# HEALTH AND ETHICS
## A NEW FRAMEWORK

**Future fit bioethics for health sustainability**

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PILLAR 1:

# THE THERAPEUTIC RELATIONSHIP

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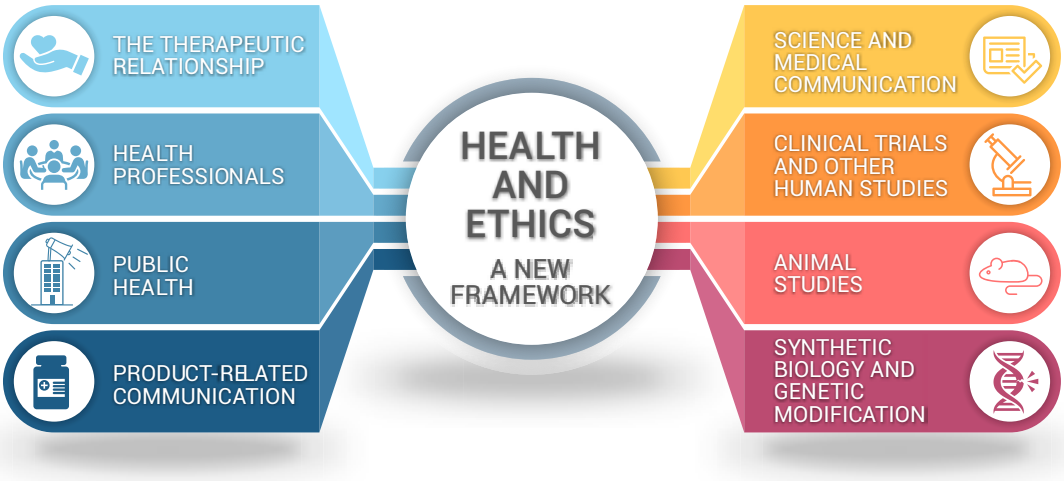
# INTRODUCTION

There will barely be a person on planet Earth who wouldn't agree that since the World Health Organization (WHO) announced COVID-19 as a Public Health Emergency of International Concern in February 2020, the way in which human health is conducted, managed and controlled, has changed significantly.

One of the big factors driving this change is the shift in the locus of control of healthcare decision making. This is epitomised by a substantial transition away from decentralised, local societal controls, towards control by governments and supranational organisations, such as the WHO. This trend is strongly associated with rising authoritarianism and the centralisation of global power.

These are amongst many changes that have increasingly run roughshod over systems of medical ethics and bioethics — systems that have evolved over more than four millennia. Despite the diversity of cultures, and the vast periods of human history that have elapsed since the earliest writings on medical ethics in the ancient, Sanskrit, Vedic texts, some core principles have remained intact, even if they are sometimes disregarded in practice. They include such moral concepts as respecting and protecting the dignity of all human beings, and acting in the best interests of the patient or client. It is often the diverse interpretation of such concepts that results in disharmony over ethical standards of practice.

As a non-profit with an acute awareness of the ways in which governments and corporations have collaborated to marginalise nature-aligned and sustainable approaches to health and care, the Alliance for Natural Health International has been developing a new framework for health and ethics, one built around 8 pillars. These are summarised below:




Recent events have convinced us that there has never been a more important time to bring ethics back into the central frame of medical practice, public health and health-related research. With the development of synthetic biology and medical technologies utilising mRNA and gene editing techniques that have the capacity to modify human beings in ways that Nature cannot, it would be absurd to put ethical considerations on the back burner.

However, without open, multi-disciplinary dialogue that can only occur when health professionals and the public are allows to express themselves freely, it is not possible to achieve meaningful, society-wide consensus. The recent marginalisation or silencing of dissenting voices does have historical precedents. Examples include Confucianism during the Qin Dynasty, herbalism during the British Middle Ages, and the American Medical Association's attacks on homeopathy in the USA starting in the late 1800s.

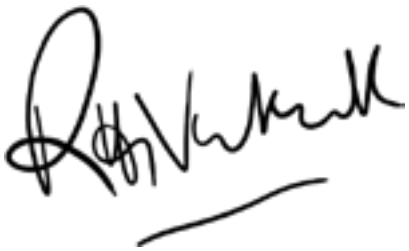
The silencing of dissent and gaslighting that has been associated with the COVID-19 era is a readily justifiable addition to the list. This is absolutely the right time to reimagine and reframe systems of ethics that influence healthcare, medical practice and medical research, for the benefit of — not a few corporate stakeholders — but the vast majority of people on our planet. People who rely, at least during certain stages of their lives, on its services for their health, quality of life and welfare.

Equally, those who are not reliant on such services need to be able to exercise their own right to self-determination and autonomy. While not generally recognised, in the absence of these principles, effective self-care is extraordinarily challenging, especially when authorities are moved to restrict access to a diverse range of natural health products in an effort to protect pharmaceutical and other interests.

With this backdrop, we are delighted to release, in the current document, our 12 principles and propositions for the first of the eight pillars of our new framework for health and ethics; namely, 'the therapeutic relationship'.

It is this particular human relationship, between physician or other health practitioner, and patient or client, that is responsible for bringing humans this far, weathering natural disasters, accidents, and disease. Synthetic biology and artificial intelligence, that represent new forms of creative expression of the ingenious human mind, may well have their place.

However, as yet, they cannot replace the two most important, light-filled connections required to facilitate the regeneration of human health: the therapeutic relationship, and our interconnection with nature.



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May 2023

# PILLAR 1: THE THERAPEUTIC RELATIONSHIP

**"As a doctor, you don't practice medicine, rather you become the medicine yourself."**

**"The world doesn't need more smart doctors, it needs more warm and wise doctors. Be the wisdom yourself — be the warmth yourself, and be the doctor that the doctors have forgotten to be, for it is time to save medicine, to save humanity."**

— Abhijit Naskar (neuroscientist), *Time to Save Medicine* (2018)

# 12 PROPOSITIONS FOR AN ETHICAL CODE FOR HEALTH PRACTITIONERS IN THEIR DEVELOPMENT OF EFFECTIVE THERAPEUTIC RELATIONSHIPS

**1. Autonomy.** I shall respect the autonomy of each and every individual in my care by fully acknowledging his or her right to self-determination as well as the individuals' needs and preferences. This requires that I shall guide, rather than dictate, whilst allowing those in my care the freedom to make informed choices free from undue influence. [**page 9**]

**2. Informed consent.** I will seek the informed consent of the individual before taking or recommending any action that might influence the health of an individual in my care. I will facilitate the individual's holistic understanding of the issues at stake, as well as an environment conducive to shared decision-making. I will communicate relevant, unbiased information on all available options, including the most likely consequences of the various options, in ways that are clearly understood. If the patient or client does not have capacity to consent according to the prescribed guidelines for assessing capacity, I shall ensure that the consent is given by an appointed decision maker or person who has responsibility for the individual. Only in emergencies, and where there is no capacity and no responsible person available, shall I proceed with the treatment that I believe, according to my professional knowledge and experience, to be in the best interests of the individual. Thereafter, and as soon as reasonably possible, I will endeavour to seek consent, directly or indirectly, depending on capacity, for any additional actions that might influence the individual's health. [**page 10**]

**3. Non-maleficence (‘avoiding harm’).** I will use my best endeavors to adhere to the bioethical principle of non-maleficence by ensuring that any actions taken, decisions made, or recommendations given while under my care, avoid, prevent or minimise harm to the individual. This requires that the relevant and available options are sufficiently weighed up and considered within the context of a therapeutic relationship built on trust and respect, which includes shared decision-making. I will keep the interests and welfare of the individual at the heart of all my actions, decisions and guidance, while taking any precautions that help to avoid, prevent or minimise the potential for harm. [**page 12**]

**4. Beneficence (‘doing good’).** I will be diligent in my application of my knowledge, skills, experience and attributes, in ways that aim to optimise the health, welfare and quality of life of the individuals in my care. I shall also be diligent in refreshing and advancing my professional knowledge and skills to this effect. I shall be respectful, kind, thoughtful, caring and compassionate in all my dealings with the individuals in my care. I will regard the relationship as one of partnership. [**page 13**]

**5. Fairness and justice.** I will act in accordance with the bioethical principles of fairness and justice by ensuring that, throughout my professional life, and as far as is reasonably possible, I will respect the right of all individuals to health and healthcare, while treating others as equals and also treating them equally. In apportioning justice, I will take due account of the needs and capacities of the community and environment surrounding the individuals in my care. [**page 15**]

**6. Unconflicted practice.** I will place my client or patient's interests at the heart of all my actions associated with the therapeutic relationship. I will endeavor, within the limits of my professional training, skills and clinical experience, to ensure that each client or patient receives qualitative and quantitative medical service of the highest order. I will never take advantage of any client or patient in order to further my own personal, financial or other interests, or any interest of any third party, be it an organisation, company, institution, authority, or government. [**page 16**]

**7. Integrity and accountability.** I shall be accountable and act with integrity, both professionally and personally, in each and every relationship with my clients or patients, regardless of circumstances or challenges I face. This includes being straightforward and honest, while doing my best to display consistency in my practice. I will ensure coherence between principle and action. Furthermore, I will avoid compromising my professional judgments because of bias, conflicts of interests, or the undue influence of others. [**page 17**]

**8. Openness and transparency.** I shall promote transparency by always telling the truth not just through my words, but through my thoughts and actions. I understand the importance of building and maintaining trust in the relationship with each of my patients or clients. I will ascertain whether each does or does not want to know specific information, such as a diagnosis or prognosis, and I will always act in accordance with their wishes, assuming these are aligned with those and other general principles of bioethics. I will always disclose any errors that may, or have, affected my clients or patients, and I will never withhold or omit any information that I am aware or sense that the patient or client would wish to know. I will not hesitate to seek counsel from, or refer to, other health practitioners where it is clear this would be in the best interests of the health or welfare of my patients or clients. [**page 18**]

**9. Privacy and confidentiality.** I will respect my patient or client's privacy and not divulge any personal information outside the scope of the consultation, other than in exceptional circumstances, where maintaining confidentiality would put the patient or client or another at great risk of harm. I will ensure that the patient or client has full access and ownership of his or her health-related data, as well as the right to determine how, when, and for how long, specific health data are to be shared with any other health practitioners or third parties. [**page 20**]

**10. Non-discrimination.** I will not discriminate on the basis of age, gender, sexual orientation, heritage, nationality, genetics, background, religion, beliefs, disability or ability, political affiliation, social standing, or any other characteristic. Neither will I violate the fundamental rights or civil liberties of those in my care. I will treat all my patients and clients with compassion and offer them the same, high standard of care. I will also honour the diversity and authenticity of those for whom I care. [**page 21**]

**11. Respect for the dignity of all life and natural systems.** I will respect the dignity and inherent worth of nature and all living beings. This may extend to my recognition of a spiritual dimension to humans, possibly as well as to other living beings. I recognise the interactions between living beings, regardless of their form or size, as well as their role in helping my patients or clients regenerate or balance the many processes that give rise to health, resilience and wellbeing. I will listen actively to my patients or clients in order to understand each of their opinions, belief systems, needs, desires and preferences, all of which I will respect through my commitment to support their healing. [**page 22**]

**12. Reciprocity in therapeutic relationships.** I shall undertake to take full responsibility for the care of my own health; physically, psychologically, emotionally and spiritually. I will be mindful of my own limitations in my self-care, and, where and when required, I will ensure that I seek the support or counsel of others. I recognise the principle of reciprocity in therapeutic relationships, and that my ability to assist my patients or clients will be compromised if I have not made the management of my own health and welfare a priority in my life. [**page 24**]

1

# Principle: Autonomy

**The health practitioner undertakes to respect the autonomy of those in his or her care.**

# Proposition

**I shall respect the autonomy of each and every individual in my care by fully acknowledging his or her right to self-determination as well as the individuals' needs and preferences. This requires that I shall guide, rather than dictate, whilst allowing those in my care the freedom to make informed choices free from undue influence.**

# Explanation

Autonomy is one of the central principles of biomedical ethics and one that is highly regarded by bioethicists. Jennings (2009), in the *Oxford Handbook of Bioethics*, states that autonomy "means freedom from outside restraint and the freedom to live one's own life in one's own way". However, there is often a lack of clarity between its theoretical and practical application (Taylor, 2018). Critics hold that over-emphasis on autonomy may harm the interests of society due to possible conflicts of interests (Public Health England, 2017).

Autonomy is not a principle commonly found in ancient traditions, such as Ayurveda, Tibetan or traditional Chinese medicine. The Ayurvedic text of Charaka Samhita (based on the eighth century BCE *Agnivesha Samhitā*, revised by Charaka around 2000 years ago), is one of the most important writings on Ayurvedic medicine and ethics. It points towards a somewhat paternalistic relationship between doctor and patient ('therapeutic relationship'). For example, the physician is advised to withhold information from a patient if he or she believed communicating such information would not be in the patient's interests. The physician would typically be expected to make decisions on behalf of the patient, limiting the individual's autonomy (Freeman, 2023).

Ancient Chinese medical ethics also does not include autonomy as one of the main principles. There is, however, regard given to the idea of community and family. There is a similar pattern in ancient ethics where the idea of "relational self" overrides individual self-determination (Bowman, 2000).

Whilst autonomy is important, balancing these principles is necessary. Modern bioethics has created a separation between practitioner and patients or clients which brings with it the possibility of negating compassion or empathy, while tending to be mechanistic and not heart-centred. In a progressive model of the therapeutic relationship, it is critical that an individual's sense of self-determination is optimised through a deep understanding of his or her own bodily, psychological and higher needs. Each individual is then free to make his or her own choices, with the practitioner serving as a guide whilst keeping the best interests of the subject at heart (Mantri, 2008).

2

## Principle: Informed consent

**The health practitioner must only act with the informed consent of the individual. The consent must be properly obtained and include all available, relevant information reasonably required to facilitate choices that are in the best interests of the individual, typically following shared decision-making. Set guidance must also be followed when obtaining consent in cases where the individual does not have capacity.**

## Proposition

**I will seek the informed consent of the individual before taking or recommending any action that might influence the health of an individual in my care. I will facilitate the individual's holistic understanding of the issues at stake, as well as an environment conducive to shared decision-making. I will communicate relevant, unbiased information on all available options, including the most likely consequences of the various options, in ways that are clearly understood. If the patient or client does not have capacity to consent according to the prescribed guidelines for assessing capacity, I shall ensure that the consent is given by an appointed decision maker or person who has responsibility for the individual. Only in emergencies, and where there is no capacity and no responsible person available, shall I proceed with the treatment that I believe, according to my professional knowledge and experience, to be in the best interests of the individual. Thereafter, and as soon as reasonably possible, I will endeavour to seek consent, directly or indirectly, depending on capacity, for any additional actions that might influence the individual's health.**

## Explanation

While informed consent is another principle widely recognised as of key importance in modern bioethics, it is unfortunately one that is widely negated in contemporary healthcare systems. Consent is often provided by patients or clients without full understanding of procedures or guidance in furthering this understanding. Consent is "informed" when the individual giving it fully understands the benefits, risks and impact of making a certain decision. This implies that an individual must be provided with this information and have

the ability to discuss these if necessary before any action is taken. The risks and benefits must be explained in a way that the patient or client understands (Besirevic, 2008; FIGO, 2012).

There are also certain emergency situations where the patient or client will be unable to consent and there will be no representative to consent on his behalf, and that is when this principle could be overridden only where it is in the best interests of the patient or client. An emergency is only applicable to situations where there is an imminent, definitive, and serious or life threatening risk to an individual's health.

# Principle: Non-maleficence ('avoiding harm')

**The health practitioner must refrain from taking actions, giving recommendations or making decisions that cause unnecessary harm, directly or indirectly, to individuals in their care.**

## Proposition

**I will use my best endeavors to adhere to the bioethical principle of non-maleficence by ensuring that any actions taken, decisions made, or recommendations given while under my care, avoid, prevent or minimise harm to the individual. This requires that the relevant and available options are sufficiently weighed up and considered within the context of a therapeutic relationship built on trust and respect, which includes shared decision-making. I will keep the interests and welfare of the individual at the heart of all my actions, decisions and guidance, while taking any precautions that help to avoid, prevent or minimise the potential for harm.**

## Explanation

This principle, enshrined in the Hippocratic Oath and widely revered in its Latin interpretation as 'primum non nocere' (= 'first do no harm'), holds a negative duty and is precautionary in nature. While an ancient principle, it is also a central plank of modern bioethics, though interpretation is often varied given the widespread use of drugs and other interventions that are well known to induce harm.

In Ancient Greece, this meant that a physician should not give any deadly medicine or advice to patients and clients, but it also meant that physicians could override the autonomy of a patient or client if it prevented harm (Koios et al. 2006). In modern bioethics, this principle requires balancing options for an individual and choosing the one that has the least harmful consequences and acts in the best interests of the individual's welfare. It also underlines the importance of intention, best endeavors and shared decision-making, while practitioners keep the interests of individuals, not their own or those of any stakeholders, at the heart of all recommendations or decisions that are made. Practices that fall under the heading of 'over-doctoring' such as overprescribing, unnecessary prescribing, or unnecessary surgery, are not consistent with adherence to the key principle of non-maleficence.

4

# Principle: Beneficence ('doing good')

**To ensure the health practitioner acts professionally in ways that are in the best interests of the individual's health and welfare.**

## Proposition

**I will be diligent in my application of my knowledge, skills, experience and attributes, in ways that aim to optimise the health, welfare and quality of life of the individuals in my care. I shall also be diligent in refreshing and advancing my professional knowledge and skills to this effect. I shall be respectful, kind, thoughtful, caring and compassionate in all my dealings with the individuals in my care. I will regard the relationship as one of partnership.**

## Explanation

The principle of beneficence, another keystone principle in both ancient and modern systems of bioethics, holds a positive duty of care, in other words, involving actions or doing something. Kant describes this principle as "practical love" (Cohen-Almagor, 2017) and the idea of love is also present in many of the ancient texts. In contemporary bioethics, beneficence has typically been dialled down, going only as far as providing a positive duty to promote welfare, but do not expand on the important virtues, motives and intentions of physicians or other practitioners. Doing good should come from a desire to be compassionate and respectful, not simply out of a sense of duty (Gardiner, 2023).

In ancient Greek medical ethics, the principle of beneficence would be interpreted through a paternalistic lens, meaning that physicians were expected to care for their patients much in the way parents have a duty of care for their children. This can be described as "hard paternalism", while "soft paternalism" may arise as a consequence of the practitioner's superior understanding of health and body systems and is effected when practitioners guide their patients or clients while maintaining respect for the needs and choices of the individuals in their care (Varkey, 2021).

In ancient Chinese ethics, benevolence was included alongside beneficence at the heart of practice, and good medical practice was seen as a "moral commitment to love people and free them from suffering". This melds with the influence of Confucianism (6th-5th century BC) on traditional Chinese medicine (TCM) that emphasised the sanctity, preservation and wholeness of the human body (e.g. herbal medicines, acupuncture) (Zhang and Cheng, 2000).

In practice, applying the benevolence principle requires the nurturing of the partnership between practitioner and client or patient, while also recognising the aforementioned principles of autonomy, informed consent and non-maleficence.

Being diligent with respect to the commitment to learning, including refreshing and advancing knowledge in the relevant disciplines, is built into many of the ancient systems of bioethics, including the Oath of Initiation in Charaka Samhita. This states: "there is no limit at all to the Science of Life, Medicine […] thou shouldst apply thyself to it with diligence" (Encyclopaedia of Bioethics, 2023).

Chatfield *et al.* (2018) indicate that the commitment to ongoing learning is one of the four values widely applicable to any ethical framework, linking diligence to care.

5

# Principle: Fairness and justice

**To the fundamental right to health and health care is respected, and ensuring that health practitioners practice fairly and justly while taking into account available resources and sustainability.**

## Proposition

**I will act in accordance with the bioethical principles of fairness and justice by ensuring that, throughout my professional life, and as far as is reasonably possible, I will respect the right of all individuals to health and healthcare, while treating others as equals and also treating them equally. In apportioning justice, I will take due account of the needs and capacities of the community and environment surrounding the individuals in my care.**

## Explanation

Justice, the last of the four prima facie principles of Beauchamp and Childress (2009), aims to ensure that, as far as practicably possible, resources are distributed fairly and equally amongst all patients or clients. In Ancient Greek ethics, the justice principle was linked to the idea of a cosmic order and it did not only relate to fairness.

Aristotle, in his text Nicomachean Ethics, sees justice as a "complete virtue in relation to another" (Book 5, 1), again highlighting the importance of a virtuous character. While Aristotle's formal principle of justice infers equal treatment, it also qualifies that such equality might not apply if there are moral justifications for inequality (Beauchamp & Childress, 2009; Gillon, 2020). In order to promote justice, one must have virtues of character that include honesty, integrity and respect for the dignity of others.

As community and environmental resources are depleted by the burdens associated with human activity, it is necessary to apportion resources in ways that are sustainable (Wardrope, 2020).

# Principle: Unconflicted practice

**Ensuring health practitioners always place the interests of their clients or patients, above their own financial or other interests, or those of corporate stakeholders, governments, authorities, or other institutions.**

## Proposition

**I will place my client or patient's interests at the heart of all my actions associated with the therapeutic relationship. I will endeavor, within the limits of my professional training, skills and clinical experience, to ensure that each client or patient receives qualitative and quantitative medical service of the highest order. I will never take advantage of any client or patient in order to further my own personal, financial or other interests, or any interest of any third party, be it an organisation, company, institution, authority, or government.**

## Explanation

This principle ensures that health practitioners do not act to further interests of a particular industry, company, institution or other organisation at the expense of the interests of patients or clients. Bioethics concerning public health are often conflicting with this principle as they hold that in certain circumstances, the interests of an individual can be overridden if there is a more important interest to protect the wider population (EMBO, 2006).

The Convention on Human Rights and Biomedicine, also known as The Oviedo Convention, Article 2, puts the principle of the primacy of the interests and welfare of human beings over the sole interest of society or science, but several member states have not signed to this convention seeing it as too liberal (Oviedo, 1997; Frischhut and Werner-Felmayer, 2020).

When it comes to a clinic setting, practitioners should not be guided by the interests of the wider society as the consultation concerns the individual. This principle is no longer followed as the interests of institutions and industries (such as the pharmaceutical industry) overrides those of individuals. In ancient ethics, including those of Percival in the 1800s, the interests of the patient or client were at the heart of clinical practice. (Varkey, 2021)

7

## Principle: Integrity and accountability

**Ensuring health practitioners act with integrity in all their dealings with their clients or patients, while also being accountable.**

## Proposition

**I shall be accountable and act with integrity, both professionally and personally, in each and every relationship with my clients or patients, regardless of circumstances or challenges I face. This includes being straightforward and honest, while doing my best to display consistency in my practice. I will ensure coherence between principle and action. Furthermore, I will avoid compromising my professional judgments because of bias, conflicts of interests, or the undue influence of others.**

# Explanation

Integrity is a principle found in modern as well as ancient bioethics. It is included in the original Hippocratic Oath, and aims to encourage physicians to keep their practice of medicine ('art') and their life pure, unencumbered by biases or conflicts of interest. Integrity and accountability require that the practitioner experiences a sense of personal responsibility for their clients or patients. It also requires that practitioners show consistency in their value systems and apply them through their practice as well as in their personal lives (Kalokairinou, 2011).

The notion of integrity is also central to the Ayurvedic traditions, particularly in the Purushartha Vedic philosophy, as *kāma*, implying there should be a responsibility to express gratitude and consistently demonstrate integrity within the relationship with clients or patients (Seetharam, 2013). The requirement for the physician to act with integrity is also embedded in the ancient Vedic Charaka Samhita texts.

# Principle: Openness and transparency

**Ensuring health practitioners remain open and transparent in their dealings with patients or clients.**

## Proposition

**I shall promote transparency by always telling the truth not just through my words, but through my thoughts and actions. I understand the importance of building and maintaining trust in the relationship with each of my patients or clients. I will ascertain whether each does or does not want to know specific information, such as a diagnosis or prognosis, and I will always act in accordance with their wishes, assuming these are aligned with those and other general principles of bioethics. I will always disclose any errors that may, or have, affected my clients or patients, and I will never withhold or omit any information that I am aware or sense that the patient or client would wish to know. I will not hesitate to seek counsel from, or refer to, other health practitioners where it is clear this would be in the best interests of the health or welfare of my patients or clients.**

## Explanation

Patients or clients place great trust in practitioners, giving them an important position of power which demands great transparency and honesty. Practitioners could easily influence the decisions made by clients by being selective with the information they choose to share or withhold, or with the words they use to convey a particular meaning (Truog *et al.* 2015). Openness and transparency extends to the need for the practitioner to be clear both about the likely benefits or risks that may be associated with specific diagnostic techniques, treatments, or other interventions, and, if relevant, about the limits of his or her training, skills or experience. It follows that a practitioner, in recognising his or her limits, must be able to identify those health practitioners from whom counsel can be sought or to whom patients or clients can be referred.

In the Vedic codes, the principle of *satyam* (truth) is emphasised and it includes not just speaking the truth, but also embodying truth in thought, relationships and within ourselves.

By contrast, in Ayurveda, speaking truth was not considered at all times ethical. In the Charaka Samhita, the physician was not supposed to speak truthfully if it will

mean the patient will be harmed - for example in communicating a diagnosis to a patient. However, in modern ethics, veracity is fundamental in building trust with clients (Tawalare *et al.* 2014). It is imperative that no information is withheld from the patient. Likewise, the American Medical Association (AMA) declares that any error on the part of a practitioner should be disclosed to the patient (AMA, 2023).

# Principle: Privacy and confidentiality

**To ensure the health practitioner and any associated individuals, businesses, organisations or institutions, fully respect the right to privacy and confidentiality of patients or clients.**

## Proposition

**I will respect my patient or client's privacy and not divulge any personal information outside the scope of the consultation, other than in exceptional circumstances, where maintaining confidentiality would put the patient or client or another at great risk of harm. I will ensure that the patient or client has full access and ownership of his or her health-related data, as well as the right to determine how, when, and for how long, specific health data are to be shared with any other health practitioners or third parties.**

## Explanation

Confidentiality is a principle found in various documents including the Universal Declaration on Bioethics and Human Rights (Article 9). In Chinese Ethics, in the 1988 *Ethical Standards for Medical Personnel and Its Implementation*, the binding professional code built on ancient Chinese ethics, there is also a requirement for privacy and not revealing the secrets of patients and clients. (Zhang and Cheng, 2000)

However, Childress and Beauchamp (2009) recognise that this principle is limited in cases where there is great risk of harm to public, for example where respecting confidentiality of a patient or client confiding that he wishes to kill someone leads to a murder. In cases like these, a balancing of these is required and therefore there is need for flexibility in these principles.

In modern codes, such as the American Medical Association Code of Ethics, the principle of confidentiality is not absolute and it allows physicians to disclose information without consent to "other health care personnel for purposes of providing care or for health care operations" (Opinion 3.2.1. c). However, such control over health data by health professionals creates uncertainty over privacy and confidentiality, and brings with it a serious risk for abuse. Accordingly, there should not be any private and confidential disclosure of information without consent of the patient or client. Health data are now often described as the "world's most valuable resource" (*The Economist*, 2017) and there is a critical need for agreements and systems that protect the individual from abuses of powers from individuals, companies or authorities that may otherwise share or sell the health data of members of the public without their prior knowledge.

10

# Principle: Non-discrimination

**To ensure health practitioners do not discriminate on any grounds, and do not violate the human rights or civil liberties of any patients or clients.**

## Proposition

**I will not discriminate on the basis of age, gender, sexual orientation, heritage, nationality, genetics, background, religion, beliefs, disability or ability, political affiliation, social standing, or any other characteristic. Neither will I violate the fundamental rights or civil liberties of those in my care. I will treat all my patients and clients with compassion and offer them the same, high standard of care. I will also honour the diversity and authenticity of those for whom I care.**

## Explanation

Non-discrimination is a universal principle in modern bioethics, including in the Universal Declaration on Bioethics and Human Rights and the Oviedo convention. While not expressed directly in the ancient texts, its essence can often be found. For example, in the Charaka texts, a physician is compelled to show *maitri* (friendliness) and *karunyaarteshu* (compassion) towards all patients and clients, these values being incompatible with discrimination towards particular individuals (Tawalare *et al.* 2014).

Nurturing diversity requires a practitioner to not only be non-judgmental, but to also, where relevant, further one's own knowledge of different cultures, belief systems, and forms of human expression. This can often be facilitated by more formal and regular training (Hann, Investeer and Denton, 2017).

Interestingly, in some lines of ancient Chinese ethics, this principle is not emphasized, with even a suggestion towards specific forms of discrimination. For example, Bian Que, known as the father of traditional Chinese medicine and a notable figure in the development of medical ethics in ancient China, proposed that doctors do not offer treatment, or medicine, to those who are not able to "keep body and soul together", those who "suffer from interlocking Yin and Yang", or those who "believe not in medicine, but in sorcery" (Zhang and Cheng, 2000). A more contemporary view, endorsed in the present framework, proposes the universal practise of non-discrimination, regardless of beliefs, or physical, psychological or emotional status.

11

# Principle: Non-discrimination

**Respect for the dignity of all life and natural systems – health practitioners should undertake to respect and recognise the inherent worth of nature and all living beings.**

## Proposition

**I will respect the dignity and inherent worth of nature and all living beings. This may extend to my recognition of a spiritual dimension to humans, possibly as well as to other living beings. I recognise the interactions between living beings, regardless of their form or size, as well as their role in helping my patients or clients regenerate or balance the many processes that give rise to health, resilience and wellbeing. I will listen actively to my patients or clients in order to understand each of their opinions, belief systems, needs, desires and preferences, all of which I will respect through my commitment to support their healing.**

## Explanation

One principle that is foundational to many ancient systems of ethics is that of reverence for all living beings as well as recognition of a spiritual dimension to life. This principle has tended to be lost in modern systems. In Ayurvedic ethics, reverence was not just towards patients and clients, but towards elders, teachers and gods (Panja and Godara, 2016). Kant proposed the notion that all living beings have intrinsic worth (Cohen-Almagor, 2017). Such views have great currency, given the increasing recognition that microbiota within the human microbiome play a key role in health and both chronic and infectious diseases (Gilbert *et al*, 2018; Oh *et al*, 2020).

As practitioners, one must strive to recognise the worth that exists within each being, as well as the worth of the microorganisms, plants or animals with which an individual interacts during the course of his or her life. The ability to understand and communicate a sense of reverence to life and natural systems is not only likely to improve an individual's state of health, but is more likely to ensure a compassionate and empathic approach that makes those in a practitioner's care feel valued and respected. In stressed and over-burdened health systems dominated by prescription of new-to-nature medications and surgery, where consultation periods are often very short, and patients or clients are seen as "bodies that occupy beds and consume resource" (Cohen-Almagor, 2017), this long-standing bioethical principle has tended to be discarded, at great cost to patient and client welfare.

Application of this principle, in practice, means that a health practitioner should not take an action that is harmful to the inner and outer ecosystems that help to sustain an individual. It also means respecting and understanding the cyclical nature of living systems. This is in alignment with the Stoic principle of *esquire naturam*, or "follow your nature" that prescribes living according to the natural order of the seasons (Velazquez, 2021).

Ancient Greek ethics also had regard of nature and a higher power, as diseases were seen as being part of nature and Aristotle often mentioned the soul's divine origin (Charitos *et al.* 2022; Stanford Encyclopedia of Philosophy, 2022).

12

# Principle: Reciprocity in therapeutic relationships.

**Health practitioners should prioritise their own health in order that they can adequately support the health of others.**

## Proposition

**I shall undertake to take full responsibility for the care of my own health; physically, psychologically, emotionally and spiritually. I will be mindful of my own limitations in my self-care, and, where and when required, I will ensure that I seek the support or counsel of others. I recognise the principle of reciprocity in therapeutic relationships, and that my ability to assist my patients or clients will be compromised if I have not made the management of my own health and welfare a priority in my life.**

## Explanation

Reciprocity of some sort is always involved in a therapeutic relationship. Skills, advice or treatments may be contractually exchanged between the health practitioner and the patient or client by a consideration in the form of a fee. However, as Sandhu *et al* (2015) reveal in their comprehensive review, many other things may be reciprocated within the dyadic relationship, some of these being equivalent (e.g. shared experiences, open dialogue), others being asymmetric (e.g. skilled treatments and a sense of beneficence offered in exchange for health benefits).

We should recognize that, on the whole, health professionals suffer from the same complaints, conditions and diseases as the general population. A health practitioner's commitment to, and engagement with, patients and clients, some of whom may have serious or life threatening health issues, often coupled with limited available time or resources, can take their toll on a health practitioner's own health and contribute to burnout (O'Connor *et al*, 2018).

Just as airline flight attendants request implementation of the 'oxygen mask self-care rule', this same principle can be applied in therapeutic relationships. This can be challenging, especially when a health practitioner lacks basic wellness skills, such as those relating to good nutrition, sleep hygiene, and mental health practices (George *et al*, 2014; Graham, 2021).

The principle that proposes that a physician should attend to his or her defects before those of others goes back into the mists of history. One interpretation in Latin form is *Medice, cura te ipsum* (meaning *Physician, heal thyself*), which derives from an ancient proverb that appears in the in the Bible (Luke 4:23) and the Genesis Rabbah text of the classical Judiaism (300–500 CE).

Going back further still, Seetharam (2013) explains that the ancient Vedic texts on Karma yoga outline the importance of absorbing oneself in one own's 'path of action'. This requires a physician to acquire self-discipline and to set a high standard for one's life, something that can only be achieved through impeccable care of the self.

# Discussion

Codes of ethics are instruments that should not be static. Instead, they should be flexible and adaptable, meeting the needs of an ever-changing world. Komparic and colleagues (2023) argue that they are "living, socio-historically situated documents that comprise a mix of prescriptive and aspirational content". These codes build on principles that have been found to be relevant consistently through the ages, from the most ancient texts through to the contemporary era. While society is dynamic, moral principles that determine what is right or wrong, good or bad, fair or unfair, tend to remain consistent as they reflect the essence of what is at the heart of being human.

Widely publicised breaches of well-recognised principles of medical ethics have been particularly common since the COVID-19 pandemic was announced in early 2020. Such breaches include the common failure to exercise informed consent in the absence of coercion, and the withholding of early treatment protocols that were requested by patients with severe COVID-19 disease and which had been demonstrated to be beneficial with minimal risk of collateral harm. The latter breach was aggravated by widespread pressure from health authorities which threatened to strip physicians of their medical licenses if they deviated from the narrow confines of recommendations that were strongly influenced by vested interests.

This first pillar of ANH's new framework outlines 12 principles and propositions for health practitioners, applicable to their relationship with those who they support or are in their care. This pillar builds on the four principles initially outlined by Beauchamp and Childress in 1979, namely, autonomy, beneficence, non-maleficence and justice.

However, in the current era, one in which the moral compass that has long guided our approach to managing human health appears to have been cast aside, these principles are no longer sufficient. This is especially the case if we are to make a determined effort to re-invigorate the connection and the light that can be generated between two humans and the world around us, the two most durable and effective healing relationships we know of on our planet.

We need to extend beyond a simple code of conduct for how practitioners interact with their patients or clients. As great physicians and philosophers from the past emphasised, medical practice should also take into account those virtues and elements of character that have long been associated with consistently impressive healing – a notion that we might today refer to, somewhat blandly, as 'best practice'. Such practitioners consistently uphold traits or values such as trustworthiness, self-discipline and 'humanness' (Tsai, 1999).

In the current code, a differentiation is made between a "principle" and a "proposition". Principles here are generalised and seek to outline the intended objective. The "proposition" translates this principle into a vow or undertaking, which can be agreed by health practitioners who align with the code. The proposition also aims to provide an interpretation of the principle that reduces

ambiguity and is practicable. Agreements may be informal, or they may be formalised by clinics, other health systems or practitioner associations.

Medical ethics has its roots in ancient traditions that committed their ethical values to the written word. Particularly prominent were the writings of ancient Greek physicians and philosophers, as well as the ancient texts of Ayurveda and traditional Chinese medicine.

Some of these same principles, such as the sanctity of nature and other life forms, are also prevalent in many indigenous cultures and have been passed down through generations. In Aboriginal cultures, the longest known living culture "in country humans and nature, and nature and culture, are not regarded as separate, but are entangled together in all types of relationships" (Weir, 2012). Based on her many years of work learning to understand the connection between Aboriginal people and the land (nature), the late anthropologist Debbie Bird Rose wrote that humans and all of nature exist as ecological systems composed of conscious beings who communicate, act and react, and "adhere as a matter of self-interest and free will to the same set of understandings" (Rose, 1992).

During the course of Western history, various moral theories were adopted by philosophers, reflecting perspectives that were of their time and place. For instance, JS Mill argued that utilitarianism was the route to happiness and the fulfilment of society as a whole. Kant, by contrast, proposed deontology, which seeks to apply the same rules to everyone regardless of the outcome through its "supreme principle[s] of morality" (Amer, 2019).

In practice, these theories have often led to conflicting solutions to moral dilemmas. This code attempts to bring together all of the key principles pertinent to the therapeutic relationship, drawing elements from the ancients, while seeking to provide a coherent, straightforward compass to help guide the approach, behaviours, values and virtues that history tells us will optimise the dyadic relationship between health practitioners and their patients or clients.

Modern, Western medical practice claims to hold autonomy at its heart, with the patient being at the centre of decision making. The fourth of seven principles of the Constitution of England's National Health Service (NHS) states: "[The NHS] should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers."

Unfortunately, this key principle is often disregarded in contemporary mainstream medical practice. In its place, you will still commonly find the more paternalistic approach of old, where doctors make decisions on behalf of their patients (acting as 'gods' not 'guides'). Worse than that, you will also find many instances where the views of health authorities, these often heavily influenced by pharmaceutical interests, become the prime determinants of the medical approach. Another increasingly common trait of mainstream medical practice is disconnection — disconnection between people and from nature — a trend that can be accentuated by modern, 'disconnected' lifestyles and increasing reliance on technology, including digital systems and remote consultations.

There is an urgent need to reframe the ethical framework around medical practice. Effective, safe and sustainable clinical practice must recognise

fundamental human rights, the intrinsic free will of living beings, the significance of our connection with other humans and our natural environment, a non-physical or spiritual dimension, and the importance of the relationship or interaction between the health practitioner and the patient or client.

Through a respect of the human right to self-determination, the practitioner should act as 'guide' not 'god', in the reciprocal, albeit partially asymmetric relationship in which improved health and, often a fee, is traded for knowledge, expertise and skills, as well other values and virtues of character. Information and guidance from the practitioner helps the patient or client to make an informed decision, one aligned with his or her particular views, values and preferences.

The present code of ethics is respectful of an individual's inherent spiritual nature and the sense of connection to a higher source. As Seetharam (2013) suggests, ethics in medical practice should not just be a code of conduct, but also a "spiritual imperative". Modern codes of medical ethics have typically lost their "divine character" (Kalokairinou, 2011) and this code attempts to redress this imbalance, while endeavouring to be agnostic both to different cultures and modalities.

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**"Everything comes out of the earth by Dreaming; everything knows itself, its place, its relationships to other portions of the cosmos. Every living thing has, and knows, its own Law."**

— Deborah Bird Rose (1992), commenting on an Australian Aboriginal culture

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