



## New Zealand Register of Acupuncturists

### Code of Professional Ethics

#### **INTRODUCTION**

The NZRA Code of Ethics is a set of rules & guidelines based upon relevant Codes of Practise & Acts of Parliament including but not limited to –

- Code of Health & Disability Consumers Rights 1994
- Human Rights Act 1993
- Health Information Privacy Code 1994
- Guardianship Act 1968
- Health & Safety Act 1992
- Smoke Free Environments Act 1990
- Health & Disability Commissioner Act 1994
- Commerce Act 1986
- Fair Trading Act 1986

#### **1 Rules & Regulations**

1.1 These rules and guidelines are created to maintain standards of ethical conduct and behaviour of NZRA members.

1.2 Any transgression that results in a complaint to the NZRA is referred to the Disciplinary Committee to make decisions on behalf of the NZRA.

1.3 The NZRA recognises the importance of the Treaty of Waitangi (Te Tiriti o Waitangi) as it establishes fair basis for two peoples in one country, promoting duality (distinctive cultural development) and unity (common purpose and community).

#### **2 Practitioners and the Law**

2.1 Members accept a share of the profession's responsibility to society in matters relating to the health and safety of the public, health education, and legislation affecting the health or well being of the community.

2.2 Members must at all times act and treat with conformity with the laws of New Zealand and any local council by-laws.

2.3 Members are reminded of the requirements contained within the legislation outlined above. Copies of the appropriate sections of the Acts are available through the NZRA office.

#### **3 Consent and Informed Consent**

3.1 Consent The treatment of a patient is legally permitted only with his or her express or implied consent. NZRA encourages that consent is obtained in writing and that information is given to the patient throughout every treatment.

3.2 Informed Consent Members should therefore take care in explaining the diagnosis and treatment they propose to administer, and why it is necessary, in language the patient can understand. Patients have the right to refuse treatment, to ask that treatment be halted at any time or to ignore advice.

3.3 Treating Minors A minor is under the age of sixteen (16) years. Members should obtain the written consent of the parent or guardian of all patients under the age of sixteen wherever this is possible. A parent/guardian should accompany a minor throughout the treatment.

## **4 Confidentiality**

4.1 All records, medical and personal information a practitioner learns from a patient shall be confidential, between the patient and practitioner, except when: -

- a) Required to be released by court order.
- b) In an emergency where the information may assist in the saving of the client's life, a member of the public's life or may assist in the prevention of damage or disease to the client.
- c) In consultation with other health care practitioners for the purpose of better diagnosing or treating, or co-ordinating the treatment of the patient.
- d) The client has consented to the nature and extent of the disclosure.

4.2 When a patient is not legally or medically competent to give consent to disclosure of information, the consent may be obtained from the patient's legal representative.

4.3 All records must be stored safely and must not be accessible to the public. While records (written or electronic) relating to a patient's treatment are the property of the practitioner, the patient is entitled to copies of the information on those records. The practitioner should keep the original records.

4.4 Records must be kept for a period of 10 years from the last consultation.

4.5 Records can be transferred to:

- a) Another provider; or
- b) The individual to whom the information relates; or
- c) If that individual is dead, the personal representative of that individual

4.6 If a practitioner dies without leaving clear instructions as to the disposal of the patient records, the executor of the estate should advise the NZRA of where the records are to be stored.

4.7 When information is used for other purposes, eg teaching, the patient's identity will be protected.

## **5 Professional Conduct**

5.1 Neither physical, emotional nor financial advantage is to be taken of any patient.

5.2 Should the practitioner and patient mutually agree to a relationship outside of the profession, then the practitioner should ensure the patient is first referred to another practitioner.

## **6 Responsibility**

6.1 Members shall avoid discriminating against patients on the basis of race, colour, disability, ethnic group, culture, gender, sexual orientation, social class, religious or political belief, or on any other basis.

6.2 When personal moral judgement or religious conscience prevents treatment, the patient must be referred to another practitioner or professional modality.

6.3 Members are encouraged to work towards bicultural competence.

## **7 Sexual Abuse**

7.1 The New Zealand Register of Acupuncturists Incorporated continues to support touch/palpation as a crucial part of acupuncture diagnosis and treatment.

7.2 It is always the responsibility of the practitioner to ensure that interaction with each patient occurs in a context in which the patient is informed and has given consent.

7.3 The practitioner must take the history, examine and treat in a manner which is respectful, sensitive and appropriate. It is suggested that an extra person be present during a physical examination if a patient's breasts or genitals are required to be exposed. Practitioners must appropriately drape the body using towels or light blankets.

## **8 Professional Relations**

8.1 A member of the NZRA shall never criticise, berate, condemn or belittle a colleague's method of examination or treatment.

8.2 The patient has the right to choose or change their practitioner, or seek a second opinion.

8.3 Practitioners shall assist and co-operate with health professionals of other modalities, in order that patients receive the best possible treatment.

8.4 It is neither ethical nor desirable to suggest that a patient alter or discontinue medication prescribed by a medical practitioner. If unexpected side effects are seen from medication or the patient wishes to discontinue a regular medicine, they should be referred to the prescribing medical practitioner.

## **9 Practitioner & Patient Health**

9.1 Practitioners must endeavour to maintain their personal wellbeing and not attend a patient if unwell or suffering from a communicable illness.

9.2 Practitioners should never attend a patient whilst under the influence of alcohol or recreational drugs.

## **10 Competence**

10.1 It is the duty of every practitioner to keep abreast of new technical skills and knowledge and strive to improve the standards and quality of acupuncture services in the community.

10.2 Members are required to undergo 20 hours of Continuing Professional Development in every year.

## **11 Advertising and the Media**

11.1 Advertising should not bring the profession of acupuncture or Chinese Medicine into disrepute.

11.2 Ensure that all advertisements are accurate to the best of your knowledge and belief.

11.3 Confine advertising of professional services to the presentation of information reasonably needed by patients or colleagues to make an informed decision about the availability and appropriateness of your service.

11.4 Members should exercise caution in endorsing any particular commercial goods, devices or services.

11.5 Members must not use the association name in any advertising or promotion of any commercial goods/devices or training program without the express written consent of the association.

11.6 Advertising should not denigrate, belittle or bring into disrepute any other person, profession or treatment.

11.7 When communicating with the media members must not hold themselves out to represent NZRA, or its position on an issue, unless explicitly authorised by the NZRA Council to do so.

## **12 Fees**

12.1 NZRA considers it to be unethical for any member to exploit a patient for financial gain by representing that a condition is worse than it really is, or suggesting a condition that is not actually present or will get worse unless treatment continues indefinitely when such is not the case.

12.2 NZRA considers it to be unethical to charge a commission in cases which are referred to a colleague.

12.3 NZRA members shall not abuse the role of any third party insurer involved in the payment for treatment. eg ACC.

## **13 Treatment of Family members**

13.1 Whilst it is considered that it is not good clinical practice to treat family members, NZRA acknowledges that there are some exceptions.

- a) In an emergency, practitioners may provide treatment to themselves and family members until another practitioner is available.
- b) If a practitioner is in an isolated community where there are family members and there are no other practitioners available.
- c) Acupuncturists' treating themselves and family members is acceptable for minor or self-limiting conditions.

- d) When the acupuncturist treats themselves or a family member for a continuing condition, the acupuncturist or family member should be monitored by another practitioner.

13.2 All treatments for family members should be recorded in full.

13.3 Practitioners must be aware that ACC and other third party insurers would not normally pay for treatment of family members.

#### **14 Treatment of Animals**

14.1 Members of the NZRA are only registered for the treatment of humans.

14.2 If a practitioner has specialised in the treatment of animals any such service should be conducted separately from their clinical practice for human patients.

#### **15 Clinical Research**

15.1 Research may be undertaken in conjunction with NZRA approved private teaching institutions.

15.2 When clinical research is to be undertaken, advice and guidance maybe sought through the NZRA Research Group.

15.3 An application of research topic and content must be sent to the appropriate Research Ethics Committee for approval.