able to re-open the investigation of facts which led to a conviction.

B. Proscribed Conduct

Any Member who: (1) brings the profession into disrepute by his or her personal behaviour; (2) fails properly to care for a patient or neglects his or her practice; or (3) abuses his or her position of trust as a medical herbalist, shall render himself or herself liable to disciplinary procedures as laid down in the Constitution.

C. Personal Relations between Medical Herbalists and their Patients

The Council is concerned mainly with the possible abuse of a medical herbalist's position of trust. The abuse of professional visits to a patient's home or the abuse of knowledge gained in professional confidence to pursue a personal relationship with either the patient or a member of the patient's family, is viewed as unethical.

D. Professional Standards

A Member renders himself or herself liable to disciplinary procedures for any breach of this Code, as for example, if he or she conducts himself or herself unethically in relation to another practitioner or infringes the guidelines in this Code of Ethics as to advertising.

It is reiterated that no document can cover all eventualities. If in doubt, the Council should be consulted.

APPENDIX ONE

Code of Practice

A Medical Herbalist is required:

1. To avoid giving any herbal treatment intended to terminate a pregnancy.
2. To be aware of those diseases which are notifiable and to take appropriate action in these cases.
3. To keep detailed records of prescriptions and dispensing.
4. To label all medicines clearly, indicating the correct dosage and other directions for use, and with the name and address of the practitioner and the date of dispensing.
5. Not to claim verbally or in print to be able to cure any life-threatening or serious disease.
6. To ensure that the distribution or display of letter headings, business cards or practice information should be compatible with the highest professional medical standards.
7. To consider very carefully the implications of recommending a course of treatment contrary to the advice of the patient's registered medical practitioner. Members must ensure in such a case that all available information is given to the patient and that the patient makes the final decision without coercion.
8. To seek the presence of a parent or supervising adult during any treatment or examination of a child under the age of 16.
9. To respond promptly and responsibly to any warning issued e.g. by Government or scientific bodies, concerning the quality or safety of any medicine.
10. To advise the Secretary of the Institute immediately in the event of any policy or governmental inquiry into his or her practice.
11. To secure and maintain full professional indemnity insurance in accordance with such requirements of the Institute as are from time to time in force.

APPENDIX TWO

Disciplinary Procedure

Dishonourable Conduct and Professional and Ethical Misconduct

1. In these clauses the masculine shall include the feminine and the singular the plural. "The P.E.S.C." means a Professional Ethics Sub-Committee consisting of not less than three nor more than five members of the Institute appointed by the Chairperson. "The P.E.C." means the Professional Ethics Committee. "Proscribed conduct" means dishonourable conduct as defined in the Constitution, or professional or ethical misconduct which transgresses the Code of Ethics.
2. If the Chairperson is notified or becomes aware that a Member is alleged to have conducted himself in a manner which might constitute proscribed conduct he will appoint the P.E.S.C.
3. In determining whether conduct amounts to proscribed conduct, regard shall be had to any directions, advice or statements issued or made by or on behalf of the Council, and of any Code of Ethics adopted by the Council or by the Members in General Meeting.
4. The P.E.S.C. shall serve on the Member concerned written notice of the allegation made against him, including full details of the complaint, informing the Member of the first hearing which shall be not less than 15 days after the date of the notice.
5. The decision whether to accept oral evidence at the first hearing shall be at the absolute discretion of the P.E.S.C.
9. The P.E.S.C. shall meet to decide whether a case of proscribed conduct has been made out against the Member concerned. If it finds that a case has not been made out, the P.E.S.C. shall dismiss the case. If it finds that a case has been made out and that if proved it might lead to expulsion, the P.E.S.C. shall require the Chairperson to convene a meeting of the P.E.C.
16. A quorum of the P.E.C. shall consist of five members of the P.E.C. who may be assisted by a Legal Assessor who shall be a barrister or solicitor.

17. The Member concerned shall have the right to be heard by the P.E.C. if he so desires, either personally or by his counsel or solicitor or by a lay representative, or if he does not so desire, to submit a statement in writing.
20. The P.E.C. shall meet to determine the case. After hearing all the evidence, the P.E.C. shall determine whether the Member has been guilty of proscribed conduct. If guilty, the P.E.C. may: (a) impose no punishment; (b) censure the Member; (c) censure and fine the Member a sum not exceeding €1,000; or (d) censure and expel the Member from the Institute.
23. A person who has been expelled from the Institute, or whose membership has been terminated, may apply for re-election to the Institute provided that such application is made after any prescribed period.
24. The P.E.C. shall have power to make or vary rules for any matters or procedures relating to proscribed conduct which are not covered by these clauses.