

THE BRITISH FLOWER AND VIBRATIONAL ESSENCES ASSOCIATION (BFVEA) CODE OF ETHICS AND CONDUCT

Alternative and complementary medicine is legal in Great Britain though, at present, is unregulated by law. One of the objectives of the BFVEA is to ensure that essence therapy is understood and becomes established as a standard available to the NHS and/or private medicine. To this end, the BFVEA aims to set the highest standards of competence and performance such that membership is regarded by clients and the medical profession as a guarantee of ability and integrity. Membership includes BFVEA practitioners, advanced practitioners, international practitioners and international advanced practitioners. The terms 'practitioner' and 'practitioners' are used throughout the remainder of this document to refer to all four of these categories. The adoption of this Code of Ethics and Conduct is designed to establish the probity and competence of the profession in the eyes of the public and its acceptance is the outward sign that a practitioner wishes to confirm that there is an ethical relationship between themselves and those to whom they have a professional responsibility.

1. Personal Conduct

- 1.1 Practitioners should ensure that they are medically, physically and psychologically fit to practise.
- 1.2 All UK practitioners must be adequately insured to practise and provide evidence of this to the Association. The insurance policy must state provision for the public and any employees (if personnel are employed), liability and indemnity as well as the provision for professional treatments. All International Practitioners and International Advanced Practitioners must agree to take personal responsibility for meeting and abiding by the professional requirements set by their particular country of residence and any country in which they practise.
- 1.3 All practitioners shall ensure that their working conditions are suitable for the practice of their therapy.
- 1.4 Advertising must meet the requirements of the 2010 CAP and BCAP new UK Advertising Codes. It shall be dignified in tone and 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.
- 1.5 Practitioners must follow the BFVEA Code of Conduct and abide by decisions made under the BFVEA disciplinary procedures.

2. Conduct with Clients

- 2.1 Practitioners must stay in a conscious state of attunement at all times and not work in a trance.
- 2.2 Practitioners shall at all times conduct themselves in an honourable, moral, ethical, courteous and professional manner in their relations with their clients and the public.
- 2.3 Practitioners shall have respect for the religious, spiritual, political and social views of any client irrespective of race, colour, creed or sex.
- 2.4 Practitioners should behave with the care, skill and integrity of a professional at all times and never abuse a client's trust in any way. They should show courtesy, respect, dignity, discretion and tact. Their attitude should also be competent, sympathetic, hopeful and positive.

- 2.5 Practitioners must not treat a client whose problems exceed their capacity, training and competence. Discretion must also be used for the protection of the practitioner when carrying out treatment with clients who are mentally unstable, addicted to drugs, alcohol, severely depressed, suicidal or suffering from hallucinations. Where appropriate, the practitioner must advise referral to a more qualified person and note this in their records. In this case full details of the medical history should accompany the client with the dates and details of all treatments given.
- 2.6 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.
- 2.7 Practitioners must never claim to 'cure'. The possible therapeutic benefits may be described but recovery must never be guaranteed.
- 2.8 Practitioners must act with consideration concerning fees and justification for treatment. Practitioners must not be judgmental and must recognise the client's right to refuse treatment, ignore advice and make their own choices with regard to their health, lifestyle and finances.
- 2.9 No third party, including assistants and members of the patient's/client's family, may be present during the course of a consultation without the client's express consent. However, it is advisable that a practitioner treating a member of the opposite sex requests the presence of a third party whose bona fides is acceptable to both client and practitioner.
- 2.10 It is the responsibility of the practitioner to compile comprehensive treatment records which clearly indicate dates, type of treatment given, whether treatments were competently and reasonably undertaken and advice provided. This is especially important for the defence of any negligence actions as well as for efficient and careful practice.
- 2.11 Practitioners must ensure that they comply with the Data Protection Act.
- 2.12 Practitioners, their assistants and receptionists must 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 client's own family, without their 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 otherwise.

3. Conduct with other Professionals

- 3.1 Practitioners should seek a good, co-operative relationship 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.
- 3.2 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 clients that they are not doctors and do not purport to have their knowledge or skills.
- 3.3 Practitioners must not practise dentistry, midwifery, counselling, use manipulation or vigorous massage, prescribe herbal treatments, supplements, oils, etc. unless they are trained and qualified to do so. Also, they must not work in a trance or offer clairvoyant readings or astrological predictions during a treatment session.
- 3.4 Practitioners must not treat venereal disease as defined in the 1917 Act.

3.5 Clients suffering from AIDS may be treated at the discretion of the practitioner.

3.6 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	Rubella
Acute meningitis	Leptospirosis	Scarlet fever
Acute poliomyelitis	Malaria	Tetanus
Anthrax	Measles	Tuberculosis
Cholera	Mumps	Typhoid fever
Diphtheria	Neonatal ophthalmitis	Typhus
Dysentery	Paratyphoid fever	Whooping cough
Food poisoning	Plague	Yellow fever
Infective jaundice	Relapsing fever	

3.7 *Working with Midwives*

Practitioners must not attend women in childbirth or treat them for ten days thereafter unless they hold an appropriate qualification in midwifery or unless their services are requested by the patient, in consultation with a practising midwife or a Registered Medical practitioner.

3.8 *Working with Doctors*

The description recognised in law for an individual usually called doctor is 'Registered Medical Practitioner'. For the purpose of this Code the titles are interchangeable. Since 1985, Government policy has permitted doctors registered with the General Medical Council (GMC) to use or prescribe therapies (BHSS letter UNP/13). 1991 Government and GMC statements also confirm their right to delegate specialist functions, treatment or procedures for their patients to specialists, including complementary practitioners. Such treatments can be paid for by either the Health Authority or fund holding GP's.

- a) A BFVEA practitioner who accepts delegation from a Registered Medical Practitioner must regard their treatments as 'complementary' rather than 'alternative'. Thus there is no pretension of replacing conventional medicine and taking its place. It also informs the public that the aim of essence therapy is not to exclude conventional medicine or the Registered Medical Practitioner from patient care or treatment.
- b) Practitioners must recognise that, where a client is delegated to them by a Registered Medical Practitioner, the GP remains responsible for the management of the patient and is clinically accountable for the patient and the care offered by the practitioner.
- c) Since it is legal for anyone to refuse medical treatment a client cannot be forced to consult a doctor. Therefore, practitioners must guard against clients who have not previously consulted a doctor, coming for therapy for a known disorder and subsequently finding, too late, they are suffering from another, serious disorder. To this end all clients must be asked what medical advice they have received. If they have not seen a doctor, they must be advised to do so. This advice must be recorded for the practitioner's protection.

- d) Practitioners must not countermand instructions or prescriptions given by a doctor.
- e) Practitioners must not advise a particular course of medical treatment, such as undergoing an operation or taking specific drugs. It must be left to the client to make his own decision in the light of medical advice.
- f) Practitioners must never give a medical diagnosis to a client in any circumstances as this is the responsibility of a registered medical practitioner. However, many practitioners have a 'gift' of diagnosis and of discovering physical, emotional, mental and spiritual imbalances. In this case practitioners may discuss their findings whilst advising the client to see their doctor for a medical diagnosis. These actions *must* be recorded fully on the client record.

3.9 Treating Children

- a) It is illegal to provide essences to persons under the age of 18 without obtaining permission, preferably in writing, from a parent or guardian prior to the treatment.
- b) A person over the age of 16 years and under 18 years may request medical attention, but a flower or vibrational essence practitioner is not yet recognised as being medically qualified.
- c) It is a criminal offence for a parent or guardian not to seek 'medical aid' for a child under the age of 16. Thus, 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 warned by (*enter name of practitioner*) that according to law I should consult a doctor concerning the health of my child (*enter name of the child*).

Signed (*signed by parent or guardian*)

Signed (*by person witnessing the parent's or guardian's signature*).

3.10 Working in hospitals

Patients in some NHS hospitals can, under the National Consumer Guide for BHS Patients and Doctors (HMSO), request 'a particular therapy or practitioner – providing the Doctor treating the patient is told'. At the present time, this right only applies to healing. BFVEA practitioner members may, however, work in hospitals at the invitation of an appropriately qualified member of staff. At such times:

- a) Practitioners must recognise that the hospital is responsible for all patients.
- b) Practitioners may only treat patients in hospital with permission from the hospital authority including the ward charge nurse.
- c) 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.
- d) 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.

- e) Practitioners must never undermine the patient's faith in hospital treatment or regime.
- f) Practitioners should not wear clothing (e.g. white coats) which gives the impression that they are a staff member of the hospital. They may have some form of identification such as a lapel badge.
- g) Where credentials are requested, practitioners should produce a copy of the current BFVEA Practitioner Register which lists their name together with some form of identification and permission to visit.

3.11 Working with Veterinary Surgeons

The law in regard to animal treatment is substantially more restrictive than for the treatment of human clients. The Veterinary Surgeons, in particular Act 1966 (Section 19), provides, subject to a number of exceptions, that only registered members of The Royal College of Veterinary Surgeons may practise veterinary surgery. The latter is defined as encompassing 'the the art and science of veterinary surgery and medicine and, without prejudice to the generality of the foregoing, shall be taken to include-

- the diagnosis of diseases in, and injuries to, animals including tests performed on animals for diagnostic purposes;
 - the giving of advice based upon such diagnosis;
 - the medical or surgical treatment of animals; and
 - the performance of surgical operations on animals.'
- a) The people who may legally administer *minor medical treatment* to an animal are
 - its owner
 - another member of the household of which the owner is a member
 - a person in the employment of the owner.
 - b) Additionally, any person may render emergency first aid to an animal 'for the purpose of saving life or relieving pain or suffering'.
 - c) Veterinary surgery involving acupuncture, homoeopathy and other complementary therapy may only be administered by a veterinary surgeon who should have undergone training in these procedures.
 - d) It is legal for essence practitioners to work with animals as long as they do not practise veterinary surgery or give medical treatment. They may, for example, provide animal owners or carers with essence treatments to support an animal's emotional and psychological well being. They may also provide owners and carers with suggestions for applying or using such essences. Such practices remain legal as long as the essence practitioner:
 - does not give a diagnosis of disease or injury in animals.
 - does not perform tests for the purpose of diagnosing physical disease or injury.
 - does not give medical advice based upon a medical diagnosis.
 - does not perform surgical operations.
 - does not supply anything which counts as a veterinary medicine for the purpose of Veterinary Medicines Regulations.
 - e) However, it is always wise for essence practitioners to ensure that animal owners have sought professional help from a veterinary surgeon for any problems the animal is experiencing. Practitioners are, therefore, advised to secure the signature of the owner or keeper of such an animal to the following statement:-

I confirm that I have been notified by.....(name of practitioner) that I should consult a veterinary surgeon regarding the health of my animal.....(name of breed).

Signed.....(Owner/keeper of animal).

Signed by witness.....(Signature of person witnessing)

DISCIPLINARY AND COMPLAINTS PROCEDURES

Practitioners will follow and abide by decisions made under the disciplinary and complaints procedures contained within this Code. The procedure signifies a requirement to resolve any conflict which may arise between the interests of the client, professional practitioner or the community at large.

1. The BFVEA shall have a Committee to deal with complaints against a Practitioner Member, hereinafter referred to as the 'Disciplinary Committee'.
2. The Disciplinary Committee will consist of a Chair and at least two Practitioner Members of the BFVEA and shall be appointed each year at the AGM.
3. Any complaint will be immediately acknowledged by the person receiving the complaint and will be passed to the Disciplinary Committee's Chair.
4. The Chair will be responsible for obtaining fully itemised details, in writing, from the person or organisation lodging the complaint. At the same time, the Chair will propose the option of a conciliation process.
5. Additionally, the Chair will obtain the complainant's written permission for a copy of the allegations to be sent to the individual who is subject of the complaint. If permission is not given the matter will not be pursued.
6. Immediately the formal complaint is lodged in sufficient detail, a copy of the complaint will be sent to the individual who is the subject of the complaint requesting agreement or rebuttal within 28 days. The Complainant will be informed of this at the same time.
7. The Disciplinary Committee will consider the complaint within 28 days of receipt of the written submission from the individual who is the subject of the complaint. It may request the attendance of either party to provide further information.
8. Having considered the complaint and the rebuttal, the Disciplinary Committee will submit a written report and recommendation to the BFVEA.
9. If the BFVEA considers that an individual should be disciplined in any way, it will state this in writing and provide the option of an appeal to the Chair within 28 days.
10. The Chair will deal with any written appeal and may request further written or spoken submission from either party.
11. The Chair will then confirm if the findings have been upheld, amended or reviewed.
12. Practitioner Members in breach of the Code of Ethics and Code of Conduct or Disciplinary Procedure will be liable to expulsion.