

PART ONE

CODE OF CONDUCT

A GUIDE FOR PRACTITIONERS

This Code of Conduct is obligatory for students and practitioners training and trained by Clear Intentions

- 1 1.1 Practitioners shall have respect for the religious, spiritual, political and social views of any individual irrespective of race, colour, creed or sex.
- 2 1.2 Practitioners shall at all times conduct themselves in an honourable and courteous manner and with due diligence in their relations with their patients/clients and the public. They should seek a good relationship and shall work in a co-operative manner with other healthcare professionals and recognise and respect their particular contribution within the healthcare team, irrespective of whether they perform from an allopathic or alternative/complementary base.
- 3 1.3 The relationship between a practitioner and his patient/client is that of a professional with a patient/client. The patient/client places trust in a practitioner's care, skill and integrity and it is the practitioner's duty to act with due diligence at all times and not to abuse this trust in any way.
- 4 1.4 Proper moral conduct must always be paramount in practitioners' relations with patients/clients. They must behave with courtesy, respect, dignity, discretion and tact. Their attitude must be competent and sympathetic, and positive.
- 5 1.5 All practitioners visiting hospitals will comply with the guidelines laid down by this Code.
- 6 1.6 Practitioners should ensure that they themselves are medically, physically and psychologically fit to practice.
- 7 1.7 When a practitioner is giving crystal healing privately to a person of the opposite sex it is advisable for the healer to request the presence of a third party whose bona fides the Healer and patient can accept.
- 8 1.8 Discretion must be used for the protection of the practitioner when carrying out private treatment with patients/clients who are mentally unstable, addicted to drugs, alcohol, severely depressed, suicidal or suffering from hallucinations. Such patients/clients must be treated only by a practitioner with relevant competency. A practitioner must not treat a patient/client in any case which exceeds their capacity, training and competence. Where appropriate, the practitioner must advise referral to a more qualified person.
- 9 1.9 Registered medical practitioners and members of other health care professions remain subject to the general ethical codes and disciplinary procedures of their respective professions.
- 10 1.10 The aim of the Clear Intentions practitioner is to offer a service to patients/clients as well as a service and therapeutic modalities to, and with, the medical profession. Practitioners must recognise that where a patient is delegated to them by a Registered Medical Practitioner, the GP remains clinically accountable for the patient and for the care offered by the practitioner.
- 11 1.11 Practitioners must guard against the danger that a patient/client without previously consulting a doctor may come for therapy for a known disorder and subsequently be found, too late, to be suffering from another serious disorder. To this end all patients/clients must be asked what medical advice they have received. If they have not seen a doctor, they must be advised to do so. Since it is legal to refuse medical treatment, no patient/client can be forced to consult a doctor. The advice must be recorded for the practitioner's protection.
- 12 1.12 Practitioners must not countermand instructions or prescriptions given by a doctor.
- 13 1.13 Practitioners must not advise a particular course of medical treatment, such as to undergo an operation or to take specific drugs. It must be left to the patient/client to make his own decision in the light of medical advice.
- 14 1.14 Practitioners must never give a medical diagnosis to a patient/client in any circumstances; this is the responsibility of a registered medical practitioner.

- 15 1.15 Practitioners must not use titles or descriptions to give the impression of medical, or other qualifications unless they possess them and must make it clear to their patients/clients that they are not doctors and do not purport to have their knowledge or skills.
- 16 1.16 Practitioners must not attend women in childbirth or treat them for ten days thereafter unless they hold an appropriate qualification in midwifery.
- 17 1.17 Practitioners must not practice dentistry unless they hold an appropriate qualification.
- 18 1.18 Practitioners must not treat venereal disease as defined in the 1917 Act.
- 19 1.19 Patients suffering from AIDS may be treated at the discretion of the practitioner.
- 20 1.20 Notifiable Diseases It is a statutory requirement that certain infectious diseases are notified to the Medical Officer of Health of the district in which the patient/client resides or in which he is living when the disease is diagnosed. The person responsible for notifying the MOH is the GP in charge of the case. If, therefore, a practitioner were to discover a notifiable disease which was clinically identifiable as such he should insist that a doctor is called in. Each local authority decides which diseases shall be notifiable in its area. There may therefore be local variations, but it is assumed that the following diseases are notifiable everywhere: Acute encephalitis, Leprosy, Relapsing Fever, Acute meningitis, Infective jaundice, Scarlet Fever, Anthrax, Malaria, Tetanus, Acute poliomyelitis, Leptospirosis, Tuberculosis, Cholera, Measles, Typhoid Fever, Diphtheria, Ophthalmia neonatorum, Typhus, Dysentery, Paratyphoid Fever, Whooping Cough, Food poisoning, Plague, Yellow Fever, Rubella, Mumps
- 21 1.21 Practitioners must not use manipulation or vigorous massage unless they possess an appropriate professional qualification.
- 22 1.22 Practitioners must not prescribe remedies, herbs, supplements, oils, etc, unless their training and qualifications entitle them to do so.
- 23 1.23 Practitioners may not offer counselling unless suitably qualified.
- 24 1.24 Practitioners must remain in a conscious state of attunement at all times and not work in a trance.
- 25 1.25 Practitioners are not permitted to offer clairvoyant readings during a healing session.
- 26 1.26 Healing Young Persons It is illegal to give healing to persons under the age of 18 without obtaining permission, preferably in writing from a parent or guardian prior to the treatment. A person over the age of 16 years and under 18 years may request medical attention. A crystal therapist is not yet recognised as a qualified medical practitioner. If it is known that medical attention for the child is not being received, therapists are advised to secure the signature of parent or guardian to the following statement:-
I have been notified by _____ that according to law I should consult a doctor concerning the health of my child _____ (name of child) Signed _____ (parent or guardian) Signed by witness _____ (signature of person witnessing).
- 27 1.27 Advertising must be dignified in tone and shall not contain testimonials or claim a cure or mention any disease. It shall be confined to drawing attention to the therapy available, the qualifications of the practitioner and offer a general service together with necessary details.
- 28 1.28 All professionally practising therapists should ensure, where possible, that their names appear on an approved public register of practitioners held by the association, to confirm that they are fully qualified to practice and that they abide by the Code of Conduct and Disciplinary Procedure.
- 29 1.29 Before treatment, practitioners must explain fully either in writing or verbally all the procedures involved in the treatment including such matters as questionnaires, likely content and length of consultation, probable number of consultations, fees, etc.
- 30 1.30 Practitioners must act with consideration concerning fees and justification for treatment. Practitioners must not be judgmental and they must recognise the patient's/client's right to refuse treatment or ignore advice. It is the patient's/client's prerogative to make their own choices with regard to their health, lifestyle and finances.
- 31 1.31 Practitioners must ensure they keep clear and comprehensive records of their treatments including the dates and advice given. This is especially important for the defence of any negligence actions as well as for efficient and careful practice.
- 32 1.32 In determining whether or not any record of the nature of any treatment administered is reasonable, it shall be for the practitioner compiling the record to show that on the basis of his notes he can demonstrate what treatment was undertaken and whether that treatment was competently and reasonably undertaken.
- 33 1.33 With regard to confidentiality, practitioners, their assistants and receptionists have an implicit duty to keep attendances, all information, records and views formed about patients/clients entirely confidential. No disclosure may be made to any third party, including any member of the patient's/client's own family, without the patient's/client's consent unless it

is required by due process of the law, whether that be by Statute, statutory instrument, order of any court of competent jurisdiction or howsoever otherwise.

- 34 1.34 Practitioners must ensure that they comply with the Data Protection Act.
- 35 1.35 No third party, including assistants and members of the patient's/client's family, may be present during the course of a consultation with an adult without the patient's/client's express consent.
- 36 1.36 Insurance and Premises. All practitioners must be adequately insured to practice. Private insurance is permitted and if adopted, practitioners must provide evidence of this to their Association. The insurance policy must state provision for public and employee (if personnel are employed) liability and indemnity as well as the provision for professional treatments.
- 37 1.37 All practitioners shall ensure that their working conditions are suitable for the practice of their therapy.
- 38 1.38 Discipline: Practitioners will follow and abide by decisions made under the disciplinary procedures appended to this Code.

Section 2:

GUIDANCE FOR PRACTITIONERS VISITING HOSPITALS TO PROVIDE TREATMENTS

- 39 2.1 The hospital is responsible for the patient.
- 40 2.2 Practitioners may only treat patients in hospital with permission from the hospital authority including the ward charge nurse.
- 41 2.3 Practitioners should not wear clothing (eg. white coats) which give the impression that they are a staff member of the hospital. They may have some form of identification such as a lapel badge.
- 42 2.4 Where permission is given to provide treatment on the ward, this must be carried out without fuss or interruption to other patients and ward staff.
- 43 2.5 If other patients request treatment, the permission of the ward charge nurse, nursing officer (and if relevant, the patient's doctor) must first be obtained.
- 44 2.6 Practitioners must never undermine the patient's faith in hospital treatment or regime.
- 45 2.7 Where credentials are requested, practitioners should produce some form of identification or other proof of practitioner membership and permission to visit.