HEALTH AND ETHICS
A NEW FRAMEWORK

Future fit bioethics for health sustainability

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PILLAR 2:

HEALTH PROFESSIONALS

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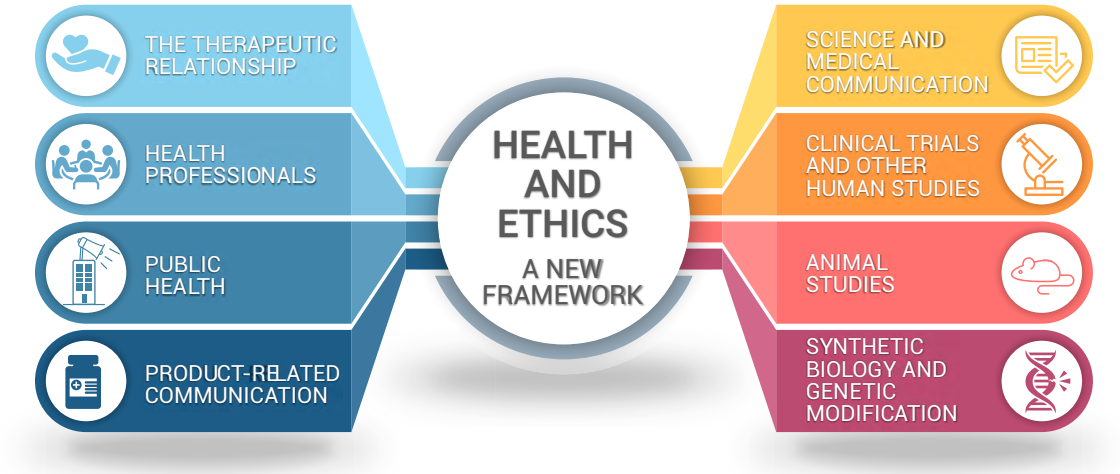
INTRODUCTION

We are now in a critical time of rising authoritarianism, censorship and attempts to silence dissent, gaslighting, and threats to our access to natural products. With a transition from local societal controls to supranational centralised control by governments and organisations such as the World Health Organization (WHO), ethics have been cast aside. With changes catalysed by the COVID-19 pandemic, coupled with recent developments in synthetic biology-based medical technologies, it is necessary to review ethical principles that should be applicable to health professionals. The present document concerns the second of eight pillars that form part of a new ethical framework relevant to human health being developed by the Alliance for Natural Health International, as follows:



The first pillar, concerning the Therapeutic Relationship explored the ethics concerning health practitioners and their patients or clients. This second pillar outlines eight areas of ethical concern for health professionals, in terms of their own professional and personal conduct, and their relationship with other health professionals.

Rob Verkerk PhD
Founder, Alliance for Natural Health
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July 2023

PILLAR 2: HEALTH PROFESSIONALS

"I think health care is more about love than about most other things. If there isn't at the core of these two human beings who have agreed to be in a relationship where one is trying to help relieve the suffering of another, which is love, you can't get to the right answer here."

— Donald Berwick former Administrator of the Centers for Medicare and Medicaid Services

"Educating the mind without educating the heart is no education at all."

— Aristotle

OVERVIEW OF HEALTH PROFESSIONAL ETHICS

For the current purposes, the term 'health professional' should be interpreted broadly and refers to any person who acts professionally as a health practitioner or therapist. It includes medical doctors, nurses, mental health practitioners, naturopaths, nutritional therapists, other complementary or alternative medicine practitioners and any other practitioners working in a professional capacity to help support or guide the health of others.

The eight principles outlined as being relevant to health professionals apply either to the professional and personal conduct, or to the relationship between health professionals.

The eight principles are summarised below:

1. Self-care. I shall take care of my own health from an **holistic perspective**, recognising that in order to offer care to others to the best of my ability, I need to maintain a high standard of health and resilience myself. This requires that I understand my own physical, psychological and spiritual needs while endeavouring to satisfy them with the intention of managing my life's demands and optimising my health and resilience. I will also recognise **early signs of declining physical and psychological health**, including any sickness or signs of burn out, and will take steps to rest and act accordingly with a view to restoring my holistic health prior to resuming my normal duties. [page 7]

2. Continuous education. I shall ensure that I will continually develop my professional skills, knowledge and behaviour in order to keep pace with developments and **improve the standard of care** I offer to patients or clients **within my scope of expertise**. I will update my knowledge through various means, such as through recognised courses and seminars, as well as through self-directed learning, while **reflecting** on past experience, adopting in the process, a positive attitude towards education by taking the initiative in developing my own learning and skill base. [page 11]

3. Collaboration. I promise to work together with other health professionals from a diverse range of expertise, encouraging **multi-, inter- and/or trans-disciplinary collaboration**. I will treat other health professionals with **respect**, forming collaborations with other professionals that will facilitate optimal assessment and treatment of patients or clients, as necessary, while fostering the sharing of ideas, expertise and wisdom. I shall always keep the needs and desires of the patient or client in mind, and will endeavour to build a shared consensus between them and the health professionals involved. I shall **ask for help and guidance** from, as well as support to, other health professionals, where and when required. [page 13]

4. Health creation and regeneration. I will base my practice on supporting and enhancing the **creation, maintenance and regeneration** of the functional health status, wellbeing and **resilience** of my patients or clients. This will typically require prioritising individualised, non-pharmaceutical, multi-

factorial approaches, including consideration of diet, lifestyle and environmental factors, that help my patients or clients. Should such approaches be outside my scope of practice, I shall seek collaboration with other health professionals with appropriate skills and experience. Where relevant, I shall also help to identify likely drivers, responsible for current or risk of future health challenges or disease, including any antecedents and upstream triggers or mediators. This shared understanding will help shape my approach to the care of my patients or clients in ways that aim to optimise healthspan and quality of life. [**page 15**]

5. Avoiding over-diagnosis and over-treatment. Within my scope of practice, I shall always strive to offer or recommend diagnostics or treatments, based on my clinical judgement and other forms of evidence, that are most likely to offer the greatest benefit (beneficence), while minimising any risk (maleficence). I shall be mindful that the health status of my clients or patients is not compromised by **over-diagnosis or over-treatment**. If diagnosis, treatment, or de-prescribing are outside my scope of my practice, I will collaborate with suitably qualified and experienced health professionals. [**page 17**]

6. Sustainable practice. I shall endeavour to operate my practice in a way that is sustainable, and therefore will be **sensitive and responsive** to the needs of all my patients or clients. Furthermore, I will respect the intrinsic link between human, environmental and planetary health in all that I do. I will avoid overusing natural resources and minimise any damage or contamination of my clinical or wider environment. [**page 19**]

7. Professionalism. I shall observe **explicit standards** and ethical codes while maintaining respectable and high standards of **professionalism** in terms of my dealings with patients or clients, other health professionals, or any other person associated with my services. These standards will extend to my virtual presence on websites, on social media or any other online platform. I will also ensure that the values, behaviours and relationships I maintain, as well as the communications I issue, will help to reinforce trust in my relationships with patients or clients and other health professionals. [**page 21**]

8. Reporting malpractice, injustice and corruption. 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 23**]

1

Principle: Self-care Proposition

I shall take care of my own health from an holistic perspective, recognising that in order to offer care to others to the best of my ability, I need to maintain a high standard of health and resilience myself. This requires that I understand my own physical, psychological and spiritual needs while endeavouring to satisfy them with the intention of managing my life's demands and optimising my health and resilience. I will also recognise early signs of declining physical and psychological health, including any sickness or signs of burn out, and will take steps to rest and act accordingly with a view to restoring my holistic health prior to resuming my normal duties.

Explanation

A health professional must engage in holistic self-care and management of well-being so that they are in the best possible position to provide the most appropriate and skilled service to patients or clients.

A clinical perspective on the the needs and demands of humans within an holistic context is usefully captured within the Meikirch model, which looks at health as a complex adaptive system (CAS) composed of five factors that interact with each other:

1. Demands of life: these include any demands of the body (physiological), of the mind (psychosocial) and demands of the environment around us.
2. Biologically given potential (BGP): given to everyone at birth and decreasing over time.
3. Personally acquired potential (PAP): includes all abilities that an individual will acquire during life, whether physical, intellectual or spiritual.
4. Social determinants of health: the community, family, education system and any other groups that the individual belongs to.
5. Environmental determinants of health: dependent on location and the immediate surrounding environment (for example, pollution levels).
(Bircher and Hahn, 2017)

To achieve self-care, the health professional must consider all these five elements and their interaction with each other. In particular, PAP is where the individual is empowered to take responsibility for their own health, regardless of the genetic makeup or BGP.

PAP can be developed in various ways. In a literature review on self-care, Posluns and Gall (2019) identified six areas that are to be considered when building and maintaining a self-care practice:

- Awareness: including some kind of reflective practice;
- Balance: 'equilibrium' within personal and professional life, work-life balance;
- Flexibility: requiring a wide adaptive capacity and resilience, offering the abili-ty to bounce back from stressors as well as to adapt to new situations;
- Physical health: including sleep hygiene, physical activity, social and leisure time, as well as healthy eating habits and lifestyle;
- Social support: including within and outside the workplace;
- Spirituality: connection, purpose and a sense of meaning in life. This includes a feeling of belonging, coherence, 'homeliness', community and an environmental connectedness. Humility and an "active spiritual life" may be considered pre-requisites to achieving wellness.

(Doolittle *et al*, 2013; Posluns and Gall, 2019; Listopad *et al.* 2021)

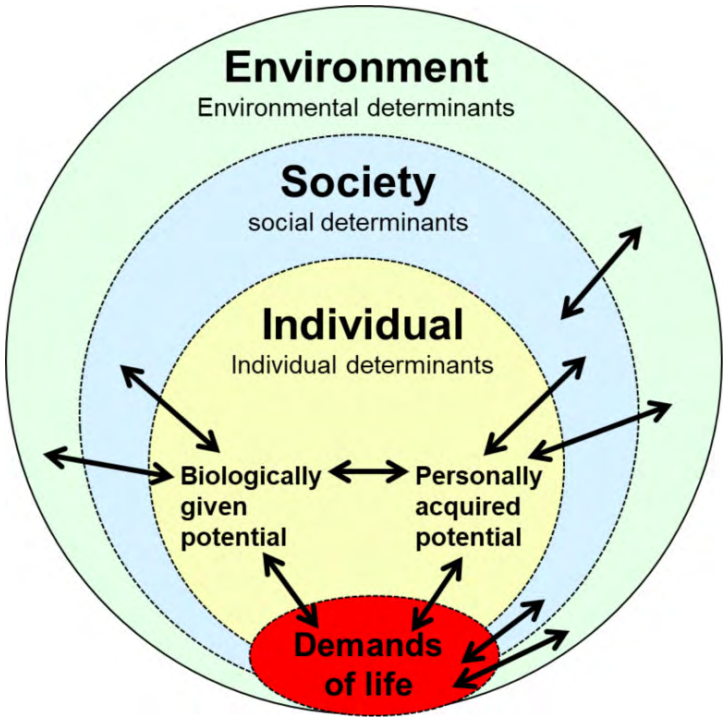


Figure 1. Meikirch's Model: new definition of health Source: Bircher J. Meikirch model: new definition of health as hypothesis to fundamentally improve healthcare delivery. *Integrated Healthcare Journal*, 2020;2:e000046

Self-care ensures that an individual is equipped with the required resilience. Resilience, a concept widely researched in psychology literature, is defined as "the ability of people or things to recover quickly after something unpleasant, such as shock, injury, etc." (Oxford Learner's Dictionaries, 2023). Taking a look at the origins of the word gives us further insight into what this concept entails: resilire in Latin, from which the word resilience stems, means "to rebound, recoil" (Online Etymology Dictionary, 2023). To be resilient requires first that there is adversity, to which one positively adapts, or bounces back. Health professionals often encounter adversities due to the demanding nature of their work. "Compassion fatigue", a term used by Posluns and Gall (2019) for example, is something that practitioners may experience when neglecting self-care and it is what happens when health professionals give a lot to others without replenishing their own resources. Positive adaptation is done through flexibility which allows the individual to recover from stressors. Resilience is not only a concept in psychology, but should also include physiological and metabolic resilience. For example, metabolic flexibility is crucial in ensuring one is able to transition from deriving energy from carbohydrates, fatty acids, ketones or proteins (Luthar and Cicchetti, 2000; Blueprint for Health System Sustainability, 2018).

Although the focus is primarily on building health, professionals must be able to recognise signs of burnout and of declining physical and psychological health within themselves.

Burnout is defined as "work-related stress syndrome resulting from chronic exposure to job stress" (De Hert, 2020). The World Health Organization (WHO) recognises burnout as an "occupational phenomenon" (WHO, 2019).

Christina Maslach, a social psychologist and professor at the University of California, identified three factors that are attributable to burnout, namely exhaustion (emotional and physical), depersonalisation (cynicism) and a lack of efficacy (Maslach, Jackson and Leither, 1997). A health professional must identify, then work on preventing these from happening in the first place. In the current health system, "awareness of health occurs when it has already been compromised or lost" (Bircher and Hahn, 2017). A shift is required in focusing on prevention before the symptoms occur, or before the practitioner is burnt out.

Abraham Maslow, one of the most cited psychologists of modern times, provides us with helpful guidance that can be applied to burnout prevention. Maslow arranged the needs of each individual in a particular order, starting with the most basic human needs, and going up towards higher needs. At the bottom, there are physiological needs, requiring one to obtain the basic necessities of life (food and shelter). This is followed by safety, belonging and love, esteem (including recognition and achievement), self-actualisation (such as fulfilling one's potential) and finally, self-transcendence which is described as a "communion beyond the boundaries of the self through peak experience" (Koltko-Rivera, 2006).

The final pillar, self-transcendence, was added to the hierarchy by Maslow later in his life. He did not consider it enough to only have basic needs fulfilled, or even emotional needs. The final step, known as the 'transhumanistic' realm, refers to an individual's connection with a power greater than self, similar to the spiritual element discussed by Posluns and Gall. This last element was regarded by Maslow as being "a crucial aspect of human experience", and it is important to note that he was himself an atheist, underlining the fact that self-transcendence and spirituality does not necessarily mean a belief in God or subscribing to a certain religion (Koltko-Rivera, 2006). It could translate simply as an "understanding, tolerance and protection for the welfare of all people and nature" (Schwartz, 2012).

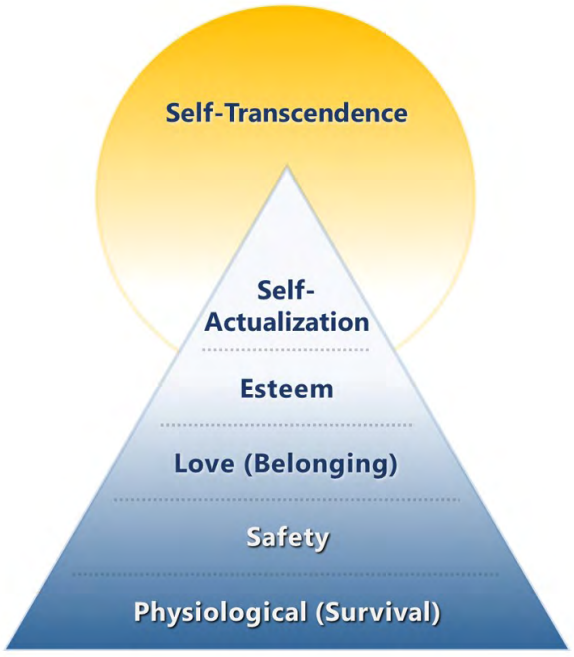


Figure 2. A visual representation of Theory Z from Yoshida T. (2020, February 20). Maslow's final Theory Z. Agile Organizational Development.

Other factors that can support health professionals in their self-care are nurturing "loving relationships, creativity, positive feelings, recognition of a purpose in life and psychotherapy" which all can play a part in creating positive favourable emotions (Koltko-Rivera, 2006).

2

Principle: Continuous education

Proposition

I shall ensure that I will continually develop my professional skills, knowledge and behaviour in order to keep pace with developments and improve the standard of care I offer to patients or clients within my scope of expertise. I will update my knowledge through various means, such as through recognised courses and seminars, as well as through self-directed learning, while reflecting on past experience, adopting in the process a positive attitude towards education by taking the initiative in developing my own learning and skill base.

Explanation

There are various methods through which health professionals can develop the skills and knowledge and their behaviour with the aim of providing the best care for patients or clients.

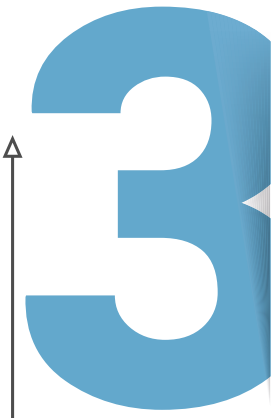
Educational methods include seminars, workshops, courses, take-home material as well as audits and feedback. The aim of these meetings held for health professionals, should not be to only foster theoretical knowledge, but also to encourage a positive change in the attitudes of the health professional. The practical application of that knowledge is vital if the health professional is to be able to be of greatest possible service to patients or clients. A Cochrane review encourages education providers to consider how to maximise the attendance of health professionals to these educational meetings (Forsetlund *et al.* 2021), but also to draft the continuous learning to be "ongoing, interactive and contextually relevant" (Robertson, Umble and Cervero, 2005).

Maximising the learning experience for health professionals requires different methods to be used. An overview of learning theories found in research literature include:

- Experiential learning: developed by American educational theorist David Kolb in his learning cycle that includes concrete experience, reflective observation, abstract conceptualisation and active experimentation;
- Self-directed learning: also known as 'humanism'. Health professionals can "plan, manage and assess their own learning to accomplish self-actualisation, self-fulfilment, self-motivation values, goals and independence in their learning" (Mukhalalati and Taylor, 2019);

- Transformative learning theories: involves reflecting on challenging situations and creating action based on those reflections;
- Motivational model: encourages intrinsic motivation and positive attitudes in learners.

Health professionals should take a proactive approach to their own learning through 'diagnosing' their own learning needs, setting goals, researching and finding suitable resources and establishing outcomes. Self-directed learning is considered the most powerful method for life-long learning (Murad *et al.* 2010).



Principle: Collaboration with other health professionals

Proposition

I promise to work together with other health professionals from a diverse range of expertise, encouraging multi-, inter- and/or trans-disciplinary collaboration. I will treat other health professionals with respect, forming collaborations with other professionals that will facilitate optimum assessment and treatment of patients or clients, as necessary, while fostering the sharing of ideas, expertise and wisdom. I shall always keep the needs and desires of the patient or client in mind, and will endeavour to build a shared consensus between them and the health professionals involved. I shall ask for help and guidance from, as well as offer support to, other health professionals, where and when required.

Explanation

Science is a "collective, rather than an individual possession" (Kahn and Prager, 2010) and it requires collaboration between health professionals. Multi-disciplinary collaboration involves, as the word suggests, health professionals from different disciplines communicating and working together. Inter-disciplinary approaches involve the transfer of knowledge between the disciplines, for example nutritional therapy and osteopathy, or psychology and economics. Trans-disciplinary is the most holistic category which looks at what is beyond those disciplines and aims to provide an "understand[ing of the] the world in its complexity, rather than just a part of it" (Gehlert *et al.* 2010).

Multi-, inter- and trans-disciplinary collaboration are all needed and not mutually exclusive, however within the realm of multi- and inter-disciplinary collaboration, there is a risk that health professionals might still work within their respective silos, whilst trans-disciplinary collaboration encourages professionals to go beyond their disciplines or silos.

A lack of collaboration with other professionals might lead to poor patient care, service and delivery (Reeves *et al.* 2017). When there is good communication, the treatment will naturally become more holistic due to the interplay of different disciplines, knowledge base and approaches from different professionals (Davidson *et al.* 2022).

Health professionals should understand the complexity of disease, healing and health creation and that the causes or triggers of disease are often, especially in the case of chronic diseases, multifactorial. An active contribution by professionals will guarantee the provision of the best treatment for clients or patients (Schot, Tummers and Noordegraaf 2019; Sell *et al.* 2022).

Skills that health professionals should foster in order to ensure this collaboration are those such as team working and good communication skills. Many health professionals might come from working environments in which there is a hierarchy, and this could be a barrier that can be overcome through communication and building a shared vision between health professionals through shared decision making (Nguyen *et al.* 2019; Turnbull, Pineo and Aldridge 2019).

At present, non-medical complementary medicine is still being marginalised and excluded by mainstream approaches. It is our view that to ensure the highest quality of care for patients or clients, mutual respect and a regard for the expertise of other health care practitioners, as well as the integration of mind-body-spirit therapy within the healing process, are necessary (Wiese, Oster and Pincombe, 2010).

4

Principle: Health creation and regeneration

Proposition

I will base my practice on supporting and enhancing the creation, maintenance and regeneration of the functional health status, wellbeing and resilience of my patients or clients. This will typically require prioritising individualised, non-pharmaceutical, multi-factorial approaches, including consideration of diet, lifestyle and environmental factors, that help my patients or clients. Should such approaches be outside my scope of practice, I shall seek collaboration with other health professionals with appropriate skills and experience. Where relevant, I shall also help to identify likely drivers, responsible for current or risk of future health challenges or disease, including any antecedents and upstream triggers or mediators. This shared understanding will help shape my approach to the care of my patients or clients in ways that aim to optimise healthspan and quality of life.

Explanation

Health creation requires professionals to understand the origins, or root causes, of disease and a change in their perspectives from linear thinking towards a systems and networked approach with personalised care for patients or clients. Diet, lifestyle, connection with others and environmental factors are crucial, as are the communication between the brain and body and the impact of early life experiences on one's health later on in life. An integrative medicine approach is what ensures the patient or client is looked at in his or her entirety and avoids the 'medicalisation' of the whole person (McEwen, 2017).

Interventions in early childhood are necessary to prevent cardiovascular disease later on in life (Perak *et al.* 2020). Various studies, including a Cochrane review show that changes in diet are likely to reduce cardiovascular disease and cancer (Rees *et al.* 2013).

The individual is a "complex biological system that is greatly influenced by the environment" (Fiandaca *et al.* 2017) and so clients or patients will present with different drivers and triggers for their health challenges, depending on their own circumstances.

George Engel, an American psychiatrist practicing in the 1950s, developed the

biopsychosocial model that integrates the mind, body and social aspects of an individual's life. This model can be used especially with chronic diseases and it involves the health professional looking at the personal, emotional, family, community and biological aspects of the patient or client (Wade and Halligan, 2017; Ksunanto, Agustian and Hilmanto, 2018; Card, 2021).

In 2021, the UK's National Health Service (NHS) conducted research and analysis on illness prevention and found that the best model of healthcare is one which informs, promotes and maintains health behaviour in the population, preventing disease by addressing certain factors early on in life. The analysis identified 6 major risk factors for early death in the UK population: alcohol, cholesterol, blood pressure, obesity, lack of physical activity and smoking. It concluded that "even small reductions in these risk factors, by adopting healthier behaviour from an early age, can dramatically reduce the lifetime risk of heart attacks and strokes" (NHS Health Check Programme Review, 2021).

Dr Rangan Chatterjee, a British practicing GP is now prescribing lifestyle medicine to his patients by encouraging relaxation, healthy eating, movement and good sleep as a way to live a longer, healthier life (Chatterjee, 2017; Chatterjee, 2018).

We encourage health professionals to act as guides and educators for patients or clients, and the public, on how to optimise quality of life, encouraging others to take control of their own health creation and regeneration. Such guidance will inevitably have a more positive impact when a health professional adopts a 'practice what you preach' approach.

5

Principle: Avoiding over-diagnosis and over-treatment

Proposition

Within my scope of practice, I shall always strive to offer or recommend diagnostics or treatments, based on my clinical judgement and other forms of evidence, that are most likely to offer the greatest benefit (beneficence), while minimising any risk (maleficence). I shall be mindful that the health status of my clients or patients is not compromised by over-diagnosis or over-treatment. If diagnosis, treatment, or de-prescribing are outside my scope of practice, I will collaborate with suitably qualified and experienced health professionals.

Explanation

Over-treatment is often a consequence of over-diagnosis, and both are harmful to patient or client health. Over-diagnosis is defined in literature as "diagnosis that does not result in a net benefit for an individual" (Jenniskens *et al.* 2017), thus going directly against the important principles of non-maleficence and beneficence. Polypharmacy is increasing worldwide and it is considered a cause of over-treatment, although polypharmacy is not consistently defined in the scientific literature (Wastesson *et al.* 2018).

There are various reasons why there is a culture of over-diagnosis in doctors or health professionals that are qualified to diagnose. Some reasons include the usage of public health screening programs and reimbursement structures such as financial incentives that encourage doctors to conduct tests even when these are not necessary. The use of such incentives should change to prevent the use of unnecessary tests and procedures (Kale and Korenstein, 2018).

The interplay between over-diagnosis and over-treatment can produce a vicious cycle that then creates "pseudo-diseases that require conventional treatments" (Moynihan, Henry and Moons, 2014). Patients or clients often present with symptoms due to the side effects of medications that doctors mistake for new diseases, 'requiring' new treatments, thus over-prescribing, then causing further harms or 'side effects'. This does not only affect the health of the individuals, but also of society as a whole due to increasing health care costs and draining resources (Rose, Crosbie and Stewart, 2021).

A systematic review published in the Journal of the American Medical Directors Association found a high prevalence of polypharmacy in long term care facilities, with up to 91%, 74% and 65% of residents taking more than 5, 9 and 10 medications. Doctors should conduct regular reviews of patients or clients'

medications and de-prescribe where possible. Polypharmacy has been associated with cardiovascular, musculoskeletal and mental/behavioural conditions (Jokanovic *et al.* 2015).

Not all health professionals will be able to diagnose, prescribe, deprescribe or offer medical treatments. For example, nutritional therapists are not allowed to prescribe medications or advise patients to stop taking their medications. This is where interdisciplinary collaboration becomes essential to optimal outcomes and practitioners should communicate with doctors on client or patient cases and engage in shared decision making (Nguyen *et al.* 2019).

6

Principle: Sustainable practice

Proposition

I shall endeavour to operate my practice in a way that is sustainable, and therefore will be sensitive and responsive to the needs of all of my patients or clients, while not compromising my own health or that of future patients or clients. Furthermore, I will respect the intrinsic link between human, environmental and planetary health in all that I do. I will avoid overusing natural resources and minimise any damage or contamination of my clinical or wider environment.

Explanation

Sustainability in health can be defined as "after a period of time, the program, clinical intervention and/or implementation strategies continue to be delivered and/or individual behaviour change (i.e. clinician, patient) is maintained [and] the program and individual behaviour change may evolve or adapt while continuing to produce benefits for individuals/systems" (Moore *et al.* 2017). More simply put, sustainable systems are those that are durable, and that continue to work and provide benefit with minimal harm to both the individual and the wider environment, whilst still being flexible and adaptable.

Ecosystems and human health are inter-dependent, and health professionals should accept a duty to protect and promote the health of both, maintaining an awareness of our environment on which we depend. We can learn from indigenous cultures, as these have "long acted as custodians of the environment, recognising the interconnectedness of all living things, including the impact of all elements of the planet on well-being, health and spirituality" (Shaw *et al.* 2021).

Indigenous cultures also view the world as a "system of relations" (Ratima *et al.* 2019) which is noticeable in the connection between the loss of soil diversity (due to intensive agriculture, poor soil management practices, etc.) and a degradation of the human microbiome (e.g. due to antibiotic over-use; diets high in processed foods, etc.) (Blum *et al.* 2019).

A study published in the Annual Review of Public Health in 2019 discusses the interconnection between non-communicable diseases and pollution, biodiversity loss, chemicals, urbanisation and changes in food, nutrition and agriculture (Frumkin and Haines, 2019).

Values that are fitting for health professionals committed to optimising their service to their patients or clients include living in harmony with nature, selecting

and using resources ethically, and recognising the professional duty to protect the health of the environment and people. Self-reflective practice should be used as a tool for health professionals to assess their own approaches and whether they are in alignment with nature, whilst not compromising the health of patients, clients or themselves. Other tools include trans-disciplinary collaboration and integrating diverse, varied and relevant forms of knowledge (Shaw *et al.* 2021).

Another approach that can deliver benefits is relying less - and stepping back from - on technology derived from the 'medical industrial complex', as many such technologies have, ironically, been found to have negative impact on both humans and the environment, whilst also draining natural resources (Richie, 2019).

7

Principle: Professionalism

Proposition

I shall observe explicit standards and ethical codes while maintaining respectable and high standards of professionalism in terms of my dealings with patients or clients, other health professionals, or any other person associated with my services. These standards will extend to my virtual presence on websites, on social media or any other online platform. I will also ensure the values, behaviours and relationships I maintain, as well as the communications I issue, will help to reinforce trust in my relationships with patients or clients and other health professionals.

Explanation

Professionalism is made up of the various behaviours, responsibilities, values, principles and objectives of a health professional. Attributes that are necessary to ensure a professional attitude include "accountability, selflessness, commitment to excel, empathy, truth, admiration, sensitivity to the needs of diverse populations and adherence to ethical principles" (Desai and Kapadia, 2022). It is not enough for a health professional to focus on academic knowledge and skills. Although these are essential skills, professionalism is a keystone skill when it comes to relating to patients or clients and building that trust.

There is a close connection between ethics and professionalism and both have within them the "foundation of […] trust, truth and human values" (Desai and Kapadia, 2022). Health professionals should be conscious of their values, duties, responsibility and have an intrinsic sense of doing good.

With the increase in use of social media and online platforms, more and more health professionals and patients or clients are active or reliant on these. The benefits inherent in the use of such platforms are evident and include enhancing patient or client education through informative posts, empowering patients or clients in taking control of their own health, offering services and appointments online thus making it more accessible to those in remote areas or those unable to travel, furthering communication, tracking health progression, and more. But these benefits don't come without risks or dangers. This is why it is important for health professionals to also adhere to ethical codes of conduct in their virtual space (Smailhodzic *et al.* 2016).

Some of the potential dangers posed by social media that threaten professionalism includes the posting of poor quality, inaccurate or misleading information, all of which erode trust in the professional and impact accountability. Compromising confidentiality is also a danger when health professionals share information

without being aware of potential breaches. Social media can also lead to the blurring of lines between professional and personal lives, and health professionals must be cognisant of keeping these two separate (Rukavina *et al.* 2021).

Social media has been described as "powerful, public and permanent" (Guraya, Guraya and Yusoff, 2021). With that in mind, all that is shared or posted on social media carries impact, therefore health professionals should consider carefully what is being shared so as not to damage the trust and reputation they have often spent years building, or act contrary to robust ethical principles and values.

Health professionals can create virtual communities and foster positive benefits through it by sharing knowledge, provided professionalism and sound ethics remains at the core (Rolls *et al.* 2016).

8

Principle: Reporting malpractice, injustice and corruption

Proposition

While endeavouring to maintain a positive and cooperative relationship with other health professionals and the wider community, I will also undertake to report to relevant individuals or authorities any evidence of injustice, malpractice, dishonesty, fraud or corruption, whether instigated by individuals, organisations, or companies. Unless there is good reason to the contrary, I will act in a discreet manner and be respectful and considerate of others, offering help, guidance and support, as appropriate. While being sensitive to individual circumstances, I will also stand up against any degradation of the ethical principles that should underpin a just, progressive, effective and trustworthy system of health and care.

Explanation

Few doctors and other health professionals will not be aware of the Hippocrates principle of *primum non nocere* (first do no harm), yet many either do not know or have chosen to ignore the equally important principle: *primum non tacere* (first do not be silent) (Dwyer, 1994). The consequences of this omission can be seen in many contemporary, mainstream, allopathic settings, where speaking out is becoming increasingly more difficult given the potential backlash from censors, medical boards and health authorities. As a result, many health professionals find themselves having to put their reputation or livelihood ahead of the needs of their patients, being mute about things they know are not right, in the process failing to speak out against injustice and unfairness and becoming passive bystanders.

Tacere comes from Latin and it means to "leave unmentioned" (Latin Dictionary, 2023), whilst in Old Norse, interestingly, tacere means "to grow dumb" (Online Etymology Dictionary, 2023). To make sure we have an effective and trustworthy system of health and care, there has never been a more important time to embed the principle of *primum non tacere* into the ethical codes and value systems of health professionals.

Speaking up, within a hospital environment, has been described as "the raising of concerns by health care professionals for the benefit of patient safety and care quality upon recognising or becoming aware of the risky or deficient actions of others within health care teams" (Okuyama, Wagner and Bijnen, 2014).

While there are various reasons why health professionals might choose to not speak up, including fear or pressure within a given group or system, the benefits of doing so extend to the wider health care system. It has also been shown that those who voice their concerns tend to be more satisfied within their workplace (Okuyama, Wagner and Biknen, 2014).

A Cochrane review analysing the different ways that corruption can be reduced in the health sector found that "potential gains from fighting corruption – such as more and better healthcare, stronger judiciaries and legitimate policies – are immense" (Gaitonde *et al.* 2016). Health professionals have a duty to actively participate in reporting any evidence of corruption or anything that could lead to a corrupted system, such as dishonesty, malpractice or fraud. Interventions that could reduce corruption include dissemination of information to educate health professionals on ethical guidelines, improving detection and enforcement, and encouraging transparency and accountability (Gaitonde *et al.* 2016).

Malpractice, another term that means different things to different people, is also surprisingly common within healthcare systems, even when determined conservatively through a conventional medicine lens. In the UK, for example, the majority of recognised malpractice has been found to originate from diagnostic errors amongst general practitioners (Wallace *et al.* 2013).

Ensuring better communication between health professionals and clients or patients and incorporating shared decision making, is one approach that will go a long way towards maintaining transparency, building trust and reducing the incidences of malpractice or corruption (Durand *et al.* 2015).

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