British Society for Bioregulatory Medicine

# Code of Ethics

SBBM - Specialist Board of the BSBM

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# Code of Ethics and Conduct

## Introduction

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a bioregulatory physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the British Society/Association of Bioregulatory Medicine®, are not laws, but standards of conduct for our memberships that define the essentials of honourable and ethical behaviour for Bioregulatory practitioner in clinical settings with patients.

## Aims and Objectives

The Society (Association) main objective is to develop and educate medical practitioners, set up training standards, and provide public protection by setting and enforcing Code of Ethics for the members of the Association who provide health care in the medical field of Bioregulatory medicine.

The Bioregulatory medicine is a new medical paradigm that builds on the strengths of Hippocratic medicine and align it with a 21st Century quantum awareness and system biology as a new platform of disease. This medicine is based on the supporting auto-regulatory (homeostasis) processes of Health and inducement of disease reversal and NOT providing active pharmacology or invasive treatment or a treatment of a particular disease.

Society promotes a Dynamic Model of health, viewing Disease as a process in time, aiming to reverse it back to the early formative stages and focuses on health Prevention.

Society's aim is to create a new methodology in a field of chronic, degenerative and preventative health in order to bring in scientific paradigm shift in medicine, by integration of system biology, quantum physics and human electrophysiology with conventional pathophysiology and biochemistry.

The Bioregulatory protocols are devised with objective to prevention (preventative medicine) and curative as a new public health needs of modern times.

The Society would organise courses and education in the field ensuring efficacious and safe, evidence based medicine in this field. The goals will be achieved by continual training in Bioregulatory medicine and its clinical modalities, as well as keeping register ensuring abiding to Code of Ethics, and adequate level of the Specialist Training thus providing quality and safe health care practicing in this field.

Society aim and objectives are:

i. to invite medical colleagues to share these principles and to **democratise medicine** by taking a more humanistic approach and apply **Systems medicine** in clinical practice

ii. to empower patients to take proactive role (self-help) in their health and **prevention**

iii. to create a medical paradigm based on **Homeostatic medical model** known as a Bioregulatory Medicine

iv. to define and establish **Training Competencies** and modalities and principles of the Bioregulatory Medicine

v. to create specialisation and **continual medical education** in the field of the Bioregulatory Medicine

vi. to create **membership register** of the qualified practitioners in Bioregulatory medicine and maintain safe and good practice

vii. to set up and continually develop, in accordance with society changes, the '**Code of Ethics'** for association memberships.

Society members are obliged to adhere to following Code of Ethics:

i. a Bioregulatory practitioner (physician) shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.

ii. a Bioregulatory practitioner shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

iii. a Bioregulatory practitioner shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

iv. a Bioregulatory practitioner shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

v. a Bioregulatory practitioner shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

vi. a Bioregulatory practitioner shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

vii. a Bioregulatory practitioner shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

viii. a Bioregulatory practitioner shall, while caring for a patient, regard responsibility to the patient as a paramount importance.

ix. Patient physician relationship
The relationship between a patient and a physician is based on trust, which gives rise to physicians' ethical responsibility to place patients' welfare above the physician's own self-interest or obligations to others, to use sound medical judgment on patients' behalf, and to advocate for their patients' welfare.

x. To courtesy, respect, dignity, and timely, responsive attention to his or her needs.

xi. Physician decline to establish a patient-physician relationship in certain limited circumstances:
(a) The patient requests care that is beyond the physician's competence or moral beliefs in keeping with ethics guidance on exercise of conscience.

(b) The physician lacks the resources needed to provide safe, competent, respectful care for the individual.

xii. Patient Rights

(a) To receive information from their physicians and to have opportunity to discuss the benefits, risks, and costs of appropriate treatment alternatives, including the risks, benefits and costs of forgoing treatment
(b) To ask questions about their health status or recommended treatment when they do not fully understand what has been described and to have their questions answered.
(c) To make decisions about the care the physician recommends and to have those decisions respected.
(d) To have the physician and other staff respect the patient's privacy and confidentiality.
(e) To obtain copies or summaries of their medical records.
(f) To obtain a second opinion and work jointly with other medical practitioners, with patient approval and respect their wish of such cooperative team treatment(s)..
(g) To be advised of any conflicts of interest their physician may have in respect to their care.

xiii. Informed Consent

Informed consent to medical treatment is fundamental in both ethics and law. Patients have the right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care.
In seeking a patient's informed consent (or the consent of the patient's surrogate if the patient lacks decision-making capacity or declines to participate in making decisions), physicians should:
(a) Assess the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision.
(b) Present relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information. The physician should include information about:

-the diagnosis (when known);
-the nature and purpose of recommended interventions;
-the burdens, risks, and expected benefits of all options, including forgoing treatment.
-Document the informed consent conversation and the patient's (or surrogate's) decision in the medical record in some manner.

xiv. Use of Homeostasis (bioregulation) in Clinical Practice

A bioregulatory medical treatment may use a placebo such as homeopathy or balancing homeostatic systems by nutritional or supplemental means that the physician believes has no specific pharmacological effect but rather supportive homeostatic ones.
The use of placebo or homeostasis support, when consistent with good medical care, is distinct from interventions that lack scientific foundation. Such approach may still be effective if the patient knows it will be used but cannot identify it and does not know the precise timing of its use.
Physicians may use homeostatic methodology only if they:

(a) Enlist the patient's cooperation. The physician should explain that it can be possible to achieve a better understanding of the medical condition by evaluating the effects of different medications.

(b) Obtain the patient's general consent to administer a bioregulatory treatment(s).

(c) The physician does not need to identify precisely when the bioregulatory treatments will be administered. In this way, the physician respects the patient autonomy and fosters a trusting relationship, while the patient may still benefit from the bioregulatory effect.

(d) Physicians can produce a placebo-like effect through the skilful use of reassurance and psychotherapeutical work on general consciousness and self awareness on behalf of patients as an integral methodology in Bioregulatory medicine.

(e) Encouragement, thereby building respect and trust, promoting the patient-physician relationship, and improving health outcomes.

xv. Paediatric Decision Making

Decisions for paediatric patients usually involve a three-way relationship among the minor patient, the patient's parents or guardian, and the physician.
Although children who are emancipated may consent to care on their own behalf, in general, children below the age of majority are not considered to have the capacity to make health care decisions on their own, rather, parents or guardians are expected, and authorized, to provide or decline permission for treatment for minor patients.
Decisions for paediatric patients should be based on the child's best interest, which is determined by weighing many factors, including effectiveness of appropriate medical therapies and in the best interest of the child, the wishes of the parents/guardian should generally receive preference.
For health care decisions involving minor patients, physicians should:
(a) Involve all patients in decision making at a developmentally appropriate level.
(b) Base recommendations for treatment on the likely benefit to the patient, taking into the effectiveness of treatment, risks of additional suffering with and without treatment, available alternatives, and overall prognosis.

xvi. Privacy in Health Care

Patient privacy encompasses a number of aspects, including personal space (physical privacy), personal data (informational privacy), personal choices including cultural and religious affiliations (decisional privacy), and personal relationships with family members and other intimates (associational privacy).
Physicians must seek to protect patient privacy in all settings to the greatest extent possible and should:

(a) Minimize intrusion on privacy when the patient's privacy must be balanced against other factors.
(b) Inform the patient when there has been a significant infringement on privacy of which the patient would otherwise not be aware.
(c) Be mindful that individual patients may have special concerns about privacy in any or all of these areas.

xvii. Confidentiality

Patients need to be able to trust that physicians will protect information shared in confidence. They should feel free to fully disclose sensitive personal information to enable their physician to most effectively provide needed services. Physicians in turn have an ethical obligation to preserve the confidentiality of information gathered in association with the care of the patient.

In general, patients are entitled to decide whether and to whom their personal health information is disclosed. However, specific consent is not required in all situations.
When disclosing patients' personal health information, physicians should:

(a) Restrict disclosure to the minimum necessary information; and
(b) Notify the patient of the disclosure, when feasible.
Physicians may disclose personal health information without the specific consent of the patient (or authorized surrogate when the patient lacks decision-making capacity):
(c) To other health care personnel for purposes of providing care or for health care operations; or
(d) To appropriate authorities when disclosure is required by law.

xviii. Terminally ill patient Care Planning

The health care planning for terminal or near terminal or patient with degenerative conditions is to support patient self-determination, facilitate decision making, and promote better care at the end of life.
Discussing with patients what they would want if recovery from illness or injury is improbable and encouraging patients to share their views with their families or other intimates. Physicians must recognize, however that patients and families approach decision making in many different ways and should be sensitive to each patient's individual situations and preferences when broaching discussion of planning for care at the end of life

(a) Encourage all patients to:

(i) think about their values and perspectives on quality of life, including any preferences they may have about specific medical interventions (
(ii) identify someone they would want to have make decisions on their behalf if they did not have decision-making capacity;
(iii) make their views known to their designated surrogate and to family members or intimates.

(b) Be prepared to answer questions about advance care planning, to help patients formulate their views, and to help them articulate their preferences for care. Physicians should also be prepared to refer patients to additional resources for further information and guidance if appropriate.
(d) Patient values, preferences for treatment, and designation of surrogate decision maker should be included in the notes to be used as guidance when the patient is unable to express his or her own decisions.

xix. Involvement in Research

Physician researchers share their responsibility for the ethical conduct of research with the institution that carries out research. Institutions have an obligation to oversee the design, conduct, and dissemination of research to ensure that scientific, ethical, and legal standards are upheld. Institutional review boards (IRBs) as well as individual investigators should ensure that each participant has been appropriately informed and has given voluntary consent.
To fulfil these obligations, individually, physicians who are involved in research should:
(a) Participate only in those studies for which they have relevant expertise.
(b) Ensure that voluntary consent has been obtained from each participant or from the participant's legally authorized representative if the participant lacks the capacity to consent, in keeping with ethics guidance.
This requires that:

(i) prospective participants receive the information they need to make well-considered decisions, including informing them about the nature of the research and potential harms involved;

(ii) physicians make all reasonable efforts to ensure that participants understand the research is not intended to benefit them individually.

xx. Patient Safety

In case of an error in administer treatment open communication is fundamental to the trust that underlies the patient-physician relationship. Physicians have an obligation to deal honestly with patients at all times, in addition to their obligation to promote patient welfare and safety.

Disclose the occurrence of the error, explain the nature of the (potential) harm, and provide the information needed to enable the patient to make informed decisions about future medical care.

Both as individuals and collectively as a profession, physicians should:

(a) Support a positive culture of patient safety, including compassion for peers who have been involved in a medical error.

(b) Enhance patient safety by studying the circumstances surrounding medical error. A legally protected review process is essential for reducing health care errors and preventing patient harm.

(c) Establish and participate fully in effective, confidential, protected mechanisms for reporting medical errors.

(d) Participate in developing means for objective review and analysis of medical errors.

xxi. Romantic or intimate Relationships with Patients

Romantic interactions between physicians and patients that occur concurrently with the patient physician relationship are unethical. Such interactions detract from the goals of the patient-physician relationship and may exploit the vulnerability of the patient, compromise the physician's ability to make objective judgments about the patient's health care, and ultimately be detrimental to the patient's wellbeing. A physician must terminate the patient-physician relationship before initiating a dating, romantic, or sexual relationship with a patient.

Likewise, sexual or romantic relationships between a physician and a former patient may be unduly influenced by the previous physician-patient relationship. Sexual or romantic relationships with former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship, or if a romantic relationship would otherwise foreseeably harm the individual. In keeping with a physician's ethical obligations to avoid inappropriate behaviour, a physician who has reason to believe that nonsexual, nonclinical contact with a patient may be perceived as or may lead to romantic or sexual contact should avoid such contact.

xxii. Sexual Harassment in the Practice of Medicine

Sexual harassment can be defined as unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature. Sexual harassment in the practice of medicine is unethical. Sexual harassment exploits inequalities in status and power, abuses the rights and trust of those who are subjected to such conduct; interferes with an individual's work performance, and may influence or be perceived as influencing professional advancement in a manner unrelated to clinical or academic performance harm professional working relationships, and create an intimidating or hostile work environment; and is likely to jeopardize patient care. Sexual relationships between medical supervisors and trainees are not acceptable, even if consensual. The supervisory role should be eliminated if the parties wish to pursue their relationship. Physicians should promote and

adhere to strict sexual harassment policies in medical workplaces. Physicians who participate in grievance committees should be broadly representative with respect to gender identity or sexual orientation, profession, and employment status, have the power to enforce harassment policies, and be accessible to the persons they are meant to serve.

xxiii. Student at teaching or training clinic

Having contact with patients is essential for training a students, and both patients and the public benefit from the integrated care that is provided by health care teams that include medical students. However, the obligation to develop the next generation of physicians must be balanced against patients' freedom to choose from whom they receive treatment. All physicians share an obligation to ensure that patients are aware that medical students may participate in their care and have the opportunity to decline care from students.

Training physicians should:

(a) Convey to the patient the benefits of having medical students participate in their care. Inform the patients about the identity and training status of individuals involved in care.

(b) Residents and fellows share responsibility with physicians involved in their training to facilitate educational and patient care goals. Residents and fellows are physicians first and foremost and should always regard the interests of patients as paramount. When they are involved in patient care, residents and fellows should:

- (i) Interact honestly with patients, including clearly identifying themselves as members of a team that is supervised
- (ii) Participate fully in established mechanisms in their training programs and hospital systems for reporting and analysing errors.
- (iii) Monitor their own health and level of alertness so that these factors do not compromise their ability to care for patients safely.
- (iv) Address patient refusal of care from a resident or fellow.
- (v) Provide residents and fellows with appropriate faculty supervision and availability of faculty consultants.

## Summary

The Society seeks to bring some of the best educators in Bioregulatory medical disciplines from around the world and make their message available in regular specialist programme and seminars, courses and conferences towards professional development.

The Society is a non-profit association with membership and educational programme fees re-invested in various ways to promote the aims and objectives.

Members entitlement and obligations are:

(a) Members are entitled to add to the name members initials: **MBSBM** (Member of **British** Society for Bioregulatory medicine, as a specialist register in the field. The members are also a part of the International membership by International Society of Bioregulatory Medicine.

(b) Register of **Members/Consultant** and/or **Fellowships** of the Society

(c) Membership of the Society is open for Medical Practitioners who are practicing systems Bioregulatory Medicine are to abide by the following codes of practice regulated by the (iii.)

i. **Training Standards and Competencies** and

ii. **Code of Ethics and Conduct**

iii. regulating body of the BSBM - **Society Specialist Board** (SBBM).

Members are therefore to abide by the society **Code of Ethics and Conduct**, regarding safe, ethical and efficacious practice according to the Bioregulatory medicine practice and level of traning outlined and updated by the SBBM as outlined in continually updated booklet of the Training Standards and Competencies.

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Members' obligation and benefits as a member are:

i. to abide by **the 'Code of Ethics and Conduct'** and **'Association Constitution'.**
ii. to belong to the Society a **Specialist register** in the field of Bioregulatory medicine in case of active medical practice and have adequate **practitioners insurance** approved by the BSBM
iii. to belong to other form of membership such as affiliated/associated or general membership in case of non practicing physician
iv. **Associate membership** is available for medical and students of biochemical studies
v. belonging to a fast growing network of like-minded healthcare practitioners committed to the same goals in **UK** and other countries
vi. opportunities for a forum for clinical exchange
vii. a listing on the Society website which will allow promotion of your clinic as people will be able to contact you directly, or will be able to use the client referral service
viii. Continually attend a CPD seminars and courses and learn about new, evidence-based, clinically effective natural medicines and submit minimum of 30 CPD points in one calendar year, or 150 points in a period of not less than five years.
ix. a notifications of early bird specials for seminars, phone links/webinars and workshops
x. an access to valuable resources and
xi. a regular invitations to CPD seminars, as well as International events and courses
xii. an access the latest evidenced-based research information and clinical studies
xiii. regular ISBM newsletter
xiv. the opportunity to learn and write about, teach and be consulted on Bioregulatory Medicine
xv. an annual Bioregulatory Conferences

## Consultants

Consultant with the ISBM is open by invitation to medical practitioners with a record of high level clinical work in the field of Bioregulatory Medicine. The status of Consultant of Bioregulatory Medicine is the highest level of practical work with patients and highest results in the Clinical Practice of Bioregulatory Medicine.
Consultant in the BM is awarded at a discretion, by the Specialist Board for Bioregulatory Medicine (SBBM), as a result of continued successful practice and a minimum of ten years clinical experience in the field corroborated by two colleagues and patients' letters of recommendation.

## Fellowship

For those who are experienced and renowned specialist in the Bioregulatory medicine we have a provision of a British Society **fellowship** to the Society. Fellowship is open for members with proven record of the highest level of professional achievements in medicine and health care.
Full Fellowship with the BSBM is open by invitation to those with a record of education, research and to those with a general contribution towards the development of Systems Medicine.

The status of Fellowship of Bioregulatory Medicine is awarded as an honour from the Society associations and its members for the furtherance of the progress of its constitutional objectives and betterment in the research, development and promotion in the field of the systems medicine.
Fellowship is awarded by the Society Executive Board by majority voting on annual general assembly meeting.