

Ethics of Asian Bodywork Practice, Part One

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A course in ethics is one of the requirements for certification in Asian bodywork therapy through the AOBTA (American Organization for Bodywork Therapies of Asia), and to meet the NCCAOM ABT exam requirements.

I have enjoyed developing an interactive course in ethics for my advanced global students of both ABT and acupuncture, in which we brainstorm a range of possible ethical challenges students could encounter in clinical practice. The open forum also gives everyone an opportunity to share some alarming situations encountered in student clinic. We discuss the exact definitions of scope of practice, and the art of referring patients who present with problems that require a whole different treatment procedure, whether in Western or Asian medicine.

I throw the students a number of case studies from my own and colleagues' actual clinical experiences, related to law, ethics, boundaries, and what to do in cases of "transference." They role-play the assorted issues back and forth, as therapists and as patients. We discuss the difference between establishing a compassionate practice, and a practice in which a patient may take advantage of a therapist's kind and generous heart. I wish I'd had this class in my own training over 20 years ago. I have acquired many of the skills the hard way, which I can now share with my students in the classroom.

Ethics, the Law, and Consequences

I give my students a necessary list of hotlines (to report situations of child and elder abuse, spousal abuse, suicide, infectious diseases, runaway children, etc.) We then discuss some challenging actual situations and sensitive "gray" areas. By law, practitioners are required to inform authorities if they observe signs of abuse on a minor patient (under 18) or a senior patient, or anyone they feel is seriously threatened (such as battered spouse). I also advise my students: Before you start a formal practice, get to know a good local

social worker who can advise you wisely on such matters, the gray areas, practical steps and consequences.

I also give students a thought-provoking article from the *International Herald Tribune* (June 29, 2004) on medical ethics entitled "Truth is Not Always the Best Medicine,"¹ written by medical ethicist Daniel K. Sokol of the Imperial College Faculty of Medicine in London. Sokol reminds us that "Hippocrates advised physicians to be economical with the truth" to reduce patients' anxieties. He then highlights cultural differences in the type of information and prognoses given to patients - or their families. "In Japan," he writes, "family wishes have traditionally trumped those of the individual." In some Mediterranean countries (like Greece and Italy), says Sokol, "Physicians often withhold information considered detrimental to the patient's well-being." The key here, in a multicultural situation, is to develop a keen and intuitive sense of knowing when it's best to respect the patient's autonomy, and when to be creative with information to avoid the sort of stress that could harm a patient's recovery.

Those of us in the fields of acupuncture or ABT won't normally be confronted by such extreme moral or ethical challenges, but we often pick up the pieces when distressed patients come to us with stories of dismissive behavior from a surgeon or being fed half-truths or bits of information by a rushed family physician. And yes, we are sometimes confronted by challenging situations demanding tact, wisdom and sensitivity.

In the second part of this article, which will appear in next month's issue, we will discuss some useful case studies from the U.S., Canada and Europe.

References

1. *International Herald Tribune* , June 29, 2004. "Truth is Not Always the Best Medicine" by Daniel Sokol.

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