



National Herbalists Association of Australia

Code of Ethics

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1. Preamble

- A. The role of the National Herbalists Association of Australia (NHAA) and its individual members is to promote and disseminate the knowledge and understanding of medical herbalism and to encourage the highest standards of competence and performance by practitioners in the practice of medical herbalism.
- B. The NHAA acknowledges this role and position of responsibility in setting the standard of ethical behaviour expected of medical herbalists. The NHAA Code of Ethics provides a set of fundamental principles that should guide members in their professional conduct, and adherence to the Code is obligatory for practitioners belonging to the NHAA.
- C. Medical herbalists have been guided over the centuries by the principles of the Hippocratic Oath which encourages members of the profession to promote the health and well being of their patients and prohibits medical herbalists from behaving solely in their own interests.
- D. Medical herbalists acknowledge that they have a duty of care to their patients to improve and maintain health. This duty is extended to those patients who entrust themselves to care because of illness; to those who seek advice for the maintenance of health; and to those whose aim is to prevent disease.
- E. All medical herbalists are entrusted with the continuance of the practice of traditional herbalism along with the pursuit of rigorous standards of evaluation of those herbs newly introduced to the Western Materia Medica.

2. Definition

A medical herbalist who is recognised by the National Herbalists Association of Australia as a fully qualified practitioner in western herbal medicine is defined as a medical herbalist or naturopath trained in the philosophies, principles and practice of western herbal medicine and medical science, able to assess the condition of a patient and to consequently prescribe and dispense plant medicines (or phytomedicines) in a safe and effective manner. The philosophical approach of a practising herbalist is to seek to treat underlying causes of disease from a wholistic perspective, acknowledging and embracing centuries of empirical knowledge and traditional principles of the usage of plant medicine, whilst continuing to evaluate both herbs and human disease in a modern scientific context.

3. NHAA Code of Ethics Pledge

All full member applicants must sign the following pledge:

I declare that as a member of the National Herbalists Association of Australia I will conduct myself honourably and behave with integrity in the practice of my profession. I will apply my knowledge and skills for the maximum benefit of the patient, observe a conscientious and caring attitude towards all patients, and maintain a high standard of confidentiality. I declare that I will do my utmost to maintain the dignity and reputation of the Association. I will obey the rules and guidelines as set by the Association and will abide by all decisions of the Board of Directors. I will keep appropriate patient records, dispense with care and conform to legal requirements. I will not advertise in such a way as to promote either myself, or the practice of herbal medicine in an unprofessional manner.

4. Principles Relating to the Conduct of Medical herbalists

Medical herbalists are engaged in the treatment of patients in a clinical setting, the teaching and dissemination of herbal practice and principles, and research. In all three of these areas, the medical herbalist should adopt an appropriate code of personal and professional conduct and appropriate behaviour in relation to contractual arrangements, publishing and advertising.

4.1 Personal Conduct

The medical herbalist shall:

- i. Adopt and maintain the highest standards of personal presentation and behaviour.
- ii. Behave in a manner that enhances the integrity and status of the profession and promotes public confidence.
- iii. Remain aware that personal conduct may reflect upon their own professional reputation, that of the profession, and of the Association.

4.2 Professional Conduct

- i. A medical herbalist ensure that their conduct is professional in manner and that they behave with morality and dignity in relation to their patients, the public, and other health care providers.
- ii. It is the responsibility of all medical herbalists to enhance their reputation and that of the profession by practicing herbal medicine to the best of their ability and within the limits of their expertise, and by continually upgrading and expanding their knowledge base.
- iii. A practitioner shall not be entitled to practice herbal medicine or to charge a fee for practice until they have attained their full qualifications unless they are fully supervised by a trained practitioner of herbal medicine.
- iv. A medical herbalist shall not discourage or attempt to prevent a patient from seeing another practitioner when they have made an informed choice to do so.
- v. A medical herbalist shall not criticise, condemn, or otherwise diminish any recommendations made by another practitioner, nor make comments with the purpose of denigrating the personal character of another practitioner.
- vi. It is a requisite of practice that a practitioner remains medically, physically and psychologically fit so as not to bring him or herself or the profession into disrepute.
- vii. A medical herbalist shall at no time adversely affect the standing of the profession by taking part in or promoting any activity or product that will reflect improperly on the practice of herbal medicine or on the profession.
- viii. A practitioner will not permit any unqualified person to treat to a patient within their clinical environment
- ix. It is the duty of a medical herbalist to support the association in its endeavours and activities relating to continuing professional education and advancement of the herbal medicine profession.

4.3 Conduct in Relation to Patients

- i. The religious, spiritual, political and social views of any individual irrespective of race, colour, creed, sex, sexual orientation, physical or intellectual disability, age, economic or social status shall be respected by a medical herbalist at all times.
- ii. When personal or religious belief impairs a medical herbalist's ability to treat a patient in a professional manner, the practitioner must inform the patient and suggest an alternative practitioner.

- iii. Medical herbalists must behave with courtesy, respect, dignity, discretion, tact and empathy in their associations with patients.
- iv. Medical herbalists recognize that patients have individual needs and respect the rights of patients to make informed choices in relation to their care.
- v. Medical herbalists maintain the highest standard of professional confidentiality and obtain the consent of the patient before discussion of any aspect of the history or treatment with another professional. A medical herbalist shall exercise due professional judgment in providing such information to other health care professionals.
- vi. The medical herbalist shall not knowingly undertake any action or treatment that might adversely affect the health of a patient or fellow human being.
- vii. The practitioner shall be primarily concerned with the health care and safety of the patient and not be influenced by motives of profit.
- viii. Medical herbalists must never claim to 'cure'. The possible therapeutic benefits may be described but recovery must never be guaranteed.
- ix. When consulting with patients who are deemed incapable of self-determination of their own health care needs, for example, minors or intellectually handicapped persons, the medical herbalist shall follow accepted legal practice by involving and informing the parents, next of kin or guardian in administration of care and decisions about treatments.
- x. Practitioners shall not neglect or abandon a patient or discontinue treatment without due notice to the patient or until another practitioner has assumed responsibility.
- xi. Practitioners shall arrange a consultation or second opinion with a colleague or another practitioner whenever the patient so desires, provided the best interests of the patient are served.
- xii. The practitioner shall ensure that other medical herbalists who are asked to assist in the care of the patient are qualified and competent.
- xiii. A practitioner shall not treat a patient or offer herbal advice while under the influence of drugs or alcohol; or while their reasoning and/or decision-making is impaired in any way.
- xiv. Patients should be advised appropriately of the possible risks and benefits of a particular herbal treatment and encouraged to make an informed choice about the treatment.
- xv. Medical herbalists shall carry appropriate levels of professional indemnity insurance.

4.3.1 Treating family members

- i. Practitioners should encourage family members to have an independent and trusted practitioner to coordinate their care. Practitioners should only discuss the health of their family member with a treating practitioner with the knowledge and consent of the client.
- ii. If after due consideration a practitioner decides it is appropriate to treat a family member, good records must be maintained, the consultation should be formalised and follow up should be arranged. If the family member has a regular practitioner, there should be communication with that practitioner about the treatment given.
- iii. A client is not entitled to claim health fund rebates for a consultation or treatment by a family member.

4.3.2 Treating children

- i. Legal requirements for treating children are complex and vary from state to state in Australia. You must ensure that as a practitioner or an employer of a practitioner you comply with all relevant state regulations in relation to:
 - when a young person is at law considered competent to make decisions about their own medical care; and
 - whether you are required to hold a certificate or licence to treat children.
 - if a minor for legal purposes is considered competent to make health care decisions, that they are still encouraged to have a responsible adult present where appropriate.

4.4 Contracts

A practitioner shall not enter into any contracts, multi-level marketing or any other arrangement with a colleague, patient or organization that may diminish a patient's autonomy, result in a conflict of interest, or impair the practitioner's impartiality or professional integrity in any other way.

4.5 Advertising

- i. A practitioner may advertise in a proper and professional manner in order to inform members of the general public of their location and details of their practice as a medical herbalist.
- ii. Full members of the NHAA are entitled to use the letters 'MNHAA' after their name and to incorporate the NHAA logo in printed matter or in the advertising of their practice provided:
 - a) The material does not contravene any of the points in the Code of Ethics.
 - b) The material does not make false or misleading claims about the association or the practice of medical herbalism.
 - c) The material is not biased toward or critical of a company, person or association.
- iii. Practitioners shall not use advertising material that may bring the profession into disrepute by identifying past or present patients; or use material that is ethically or professionally unsuitable.
- iv. Practitioners shall not use titles or descriptions that give the impression of medical or other qualifications to which they are not entitled.
- v. A practitioner shall not advertise secret or exclusive methods of treatment or claim to be able to achieve unexpected cures.

4.6 Conservation and Ethics

4.6.1 Conservation, Ethics and the Medical Herbalists

- i. It is the responsibility of herbal practitioners to have some awareness of the geographic and cultural origins of the main herbs prescribed in his/her practice.
- ii. Medical herbalists should not utilise herbs or herbal products derived from any wild species known to be threatened or endangered in their natural habitat.
- iii. Medical herbalists have a duty to support products whose manufacturers demonstrate commitment to the sustainability of wild medicinal plants.

- iv. Wherever possible medical herbalists should maintain communication with those responsible for supplying medicinal herbs i.e. growers, wildcrafters, indigenous communities and industry representatives.
- v. It is the duty of all medical herbalists to remain cognizant with those herbs that are endangered and threatened and adopt appropriate practices in the harvest and use of these herbs.
- vi. Medical herbalists have a responsibility to train the next generation of medical herbalists not to promote the use of wildcrafted herbs whose survival is threatened or endangered.
- vii. Members have a duty not to prescribe or recommend plant medicines, supplements or foods derived from GE technology.

4.6.2 Conservation, Ethics and the Association

- i. The Association believes that medical herbalists should be aware of and respect international treaties and national laws relating to medicinal plant conservation, especially the 1993 Convention on Biological Diversity (CBD), the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES), and the United Nations Draft Declaration on Rights of Indigenous Peoples. Information of this nature is kept at the NHAA office.
- ii. The Association aims to work with industry and government authorities to bring an awareness of medicinal plant conservation issues to all concerned.
- iii. The Association aims to keep all members informed of the 'at risk' herb species for the purpose of restricting their use.
- iv. The NHAA is opposed to Genetic Engineering (GE) and believes that the use of genetically engineered medicinal plants does not conform to traditional usage of herbal medicines.

5. Standards of Care

The relationship between a practitioner and patient is such that the patient places trust in the care, skill and integrity of the practitioner. It is the duty of the practitioner and the practitioner's staff to act with due diligence at all times and not abuse this trust in any way.

5.1 The Consultation

- i. The medical herbalist shall at all times endeavour to practice herbal medicine to the best of their ability and to administer a satisfactory standard of care to the patient.
- ii. The practitioner shall ensure that the patient is aware of all fees and costs involved in consultation and prescribed treatments prior to commencement of a consultation.
- iii. Consultations shall be conducted in such a way as to evaluate completely and competently each patient at each consultation.
- iv. Accurate, clear and comprehensive records shall be kept of each consultation. These should include but not be limited to name, address, contact details and occupation of the patient; date of consultation; presenting complaint including duration; past and family history; relevant lifestyle history, details of previous treatments and current medications; known allergic reactions; and findings from pathology tests or other investigations.

- v. Medical herbalists should maintain a sense of professional responsibility for factual statements expressed in reports and other similar documents when these are to be used or signed in a professional capacity.
- vi. The practitioner must provide a client with a printed invoice which includes the name of the practitioner, the address of the clinic and details of the service provided.

5.1.1 Email, internet and telephone consultations

- i. Any initial consultation must be face to face. Where in exceptional circumstances this is not practical the practitioner:
 - a) must ensure that the patient is assessed by an appropriately qualified practitioner before any course of treatment is recommended;
 - b) has the responsibility to sight any relevant reports generated from a consultation conducted by another appropriately qualified practitioner prior to the email or telephone consultation;
 - c) conduct follow up consultations in absentia provided that the practitioner evaluates the progress of the patient competently;
 - d) conduct a face to face follow up consultation at least every 12 months.
- ii. Fees may be charged for email, internet or telephone consultations however health fund rebates cannot be claimed for these consultations.
- iii. Receipts issued for email, internet or telephone consultations must clearly state that the fee charged is for the email, internet or telephone consultation and that a health fund rebate is not available.

5.2 The Premises

- i. Practitioners shall maintain working conditions suitable for the professional practice of medical herbalism.
- ii. The clinic premises shall be of high standard in order to reflect favourably on herbal medicine and the profession.
- iii. The minimum requirements for a professional clinic shall be a separate clinic space for private consultations, a separate waiting area, and hygienic washroom and toilet facilities in accordance with local government requirements for medical rooms.
- iv. The clinic environs must be well maintained and appropriately clean.
- v. Access to all records, whether written or computerised, shall be restricted to only those personnel who are authorised to view this material.
- vi. Medicines prepared for a patient's use shall be prepared in accordance with the strictest standards of hygiene and shall be labelled in the manner stipulated by the relevant government bodies.

6. Complaints Resolution

6.1 Responsibilities Relating to Complaints and Complaints Resolution

NHAA has developed policies and procedures for its members for the management of complaints. Providing an opportunity to deal with complaints to the satisfaction of patients is an important aspect of improving the standard of the health care services provided.

NHAA encourages medical herbalists to resolve complaints directly with patients wherever possible.

A complaint may be made in writing or may be made by the patient verbally to either the medical herbalist or his or her staff and may be defined as:

- i. A communication from a patient regarding a medical herbalist's services where concerns are raised about the treatment provided by the medical herbalist
- ii. A communication expressing concern about the adequacy or appropriateness of the verbal or actual conduct between the medical herbalist and the patient.

When dealing with a complaint a medical herbalist should observe the following principles:

- iii. It is the right of patients to make a complaint
- iv. Complaints should be accepted politely and with due regard for the patient
- v. The procedures through which a complaint can be made should be accessible and open. The patient should be given the name of the appropriate person in the clinic who will handle the complaint
- vi. The patient shall be given the contact details of the NHAA and the contact details of the Health Care Complaints Commission from the appropriate state or territory if the complaint cannot be dealt with satisfactorily in the first instance.
- vii. The facts relating to the complaint should be evaluated
- viii. The principles of natural justice must be observed.
- ix. Patients should be protected against any adverse consequences of exercising their rights to complain and should continue to receive quality care by the practitioner if this is their choice.
- x. Complaints should be treated confidentially.
- xi. Complaints made by patients may result in disciplinary action by the Association or in legal action of some kind.

6.2 Procedures for Complaints Resolution

When a complaint is received from a patient, the following procedures should be adopted:

- i. Complaints should be received and recorded and an attempt made to resolve the complaint immediately
- ii. Complaints should be dealt with promptly and the patient should be given feedback of the outcome of their complaint.
- iii. Adequate information should be collected and recorded relating to the complaint, the details of which should include the name/s of the individuals involved; the time and date the incident is said to have occurred; whether there was an attempt to resolve the problem immediately and if so, how this was undertaken. Any developments subsequent to the initial incident including dates, times and personnel involved should also be recorded.
- iv. When the complaint cannot be resolved within the clinical setting, the patient should be referred to the NHAA to be resolved in accordance with the 'Protocol for Complaints' procedures as defined by the Board of Directors.
- v. An apology should be tendered and/or appropriate action taken where a complaint has been substantiated.

7. The Medical Herbalist and Members of the Association and the Profession

- i. A practitioner shall at no time take part in or promote any activity, verbal or otherwise, which will reflect improperly or denigrate the standing of herbalism or the Association within the general community or in any professional circles.
- ii. A practitioner shall not use his/her professional connections or affiliation with the Association for personal gain.
- iii. If a practitioner acts as a locum, the practitioner shall not:
 - i. Continue to treat that patient without consent from the original practitioner
 - ii. Attempt to coerce or discourage the patient from returning to their original practitioner
 - iii. Continue to contact patients of the originating practitioner with the intent of inviting them to leave their existing practitioner
- iv. When establishing a new practice or relocating, a practitioner shall observe the courtesy of contacting all existing practitioners/members in the nearby locality.
- v. If a medical herbalist forms the opinion that a fellow practitioner/member is behaving in an unethical manner, they may first discuss this with that practitioner before reporting their concerns to the Association.
- vi. Should a consultation or investigation find a condition in a patient that requires treatment outside the practitioner's area of qualification, expertise or knowledge, that practitioner bears a duty of care to the patient to make a referral for specialised treatment.

8. The Medical herbalist and Other Professions

- i. Practitioners shall at all times show due respect to practitioners of other disciplines.
- ii. A medical herbalist should not criticise, condemn or otherwise denigrate another practitioner or any recommendation made by that practitioner.
- iii. A practitioner should consider it a privilege to treat another practitioner/member or member of an associated profession.
- iv. A practitioner should always obtain a patient's prior consent before releasing information to another practitioner
- v. A practitioner shall not denigrate or otherwise cause disrepute to a member of any other medical or complementary health modality
 - a. for the purpose of self gain
 - b. in front of any layperson, patient or through any public medium
- vi. A member may not give or receive commissions, bonuses, fees or gifts for the referral of patients to any other health care professional
- vii. A practitioner shall not repeat any confidential communications from members of other professions or associations without permission
- viii. Any interdisciplinary dispute should be attended to in a honourable, respectful and professional manner
- ix. Any complaints of conduct of associated professionals must first be discussed with the associated professional, and then reported to their professional association as well as the NHAA.

8.1 Referrals to Other Medical Herbalists or Other Health Professionals

- i. It is the practitioner's responsibility to know their own educational and professional limitations and to refer when specialist treatment is required to serve the best interests of the patient.
- ii. Where an opinion is required in a court of law or before the media, a practitioner shall not in any way denigrate another practitioner or the profession or practice of herbal medicine.
- iii. When speaking in public, a practitioner shall clearly indicate which statements are opinions that are in conflict with or contrary to those generally held by the profession or the Association.
- iv. When a practitioner is consulted by a patient through referral or because the practitioner whom the patient usually consults is unable to see them for any reason, the practitioner should treat that person, and refer the patient back to the referring practitioner, outlining assessments and treatment if requested. The current professional relationship shall not be interfered with unless and until the patient or referring practitioner clearly indicates that the new practitioner is to assume the continued care.
- v. Where a patient is referred to another practitioner for a second opinion, that opinion shall be granted to the referring practitioner without prejudice.
- vi. Practitioners shall arrange consultation with a colleague whenever the patient so desires or requires, provided the best interests of the patient are served. The practitioner bears a responsibility to ensure that the colleague assisting in their patient's health care is suitably qualified and competent.

9. The Medical herbalist and the Community

The medical herbalist will adopt a sense of community by providing information through the media, public speaking and written material to assist the general public in making informed health choices in relation to herbal medicine.

- i. The medical herbalist will not mislead the community with claims of herbal cure alls, magic bullets and wonder herbs.
- ii. A medical herbalist will endeavour at all times to behave in an appropriate manner in a public place, recognising that failure to do so will reflect badly on the Association and on the profession of herbal medicine.

10. Education, Teaching and Research in Herbal Medicine

10.1 Education

The Association provides the Australian public, members, and the Government with professional assurance that the NHAA is a reliable and recognised authority monitoring the quality of entrants into the profession.

The NHAA and all members shall at all times recognise and abide by all State, Federal, educational institution and registration board requirements for standards of education, including upgrading as deemed necessary.

In accepting the role of medical herbalist, a practitioner must be educated and show continuing competence in:

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- i. The ability to conduct a comprehensive diagnostic assessment
- ii. An understanding of the individual, the family and the community
- iii. The ability to practise disease prevention and health promotion
- iv. Analysing and defining health problems
- v. Managing health problems [planning and implementation of herbal care, referrals]
- vi. Establishing appropriate conditions for patient or patient care by creating a favourable practice milieu
- vii. Ensuring patient safety and avoiding complications in practice by referring patients to the appropriate professionals for investigations such as laboratory, radiological or other specialised physical tests or examinations
- viii. Managing a practice

10.1.1 Continuing Professional Education (CPE)

- i. A commitment to CPE is mandatory for continuing membership of NHAA
- ii. CPE cards are issued annually with membership renewal.
- iii. The NHAA requires all members to meet CPE criteria and cards are to be submitted to the Association for assessment annually.

10.1.2 First Aid

- i. It is compulsory for all practicing members to hold a current First Aid and Cardiopulmonary Resuscitation (CPR) certificate
- ii. All practitioners must be able to demonstrate competence in First Aid and CPR skills both functionally and theoretically.

10.2 Teaching

- i. Membership of the NHAA is encouraged of lecturers who are teaching NHAA accredited courses.
- ii. The aim of teaching is to provide solid foundations in the theory and practice of herbal medicine from which the student acquires an enquiring mind and knows where to seek out the required information.
- iii. NHAA members who are lecturers will not enter into sexual relations with their students or behave in a manner which is unbecoming to the profession or victimise any student who resists such an advance.
- iv. Lecturers must be mindful that students are future members of the profession and therefore must be assessed on their competence as a practitioner. If a student is found lacking or only obtaining partial competence in a particular area, this must be drawn to the attention of the student and remedial efforts put in place.
- v. Members of the NHAA teaching in institutions shall obtain permission from their patients to present a case study in the classroom and preserve and respect the anonymity, privacy and dignity of their patients at all times.
- vi. It is considered mandatory that all those involved in teaching herbal medicine actively pursue continuing professional education seminars and conferences and seek out medical and herbal journals to substantiate their knowledge where appropriate.

- vii. Those teaching in any educational institution shall not use their influence over students to promote or denigrate a particular company, product or individual.

10.3 Research

- i. The NHAA encourages its members to undertake research/clinical trials to further the knowledge base and practical application of herbal medicine.
- ii. Members undertaking research, and their staff, should keep as paramount the health, dignity, privacy and freedom of choice of the research subjects. An opportunity to debrief at the conclusion of the clinical trial and to receive information as to the risks/benefits of the treatment should be made available to all participants.
- iii. The member must obtain the subject's written consent to enter the investigation/trial after informing the patient of any risks or invasive procedures involved.
- iv. A member must not exert undue pressure on potential subjects by using a position of authority or a current patient/practitioner relationship for the purpose of securing their participation in a particular research project.
- v. Members undertaking private research must submit research proposals to the NHAA Medicinal Plants Ethics Committee or to the appropriate Area Health Service or University Ethics Committee or other approved appropriate body.
- vi. The research will be conducted in an ethical manner with the emphasis on human trials rather than animal studies.
- vii. Any clinical research involving human subjects shall conform to the guidelines of the Declaration of Helsinki.
- viii. While the randomised double-blind placebo controlled clinical trial is seen as the gold standard for the scientific community, the NHAA seeks to extend these parameters to truly reflect the individualized treatment and holistic patient assessment that is at the basis of herbal medicine.
- ix. To this end, the Association supports the notion of evidence-based medicine, believing that traditional prescribing is based on these precepts.
- x. The Association is involved in actively lobbying the appropriate government authorities to earmark research monies for herbal medicine clinical evaluations and trials.

11. Appendices

11.1 Oath of Hippocrates

I swear by Apollo Physician and Asclepius and Hygeia and Panacea and all of the gods and goddesses, making them my witnesses, that I will fulfil according to my ability and judgment this oath and this covenant:

- To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art – if they desire to learn it – without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but to no one else.
- I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.
- I will neither give a deadly drug to anyone if asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and art.
- I will not use a knife, not even on sufferers from stone, but will withdraw in favour of such men as engaged in this work.
- Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.
- What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account be spread abroad, I will keep to myself holding such things shameful to be spoken about.
- If I fulfil this oath and do not violate it, may it be granted to me to enjoy life and art, being honoured with fame among all men for all time to come, if I transgress it and swear falsely, may the opposite of all this be my lot.