



AMERICAN ASSOCIATION *of* ORIENTAL MEDICINE

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AOM Profession Publishes Model Code of Ethics

Introduction by:

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Background

In 1999, a panel at one of the AOM profession's national conferences addressed the issue of professional ethics. In 2001, a Joint Ethics Committee, composed of members of the American Association of Oriental Medicine (AAOM) and the Acupuncture and Oriental Medicine Alliance, began to work on a model code. Since then, the two organizations have held joint hearings at their annual conferences, along with interim communications between members of the ethics committees. The result of these cooperative efforts between the AAOM and the Alliance is the attached ethics document.

This document has been examined, edited and rewritten for a period of three years, with a total of eight revisions. We have taken into consideration the public, practitioners and agencies. The drafts were presented to AOM organizations for input, including the Federation of Acupuncture and Oriental Medical Regulatory Agencies (FAOMRA), and were subject to review and comment by acupuncture state associations, private practitioners and the public.

This is our collaborative effort to include the best of all input.

Recommended Use of This Model Code of Ethics

This model code of ethics has no legal force. Rather, it is designed as a starting point for any entity to create an ethics statement that is pertinent to its constituency. Thus, this ethics statement may serve as a guide for the regulatory boards in the various states and the profession as a whole.

Model Code of Ethical Practice for Practitioners of Acupuncture and Oriental Medicine

Preamble:

This document is not meant to supersede or conflict with any state or federal law. This document refers to the practice of Acupuncture and Oriental Medicine.

Practitioners shall be cognizant of applicable state laws and comply with them in all material respects.

Preamble: A Practitioner's Responsibilities

A practitioner of Acupuncture and Oriental Medicine is a medical professional who is educated and trained to fulfill the high mission of healing, by assisting patients in maintenance and enhancement of their own health. To accomplish this result, the practitioner shall maintain him or herself so as to best serve and to provide treatment within the scope of practice.

The practitioner shall have the well being of the patient as the principal goal. The hallmark of the practitioner is service and dedication to healing. The practitioner shall be mindful of ethical duties toward the patient, the public, and the profession.

The following Code is set up in three parts. The first refers to Commitment to the Patient; the second refers to Commitment to the Public; the third refers to Commitment to the Profession. Within the rules, the verbs "shall" and "must" are used in a mandatory sense, while the verb "should" or "may" is used in the sense that it is good practice and something that a practitioner should strive towards, but is not mandatory.

COMMITMENT TO THE PATIENT

The primary duty of the practitioner is to the patient, whose best interests the practitioner must always hold first and foremost. In this respect, the following duties arise:

Rule 1.1 Competence

(a) The practitioner shall be educated and trained to provide competent acupuncture and Oriental Medicine (AOM) health care in partnership with the patient. The practitioner shall limit his or her practice to those areas in which the practitioner has acquired competence within the scope of practice of the practitioner's license.

(b) The practitioner shall maintain lifelong professional learning.

(c) When a practitioner determines that a matter is beyond his or her professional competence and experience, the practitioner shall consult with or refer the patient to a practitioner with more specialized experience in order to better serve the clinical needs of the patient, in accordance with the provisions of Rule 1.4.

(d) The practitioner shall act in a way to protect and promote the safety or the health of the patient following regulatory guidelines for blood-borne pathogens and use Universal Precautions.

(e) A practitioner shall refrain from the practice of acupuncture when suffering from physical or mental impairment that affects the ability to practice safely.

(f) The practitioner should engage a lifestyle of self-care that optimizes his or her ability to care for patients.

Rule 1.2 Communication with Patient

(a) A practitioner should competently perform an evaluation.

(b) A practitioner should conduct an interview designed to obtain a full medical history from the patient.

(c) A practitioner should provide a report of findings with a treatment plan and advise the patient about any treatment and its possible effects. The practitioner should obtain, in advance and in writing, informed consent to the practice of acupuncture as described. The practitioner shall not advise additional treatments when the practitioner, using reasonable professional judgment, determines that the treatment is of no further value.

(d) The practitioner shall comply with all regulations regarding patient privacy and security to the extent applicable.

(e) The practitioner shall act in the best interest of the patient. Where a patient is under the care of another health practitioner, the practitioner shall advise the patient whether in his or

her professional judgment continued treatment by the practitioner is advisable or appropriate while the patient is under the care of another health care practitioner.

(f) If the practitioner is also licensed or educated and trained in some other health-care modality, and if State law so permits, he or she may practice the other modality on a patient, but only with the explicit informed consent of the patient, and in accordance with State law concerning that other modality.

(g) The practitioner shall not misrepresent his or her academic or licensure credentials, experience, or affiliations with any group or institutions.

Rule 1.3 Confidentiality

(a) The practitioner shall follow all applicable state and federal regulations regarding patient confidentiality.

(b) The practitioner may have in attendance in the treatment room a person who is not on the practitioner's staff, e.g., an intern, a visiting consultant, or a student observer, only with the consent of the patient after the patient has been fully informed of who the person is. The practitioner shall also ensure that the visitor is fully informed of the duty of confidentiality concerning the identity of the patient, the diagnosis and the treatment.

Rule 1.4 Referrals

(a) When, in the professional judgment of the practitioner, it is for the well-being of the patient to be diagnosed or treated by another practitioner, the patient should be referred to another practitioner. The practitioner shall document in the patient's chart that a referral has been made and to whom.

(b) Should the patient at any time suggest or inquire about the advisability of consulting with, or seeking diagnosis or treatment from another health-care practitioner of any modality, the practitioner shall furnish the patient with his or her professional judgment.

Rule 1.5 Personal Relations with the Patient

(a) A practitioner shall not undertake or evaluate a patient with whom the practitioner has an ongoing family or other close relationship unless the practitioner has concluded that the relationship will not prevent the practitioner from being objective in the evaluation and treatment of that patient. If the practitioner is not able to be sufficiently objective, the practitioner shall refer the patient to another practitioner in accordance with the provisions of Rule 1.4.

(b) A practitioner shall follow state rules and regulations regarding sexual conduct with patients and touch patients only in accordance with standard clinical procedures as defined by the scope of practice.

(c) A practitioner shall not enter into romantic or sexual relations, of any type, with a patient, or a patient's spouse or 'significant other' while the practitioner-patient relationship continues.

Rule 1.6 Fees

(a) Before entering into a relationship with a new patient, the practitioner shall explain fully to the patient, preferably in writing, the fees expected for service, and any payment policies, including when payment is expected, interest, if any, that will be charged for delayed payment and credit card possibilities. If the practitioner expects payment from the patient without waiting for the insurer (or government program) to pay, the patient should be so advised before any treatment begins. If the practitioner's fees change during the course of treatment, the practitioner or his or her office staff shall advise the patient of that fact before rendering service under the new fee schedule.

(d) The practitioner shall bill patients or their insurers or government payers only for services actually rendered. Where an insurer or government payer requires that a code number or name identify a service, the practitioner shall furnish that information fully, honestly and with integrity.

Rule 1.7 Practice Coverage

(a) The practitioner shall act in good faith to make an arrangement with another practitioner to be available for the practitioner's patients during those times when the practitioner is unavailable.

Rule 1.8 Insurance Coverage

(a) At all times, the practitioner should have in force professional liability insurance in an amount deemed by the practitioner to be reasonable, but in no event any less than any minimum required by the state of licensure.

Rule 1.9 Record Keeping

(a) The practitioner shall maintain a file on every patient containing consent forms, records of evaluation and treatments administered.

(b) Records shall be kept in a legible manner and for the period of time required by law.

(c) All records shall be kept in a secure manner that is in accordance with state and federal laws and regulations.

(d) If possible, and certainly if required by the state, records should be kept in English.

(e) Upon written request by the patient, the practitioner shall send a written report to the patient and/or to any health-care practitioner that the patient designates.

Rule 1.10 Termination of Practice

(a) Should the practitioner become impaired, physically or mentally, so as to threaten the safety of his or her patients, he or she shall terminate practice as soon as practicable.

(b) When the practitioner determines that he or she will terminate his or her practice, the practitioner shall give each current patient written notice as far in advance as is practicable.

(c) When a practice is sold, the practitioner shall not attempt to obligate the patient to continue treatment with the purchaser of the practice. If the patient has paid in advance for treatment, upon sale of the practice, the patient shall be reimbursed or credit assigned. Upon written authorization of the patient, the practitioner shall send the patient's file to the practitioner of the patient's choice.

COMMITMENT TO THE PUBLIC

Rule 2.1 Advertisement and Promotion

(a) The practitioner may advertise his or her practice of Acupuncture and Oriental Medicine. The advertisement shall be with integrity in all respects, setting forth honestly the practitioner's credentials and experience.

(b) Practitioners shall follow state regulations regarding advertising.

Rule 2.2 License or Registration; Cooperation with Investigations

(a) When applying for licensure with a state or when registering with a state, the practitioner shall set forth honestly and fully all information concerning his or her education, experience, licensure in other states, discipline (if any) in other states or professions, and any other matter requested. A violation of this duty is a violation of the ethical duty of the practitioner even though in normal course it occurs before licensure is granted.

(b) The practitioner shall advise the licensure authorities of the state of any material change since the grant of licensure, including but not limited to any discipline received in any other state, any crime of which the practitioner has been convicted, and of any professional malpractice action which the practitioner has lost based on his or her action or lack of action as a practitioner.

(c) The practitioner will acquire the written consent of each patient before disclosing the records of that patient during such inquiry, unless the request for disclosure shall be accompanied by a duly authorized subpoena of a court or other governmental body, and then the practitioner shall advise the patient of this fact, if practicable in advance of disclosure.

(d) The license that the practitioner receives is solely for his or her use. The practitioner shall never allow anyone else to use his or her license or license number in any way for any use.

Rule 2.3 Staff

(a) The practitioner may maintain a staff of non-practitioners that assist and aid the practitioner in his or her practice. A non-licensee may not perform any act or service not authorized by law.

(b) The practitioner's staff may have access to patient files and information as is necessary and appropriate to the staff carrying out of their duties, in accordance with the state and federal laws and regulations.

(c) A practitioner's staff should be trained and educated in their duties regarding confidentiality, as well as state and local laws and regulations that relate to health and hygiene.

Rule 2.4 Non-discrimination

(a) The practitioner shall not discriminate in hiring staff or in accepting patients on the basis of race, religion, national origin, gender, or sexual orientation and should always strive to provide the highest quality of care for each patient. This rule does not prevent the practitioner from requiring that the applicant for a staff position fulfill bonafide job requirements. This rule also does not prevent the practitioner from refusing to accept a patient with whom the practitioner cannot communicate because of language differences.

Rule 2.5 Pro-bono Service

(a) As the recipient of a license from the state to practice a profession, the practitioner should give some of his or her time to the diagnosis and treatment of persons who are not fortunate enough to have funds, or third-party payers, to pay for treatment. Each practitioner should determine the amount and the form of such service that he or she will render.

COMMITMENT TO THE PROFESSION

Rule 3.1 Admission to the Profession

(a) When requested to provide a reference for admission to a school of Acupuncture or Oriental Medicine or for licensure in this field, the practitioner shall furnish honest and complete information.

Rule 3.2 Aid to the Disciplinary Process

(a) When requested by a relevant disciplinary authority concerning another practitioner, or by another practitioner under investigation or charge, the practitioner shall cooperate honestly and to the best of his or her ability.

Rule 3.3 Reporting Professional Misconduct

(a) When the practitioner becomes aware of the conduct of another practitioner that may jeopardize the safety and well being of a patient the practitioner shall inform the appropriate governmental authority.

(a) Practitioners shall not engage in frivolous claims against other practitioners.

(c) This Rule does not require disclosure of information gained by the practitioner while serving as a member of a peer review panel or while being a mediator or arbitrator between a practitioner and one or more patients.

Rule 3.4 Aid to the Profession

(a) The practitioner should assist, to the best of his or her ability, in the development of the Acupuncture and Oriental Medicine profession, through local, state and national professional organizations, through assisting in teaching and mentoring students, through making appearances to promote the profession before civic, professional and school groups, and other means available to the practitioner and within the limitations of his or her ability and interest. When called upon, the practitioner should participate in peer review, in inspection and review of schools and colleges in the field, and in other service that will aid the development of the profession, within the limitations of his or her ability and interest.

(b) The practitioner, within the limitations of his or her ability and interest, should aid in the compilation of clinical data in a meaningful manner and in the dissemination of that data.

Rule 3.5 Professional Conduct

(a) The practitioner should treat a fellow acupuncturist with dignity and respect in regard to his or her professional philosophy, even if disparate from the practitioner's own philosophy. Except as is required in Rule 3.3, the practitioner should work through appropriate professional organizations, or in a personal manner with another professional, toward correcting what is considered to be unethical or otherwise inappropriate behavior

prior to addressing that behavior in a public forum, while maintaining his or her own personal behavior so as to reflect well on the profession as a whole.

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