



ICAM



ICAM Code of Ethics

© International Council of Ayurvedic Medicine
ABN XX XXX XXX XXX

International Council of Ayurvedic Medicine Inc.
121 Mains Road, Sunnybank QLD 4109

Email: enquiries@icamau.org
Website: www.icamau.org



CONTENTS

A. Introduction	3
B. Prelude	4
C. Code of Ethics	4
C.1 Integrity	5
C1.1 Acknowledge the tradition	5
C1.2 Represent authentic ayurveda	5
C1.3 Practice what you preach	6
C1.4 Steer clear of deceit	6
C1.5 Practice conscientious business	6
C1.6:Stay competent	7
C.2 General Ethics	7
C2.1 Duty of Care	8
C2.2 Respect	8
C2.3 Propriety	9
C2.4 Communication	9
C2.5 Confidentiality	9
C2.6 Privacy Practitioner	9
C2.7 Informed Consent	9
C2.8 Beneficence	9
C2.9 Avoiding Harm Non Maleficence	9
C.3 Clinical Ethics	10
C3.1 Professional conduct	11
C3.2 Clinical Assessments	11
C3.3 Health and Safety	11
C3.4 Release of information	11
C3.5 Record keeping	12
C3.6 Professional indemnity insurance	12
C.4 Treatment Ethics	12
C4.1 Prudence	13
C4.2 Scope of practice	13
C4.3 Competence	13
C4.4 Delivery	13
C4.5 Modesty	14
D. Breach of Code of Ethics	14

A. INTRODUCTION

The current Code of Ethics for ICAM has been modified and adopted in loving memory of Michael McDonald.

Michael's contribution to Ayurveda, through his service to Ayurveda, has been one of it's kind. His exemplary diligence, compassionate guidance, and selfless dedication will serve as an unmatched repository of inspiration, for all current and aspiring students and practitioners of Ayurveda. He truly embodied the spirit of highest ethical conduct and as a tribute to him, we endeavour to uphold our highest character, integrity and professionalism; to always represent Ayurveda in the most authentic way, intrinsic to the spirit of this ancient science of wellness and wisdom.

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The International Council of Ayurvedic Medicine was incorporated in 2014 to provide a voice for Ayurvedic Practitioners in Australia.

ICAM adopted the current Code of Ethics in 2022, after re-structuring of the Committee and modifications suggested and implemented by Joint Committee of members.

The Code of Ethics is subject to regular modifications. Guiding principles for ethical compliance in Code of Ethics, are also subject to amendments. Any such modifications or amendments shall be communicated to all members, and published on the ICAM website. It is the duty of members to stay conversant with the current Code of Ethics.

Practitioners / members who may wish to seek advice on any matter presented in ICAM Code of Ethics should write to the:

The Chief Executive Officer
International Council of Ayurvedic Medicine Inc.
121 Mains Road
Sunnybank Qld
4109

B. PRELUDE/PREAMBLE

B.1 This code has been compiled by the Ethics Committee of the International Council of Ayurvedic Medicine (Australia) Inc. (“the Council”) and relates to the standards of practice for ayurvedic practitioners.

B.2 This Code of Ethics describes the professional standard of conduct expected of ayurvedic practitioner to preserve and enhance the practice of Ayurveda, the reputation of the Council and to protect the general public.

B.3 This Code applies to all ayurvedic practitioners who are members of the Council.

B.4 The Ethics Committee reserves the right to amend this Code of Ethics as and when deemed necessary.

C. CODE OF ETHICS

FOREWORD

The International Council of Ayurvedic Medicine reviews, considers and promotes ethical principles, and sets specific standards to guide both Practitioners and members of the public to a clear understanding and expectation of what is considered ethical professional conduct by Ayurvedic Practitioners. For any Code of Ethics to stay relevant and valuable to the current environment and members, it is important that they are reviewed regularly.

The current Code of Ethics for ICAM have been hence created after deliberate and considerate reflection on what it truly means to embody Ayurveda as a student, practitioner, member and general public. The current code has been developed with reference to comparable national and international professional codes of ethics.

The 4 fundamental Guiding Principles for Ethical compliance are the cornerstone for ICAM’s Code of Conduct.

C1 INTEGRITY

C2 GENERAL ETHICS

C3 CLINICAL ETHICS

C4 TREATMENT ETHICS

C1: INTEGRITY

INTRODUCTION

Integrity is the practice of being honest and showing a consistent and uncompromising adherence to strong moral and ethical principles and values. In ethics, integrity is regarded as honesty and truthfulness or accuracy of one's actions.

“Ayurveda is a science of life. It is also called science of awareness. Awareness is considered the foremost in the Ayurvedic approach to health, and this awareness starts from us. Most importantly, Ayurveda is science of action. There is no place for just understanding in this science. Whatever you have learnt or understood, you have to put into practice” – Dr.Ajit

Practitioners of Ayurveda understand the importance of values, of character, of truthfulness and of righteous action.

For practitioners of Ayurveda, and as members of ICAM, practising Ayurveda means practising integrity – as the most important tenet of their professional as well as personal lives.

Ethical Standards

C1.1 Acknowledge the tradition

- a. Practitioners shall always acknowledge and deeply respect the origin, and tradition of ayurveda as an ancient science. They shall also ensure that all texts that are the origin of this knowledge are always respected; and all traditional teachers, past and present, are always considered in highest esteem.
- b. Practitioners value the antiquity of this science and understand that no one can ever claim ownership to ayurveda. They recognize that as practitioners their role is to be instruments of education, empowerment and service.

C1.2 Represent authentic ayurveda

- a. Practitioners shall always strive to be the best and true representation of Ayurveda, through their conduct, practice and profession.
- b. When collaborating with teachers, colleagues or members of other professions, Practitioners must ensure that they engage in activities pertaining to Ayurveda judiciously. A practitioner shall always keep the authentic teaching above any personal interest and shall not succumb to misleading information in the name of Ayurveda.

C1.3 Practice what you preach

- a. To hold and practice the values learnt through Ayurveda is of most prominence to a Practitioner.
- b. A practitioner understands that long-term implementation of principles of Ayurveda in practitioner's own life is most important for them to be able to advise and treat clients from a place of honor and integrity.
- c. A practitioner shall not recommend to client any diet or lifestyle advice, that has not been sincerely followed and practiced by the practitioner.

C1.4 Steer clear of deceit

- a. A practitioner shall always be truthful and transparent about their education, expertise and professional experience.
- b. Practitioners shall not use titles or descriptions that give the impression of medical or other qualifications to which they are not entitled.
- c. Practitioners shall not use intellectual property of any of their teachers or colleagues and mis-construe the work as their own. Under no circumstances shall a practitioner steal another practitioner's course material to establish their business, company or repute.
- d. Whenever using intellectual property of teachers, colleagues or other experts; a practitioner shall ensure to credit the source.
- e. Practitioners shall not claim to be teachers of Ayurveda without appropriate degree education. Practitioners recognize that a BAMS qualification is essential to teach Ayurveda and in absence of such qualification, promoting oneself as teacher of Ayurveda is unethical.
- f. Practitioners recognize that the authentic mode of delivery of their traditional discipline is face-to-face. A functional clinic is the most suited agency to provide genuine and veritable Ayurvedic services to clients. Practitioners shall hence refrain from exploiting the popularity of online content creation, opportunistically using it to establish themselves as online experts in Ayurveda.

C1.5 Practice conscientious business

- Advertising - Practitioner shall engage in truthful advertising by ensuring that:
 - a. A practitioner only advertises in a proper and professional manner for the purpose of informing members of the general public as to their location details and areas of specialised practice.

- b. A practitioner does not advertise or lay claim to secret or exclusive methods of treatment.
 - c. A practitioner does not create personal profiles or descriptions in an unhealthy spirit of competitiveness
- Financial Remuneration - Practitioners shall ensure that:
 - a. Financial agreements made with clients are appropriate and justified.
 - b. Fees charged from clients are adequately based on practitioner's qualification, skills and experience. Practitioners shall always refrain from financially exploiting clients.
- Non-financial Remuneration
 - a. Practitioners shall also ensure that all testimonials obtained through clients are genuine and not solicited as a non-financial exchange of services provided.
 - b. Practitioners shall refrain from using family and close friends for testimonials and / or endorsements.

**Please note: Section 133 of the Health Practitioner Regulation National Law Act 2009 (Qld) states that 'a person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that — ... (c) uses testimonials or purported testimonials about the service or business*

- A practitioner shall not provide false information on documents used for health fund rebate purposes.
- A practitioner shall not use their professional connections or affiliations in an unconscionable manner.

C1.6 Stay competent

- Practitioners should ensure that they are medically, physically and psychologically fit to practice.
- Practitioners should ensure that they are professionally competent to deliver the services they intend to offer to clients.
- To maintain appropriate levels of professional competence, practitioners may seek professional supervision or consultation
- Practitioners should ensure that they engage in on-going professional development to stay relevant and current to their profession, professional requirements, and industry.

C2: GENERAL ETHICS

Ethics is derived from the greek word 'etikos'. Ethics is defined as "moral principles that govern a person's behavior, or the conduct of an activity. The branch of knowledge that deals with moral principles of what is right and wrong conduct. This branch of philosophy defines what is good for the individuals and society.

This code outlined in the following 4 fundamental principles expresses the practitioners responsibilities to their clients, community to inspire younger generations to uphold these values for the benefit of Ayurveda as a profession within Australia and keeping in the vision, mission, aims and objectives of ICAM

Practitioners must also uphold these responsibilities to colleagues and members of other professions with whom they interact including qualified teachers of Ayurveda and organizations past and present.

This code of conduct is an agreement on rules or standards of behavior for members. Ethical Standards.

C2.1 Duty of Care

C2.1a The practitioner shall always maintain the highest standards of professional conduct and duty of care to the patient.

C2.1b The primary professional duty of a practitioner is to competently assist the patient to optimum health, within the circumstances of the patient's condition.

C2.2 Respect - diversity / inclusion / older people / minorities.

C2.2a The practitioner shall have respect for the religious, spiritual, political and social views of any individual irrespective of race, age, sex, colour, ethnic origin, differing abilities, sexuality, creed, marital status, culture, political views or social standing.

C2.2b Practitioners shall always show due respect and cooperate with practitioners of other disciplines.

C2.2c Practitioners recognise the right of a person to have an option, make choices and take actions based on personal values and beliefs.

C2.2d By respecting a person's autonomy you are respecting his or her right to make their own decisions without undue influence.

C2.3 Propriety – presentation / dress code

C2.3a A practitioner shall at no time take part in, or promote any activity, verbal or otherwise, which will reflect improperly or denigrate the standing of Ayurveda or the Council. within the general community or in any professional circle.

C2.3b Dress code - All clothing must be modest, full clothing, neat, clean and comfortable. Closed non-slip shoes are required for all practical work in the interests of safety. If there are any special dress and safety requirements for a particular topic, your trainers will give you advance notice of this.

C2.4 Communication

The practitioner is to recognise a responsibility to give the generally held opinions of the relevant discipline when interpreting and conveying scientific or empirical knowledge to patients or to the general public, and where one presents any opinion which is contrary to the generally held opinion of the discipline, clearly indicate that this is so.

C2.5 Confidentiality

Is the legal and ethical obligation that is associated with a relationship where one person receives information about another person, as a Practitioner client information provided by the patient to the health care provider is only used for the purpose for which it was given.

C2.6 Privacy Practitioner

To comply with relevant privacy laws governed by the Australian privacy principles (APPs). These are designed to ensure the protection of personal information collected by the organization.

A health care worker must comply with the relevant privacy laws that apply to clients' health information, including the Privacy Act 1988 (Cth) and the Information Privacy Act 2009 (Qld).

C2.7 Informed Consent

Ensures consent is informed by explaining the nature and purpose of the Ayurveda treatment or service they intend to provide and obtain full consent using plain language that is easily understood by the patient.

C2.8 Beneficence

Practitioner is seeking to do good, acting in the best interest of the patient with strong moral obligation. The act of doing good or promoting good, particularly in the context of healthcare. It is an ethical principle that guides healthcare professionals to act in the best interests of their patients by providing them with the best possible care and treatment. This includes promoting the well-being of patients, preventing harm, and removing any potential risks.

C2.9 Avoiding Harm Non Maleficence

Is the ethical principle of "first, do no harm." It is one of the core principles of medical ethics and is often considered to be one of the most fundamental principles

of healthcare. This principle holds that healthcare professionals should take all reasonable steps to avoid causing harm to their patients. This includes not only avoiding direct harm, but also avoiding causing indirect harm through inaction or by withholding treatment. In addition, healthcare professionals should also consider the potential risks and benefits of any treatment before administering it to a patient. Non-maleficence is closely related to the principle of beneficence and the two are often considered together in ethical decision making.

C3: CLINICAL ETHICS

INTRODUCTION

Practising in healthcare and a clinical setting is a matter of pride and responsibility. The imminent responsibility of a Clinical Practitioner is to constantly engage in decision making process for their patients as well as their clinic. While beneficence and patient care is always paramount for a Practitioner, it is also extremely crucial that practitioners recognize any possible clinical matters needing attention, act with discretion based on the code of ethics while safeguarding their clinical practice within the laws that govern them.

Ethical Standards

C3.1 Professional conduct

- **C3.1a** Proper conduct must always be paramount in practitioners' relations with patients. Practitioners must behave with courtesy, respect, dignity and discretion. Their attitude must be competent and sympathetic, hopeful and positive, thus encouraging an uplift in the mental outlook of the patient and a belief in a progression towards good health practices.
- **C3.1b** It is imperative for practitioners to establish and maintain proper professional boundaries with clients and colleagues
- A practitioner should not enter an intimate or sexual relationship with a patient whilst the patient is under their care.
- **C3.1c** A practitioner should maintain congenial and professional relationship with their therapists, assistants, employees, colleagues or supervisees
- **C3.1d** Practitioners who work in a team should continue to act in a way consistent with Clinical ethics, and in the event of any conflict of interest, seek a constructive resolution of the conflict that upholds the principles of the Code of ethics
- **C3.1e** A practitioner should not attend to a patient or clinic whilst under the influence of alcohol, drugs or other substance that would impair their judgement. It would be considered inappropriate for a practitioner to smoke or consume a tobacco product in the clinical setting.

C3.2 Clinical Assessments

- **C3.2a** Practitioners shall always use traditionally established procedures for clinical diagnosis and assessments.
- **C3.2b** Practitioners shall ensure that they clearly communicate the purpose and uses of their assessment techniques.
- **C3.2c** Practitioners shall ensure that they interpret the assessment procedures accurately and report the assessment results appropriately to their clients.
- **C3.2d** Practitioners shall provide a clinical consultation service to a client only for the period when those services are necessary.
- Practitioners shall regularly review the clients and in case of client showing signs of improvement, shall make relevant modifications as necessary with the informed consent of the client.
- **C3.2e** Practitioners shall ensure that client use their services and products appropriately and responsibly.

C3.3 Health and Safety

- **C3.3a** Practitioners shall strictly adhere to all Workplace Health and Safety protocols and procedures, as applicable in their area of clinical practice.
- **C3.3b** Practitioners shall also comply with legislative protocol for Infection control in their clinical setting and practice.
- **C3.3c** A practitioner shall be aware of notifiable diseases pertinent to their state or territory legislation.
- **C3.3d** It shall be a practitioner's professional and ethical responsibility to follow all legal compliance, as required by the local government laws.
- **C3.3e** A practitioner shall not knowingly breach the Commonwealth Therapeutic Goods Act and Regulations, or the equivalent State legislation.

C3.4 Release of information

- **C3.4a** A practitioner may not disclose information obtained in confidences from or about a patient unless consent has been given.
- **C3.4b** Patient information is always kept confidential and access restricted to the practitioner or assistant, except in an emergency or other urgent situation where the information may prevent possible injury to the patient or the other person or where required to do so by the law.

C3.5 Record keeping

- **C3.5a** The public are entitled to expect that a practitioner will maintain a good standard of practice with full records. This includes, name, address, telephone, date of birth, details of health history, dates of treatment and details of remedies prescribed.
- **C3.5b** Patient records are to be kept indefinitely in safe and secure storage.

C3.6 Professional indemnity insurance

- **C3.6a** Members of the Council who are currently in practice must have adequate Professional Indemnity Insurance cover.

C4: TREATMENT ETHICS

INTRODUCTION

As Ayurveda gets recognised as one of the oldest systems of healthcare in the western world and gains popularity in the modern context, therapeutic ayurvedic treatments also come to be more recognised, for their antiquity and efficacy.

Practitioners of Ayurveda recognise the importance of therapeutic treatments provided to their clients to improve their health. They understand that treatments are intended to benefit, not to harm. They also understand that the intended benefit is achievable only when treatments are provided accurately, as learnt through their traditional discipline. They also acknowledge the trust that clients put in a practitioner's ability to perform therapeutic treatments effectively. A practitioner hence takes this role with a sense of huge responsibility and offers services within the limits of their competence and all ethical, professional, organisational and legal constraints applicable. Practitioners ensure that they take responsibility for their decisions and actions in providing therapeutic treatments to their clients.

Treatment Ethical Standards

C4.1 Prudence

- **C4.1a** Practitioner shall choose the treatment for client wisely, as needed to alleviate client's physical, mental or emotional condition. Practitioner shall ensure that treatment/s have been advised only after proper assessment of their client, and all past and present physical, mental and emotional imbalances of client have been taken into consideration.
- **C4.1b** Under no circumstances shall a practitioner knowingly undertake any action or treatment that would adversely affect the health of a patient or fellow human being.

- **C4.1c** In circumstances where client requests a specific treatment as influenced by personal research, popularity or interest; it is the practitioner's responsibility to educate the client on suitability of requested treatment, and only provide treatment as therapeutically intended and appropriate for client's condition.

C4.2 Scope of practice

- **C4.2a** A practitioner can practice only the natural and/or traditional therapy disciplines in which she/he is accredited.
- **C4.2b** Practitioner shall only provide treatments within the boundaries of their training, education, supervised experience and appropriate professional experience.
- **C4.2c** Practitioners must never claim to "cure". The possible therapeutic benefits may be described as "recovery", but this must never be guaranteed.

C4.3 Competence

- **C4.3a** Practitioners must ensure that their own physical, mental and emotional state is in a state of balance and they are adequately equipped in their ability to provide a competent therapeutic treatment.
- **C4.3b** Practitioner with certain mental or physical impairment must not provide treatment or care to clients while suffering from a physical or mental impairment, disability, condition or disorder (including an addiction to alcohol or a drug, whether or not prescribed) that places or is likely to place clients at risk of harm.
- **C4.3c** Practitioners must have a sound understanding of any possible adverse interactions between the therapies and treatments being provided or prescribed and any other medications or treatments, whether prescribed or not, that he or she is, or should be, aware that a client is taking or receiving, and advise the client of these interactions.

C4.4 Delivery

- **C4.4a** Practitioner understands the importance of suitable environment within a clinical setting to provide therapeutic treatments appropriately.
- **C4.4b** Practitioner ensures that all equipment and accessories used for provision of treatments are of high standard, as advised by traditional teachings, yet appropriate in context of a client's state of health.
- **C4.4c** A practitioner shall always ensure that appropriate post-treatment advice is provided to client either prior to start of the treatment or upon completion of the treatment.

C4.5 Modesty

- **C4.5a** Practitioner understands and recognises the importance of appropriate coverage of their clients whilst providing treatments.
- **C4.5b** Practitioner shall communicate effectively and inform their clients in advance so that clients understand this well, prior to receiving treatments.
- **C4.5c** Under no circumstances shall a practitioner provide therapeutic treatment to a client who is fully undressed.

D. BREACH OF CODE OF ETHICS

All practitioner members are subject to the ICAM Code of Ethics and are assumed to be familiar with the state and federal legislation that applies to them. This would include the Therapeutic Goods Act (1989) and the Public Health legislation for the states they practice in. ICAM practitioner members are also subject to the national Code of Conduct of Health Care Workers.

<https://www.legislation.gov.au/Details/C2021C00376>

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-state-legislation-links.htm>

<https://www.aasw.asn.au/document/item/7356>

Practitioners are to be familiar with the terms of their practice insurance policies and always be current with first aid training and professional association memberships.

COMPLAINT ABOUT A PRACTITIONER.

In the situation where a client or the public chooses to make a complaint about an ICAM practitioner member, the following are the steps to be taken:

Step 1: it is favourable to approach the practitioner first with the complaint for resolution.

If this fails to produce an outcome-

Step 2: Direct the complaint to the ICAM Complaints Committee. Here it will be reviewed to be presented to the ICAM Committee.

The complaint must be written or emailed to:

enquires@icamau.org

President
International Council of Ayurvedic Medicine Inc.
121 Mains Road
Sunnybank Qld
4109

The complaint must be lodged and received within 6 weeks of event.

The complaint should include:

- Your name and address. The practitioner's name, date, location. The details of the event referred to in the complaint.
- The ICAM Complaints Committee will only investigate formal complaints, not informal matters that would best be directed to the practitioner.
- The role of the ICAM Complaints Committee is to determine if a complaint will be presented to the ICAM Committee with their recommendations. This will determine if a disciplinary action will be taken. The Committee will conduct a fair and objective investigation.

Once the complaint is lodged:

- The complainant will receive a confirmation email that an investigation will commence and a time frame for resolution.
- If the complaint is determined to be valid, a breach of conduct will be acknowledged and an apology for the impact of the event will be sent. The practitioner will be counselled regarding correcting their practice protocols in the future. The ICAM Committee will then consider if a member suspension is appropriate and whether the compliant will be directed to the Health Complaint Commission.
- The ICAM Committee will endeavour to conduct this process in the most considerate and compassionate manner. The sincerest wish is that all practitioners strive to uphold the Code of Ethics. The ICAM Committee hopes to be the best support to practitioners to achieve this aim.

