



BC ASSOCIATION OF HOMEOPATHS
STANDARDS OF PRACTICE
FOR THE HOMEOPATHIC PRACTITIONER
IN BRITISH COLUMBIA

May 6, 2017

Table of Contents

1. Introduction.....	2
Mission	2
History	2
Scope of Practice.....	2
2. Ethical Considerations	4
Comply with the Code of Ethics	4
Interactions with colleagues	4
3. General Legal Considerations.....	4
General considerations	4
Occupational titles.....	5
Academic degrees.....	5
4. Patient Rights	5
5. Informed Consent.....	6
Adult consent to homeopathic care	6
Child consent to homeopathic care.....	7
6. Collection, Use and Disclosure of Patient Information	7
Comply with PIPA.....	7
Disclosure required by law.....	7
7. Clinical Records and Record Keeping.....	8
Content of clinical records	8
Retention of clinical records.....	8
Patient access to their personal information	8
Preventing loss of clinical records	9
8. Consultation with Patients	9
9. Professional Fees	9
Information about fees	9
Determining fees	10
General rules.....	10
Contents of a payment agreement.....	10
Donated services, fees or products	10
10. Appointments and Scheduling	10
11. Patient Communications	11
12. Practice Coverage	11
General rules.....	11
Coverage agreements.....	11
13. Office Maintenance.....	12
14. Marketing and Advertising	12
General rules.....	12
Reference to the Association	12
Testimonials	12
15. Professional Consultation or Referral.....	13
16. Withdrawing from Patient Care	13

1. Introduction

This document sets out the Standards of Practice that apply to the members of the BC Association of Homeopaths (BCAH); herein “members”. General guidance on how a member should apply a particular standard is set out in footnotes for the applicable standard.

After setting out the mission of the BCAH, summarizing the history of the profession and explaining its scope of practice, the subsequent numbered standards are organized under subject headings. Regardless of a member’s manner of practicing homeopathy, members of the BCAH are expected to adhere to these professional standards and the companion Code of Ethics.

Mission

The mission of the BC Association of Homeopaths (BCAH) is to support homeopathic practitioners in attaining and maintaining high professional standards; to advance the recognition of homeopathy as a distinct health care profession; and to fulfill the specific needs of our profession and of professional homeopaths as they arise in British Columbia.

History

Homeopathy has been used for 200 years to restore the sick to health by providing “the most rapid, gentle, and permanent restoration of health, or removal and annihilation of disease, in its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles”. *Organon of Medicine*, Dr. Samuel Hahnemann – the founder of homeopathy (1755-1843).

Scope of Practice

Anyone may use over-the-counter (OTC) homeopathic remedies to safely treat a wide range of minor injuries, self-limiting illnesses, and more. What distinguishes the professional practice of homeopathy is the level of specialized knowledge and training that allows practicing homeopaths to deal with more chronic and other health problems.

Homeopathy is based on natural laws, principles and practices of health and healing as described by Doctor Samuel Hahnemann and others, including:

- Recognizing the vital force as the fundamental basis of health and healing;
- Selecting homeopathic remedies based on holistic and individualizing considerations and by applying the Law of Similars;
- Employing potentized remedies prepared according to the homeopathic pharmacopeia;
- Following the Hippocratic principle “First, do no harm”.

A homeopath seeks to identify the combined mental, emotional, and physical changes experienced by someone who is ill, to match these to an underlying cause

or disturbance as understood within the philosophy and principles of homeopathy, and then to assist the body in removing that cause or disturbance by its own natural processes through the use of a potentized remedy.

To do this, a homeopath must learn the attributes of many commonly used homeopathic remedies, the use of homeopathic references (Materia Medica and repertory), homeopathic philosophy, the history of homeopathy, key homeopathic writings, homeopathic research and techniques of testing (proving) new homeopathic remedies, and various ways of analyzing cases. Most importantly, the homeopath must learn how to apply this knowledge by using skills of observation, listening, perception, and interviewing in ways that contribute to the accurate understanding and treatment of a patient's case.

The patient evaluation typically involves the use of little or no physical equipment, as remedy prescriptions are based on the patient's history, as expressed verbally, and on the homeopath's direct observations of the patient. Homeopathic remedy determinations are not based upon allopathic disease labels, laboratory data, machine technology, etc., although this information, if available, is taken into consideration when making a determination.

Homeopaths recognize that homeopathy may not always be the most appropriate form of treatment and that no one system of medicine can provide all the care that an individual may need, nor can it serve the entire population. Patients are advised to see a medical doctor for a diagnosis of an existing medical condition or for medical services they may require in the future.

For example, homeopaths do not provide the following medical services:¹

- To make a medical diagnosis identifying, as the cause of signs or symptoms of a patient, a particular disease, disorder or condition;
- To puncture or perform a procedure on issue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surface of teeth;
- To set or cast a fracture of a bone or reduce a dislocation of a joint;
- To administer to a patient a substance (including air or water) or a drug by injection, inhalation, mechanical ventilation, irrigation, etc.;
- To put an instrument or device into the external ear canal, beyond the point in the nasal passages where they normally narrow, beyond the pharynx, beyond the opening of the urethra, beyond the labia majora, beyond the anal verge, or into an artificial opening into the body;
- To apply ultrasound for diagnostic, imaging or therapeutic purposes;
- To apply electricity for the purposes of destroying tissue or affecting activity of the heart or nervous system;

¹ These represent the primary "restricted activities" that have been granted to medical doctors under the *Health Professions Act* and, as such, these are activities that a member should not perform. For a more complete list, see the Ministry of Health's [Proposed Restricted Activities](#).

- To prescribe, compound, dispense or administer a drug as specified in Schedule I, IA, II or IV of the Drug Schedules Regulation, B.C. Reg. 9/98.

Homeopaths do not practise in isolation; they are part of a wider professional community. Contact with other health care practitioners is encouraged for the betterment both of the patient and of the practice of homeopathy.

2. Ethical Considerations

Comply with the Code of Ethics

1. BCAH members (“members”) must abide by the *Code of Ethics of the BC Association of Homeopaths*, and conduct their practices in accordance with those ethical standards.
2. Where a provision of the Code of Ethics conflicts with a provision in these Standards, these Standards prevail to the extent necessary to resolve that conflict.

Interactions with colleagues

3. When interacting with patients who are under the care of other homeopaths, a member
 - (a) will cultivate a professional attitude towards other colleagues,
 - (b) refrain from commenting on a colleague’s course of action for a particular patient, and
 - (c) encourage the patient to discuss concerns with the treating homeopath.

3. General Legal Considerations

General considerations

4. A member must conduct his or her homeopathic practice in accordance with the laws of Canada and British Columbia.
5. Without limiting the generality of the foregoing, a member must
 - (a) be familiar with the legal and regulatory oversight of homeopathic practice in British Columbia, and
 - (b) in particular, respect the limitations on their mode of practice as imposed by the restricted activities granted to other health professions under the *Health Professions Act*.²

² Details on the new restricted activities model for regulating BC health professions and in turn to prohibit non-registrants from performing those activities, see the Ministry of Health’s discussion on [Scope of Practice Reform](#).

Occupational titles

6. A member
 - (a) may use the occupational title “Homeopath” when identifying him or herself to the public, but
 - (b) must not use the title Doctor, Medical Doctor or Physician unless the member is also a registrant of a College under the Health Professions Act of British Columbia.
7. It would be a breach of the *Health Professions Act* for a member to give the impression that he or she is a medical doctor or a registrant of the CPSBC.
8. If a patient, student or anyone else refers to the member as a Doctor, Medical Doctor or Physician, the member should promptly offer a correction, unless the member is also a registrant of the CPSBC and thus entitled to use those occupational titles.

Academic degrees

9. A member may refer to any academic degree or certification that has been granted to that member by a recognized post-secondary institution of higher learning, such as using appropriate initials at the end of their name.
10. If a member holds a degree or designation of Homeopathic Doctor (or similar designation) from a regulatory body outside of British Columbia, the member must when using that designation clearly stipulate the origin of that degree or designation.

4. Patient Rights

11. In meeting responsibilities to the patient as set out in the *Code of Ethics*, a member must provide homeopathic care to a patient without regard to that patient’s race, national or ethnic origin, colour, gender, sexual orientation, marital or family status, disability, age, religion, or political belief.
12. A member must recognize the right of patients to select professional health care which may be separate or complementary to homeopathic care.
13. A member must
 - (a) not abandon a patient without due regard for the patient’s welfare, and
 - (b) give sufficient notice of withdrawal to permit the patient to secure another practitioner.

5. Informed Consent

Adult consent to homeopathic care

14. A member must not provide homeopathic care to an adult without the adult's informed consent.³
15. An adult gives informed consent to homeopathic care if each of the following occur:
 - (a) the adult is capable of making a decision about whether to give or refuse consent to the proposed care;⁴
 - (b) the consent relates to the proposed care;
 - (c) the consent is given voluntarily, and is not obtained by fraud or misrepresentation;
 - (d) the member gives the adult the information a reasonable person would require to understand the proposed care and to make an informed decision;
 - (e) the adult has an opportunity to ask questions and receive answers from the member about the proposed care.⁵
16. An adult's consent to homeopathic care may be expressed orally⁶ or in writing or may be inferred from conduct.⁷
17. A member should document a patient's informed consent in the clinical notes,⁸ or by asking a patient to sign a consent form.
18. If a member asks a patient to sign a consent form, that form must include the following:
 - (a) the patient's name and signature;
 - (b) the date that consent was given;
 - (c) a brief description of the homeopathic care;
 - (d) the name of the member responsible for providing that care;
 - (e) any other relevant information communicated to the patient.⁹

³ Informed consent is a process, not a form. Documenting a patient's consent to proposed homeopathic care is secondary to ensuring the patient's consent was informed as set out in these Standards.

⁴ The member must also ensure that the patient has the capability to consent to the proposed homeopathic care. The decision concerning a patient's capability must be based on whether or not the patient demonstrates to the member that he or she has understood the information that has been provided.

⁵ Clear and ongoing communication between the practitioner and the patient is necessary to obtain valid patient consent. The member must consider what information about risks, benefits or effects of treatment a reasonable person in the patient's situation would need to make an informed decision on how to proceed.

⁶ To obtain verbal consent the member must be able to communicate in a manner appropriate to the patient's skills and abilities, and be aware of language or comprehension barriers which may require a translator to facilitate accurate communication.

⁷ Implied consent would include a nod of the head or other, similar gesture.

⁸ The BCAH provides a consent form that may be used by its members for this purpose.

⁹ A consent form should also include a statement that the patient understands that the member is not a medical doctor and, in turn, will not diagnose or treat any disease or condition. The member should also state his or her credentials on this same form.

Child consent to homeopathic care

19. For the purposes of sections 20 and 21, “child” means a person who is under the age of 19 years.
20. Notwithstanding sections 14 to 18 and subject to section 21, a child may consent to homeopathic care whether or not that care would, in the absence of consent, constitute a trespass to the child’s person, and if a child provides that consent, the consent is effective and it is not necessary to obtain a consent to the proposed care from the child’s parent or guardian.
21. A request for or consent, agreement or acquiescence to homeopathic care by a child does not constitute consent to the proposed care for the purposes of section 20, unless the member who is to provide the care
 - (a) has explained to the child and has been satisfied that the child understands the nature and consequences and the reasonably foreseeable benefits and risks of the proposed care, and
 - (b) has made reasonable efforts to determine and has concluded that the proposed care is in the child’s best interests.

6. Collection, Use and Disclosure of Patient Information

Comply with PIPA

22. A member must
 - (a) collect, use and disclose a patient’s personal information in accordance with the *Personal Information Protection Act* (PIPA);
 - (b) establish a Privacy Policy for his or her practice, and ensure patients are made aware of that Policy.
23. Without limiting the generality of the foregoing, a member must only disclose a patient’s personal information
 - (a) with the permission of the patient or the person(s) responsible for the patient,
 - (b) as permitted under PIPA, or
 - (c) as required by law.

Disclosure required by law

24. A member may be required to disclose a patient’s personal information to the authorities in one of the following situations:
 - (a) as an expressed statutory duty to report to the authorities if the member has reason to believe that a child under 19 years of age has been, or is likely to be, physically harmed, sexually abused or sexually exploited, or is otherwise in need of protection;¹⁰
 - (b) as an implied duty to report to the authorities if the member has information indicating that a vulnerable adult has been abused or

¹⁰ See sections 13 and 14 of the *Child, Family and Community Service Act*.

- neglected, and that vulnerable adult is unable to seek support and assistance;¹¹
- (c) as a common law duty to report to the authorities or warn a third party if the member believes that that third party is facing an imminent risk of serious harm;¹²
 - (d) as may be directed in a court order.
25. For clarity, a member does not have a legal duty to disclose a patient's personal information simply because the patient may have an active sexually transmitted disease, including HIV/AIDS.

7. Clinical Records and Record Keeping

Content of clinical records

26. A member must take clinical notes - at the same time that he or she is listening to the patient - that are clear and coherent.
27. A member must ensure the following information is recorded in a patient's clinical record from an initial visit to any follow-up visits:
- (a) whenever possible, all pertinent information for the case at the time of the patient's visit;
 - (b) all clinically related advice, recommendations, and referrals;
 - (c) clinically related telephone inquiries, consultations or emails.
28. These standards apply to both paper records and electronic records.

Retention of clinical records

29. A member should keep and maintain clinical records for at least seven years from the date of the last communication with the patient.¹³
30. For patients under the age of 19, records should be kept for seven years after the patient turns 19 years of age.
31. When a record is to be discarded, a member must ensure the record is shredded or others cannot access the information in the record.

Patient access to their personal information

32. While a clinical record belongs to the member who created the record, because a patient is entitled to access his or her personal information in that record, the member may charge a patient a reasonable amount for copying of the patient's personal information in the clinical record.
33. If the clinical record contains information that is not related to the patient or the patient's treatment, that information must be severed from the copy of

¹¹ As implied from [section 46 of the Adult Guardianship Act](#).

¹² As per the Supreme Court of Canada 1999 case of [Smith v. Jones](#), adopting the principle first set out in the US case of [Tarasoff v. University of California](#) from 1976.

¹³ While BC's [Personal Information Protection Act](#) sets a one year minimum retention period, seven years for retention of an adult's record past the date of the last service provided to that adult provides some protection for most applicable causes of action as per BC's [Limitation Act](#).

any information provided to the patient or sent to the new practitioner as directed by the patient.

Preventing loss of clinical records

34. A member must take reasonable steps to prevent the loss of a clinical record by adopting one of the following methods:
 - (a) the use of physical security measures (such as: locked filing cabinets and/or room, and alarm systems technologies);
 - (b) use of electronic security tools (such as: passwords, encryption, firewalls);
 - (c) organizational controls (such as: security clearances, restricted access to information, appropriate destruction of outdated information).
35. In addition, the member must ensure staff are
 - (a) aware of the need to protect a patient's personal information, and
 - (b) trained in the safeguards used for that purpose.

8. Consultation with Patients

36. In general, a member must
 - (a) listen in an open and unbiased manner to what the patient has to say, and
 - (b) be able to ask the patient questions in a manner that is non-judgmental, open-ended, and phrased in an empathetic, supportive and non-invasive manner.¹⁴
37. Although a member must make clinical judgments, a member must not be judgmental.
38. The member must be aware of the dangers of imposing his or her own beliefs, values, and attitudes on a patient and of the importance of respect for the patient's beliefs, values and attitudes both personal and cultural.

9. Professional Fees

Information about fees

39. Before providing homeopathic care for which fees will be charged, the member must inform the patient of the amount of the anticipated fee, the likely amount of any additional fees, and obtain the patient's consent to pay those fees.
40. Upon request, a member will supply patients with the information they require in order to exercise their entitlement to any employment, insurance or extended-health benefit, including giving the patient the member's full name and credentials, address and phone number, date, type of service provided and the amount paid by the patient.

¹⁴ One of the skills that distinguishes homeopathy is the ability to listen in an open and unbiased manner to what the patient has to say. A key issue is that information offered freely, in the patient's own words, and with the patient's unforced level of emphasis may be the clearest guide to the homeopathic remedy.

Determining fees

41. When determining the fee to charge a patient, a member must consider the professional service rendered and the patient's ability to pay.¹⁵
42. A member may advertise and provide complimentary or reduced-fee consultations, and use a sliding-scale fee schedule for people with limited or fixed income.

General rules

43. A member must not offer any cash or other incentive to any person for the procuring of patients.
44. A member may make a billing arrangement with a patient covering a specific number of office visits, provided the billing arrangement is wholly at the option of the patient and is not a condition of the member providing care.

Contents of a payment agreement

45. If a member establishes formal, written payment agreement with a patient, the member must
 - (a) ensure the patient has a clear understanding of the member's billing and collection practices, and the consequences of failing to pay the member's bill in a timely fashion,
 - (b) the payment agreement form is separate from the an informed consent form the member may employ pursuant to section 18.

Donated services, fees or products

46. A member may participate in community fundraising with a registered charity by donating services, donating fees for services, or donating products.
47. When donating homeopathic products or services, a member must
 - (a) comply with all standards of the BCAH, including these Standards,
 - (b) consider all donated services as being "paid in full".
48. A member must not bill third-party payers for donated homeopathic products or services or provide documentation to patients in support of the billing of third party payers for donated homeopathic products or services.

10. Appointments and Scheduling

49. A member should consider the following criteria when booking office appointments:
 - (a) to allow the member to maintain a realistic schedule that minimizes long waiting times for patients;
 - (b) that allocate extra time for a patient's initial visit;

¹⁵ The quality of service rendered to the patient will always be to the highest ability of the practitioner regardless of the fee being paid.

- (c) that allow sufficient time during the day for non-life threatening emergency appointments or acute consultations.
- 50. A member should document missed or cancelled appointments.
- 51. When appropriate, at the end of each session, the member should schedule the next follow up appointment.

11. Patient Communications

- 52. A member must respond to communications from patients within a reasonable amount of time.
- 53. Where possible, the member should give a patient an indication of approximately when their call or email will be returned, or when they may be directed to a suitable alternative resource for emergency services.
- 54. A member must document clinically related information provided during a patient's communication in the patient's record.
- 55. A member must ensure office staff
 - (a) are advised as to which calls or emails should be referred to the member immediately and to document all telephone calls, and
 - (b) have a list of emergency telephone numbers readily available.
- 56. A member should ensure that confidentiality is always maintained through any communication with patients.¹⁶

12. Practice Coverage

General rules

- 57. A member must:
 - (a) make reasonable and appropriate arrangements for practice coverage for those times when the practitioner will be unavailable for an extended period of time;
 - (b) inform all active patients of the coverage arrangements by means such as email, voicemail or phone call, as appropriate;
 - (c) provide the covering homeopath with information on patients with anticipated problems and document this in the patient's record.
- 58. A covering homeopath must advise the attending member about a patient's course of treatment during the coverage and document this in the patient's record.

Coverage agreements

- 59. If the attending member and the covering homeopath enter into a coverage arrangement, that agreement should contain an understanding as to which

¹⁶ For example, the subject line of an email or a voicemail message in a non-private mailbox should not contain any confidential information.

member bills the patient and the patient should be informed of this by the attending member.¹⁷

13. Office Maintenance

60. A member must make reasonable efforts to:
 - (a) ensure that patients enjoy the benefits of a clean, comfortable office,
 - (b) ensure a reception area is comfortable, with sufficient seating, and
 - (c) ensure that the building and parking lot for patients and staff are adequately lighted and free of potential hazards.
61. A member must ensure that staff are trained in emergency exit procedures in cases of fire or other disasters.

14. Marketing and Advertising

General rules

62. A member must ensure that any marketing or advertising undertaken by or for the practitioner is not:
 - (a) false,
 - (b) inaccurate,
 - (c) unverifiable,
 - (d) misleading,
 - (e) misrepresenting the effectiveness of any treatment,
 - (f) undignified, offensive or in bad taste, or
 - (g) contrary to the ethical standards of the profession.¹⁸
63. A member must not in any marketing or advertising claim to cure any disease, condition or ailment or imply that he or she can do so.

Reference to the Association

64. A member may state that he or she is a member of the BC Association of Homeopaths, but must not represent him or herself as speaking on behalf of the Society without prior approval.
65. A member must submit to the Association for approval prior to printing and publishing any press release or articles for publication that make reference to the Association.

Testimonials

66. A member may use testimonials in marketing activity provided

¹⁷ Although coverage agreements are especially important for solo practitioners, it is also important for homeopaths in group practice to ensure everyone in their group understands and applies their group's coverage arrangements.

¹⁸ These standards are to ensure that homeopaths accurately and completely represent themselves to patients. The primary intention behind the promotion or advertising of services should be to fully respect and support a prospective patient's ability to make informed judgments and choices.

- (a) the practitioner obtains written permission to use a testimonial from the patient, and
- (b) the testimonial is truthful, accurate, and in good taste.

15. Professional Consultation or Referral

- 67. The *Code of Ethics* provides that a member must “recognize his/her professional limitations and, when indicated, recommend to the patient that additional opinions and services be obtained.”
- 68. Without limiting the generality of the foregoing, a member must
 - (a) recommend a patient seek medical attention when a medical diagnosis, treatment, testing or imaging is required, or in the case of a possible emergency, and
 - (b) encourage the patient to maintain a relationship with their medical doctor.
- 69. When homeopathic treatment is difficult or the path forward to health is not clear to the homeopath, or when the patient so requests, a member will seek the opinion of another homeopath or health care practitioner acceptable to the patient.
- 70. Because it is reasonable to expect additional fees for the opinion or services of another homeopath or health care practitioner, the referring member should ensure the patient understands and agrees to such additional fees as may apply.
- 71. Having requested the opinion, the member
 - (a) may make available to the other homeopath or health care practitioner any relevant patient information, and
 - (b) must clearly indicate whether the colleague is to assume the continuing care of the patient during this illness.
- 72. When a colleague requests an opinion, a member
 - (a) will report findings and recommendations in detail to the colleague, and
 - (b) may outline that opinion to the patient.

16. Withdrawing from Patient Care

- 73. A member is justified in withdrawing care to a patient in any of the following circumstances:
 - (a) when a patient refuses to follow advice and treatment;
 - (b) when a patient refuses to pay their bills;
 - (c) if the member feels threatened or harassed by the patient;
 - (d) if the member is restricting their practice to a particular type of problem or to office visits only.