

# EPASA

**ETHNOMEDICINE PRACTITIONERS ASSOCIATION  
OF  
SOUTH AFRICA**

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## Code of Conduct Code of Ethics

# **EPASA**

## **Foreword**

This document is designed to provide information as to how the Ethnomedicine Practitioner is organized, with special reference to the position that the Ethnomedicine Practitioners Association of South Africa occupies.

It also sets out guidelines to accepted practice by members of EPASA

EPASA was founded in 1987 in order to promote, enhance and unify the practice of ethnomedicine in Southern Africa.

## **EPASA**

### **What it is**

EPASA stands for Ethnomedicine Practitioners Association of South Africa and is a body which accredits and controls the ethnomedicine practice. Its members are responsible for caring for public health in all spheres.

THE MAJOR OBJECTIVES OF EPASA ARE:

- To promote the practice of ethnomedicine sciences.
- To represent and promote the interests of accredited qualified practitioners in ethnomedicine as principles of the practice.
- To establish and maintain, among its members, the business practices and conduct standards, service, training, educational qualifications associated with the professional body.
- To continually promote the standards of ethnomedicine practice.
- To discourage dishonesty and undesirable practice in ethnomedicine and related fields of activity.
- To specify commonly accepted practices in the field.
- To foster the training of ethnomedicine personnel and to encourage recognition of standards, qualification examinations in this regard.
- To represent the practice in important negotiations with government advisors, the South African Medical Association, Medical Control Council, Health Professions Council, South African Nursing Council, South African Pharmacy Council, South African Institute of Medical Research Council, Allied Health Professions Council, South African Complimentary Medicine Association, South African Ethnomedicine Professions Board, Traditional Medicine Systems Organisations.

### **AN OUTLINE OF EPASA**

EPASA exists to protect the interest of its members, but it also exists to protect and further the interests of health as a whole.

- EPASA believe that a well regulated, self disciplined ethnomedical practice with a minimum of state regulation is a vital component in a vigorous health system.
- EPASA is governed by seven (7) persons, the executive committee led by a chairperson. It is significant that all these persons are specialists in their respective fields and most of them are practitioners. EPASA has a full time secretariat and with its own offices in Gauteng.
- The executive committee members are organized into a number of subcommittees dealing with specialised aspects of the practice.
- While the work of these committees is ongoing, there are also regular bi-monthly executive committee meetings where all aspects of EPASA executive activities are considered.
- Subjects covered by the internal committees concentrate on professional aspects that include: Research, Government Liaison, Ethical Practice and Manpower.

In addition, the executive is to represent EPASA on the following bodies: HPCSA, SAMA, MCC, MRC, SAPC, AHPCSA, SACMA, TRAMSO and SAEPB.

## **REGISTRATIONS**

1. Registration of practitioners will be done according to the field of study which is controlled by the executive committee.
2. Students will be offered the opportunity to register with the association as students.
3. Qualified students will be registered categorically according to their respective field of practice.
4. Registration certificates will be awarded to the qualified applicants only.
5. Other qualified medics will be awarded registration (certificates) only after completion of the study programmes, dissertation and thesis.

## **MANPOWER DEVELOPMENT**

EPASA recognizes that the ethnomedical field, in common with many others in South Africa, has an ongoing manpower shortage and that this can only be alleviated by training. Accordingly EPASA is devising and implementing a scheme whereby each year young people of high potential will be taken in on training. These young people, medical inclined, men and women irrespective of race, social standing and political allegiance, will be recruited by the various academic institutions accredited by EPASA.

## **CONTROL OF MEMBERS**

- The general control and direction of the policy and affairs of the association's members are with the executive committee.
- The executive committee may take such action as may be deemed necessary in all matters affecting the legitimate interests of its members who conduct themselves in a professional manner that is beyond reproach, take any necessary steps to correct unethical behavior by colleagues.
- That they maintain and ensure their professional independence and integrity when entering into any contact regarding professional service, that they remain personally responsible to their patients for care.
- That they ensure that information about themselves in the course of presenting medical topics to the media or to audiences does not imply that they are the only, the best or most experienced practitioners in a particular field

## **DUTIES**

### **THE EXECUTIVE COMMITTEE SHALL:**

- Approve academic standards "Education, Training and Research".
- Accredite and award qualifications to associated academic institutions offering training in Ethnomedicine, in agreement with TAESSA.
- Certify candidates to practice and ensure a strict code of conduct, ethics and professionalism.
- Control ethnomedical training courses, tertiary, primary health, administer students affairs, etc.
- Establish committees for education, disciplinary and examinations.
- Not to go into any correspondence with those they did not give accreditation.
- Control primary health projects, practices and functions.

## **CODE OF CONDUCT**

### **SOCIAL RESPONSIBILITY**

1. To dedicate themselves to health and service of mankind.
2. To promote health for all by sharing responsibility for the health education of society.
3. Strive to ensure that everyone has equal access to affordable health care.
4. Strive to provide medical care to disadvantaged and vulnerable groups.
5. Strive to improve the standards and quality of health services in the community.
6. Should not condone or participate in torture or any other form of cruel, inhuman or degrading procedure towards any person.
7. Treat persons held in custody in the best interest of their health and with the same concern as other patients.
8. Place medical care above consideration of race, gender, creed, social standing, political allegiance or disease.
9. A practitioner must always maintain the highest standards of professional conduct towards both the individual and society.
10. A practitioner must not allow himself to be influenced merely by motives of profit.

11. The following practices are deemed unethical:

- Self advertisement except such as is expressly authorized by the code of ethics.
- Taking part in any plan of medical care in which the practitioner does not have professional independence.
- To receive any funds in connection with services rendered to a patient other than the acceptance of a proper professional fee or to receive any money in the same circumstances without the knowledge of the patient, such as commission, kick-backs and gifts.

12. Under no circumstances is a practitioner permitted to do anything that would weaken the physical or mental resistance of a human being, except for strictly therapeutic or prophylactic indications imposed in the interest of the patient.

13. A practitioner is advised to use great caution in publishing discoveries. The same applies to methods of treatment, whose value is not yet recognised by the profession at large.

14. When a practitioner is called upon to give evidence in court on a legal matter or issue a certificate, he should only state that which they can verify; no hearsay should be included.

### **DUTIES OF THE PRACTITIONER TO THE PATIENT**

1. A practitioner must always bear in mind the importance of preserving all life from the time of conception until death.
2. A practitioner owes to their patient complete loyalty and all the resources of their therapy. Whenever an examination or treatment is beyond their capacity, they should immediately summon another practitioner who has the necessary ability.
3. A practitioner owes to their patient absolute secrecy on all events, which have been confided to them or which they know because of the confidence entrusted in them.
4. Make available to the patient a brief factual written report regarding his or her health status if the patient has reasonable grounds for requesting this.
5. Practitioner shall treat patients and should understand about the referrals between the ethnomeds, clinics, specialists and hospitals, etc.

## CODE OF ETHICS

1. A practitioner ought to behave towards his colleagues to create mutual trust.
2. A practitioner must not entice patients from his colleagues.
3. A practitioner must refrain from all acts or criticism which might conceivably bring a professional colleague or association into disrepute.
4. To abstain from any claim or statement misrepresenting the profession.
5. To comply with the following code of practice.

## CODE OF PRACTICE

**Indemnity Insurance** – Practitioners must be professionally indemnified in respect of patients, public and product liabilities.

### Premises

- a) Treatment area must be equipped to clinical standards.
- b) Staff facilities and public areas (waiting rooms, hallways, stairs, toilet facilities, etc) must comply with current health and safety regulations.

**Advertising** – Ethnomedicine practitioners shall be free to advertise their services and practice as they see fit subject to any such advertisements.

- a) Being legal, decent, honest and truthful in accordance with the South African code of advertising practice.
- b) not being of a character that could reasonably be regarded as likely to bring the profession into disrepute.
- c) not being such as to abuse the trust of existing or potential patients or exploit their lack of knowledge.

**Stationary and nameplates** – Professional letterheads should be of good quality and print. Name plates on buildings and windows should be modest in size. The logo of the association and the board should not be used on personal stationary.

**Qualifications** – The display of designatory letters, certificates and diplomas on professional premises and stationary shall be restricted to those recognised by EPASA executive committee and the Board.

**Curricular Services** – Members wishing to take part in a formal training of other ethnomedical modalities may do so only with the written permission of EPASA executive committee and the board.

**Discipline** – The executive of EPASA may, on investigation, de-register any member found guilty of intervening the spirit of the letter of EPASA Code of Ethics and/or Code of practice or on the grounds of any other act which the executive committee may consider to reflect adversely upon the good name and reputation of EPASA or by acts that may bring the organization into disrepute.

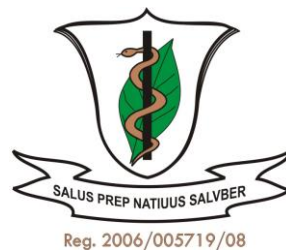
In the case of any adjudged misdemeanor, the executive committee may substitute the punishment of de-registration with a period of suspension from membership.

All certificates, diplomas and items of property issued by EPASA to a member during the life of his or her membership, remain the property of EPASA and on de-registration shall be returned to the EPASA Registrar.

EPASA REGISTERED PRACTITIONER'S LIST IS AVAILABLE ON THE EPASA WEBSITE

Helvetia House  
Greenvale Rd.  
Wilbart  
Germiston

[www.epasa.co.za](http://www.epasa.co.za)



## **COMMITMENT**

I, a doctor and member of Ethnomedicine Practitioners Association of South Africa believe in the sanctity of life and in the promotion of optimal quality of life for all.

I will therefore strive:

- To use my knowledge and skills to promote the health of my fellow human beings.
- To place health care above consideration of race, gender, creed, social standing, political allegiance or nature of disease.
- To foster a good relationship with my patients based on mutual respect, communication and trust.
- To respect the rights of my patients including the right to informed consent.
- To recognize my limitations and to consult with, or refer to, my colleagues when necessary.
- To respect and improve my professional skills.
- To sustain and promote integrity, insight and caring within the ethnomedical profession.