

CODE OF CONDUCT

- 1 Practitioners shall have respect for the religious, spiritual, political and social views of any individual irrespective of race, colour, creed or sex.
- 2 Practitioners shall at all times conduct themselves in an honourable and courteous manner and with diligence in their relations with their patients/clients and the public. They should seek a good relationship and shall work in a cooperative 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 The relationship between a practitioner and his/her 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 Proper moral conduct must always be paramount in practitioners' relationships with patients/clients. They must behave with courtesy, respect, dignity, discretion and tact. Their attitude must be competent and sympathetic, hopeful and positive, thus encouraging an uplift in the patient's/client's mental outlook and belief in a progression towards good health practices.
- 5 In furtherance of 4 above, practitioners must not enter into a sexual relationship of any kind with a patient/client and must be diligent in guarding against any act, suggestion or statement that may be interpreted, mistakenly or otherwise, as having a sexual implication.
- 6 Practitioners must never claim to "cure". The possible therapeutic benefits may be described; "recovery" must never be guaranteed.
- 7 Practitioners should ensure that they themselves are medically, physically and psychologically fit to practice.
- 8 Discretion must be used for the protection of the practitioner when carrying out private treatment with patient/clients who are mentally unstable, addicted to drugs or alcohol, or severely depressed, suicidal or hallucinated. 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 his/her capacity, training, or competence. Where appropriate, the practitioner must seek referral to a more qualified person.
- 9 Registered medical practitioners and members of other healthcare professions remain subject to the general ethical codes and disciplinary procedures of their respective professions.
- 10 The aim of the Bowen Association membership 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 doctor remains clinically accountable for the patient and for the care offered by the practitioner.
- 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, new 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 Practitioners must not countermand instructions or prescriptions given by a doctor.

- 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/her own decisions in the light of medical advice.
- 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 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 Practitioners must not prescribe remedies, herbs, supplements, oils etc unless their training and qualification entitle them to do so.
- 17 Advertising must be dignified in tone and shall not claim a cure. 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.
- 18 Practitioners will display their certificate of membership of the Bowen Association of Australia and the code of ethics in the normal place of work. Practitioners working in several locations and/or offering visiting services will have available at all times a copy of same.
- 19 Before treatment, practitioners must explain fully, on request, either in writing or verbally, all the procedures involved in the treatment, including such matters as questionnaires, likely content and length of consultation, number of consultations, fees etc.
- 20 Practitioners must act with consideration concerning fees and justification for treatment. Practitioners should not be judgemental and they should 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 finance.
- 21 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 negligent actions as well as for efficient and careful practice.
- 22 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/her notes, he/she can demonstrate what treatment was undertaken and whether that treatment was competently and reasonably undertaken.
- 23 Confidentiality. Practitioners, their assistants and receptionist 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 Statute, Statutory instrument, order of any court of competent jurisdiction or howsoever otherwise.
- 24 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.
- 25 All practitioners must be adequately insured to practice. Normally this will be through their therapy association. 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 provisions for professional treatments.
- 26 All practitioners must ensure that their working conditions are suitable for the practice of their therapy.