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# CODE OF ETHICS

## THE SCHOOL OF INTUITIVE HERBALISM

*A guide to professional behaviour and the resolution of ethical concerns*

Throughout this document 'we' and 'our' refer to: The School of Intuitive Herbalism, its apprentices, staff, students and tutors.

### I. Our intention

Our objective is to serve humanity for its greatest good and to honour all peoples and all paths as sacred.

The starting point for this document is the assumption of kind heartedness and integrity, whilst acknowledging that to err is human. Ethical maturity emerges not from always getting it right, but from owning and responding to our mistakes, ever expanding our sphere of compassion.

### 2. Commitment to Clients and Students

#### A. Wholeness and Healing:

1. We are committed to assisting people in reclaiming wholeness at any or all levels of being, such as body, emotions, mind, relationships (with other people and the environment) and spirit.
2. We seek to serve all life and render service to humanity with full respect for the dignity, autonomy and sensitivity of fellow beings.
3. We view all of existence as sacred and interconnected and seek to serve with reverence and respect for all. Healing relationships may include people, animals, plants and the environment, locally, globally and cosmically.

#### B. Equity, Diversity and Acceptance:

1. We seek to serve all beings equally with regard of race, sex, cultural, national or ethnic origins, or political persuasions. We recognise the presence of endemic implicit bias and privilege and are continually learning to recognise this and the impact of it more fully.
2. We (herbalists, healers, tutors and teachers) and clients are equal partners in the process of healing.

#### C. Respect and Unconditional Regard:

1. We respect the beliefs, values, customs, choices and coping mechanisms of the individuals who come to see us.
2. We offer care from trust in an infinite field of love and compassion.

#### D. Duty of Care

1. Any person we are working with has the right to expect that we:
  1. make their well being our priority
  2. keep appropriate and accurate notes
  3. assess their situation thoroughly
  4. recognise the limits of our personal competence and knowledge
  5. refer and consult other professionals as appropriate and with the client's permission
  6. explain our findings and help the client understand them
  7. explain any proposed intervention or treatment
  8. encourage client's own autonomy and freedom of choice
  9. review their progress at regular intervals
  10. act promptly and honestly in the case of error on our part

### **3. Skills, training and CPD**

#### A. Initial Training:

1. We provide a space of insight and healing commensurate with our skills and experiences.
2. We observe all laws, and uphold the dignity and honour of our profession and craft.

#### B. Professional and Personal Development:

1. We each are responsible for our own continuing professional education and training to maintain and enhance our competence.
2. We work with others in our field and the healing professions in general to maintain and monitor high professional standards of care.
3. We acknowledge that clients often bring lessons to us and that these lessons are one of the greatest sources for our own professional development.
4. We recognise that our presence and way of being are as important to the healing process as the modality that we practice, so we have a responsibility to engage in ongoing personal development.

### C. Self-Care and Self-Healing:

1. We identify and integrate self-care strategies to enhance our own physical, psychological, sociological and spiritual well-being.
2. We consciously cultivate awareness and understanding about deeper meaning, purpose, inner strengths, and connections with self, others, nature, and God / Life Force / Absolute / Transcendent / Wyrð.
3. We model healthy behaviour and engage in practices that nurture self-wholeness and well-being, teaching by example.
4. We recognise that every person has healing capacities that can be enhanced and supported through self-care practices.

### D. Validation

2. We acknowledge the sources of our teachings as either traditional, derived through personal experience or based upon research. We maintain continuous peer assessment to ensure skilful and safe practice.

## **4. Professional Behaviour**

### A. Guiding Principles:

1. We seek to embrace the following principals in our professional behaviour: reverence, respect, trust, honesty, integrity, equality, competence, generosity, courage, humility and confidentiality.
2. We maintain a compassionate regard for our clients and colleagues by demonstrating a way of being that is courteous, tactful, sensitive, accepting, empathetic and non-judgmental.

### B. Communication and Confidentiality:

1. We maintain clear and honest communication with our clients and keep all information, whether medical or personal, strictly confidential and in a locked cabinet. We may not reveal the confidences entrusted in the course of the professional relationship, or the peculiarities he or she may observe in the character of clients, unless required to do so by law or to prevent harm to client or other persons. Experiences with clients may be discussed during supervision and should be anonymous.
2. We cooperate with other healing professionals, including physicians, nurses, other complementary / alternative therapists, psychologists, counsellors, scientists and religious personnel and other professional caregivers in the exploration and provision of healing modalities.

### C. Availability and Accessibility:

1. We make known our availability and accessibility to clients in need of our professional services.
2. We recognise that having started working with someone we have a responsibility towards them.
3. Should we become unavailable, we should make appropriate referrals to other, appropriate, practitioners.
4. We must give adequate notice of interruptions or discontinuous in our care.

#### D. Maintaining Appropriate Boundaries and Parameters of Practice:

1. We maintain appropriate boundaries for ourselves and the people we work with and do not enter into inappropriate relationships with clients or take physical, emotional, sexual, psychological or financial advantage of clients.
2. We do not make medical diagnoses or prescribe medications without appropriate training.
3. We do not recommend nutritional supplements without appropriate knowledge.
4. If we are associated with the development or promotion of products we should disclose any vested interest and ensure that such products are presented in a factual and professional way.

#### E. Relationships with Colleagues:

1. We must know and act within the limits of our professional competence.
2. A patient's health and safety may depend on receiving appropriate care from members of other professional disciplines. We are responsible for maintaining knowledge of, and appropriately utilising the expertise of such professionals on the patient's behalf. In particular this applies to medical, mental health and social care referrals as needed.
3. In referring patients to allied professionals, we ensure that those to whom we refer patients are recognised members of their own disciplines and are skilled and competent to carry out the professional services required.
4. If our services are sought by individuals who are already receiving similar services from another professional, consideration for the patients' welfare shall be paramount. It requires us to proceed with great caution, carefully considering both the existing professional relationship and the spiritual/therapeutic issues involved.

#### F. Multiplicity of Relationships:

1. It is to be expected that within a small community setting (clients) and over a long training (colleagues) that there will be multiplicities of relationship, for instance: Business associate, friend, colleague, student, tutor, client, practitioner, shared community roles. Within these multilayered relationships there is an ethical responsibility for all those involved to (1) Avoid causing harm to each other (2) Avoid causing harm / preferential treatment / disadvantage to others. Each individual should consider that the risk of either type of harm / advantage is minimised and that if there is still a high risk, that support and strategies (initially from the peer group) are invited in and put in place to mediate this.
2. Friends who wish to become clients: In a similar way, working in a small community means that people may wish to seek our professional advice where there is a prior relationship (this may be - for example - a friendship or business relationship). These situations need to be addressed in an individual fashion and the practitioner must feel confident that they can bring a suitable degree of objectivity and useful service to the potential client. If they feel that this would be unduly compromised by the prior relationship they should explain why and refuse entering into a client-practitioner relationship. In the case that the practitioner does decide to enter into the client-practitioner relationship they are advised to communicate the potential limitations to objectivity and depth of work that prior relationships may cause.

## G. Working with minors

1. If client is under the age of 16, consent from a parent or guardian must be given
2. A parent or guardian should be in the treatment room the whole time during a session with a minor, unless explicit consent has been given by the parent (or guardian) *and* child that the consultation can be carried out without an adult present.

## 5. Conduct in a Professional Session

### A. Creating a Healing Environment:

1. We provide a safe, welcoming, supportive and comfortable environment that is conducive to healing.
2. We maintain a clean practice environment and professional personal appearance.
3. We display certification, training and educational certificates and diplomas in public view.
4. We honour the privacy of our clients and do not allow others in the treatment room without consent.

### B. Disclosing Professional Information and Practices:

1. We provide clients with information regarding our healing philosophy and modality or modalities and what to expect during a healing session.
2. We inform the client of possible outcomes and side effects.
3. We share with clients prior to our sessions logistical considerations such as: length of session, punctuality and lateness policy, cancellation policy, and fees.

### C. Recording, Securing and Releasing Records:

1. We record accurate client records.
2. We store records in a secure and safe place for seven years, or until client is 25 in the case of minors. Records are stored in keeping with our Data Protection Policy and ICO guidelines.
3. All information contained in the clients' record is confidential.
3. We share information with other parties only with the consent of the client.
4. When appropriate records should be destroyed in a secure manner.

### D. Client Education:

1. We understand that a person's ability to remember what has been said during a session is limited and therefore recommend books, web links or provide written information about the session.
2. We provide clients with information that will aid in the process of self-care for clients after the healing session. Educational materials might include but are not limited to: written instructions regarding specific practices or exercises to enhance well-being; dietary suggestions; visualisation or meditative practices; breathing exercises; affirmations and suggestions for journaling.

### E. Fees and advertising

1. All fees should be publicly visible, either / and on our website or literature available at the school / clinic
2. Advertising should follow ASA guidelines - in particular claims to cure conditions or give unrealistic expectations of outcome are unlawful.

## 6. Additional legal requirements

1. **Notifiable disease** (A full list of these is available online) These are not to be treated but referred immediately to either the client's doctor or hospital appropriate to the condition.
2. **Sexually transmitted diseases** - we can not prescribe any remedy for STDs. The client must be referred to a local sexual health clinic.
3. **Abortion** - It is illegal to attempt or attempt to procure an abortion if not a registered medical practitioner.
4. **Local authority bylaws** - We agree to comply with any local bylaws.
5. **Treatment of animals** - The Royal College of Veterinary Surgeons do not allow any treatment of an animal without a vet being present.

## 7. Advice on actions in the case of concerns

If you have an ethical question or concern regarding your own professional behaviour we advise working through the following steps until the issue is resolved:

1. Discuss the issue with those involved (if appropriate) or peers to gain clarity into the issue.
2. Seek advice from a neutral professional (e.g. in the form of supervision)
3. Seek advice from the school's Safeguarding officer - who will treat any enquiry in confidence
4. Seek advice from the school's Ethical committee

If you have a concern about someone else's behaviour:

1. Discuss the issue with those involved (if appropriate), offering them clear non-judgmental advice and an sufficient time window to respond / change the behaviour.
2. Communicate the issue with the school's Safeguarding officer, who will offer a period of discussion, mediation and advice to all those involved.
3. Communicate the issue to the school's Ethical committee, who will offer a period of discussion, mediation and advice to all those involved.
4. Raise a complaint with the school's Ethical committee who will collect all the relevant information and proceed in a way that is in keeping with this Code of Ethics.

## 8. Roles within the school as referred to in this document

The school will always maintain a permanent Safeguarding officer who is the main point of contact for serious ethical concerns. They have a responsibility to maintain confidentiality in all matters that are brought to them.

In recognition that ethical issues are universal to everyone - the school's Ethics committee is called into being when needed by the randomisation of the relevant peer group and the invitation for **three** people to form a committee to advise on an issue. Each of these people may turn down the invitation, though it is expected that they only do so in the case of serious conflict of interest or other significant concern. This group will be wound up on the resolution of the issue and summarise the process in the form of a final report which is lodged with the Safeguarding officer.