



section seven

ETHICAL AND LEGAL RESPONSIBILITIES FOR MAGDALENA PRACTITIONERS

It's not about learning more techniques.

It's only about love.

~ Sai Maa

Purpose

To promote awareness of contemporary ethical and legal issues relevant for providing and advancing Magdalena Energy Practitioner services that are in alignment with the teachings of Her Holiness Sai Maa.

The required companion book for this ethics course is [Ethics Handbook for Energy Healing Practitioners](#) authored by David Feinstein with Donna Eden (Energy Psychology Press, 2011).

Disclaimer

This material is educational in nature; and it is not intended to be used as legal advice nor does it provide an exhaustive fount of legal and ethical information.

Ethics, laws, and regulations vary among countries, states, and provinces making it essential for the practitioner to know the laws in your practice locale and the guidelines of your professional organization. Consultation with an attorney and/or a member of your

professional organization is recommended for counsel. This material is not intended to be used as legal advice on specific legal and ethical situations or dilemmas. To augment learning in legal and ethical matters relevant for Magdalena Energy Practitioners, a required text and a variety of references for students to explore are included in this course.

The learning activities of this course are designed to:

- » Be energetically congruent with and honor Sai Maa's teachings
- » Be in harmony with the Mary Magdalena presence, healing energies and qualities, including a balance of divine feminine and divine masculine energies
- » Assist practitioners in gaining an awareness of social, economic, ethical, and legal factors that influence Magdalena Energy Practitioner services
- » Assist practitioners in gaining an awareness of systematic inquiry and ethical and legal decision-making processes
- » Assist practitioners in gaining an awareness of the timeliness and sacredness of Magdalena Energy Practitioner services

Course Content

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1. The New Paradigm: Magdalena Energy Practitioner Practice

The learner will be able to:

- » Compare the Western conventional/traditional healing paradigm with the emerging Magdalena Energy Practitioner healing paradigm

Understanding Transformation and Healing

“A healer must know that everything is energy. This is the only way to know how to transform the energy....” (Sai Maa, 2012)

The time has come for healers to move into a new maturity, a new understanding of what is means “to be healed” and “to be a healer.” Our souls are asking us to shift from the familiar paradigm of looking outside ourselves, often expecting trained “healers” to heal us. We are now being asked to take personal responsibility for our healing and shift into a new paradigm of healer transformation through the remembering of who we truly are—embodiments of love and Light, shining as that Light.

This new paradigm requires structures to support it. To stabilize the new paradigm, old beliefs and structures must be deconstructed, deprogrammed, and redesigned and reprogrammed to operate in harmony with the new healing paradigm.

The following old paradigm with outdated core beliefs must be challenged:

- » Healing involves fixing, curing, or resolving a problem that is causing distress (physical, emotional, or mental) through application of various techniques.
- » Healing is “done” to the client by the healer and the client is relatively passive.
- » Being a “good healer” requires the accumulation of techniques to offer clients. These techniques often give a great sense of importance to the healer.
- » Energy models of care and healing are not scientific and amenable to research.

Healing can be explained by the biomedical model which views the physical system and analyzes and treats it in terms of its mechanical parts, as “body as machine.”

»

In contrast, the new paradigm focuses on moving out of techniques and into alignment with our own divinity by dissolving the forgetfulness and layers of non-truth that have covered our inner essence.

The new paradigm focuses on the following core concepts:

- » Recognizing that everything is energy
- » Understanding the human being as a whole
- » Taking responsibility for our healing
- » Developing a relationship (the healer and “healee” are partners on a journey who both benefit and grow from the experience)
- » Aligning with our own divinity
- » Deprogramming (dissolving the layers of non-truth)
- » Reprogramming with the truth of who we are (Light and Love)

“Be grateful to all those who come to you to be healed. Be grateful that without them, you would not be a healer. Be grateful that their soul sends them to you for you to grow, for your personal growth. Be grateful.” (Sai Maa, 2012)

2. Magdalena Energy Practitioner’s “Fit” Within the Context of the Contemporary Health Care System

The learner will be able to:

- » Understand the impact of historical health care thought on the current contemporary health care scene
- » Understand the Magdalena Energy Practitioner’s “fit” within the contemporary health care system

Overview of Western Medicine and Healing

A brief historical review of the evolution of Western medicine will place medicine and healing in present-day context. It will also shed light on the legal and ethical state of energy healing and energy practitioners.

Harris L. Coulter published three volumes in the 1970s wherein he traces the history of Western medicine philosophy from the time of Hippocrates to the twentieth century. These volumes contain a detailed historical account of medical thought and the scientific method. He offers a revolutionary view that could be of key importance to the contemporary discussion of medicine healing and its relationship to society.

In Coulter’s first volume, he addresses the philosophical views of *empiricism* and *rationalism* and their differing philosophical assumptions. The empirical view involves therapeutic observation and trial and error experiences over time. Rationalists seek their criterion of reliability in some discipline external to the therapeutic process. The conflict was traced back to ancient Greece and Rome and it extended to every area of medical thought and activity. The views generated opposite interpretations of symptoms, therapeutic procedures and conflicting views of the relationship between theory and practice. (Coulter, 1975)

Conflict Between Allopathic Medicine and Homeopathic Practice

In the second volume, Coulter analyzes the polarized views of empiricism and rationalism. In this volume, he suggests that this was the scientific stage of Western medicine thought. Then the empiricism and rationalism schism in medical thought emerged in the nineteenth century as a conflict between the allopathic and homeopathic physicians

over the meaning of scientific medicine. The political victory of the allopathic/rationalist thought gave medical thought the form it has today in the twenty-first century. This set the stage for the current state of the relationship between physicians and society. (Coulter, 1977)

Allopathic Medicine Gains Monopoly and Policy Advantage

In the third volume, Coulter continues discussing the ongoing conflict between the rationalist and empiricist approaches in health care therapy. In the nineteenth century, Samuel Hahnemann formulated an empirical therapeutic doctrine which he called *homeopathy*. This medical approach rapidly expanded in all countries of the Western world, especially in the United States.

Coulter introduced a socio-economic dimension which was not explored in his other two volumes. He traces the rise and fall of homeopathy and the continued mutual antagonism with traditional allopathic medicine. Allopathic medicine subsequently gained a monopoly in health care, especially in the Western world.

In part, due to the monopoly, allopathic medicine (as well as pharmaceutical and insurance businesses) gained strategic influence in public policy and in regulatory matters. Privileged society members with large sums of money contributed further to the allopathic advantage. (Coulter, 1973)

During the late 1800s, the American Medical Association (AMA), organized in 1847, sponsored and lobbied for the enactment of state licensing laws. By 1900, every state had enacted such laws. (National Institutes of Health, p. xxxviii, 1994)

Coulter reported that in 1902 the AMA appointed a Committee on Medical Education which was renamed in 1904 the Council on Medical Education with the mission of upgrading the medical colleges. In 1904, the council adopted three beginning criteria that included 1) completion of four years of high school, 2) completion of four years of medical education, and 3) satisfaction on state licensing exams. Coulter further reports that the council developed a rating scale and published the ratings of all medical schools. (1973)

All the medical schools complained about their ratings, so the Council on Medical Education called on the Carnegie Endorsement for the Advancement of Teaching for assistance. This resulted in Abraham Flexner for the Carnegie Endowment and Nathan Colwell for the AMA visiting and surveying all of the medical schools in the United States and Canada in 1909 and 1910. They published a comprehensive report known as the Flexner Report. The Flexner Report was accepted by all state examining boards who

decided to bar the graduating students of a low-rated school from taking the exam regardless of their other credentials. The Flexner Report was the beginning of codifying allopathic, conventional medical school dominance. The famous Flexner Report is properly credited with closing substandard medical teaching establishments. It also effectively stifled competing schools of thought regarding the origin of illness and appropriateness of therapies. (Coulter, 1973)

Michael Cohen, in his first book Complementary and Alternative Medicine: Legal Boundaries and Regulation Perspectives, identifies the following three factors which solidified the consolidation of regular physicians into a biomedical establishment: 1) the rise of scientific medicine, 2) the growing power of the AMA as the sole voice of United States medicine, and 3) the Flexner Report. (Cohen, 1998)

Contemporary and Projected Status of Alternative, Complementary, and Integrative Health Care

In 1991, the Office of Alternative Medicine (OAM) was established and their first task was to develop baseline information on the status of alternative medicine in the United States. In 1992, the OAM held a series of workshops to accomplish their task; and in September of 1992, a workshop on alternative medicine was held with more than two hundred practitioners and researchers of alternative medicine attending. This group had many different specialty panels and described their respective status in alternative medicine. Their work was published in 1994 and their work is often called the Chantilly Report due to the group meeting in Chantilly, Virginia. (National Institutes of Health, 1994). Hereafter, we will refer to this published work as the Chantilly Report.

The OAM became the National Center for Complementary and Alternative Medicine (NCCAM) and this Center is located within the National Institutes of Health (NIH) in the United States. A body of research on energy healing has been produced; however, energy medicine remains on the fringe for allopathic medicine. Some physicians have integrated aspects of energy medicine into their practice; however, they continue to be vulnerable to disciplinary action by their state medical boards and colleagues. (Cohen, 2003)

The Chantilly Report includes classifying alternative medicine into five major domains with subsets. The manual healing domain included a subset of energy medicine and the biofield therapeutics domain included a subset of spirituality. It could be projected that the Magdalena Energy Practitioner practice would fit into the above two domains—energy medicine and spirituality. The report made recommendations for research in all areas of alternative medicine. (National Institutes of Health, 1994, pp. XIX-XX)

The meaning of the terms alternative, complementary, and integrative per the National Institute of Health Center for Complementary and Integrative Health (NCCIH) follows: (National Institutes of Health, 2016)

- » If a non-mainstream practice is used together with conventional medicine, it's considered "complementary."
- » If a non-mainstream practice is used in place of conventional medicine, it's considered "alternative."
- » The term "integrative health" is used when incorporating complementary approaches into mainstream conventional health care.

(For further information, refer to the NCCIH Pub No.: D347)

Irrespective of the meanings provided above, confusion continues about the use of the terms alternative, complementary, and integrative among health care providers and policy makers.

Characteristics of a Complete Health Care System and Professionalism

In the Chantilly Report, there was discussion of the attributes of professionalized health care systems. (1994, p. xv)

Each of the major professionalized systems has certain characteristics: a theory of health and disease; an educational scheme to teach its concepts; a delivery system involving practitioners; a material support system to produce medicines and therapeutic devices; a legal and economic mandate to regulate its practice; cultural expectations about the medical system's role; and a means to confer professional status on approved providers. (1994, p. xv)

The Chantilly Report includes identifying health systems "whose practitioner base and standards of practice are such that outcomes research may lead to generalizable conclusions applicable to the improvement of the nation's health care delivery system." These systems are: (1994, p. 70)

- » Traditional Oriental medicine
- » Acupuncture

- » Ayurvedic medicine
- » Homeopathic medicine
- » Anthroposophically extended medicine
- » Naturopathic medicine
- » Environmental medicine

The above seven professionalized health systems were not inclusive of all health systems that could have been classified as a professionalized system.

The *Magdalena Practitioner Program* is evolving to encompass, or have the seed potential, of the characteristics or attributes of a professionalized health system. This course is part of your credentials. We know that impeccable integrity is not based on credentials; however, credentials get you in the door, allow your voice to be heard, allow you to have a sphere of influence, allow you to have an impact on health care policy, and allow you to interface with health care providers to shape the future of energy healing in health care.

3. Legal Issues for Magdalena Energy Practitioners to Consider

The learner will be able to:

- » Acquire an understanding of the potential legal “fit” of Magdalena Energy Practitioner services within the current legal health care system
- » Appreciate the value of identifying essential components of the Magdalena Energy Practitioner’s scope of practice
- » Appreciate the importance of describing Magdalena Energy Practitioner’s services clearly
- » Identify the responsibility for and the typical essential components of Informed Consent/Agreement contract with clients in the delivery of Magdalena Energy Practitioner services
- » Acquire an understanding of legal issues in a specific locale that are essential to explore and know as a Magdalena Energy Practitioner

Overview

The following discussion is a brief overview of the legal system in the United States related to type of law, jurisdiction (authority over), and due process. Legal obligation derives from the following types of law:

- » Federal and State Constitutions;
- » Common Law established by precedence or court decisions;
- » Statutory Laws and Administrative Rules and Regulations promulgated by state and federal administrative or regulatory agencies/boards. (Scott, 2009)

Legal action against health care professionals takes place in either a civil or a criminal court. Federal Courts have jurisdiction or authority over criminal cases while the states have jurisdiction over civil cases. A guilty verdict in a criminal case results in incarceration (jail) time as determined by the judge. In a civil court, when a jury renders a guilty verdict, the jury awards monetary compensation; the jury may add compensation for

punitive damages. The state in which the action occurred, basic to the claim, has jurisdiction. However, there are also mixed jurisdiction situations when claims originate in more than one state, such as more recently in Internet cases.

Health care issues were originally and primarily within state jurisdictions; however now, like environmental issues, health care issues such as licensure (compact state agreements related to licensure) often cover more than one state.

The implications and concerns for practitioners typically involve State Practice Acts with promulgated rules and regulations for a specific type practice overseen by Boards of Medicine, Nursing and others. A practitioner needs to keep abreast of the rules and regulations and their interpretations because interpretations of regulations come from the bodies, such as a Boards of Medicine, Nursing, and others, that are charged with administering the law.

Legally, the concept of due process is big and permeates much of legal and ethical considerations for the Magdalena Energy Practitioner. Due process is provided for in the Federal Constitution of the United States and is basically about honoring the principle of justice and/or fairness. The legal axioms are 1) that all people will be treated the same under law; and 2) that a person (or an entity) is innocent until proven guilty. These two axioms are examples of due process in action. (Scott, 2009)

Example of due process when a complaint is made:

Exploratory Phase/Discovery Process – Purpose is to determine whether there is enough evidence for case/complaint to go to Court. The Court uses the deposition to build a case. A practitioner might have the client record(s) subpoenaed or the practitioner might be asked for a deposition under oath, typically either done via an interview and/or asked to respond to questions. Practitioner(s) can respond or they can “take the Fifth Amendment.” In this way, the Court discovers whether there’s adequate evidence/data to take a case to court. It is the responsibility of the plaintiff to prove that they have a case and would like to prosecute. The defendant’s role includes trying to prove innocence. Subsequent to this, the prosecuting attorney and the defending attorney begin building their cases as an outcome of the discovery process.

Court & Court Action Phase – Each attorney (defending and prosecuting) presents their case before a jury or judge. A decision is rendered, and if the ruling is favorable for the defendant, that ends Court action. However, when the Court rules in favor of the plaintiff, the Court addresses the harm the Court identified for the plaintiff and specifies action

and conditions that the defendant must comply with to right the situation. The Court can assign incarceration (jail) and/or monetary damages. If the case is dealing with a health care professional, the health care professional may be barred from conducting business or have his license revoked.

It is useful to note that rule- and regulation-making is impacted by the following:

- » Legal rules are binding and absolutely must be followed.
- » Ethical rules impact policy makers and legal rule-making.

Rule- and regulation-making emerges from different interpretations, emphasis and priorities; and rule- and regulation-making impacts both legal and ethical decision-making.

Legal Aspects to Consider for the Magdalena Energy Practitioner

Clarity related to Magdalena Energy Practitioner scope of practice

- » Magdalena Energy Practitioners embody and radiate a high energy frequency/vibration in their practice.
- » Magdalena Energy Practitioners reside within two broad categories, 1) energy healing and 2) epiritual healing; and therefore, they reside in the related legal context of both categories.

Note that even the title *energy healer* cannot be used by unlicensed practitioners in certain states; however, the use of the title *energy healing practitioner* can be used, according to Feinstein and Eden. (2011, p. viii)

- » Magdalena Energy Practitioners licensed or non-licensed in another discipline.

In the United States, the following condition exists: “All fifty states license conventional health care professionals such as physicians, psychologists, nurses, social workers, and chiropractors. Other allied health care professionals such as counselors, acupuncturists, massage therapists, and naturopaths are licensed in some states but not in others. State boards regulate the professional behavior of those within their jurisdiction, defining standards, ethics, and scope of practice.” (Feinstein and Eden, 2011, p. 195)

“Unlicensed practitioners encompassing a broad spectrum of disciplines, including

life coaches, business consultants focusing on success in the workplace, and performance specialists working with athletes, singers, dancers, or actors.” (Feinstein and Eden, 2011 p. 196)

Health Freedom Laws, the National Health Freedom Action (NHFA) and the National Health Freedom Coalition (NHFC) 1) support state bills promoting freedom of choice in health care, and 2) support the passage of Safe Harbor Exemption bills for protecting access to independent health care practitioners who do not hold state occupational licenses and are currently practicing in the public domain. Historically, these practitioners have been charged with practicing medicine without a license. Ten states, as of July 7, 2016, protect consumer access to unlicensed health care practitioners and these ten states are the following: Arizona, California, Colorado, Idaho, Louisiana, Minnesota, New Mexico, Nevada, Oklahoma, Rhode Island. (www.nationalhealthfreedom.org)

It is important to note that if the Magdalena Energy Practitioner is a licensed health care practitioner (such as a physician or massage therapist) who also offers energy healing practitioner services, two sets of services are technically being provided by the one practitioner. Feinstein and Eden state that in most cases, the two sets of interventions/services will “readily intermingle and complement one another. The practitioner must, however, be certain that she/he is working within their “scope of practice” as defined by their licensing board.” (Feinstein and Eden, 2011, p. 199)

It may be necessary to operate separate practices for each of the two services the practitioner is providing. At a minimum, Feinstein and Eden emphasize the importance of ensuring that clients understand clearly which professional service the practitioner will be providing with whom, when, and where. The authors note that some practitioners who offer two different sets of services choose to remove any possibility for confusion or ambiguity by using separate offices, phone numbers, and advertising for providing each type of service. (Feinstein and Eden, 2011)

Changes in state law continue, and practitioners need to monitor the status of laws including rules and regulations applicable to their practice.

Clarity in Communication/Language used as a Magdalena Energy Practitioner

- » Be crystal clear as to what we offer our clients so that our clients and the public understand what Magdalena Energy Practitioners are doing and being. We also must be clear about the words we use so as not to go beyond our scope of practice, or give the impression to others that we are going beyond our scope of practice.

- » Be explicit in stating that we are using an energy healing method and we are not a physician practicing medicine or a psychologist providing mental health care services. If someone is a physician or a psychologist who is also a Magdalena Energy Practitioner, they need to be explicit about what service they are providing, with whom, where, and when.

- » Be clear how to introduce and represent yourself as a Magdalena Energy Practitioner. An example of how to present yourself on a business card could be the following, when one is certified:

Beth Doe, Certified Magdalena Energy Practitioner

John Dun, Certified Magdalena Energy Practitioner

- » “Important to avoid the appearance that one is diagnosing, treating, prescribing or curing diseases unless one is a medical doctor.” (McIntosh, 2011, p. 36)

- » “All states define the practice of medicine, in part, by using such words as diagnosis, treatment, prevention, cure, advise, and prescribe. These words are usually used in conjunction with disease, injury, deformity, and mental or physical conditions.” (Cohen, 1998, p. 26)

- » Documentation: The written word or documentation of activities that you as a Magdalena Energy Practitioner did with the client, for the client, or on behalf of the client constitutes the Client’s Healing Record. A Client’s Healing Record contains all the evidence of agreements and signed permissions given for sharing information. The Client Healing Record is a legal document/report.

- » Preparing and preserving the ongoing Client Healing Record is an important essential part of the work of a Magdalena Energy Practitioner.

- » The Client Healing Record is a way of organizing and providing evidence that the Magdalena Energy Practitioner provides service in a professional manner; that the practitioner operates within their scope of practice determined by their state, locale (jurisdiction).

Documentation for the Magdalena Energy Practitioner

Documentation forms are a way to systematically organize and provide quality assurance that all information is recorded that is required legally. Documentation begins with the first contact the practitioner has with the client. A contact intake form is filled out and

placed in a folder marked with the client’s name. The Client Healing Record is born with this action. It is in its infancy form; however, it will unfold over time. Growth will come fast as the practitioner schedules and has an intake session with the client, followed by a working session.

The intake session allows you to gather more information about your client. Collect only information that will be used for the client sessions. This is determined by the agreed upon goals or situation the practitioners and their clients are working with.

Guidance for the Practitioner’s Initial Intake Interview with the Client

As you (the practitioner) dialogue with the client gathering information, the practitioner is encouraged to hold the following four questions in mind for which information is ultimately sought during client sessions over time:

- » What does the client value?
- » What does the client believe?
- » What is the client willing to commit to?
- » What is the client willing to give up or change?

It is recommended that the practitioner gather the client responses to these questions indirectly over time if possible. The information as perceived from the client’s energy and how they use language and communicate helps the practitioner determine the client’s answers to the above questions. Sensitive listening and communication skills by the practitioner facilitate understanding the client’s perspective of their situation.

The documenting of a Magdalena Energy Session with a client involves using a Client Session Narrative Form. Documentation on the Magdalena Energy Session narrative form is to be a clear reporting of essential facts. It is a form for documenting a session and will be used when you document sessions with clients to submit for certification as a Magdalena Energy Practitioner.

Guidelines for documenting and using the Client Session Narrative Form follows:

- » Use simple descriptive statements of the client situation or condition.
- » Never make a generalization or a conclusion statement. Paint the picture with what you observed; and let the reader draw the conclusion. For example, do not

document “malnourished child”; instead state the age, weight, height of the child, eyes dull and hollow, flat affect/ expression, movements slow and appear difficult to do.

- » Use the words that define your scope of practice to describe what you did. Use words in language of the service you offer as a Magdalena Energy Practitioner.
- » Be respectful of colleagues and other health care providers. Irrespective of colleagues and other health care providers’ views and management relating to healing and client services, the Magdalena Energy Practitioner respects their views and does not offend or criticize their services.
- » Record your documentation immediately while you are in the energy. Do not let session documentation accumulate. If you do a session away from your usual practice setting, carry session forms with you for documentation or record on anything you can write on; and be sure to keep all documentation secure and confidential.
 - › Words, attitudes, thoughts and actions are important in conceptualizing the scope of practice and the legality of the service a Magdalena Energy Practitioner provides. In a court of law, words, attitudes, and thoughts become criteria to determine your motives for action. You must be explicit and clear in stating who you are and what you are about.
 - › Healing is a path or journey all individuals are on regardless of their role, credentials, or educational preparation. What is your role in the Grand Design? As stated in one of the *Magdalena Practitioner Program* educational webinars, we each incarnated to fulfill a specific role which is being revealed to each of us in the *Magdalena Practitioner Program*. This revelation triggers a series of questions such as:
 - What’s my responsibility in determining how to define my role?
 - What credentials must I have to fulfill my role?
 - How do I describe my role and the practice?
 - What must I be aware of to establish my practice in a sound ethical and legal framework?
 - How do I interface with the current health and healing system and those I serve?

Certain specific words have been assigned legal meaning in state statutes. State laws have specified only certain licensed individuals can use these specified words. If any practitioner uses these words without a license, he may be in jeopardy of being liable for practicing one of the regulated professions (such as medicine, nursing, mental health providers or other regulated professions) without a license. Every state enacts their own laws and with that, certain specific words which have been assigned legal meaning which differ from state to state.

You must explore your state or jurisdiction laws and regulatory boards to determine the legal principles and parameters of your practice. Words to avoid for the Magdalena Energy Practitioner include the following:

- » cure
- » diagnosis
- » prescribe
- » treat
- » disease
- » fix
- » help

The first five words are what are usually used in defining the practice of medicine; therefore, these five words are words to avoid the potential liability of practicing medicine without a license, for example. We suggest that from an ethical perspective, the Magdalena Energy Practitioner also avoid the words *fix* and *help*.

It's important to not even think in the context of words to avoid. You will design and develop your practice without these words; and you will create a language of how to think, describe, and conceptualize the service you offer.

The following are the examples of words to avoid and/or refrain from using; and examples of words that can/may be used or can be helpful to use as a Magdalena Energy Practitioner 1) for describing the practitioner's Scope of Practice and Code of Ethics, 2) for practitioner and client Informed Consent and Agreement forms, 3) for documenting and explaining the practitioner's services, 4) for marketing and advertising:

- » Avoid *cure* – Can/may use *restore, improve, correct, self-correct, balance, normalize, harmonize*. We balance and harmonize the energy field.

- » Avoid *diagnose* – Can/may use *look, review, assess, explore, measure, check, determine, evaluate*. We assess and describe the situation.
- » Avoid *prescribe* – Can/may use *empower, coach, teach, demonstrate, educate, suggest, propose, offer options*. We educate and teach the client how to be responsible for their own health and well-being.
- » Avoid *treat* – Can/may use *handle, work with, relieve discomfort, allow to self-correct, promote relaxation and calmness, identify patterns of response, balance, normalize, correct, self-correct*. We have a session with the client to promote relaxation and calmness.
- » Avoid *disease* – Can/may use *condition, problem, deficiency, excess, imbalance*. We document a simple description of what we perceived. We assess, describe, and note the perceived condition.
 - › **Note: This is a hot area!** Never use a medical diagnosis or mental health diagnostic category DSM (Diagnostic and Statistical Manual of Mental Disorders). Don't imply you did laboratory work as that is a tool used in determining a medical diagnosis. You can teach clients about the findings of lab work if you have the knowledge to do so. Disease is closely related to diagnosing. A Magdalena Energy Practitioner can never state that a person/client has a disease such as cancer, arthritis, diabetes, and so forth.
- » Avoid *fix* – Can/may use the word *serve* in some situations. To our knowledge no regulatory group has given "fix" a legal meaning. However, it is a word that might indicate treatment. In some contexts, the word "serve" would be appropriate to use.
- » Avoid *help* – Can/may use *serve*. How may I serve you?

Clarity Related to Touching Clients as a Magdalena Energy Practitioner

Laws vary in different locales on whether a licensed or unlicensed practitioner can touch a client.

- » "Trained professionals are those who touch the physical or energetic body of the client or who use a method of movement to affect the body of a client for the purpose of facilitating awareness, health, and well-being. The term as used here is interchangeable with somatic practitioners and includes massage therapists,

bodyworkers, movement educators, practitioners of Oriental methods, and practitioners who work primarily with energy fields.” (McIntosh, 2011, p. 180)

If the Magdalena Energy Practitioner uses touch of clients when providing these services, it is advisable ethically and legally to obtain both verbal and written client consent prior to the client session.

Refer to Cohen (2003) for further information regarding nonconsensual touch contact that can be mistaken for inappropriate sexual gestures. A situation like this can lead to assault and battery charges for physical contact such as touch without consent and/or can lead to malpractice or negligence charges.

Clarity Related to the Responsibility for Informed Consent

Informed consent is the basis on which the practitioner makes all conditions of the contract with client(s) explicit.

- » “Informed Consent: The client’s authorization for services to be performed by the practitioner. The client, or the client’s guardian, must be fully advised of what the service will entail and its benefits and any contraindications and must be competent to give consent.” (McIntosh, 2011, p. 180)

A *contract* is the following: “An agreement between practitioner and client that is often implied rather than explicit about what each will or will not do. An ethical contract must be within the bounds of the practitioner’s training and the ethical standards of her or his profession. The client agrees to give specific fees, goods, or services in return and agrees to be respectful of the practitioner’s guidelines for appropriate behavior.” (McIntosh, 2011, p. 179)

- » Clients have a right to know what service is being offered and the client should participate as fully as possible in their care as delineated in most ethics codes and professional standards.
- » Clients should be fully informed of the possible consequences of having a Magdalena Energy Session.
- » Essential typical components of Informed Consent that can be conveyed in a Consent Form provided prior to or at the first appointment and must be signed by both the client and practitioner:

- › Magdalena Energy Practitioner training and background including completing the *Magdalena Practitioner Program* of study and certification.
- › Describe the service provided by the Magdalena Energy Practitioner as learned and evolved in program of study.
- › Modalities and/or procedures Magdalena Energy Practitioner offers as protocols learned and evolved in a program of study.
- › Potential risks, benefits, discomforts or other side effects of the services offered.
- › Limitations of the services offered and disclosure that the service offered as a Magdalena Energy Practitioner is alternative and complementary to conventional/traditional health care services.
- › Other conventional and/or alternative complementary health care modalities/services for client to consider.
- › Limitations of client confidentiality if:
 - › client or someone else is in danger of suicide, homicide; obligated to report
 - › client discloses intent to commit a crime; obligated to report
 - › adult/child/elderly/disabled is abused/neglected; obligated to report
 - › client is a minor
 - › client is using services for disability claims
 - › practitioner is having supervision/consultation
 - › records are subpoenaed by a court
 - › there are legal requirements to disclose specific types of information (Refer to Feinstein and Eden, 2011, pp. 145-146 for further information; and know the exact laws in your locale.)

Note that the examples given above are not an exhaustive list of limitations of confidentiality.

- › Office practice policies and procedures including the following:
 - › Fees/payments
 - › Cancellation policy
 - › Refund policy
- › Client & Practitioner Right to Terminate Services
- › Client/Guardian/Power of Attorney acknowledgement and Agreement/Consent to receive Magdalena Energy Practitioner services as denoted on the Informed Consent Form as evidenced by Client/Guardian and Magdalena Energy Practitioner signatures with the date.

Note that some states require the practitioner to obtain and retain for a specified number of years signed Consent/Agreement forms for each client.

Approaches to Minimize Risk of Complaints and Liability Charges

- » Client Informed Consent/Agreement
- » Clarity related to services offered
- » Establishing realistic expectations for services provided
- » Care with professional boundary issues (Refer to section 4 of this course)
- » Continual learning about and abiding by standards of care by the practitioner
- » Collaborate, consult, and/or refer client(s) appropriately
- » Document client appointments/contacts

Reasons Clients Might File a Grievance, Complaint and/or Bring Liable Charges

- » Bad client outcomes that weren't foreseen
- » Harm to client due to negligence such as failure to perform according to a recognized Standard of Care that the practitioner is expected to do that another practitioner similarly trained/prepared would do in the same or a similar circumstance

- » Ignorance is NOT a justifiable defense
- » “Lack of awareness or understanding of a stated ethical standard is not a valid defense against a charge of unethical conduct.” (Feinstein and Eden, 2011, p. 137)
- » Lack of appropriate communication with client and/or family/guardian
- » Unrealistic expectations by client and/or family/guardian

Disciplinary Process for Breaches/Complaints in Legal/Ethical Conduct

Refer to your textbook for the following sample instructions and procedures for processing legal/ethical conduct breaches and complaints:

- » Appendix B, Sample Instructions for Submitting Ethics Complaints, (Feinstein and Eden, 2011, pp. 185-188)
- » Appendix C, Sample Ethics Committee Procedures, (Feinstein and Eden, 2011, pp. 189-193)

Different Business Models/Structures to Consider if Practitioner Not an Employee of a Hospital, Clinic or Other Large Organization

Note that different business models bring different legal and ethical issues for consideration. The following are a few examples of business models that might be considered:

- » Sole Proprietorship/Private Practice – Small or Large Group
- » Limited Liability Corporation (LLC)
- » Corporation
- » Partnership
- » Educational Classes – Small or Large Groups

Marketing Practices

(Refer to Feinstein and Eden, 2011, pp. 150-152)

- » Advertising, public statements, social media including websites and brochures
- » Be aware of pitfalls and use caution in making claims unable to support; for example, in the use of testimonials

- » Seek professional assistance in designing marketing information
- » Be aware that the Federal Trade Commission Act of 1914 in the United States established the Federal Trade Commission (FTC) that outlaws unfair methods of competition and unfair acts or practices that affect commerce. Currently, the FTC is investigating via internet marketing sites to check claims made that are not in compliance; thus, the importance of being clear and accurate in describing your services.

Insurance Types

- » General liability for environment/location where practitioner conducts service
- » Individual Practitioner Liability Insurance for professional services provided

The Association for Comprehensive Energy Psychology (ACEP) in an Associate Member Partnership with the Energy Medicine Professional Association (EMPA) offers liability insurance coverage of different levels to practitioners in energy modality fields. Examples of modalities covered by EMPA liability insurance include, but are not limited to, Subtle Energy, Verbal Modalities, Bodywork, Movement, etc. Practitioners need to have a basis of training in a professional program that ensures you are a safe practitioner.

(For further information: www.energymedicineprofessionalassociation.com)

Importance of Record Keeping/Documentation

(Refer to Feinstein and Eden, 2011, p. 150)

Documentation is a legal document and can be subpoenaed. Use caution in documentation and in the words used because the practitioner needs to be able to support the documentation in a court of law. You may be asked on the witness stand, “What did you mean by this comment?” Thus, use caution to only document what practitioner needs to know for service providing.

- » Client Consent and Agreement Form
- » Client Intake Form
- » Narrative Session Form

- » Collect and document information relevant/salient to the services the practitioner provides
- » Documentation must be adequately secured to ensure client privacy/confidentiality

Privacy/Confidentiality Issues

(Refer to section 4 of this course)

Compliance with Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 by the United States government to protect sensitive patient health-related information. Any company that deals with protected patient health information (PHI) must ensure that all the requirements for security measures are in place and followed. The HIPAA Privacy Rule addresses the saving, accessing and sharing of medical and personal information of any individual. (HIPAA; Pub. L. 104-191, 110 Stat. 1936, enacted August 21, 1996); (Scott, 2009, pp. 184-187)

If a practitioner is not transferring client records electronically, HIPAA compliance is not legally required; however, HIPAA has become the gold standard for determining if the client’s privacy/confidentiality was breached.

Practitioner Development, Certification Maintenance & Continuing Education

(Refer to section 4 of this course)

David Feinstein suggests that energy practitioners know the legal realities of practicing in their locale, then do what needs to be done to be in alignment/accord with that legal reality so that the practitioner is on solid ground with his/her practice. Have a good support system of the practitioner’s peers. (Feinstein’s DVD entitled Legal Issues for Energy Medicine Practitioners, 2009)

When a legal concern presents itself, remember you as the practitioner need not have committed an unethical or illegal action to be charged with such. Resist reaction and resist worry about it. The following might be helpful to consider if this situation arises:

- » Welcome this experience as a soul growth opportunity
- » Surrender (Sai Baba’s Prayer of Surrender)
- » Maintain high integrity

- » Treat all parties in the situation with respect, kindness, and consideration
- » Focus on radiating love
- » Act with courage and do what needs to be done

4. Ethical Guidelines for Magdalena Energy Practitioners

The learner will be able to:

- » Identify three frameworks used in understanding ethical guidelines applicable to Magdalena Energy Practitioner practice
- » Identify the value and function of a Code of Ethics in the evolvment and maintenance of a specific health care practice, i.e. Magdalena Energy Practitioner practice
- » Develop an interpersonal ethic that includes responsibility for one's own well-being and behavior in providing an ethically impeccable Magdalena Energy Practitioner practice
- » Embody fully the conduct and behavior of a Code of Ethics that's impeccably aligned with being a Magdalena Energy Practitioner

What is Ethics?

Ethics “are the principles adopted by practitioners within a field to translate the “desire to serve” into the profession’s evolving wisdom about “how best to serve.” (Feinstein and Eden, 2011, p. ix)

- » “To truly serve our clients, we need not have just good hearts, but educated hearts.” (McIntosh, 2011, p.1)
- » “Lack of awareness or understanding of a stated ethical standard is not a valid defense against a charge of unethical conduct.” (Feinstein & Eden, 2011, p. 137)

Ethics is the area of philosophical study that examines values, actions, and choices to determine right and wrong. Laws are legally binding rules of conduct enforced by authority. In many situations, laws and ethics overlap and intertwine. A guideline in one situation can be considered an ethical guideline, while in another situation, the same guideline may be considered legal. Ethics focuses on relationships while legality is more concerned with rights and obligations.

*Exploration of Three Basic Ethical Frameworks with Derivative Principles
Applicable to Magdalena Energy Practitioners*

Philosophers, spiritual leaders, ethicists and sages have explored ethical questions throughout the ages. While several theories have been put forth to provide an ethical framework for professional practice, the following three frameworks are of relevance for a professional health care model: *Virtue Ethics*, *Biomedical Ethics* and *Ethics of Care*.

Although many clinical situations are unique, by taking the best wisdom from each of these models, an ethical framework that establishes a starting point for workers and patients can be created that further includes the global “highest good.” Each ethical theory has, as its base, certain ethical principles and rules that assist us in arriving at judgments and actions. In addition, spiritual and energy principles allow for deepening our conversation, dialogue and debate related to the highest good, the ethical thing to do, how we ought to act in a certain situation. (Beauchamp and Childress, 2013)

Virtue Ethics

Virtue ethics is derived from what is called common morality. “The common morality is applicable to all persons in all places, and rightly judged in all human conduct by its standards. The following norms are examples (far from complete) of generally binding standards of action (rules of obligation) found in the common morality:” (Beauchamp and Childress, 2013, p. 3)

1. Do not kill,
2. Do not cause pain or suffering to others,
3. Prevent evil or harm from occurring,
4. Rescue persons in danger,
5. Tell the truth,
6. Nurture the young and dependent,
7. Keep your promises,
8. Do not steal,
9. Do not punish the innocent, and
10. Obey just laws.

In addition, common morality contains character traits or *virtues*. Beauchamp and Childress provide ten examples of moral character traits (again, not a complete list) as follows: (2013, p. 3)

1. nonmalevolence
2. honesty
3. integrity
4. conscientiousness
5. trustworthiness
6. fidelity
7. gratitude
8. truthfulness
9. lovingness
10. kindness

“These virtues are universally admired traits of character.” (Beauchamp and Childress, 2013, p. 3)

In contrast, negative traits are the opposite of the above list of virtues and are considered *vices*. Some examples of vice include malevolence, dishonesty, lack of integrity, and cruelty. These negative traits are recognized as substantial moral deficiencies in moral character (defects). (Beauchamp and Childress, 2013)

Beauchamp and Childress discuss five focal virtues for health professionals and they include compassion, discernment, trustworthiness, integrity, and conscientiousness. They state that these five virtues are important for the development and expression of caring which is presented as the fundamental virtue in health care. They add that these five virtues provide a moral compass of character for health professionals. (2013, pp. 37-42)

- » **Compassion:** “Compassion is a ‘prelude to caring.’ The virtue of compassion combines an attitude of active regard for another’s welfare with an imaginative awareness and emotional response of sympathy, tenderness, and discomfort at another’s misfortune or suffering.” (Beauchamp and Childress, 2013, p. 37)
- » **Discernment:** “The virtue of discernment brings sensitive insight, astute judgment, and understanding to bear on action.” (Beauchamp and Childress, 2013, p. 39) Aristotle called this practical wisdom. “In Aristotle’s model, the practically wise person understands how to act with the right intensity of feeling, in just the right way, at just the right time, with a proper balance of reason and desire.” (Beauchamp and Childress, 2013, p. 39)

The virtue of discernment comes into play when dealing with principles and rules in various situations. For example, if you have a distraught client, the practitioner

needs to discern if it's privacy that they need or a good listening ear.

- » **Trustworthiness:** A climate of trust where clients are vulnerable and put themselves in the hands of health care professionals is essential in a health care environment. This climate of trustworthiness has been eroding due to less personal contact and communication between client and the health care provider. Much of this is also attributable to specialization and huge bureaucratic institutions. (Beauchamp and Childress, 2013)
- » **Integrity:** “Some writers in bioethics claim that the primary virtue in health care is integrity.” (Beauchamp and Childress, 2013, p. 40) “...‘moral integrity’ means soundness, reliability, wholeness, and integration of moral character. In a more restricted sense, this refers to objectivity, impartiality, and fidelity in adherence to moral norms.” (Beauchamp and Childress, 2013, p. 40)
- » **Conscientiousness:** “An individual acts conscientiously if he or she is motivated to do what is right because it is right, has tried with due diligence to determine what is right, intends to do what is right, and exerts appropriate effort to do so. Conscientiousness is the character trait of acting in this way.” (Beauchamp and Childress, 2013, p. 40)
- » **Ethics of Care:** “The ethics of care, interpreted as a form of philosophical ethics, originated primarily in feminist writings.... Psychologist Carol Gilligan advanced the influential hypothesis that “women speak in a different voice”—a voice that traditional ethical theory drowned out. She discovered “the voice of care” through empirical research involving interview with girls and women. This voice, she said, stresses empathic association with others, not based on “the primacy and universality of individual rights, but rather on.... A very strong sense of being responsible.” (Beauchamp and Childress, 2013, p. 35)

Gilligan identified two modes of moral thinking which are an ethic of care and an ethic of rights and justice. She maintained that men tend to embrace an ethic of rights and justice; whereas, women tend to affirm an ethic of care that centers on responsiveness in an interconnected network of needs, care, and prevention of harm. The core theme in an ethics of care is caring for and taking care of others. (Beauchamp and Childress, 2013)

The above authors discuss the ethics of care as not gender specific, but as inclusive of both typical characteristics of masculinity and femininity.

Bioethics

Beauchamp and Childress identified four principles of bioethics in the first edition of their book in 1979. This book is now in its seventh edition where the authors expanded and incorporated suggestions from the many users of their work. They continued in their 2013 edition to organize bioethics around the following four principles:

- » Autonomy
- » Nonmaleficence
- » Beneficence
- » Justice

Autonomy

“The principle of respect for the autonomous choices of persons runs as deep in the common morality as any principle, but determining its nature, scope, or strength requires careful analysis.” (Beauchamp and Childress, 2013, p. 101)

“The autonomous individual acts freely in accordance with a self-chosen plan....” (Beauchamp and Childress, 2013, p. 101)

“Virtually all theories of autonomy view two conditions as essential for autonomy: liberty (independence from controlling influences) and agency (capacity for intentional action).” (Beauchamp and Childress, 2013, p. 102)

The expansion of the principle of autonomy from a philosophical perspective brings forth both negative and positive sides of respect for autonomy that supports many more specific moral rules. Examples of such rules follow: (Beauchamp and Childress, 2013, p. 107)

- » Tell the truth.
- » Respect the privacy of others.
- » Protect confidential information.
- » Obtain consent for interventions with patients.
- » When asked, help others make important decisions.

Nonmaleficence

“The principle of nonmaleficence obligates us to abstain from causing harm to others.” (Beauchamp and Childress, 2013, p. 150) The well-known maxim is: “Above all do no harm.” “...the Hippocratic oath incorporates both an obligation of nonmaleficence and an obligation of beneficence: ‘I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong them.’” (Beauchamp and Childress, 2013, p. 150)

Some ethical theories include a principle of nonmaleficence while others combine nonmaleficence and beneficence. “Rather than attempting to structure a hierarchical ordering, we group the principles of nonmaleficence and beneficence into four norms that do not have an a priori rank order:” (Beauchamp and Childress, 2013, p. 152)

- » Nonmaleficence
 - › One ought not to inflict evil or harm.
- » Beneficence
 - › One ought to prevent evil or harm.
 - › One ought to remove evil or harm.
 - › One ought to do or promote good.

The principle of nonmaleficence supports more rules including the following: (Beauchamp and Childress, 2013, p. 154)

- » Do not kill.
- » Do not cause pain or suffering.
- » Do not incapacitate.
- » Do not cause offense.
- » Do not deprive others of the goods of life.

Beneficence

“Principles of beneficence potentially demand more than the principle of nonmaleficence, because agents must take positive steps to help others, not merely refrain from harmful acts.” (Beauchamp and Childress, 2013, p. 202)

“Beneficence and benevolence have played central roles in certain ethical theories.” (Beauchamp and Childress, 2013, p. 203) The principle of positive beneficence supports an array of rules of obligation such as: (Beauchamp and Childress, 2013, p. 204)

- » Protect and defend the rights of others.
- » Prevent harm from occurring to others.
- » Remove conditions that will cause harm to others.
- » Help persons with disabilities.
- » Rescue persons in danger.

Justice

This principle is undergoing much activity in ethical dialogues. The two parts of this principle being examined are “what is due” an individual and “distributive justice,” meaning allocation of resources. Different theories of justice are being explored for their application to the area of bioethics. (Beauchamp and Childress, 2013, Chapter 7)

Ethical Aspects for Magdalena Energy Practitioners to Consider

- » Scope of Practice and Maintenance of Competence (Certification & Recertification)
- » Client Informed Consent requires full disclosure; no surprises; no embellishments or exaggerations
- » Refer to Information and Sample Informed Consent in Feinstein and Eden’s text Ethics Handbook for Energy Healing Practitioners, 2011, Appendix A for the following:
 - › Sample Informed Consent Statements, pp. 157-158.
 - › Sample Informed Consent for Energy Medicine Practitioners, pp. 159-160.
 - › Energy Medicine Services Disclosure Statement and Agreement, pp. 161-170.
 - › Sample Informed Consent Statement for Psychotherapists Using Energy Psychology, pp.171-172.
 - › Sample Informed Consent Statement for Psychotherapists Using Energy Psychology, pp.171-172.

- › Psychotherapy Disclosure Statement and Agreement, pp. 173-183.

Personal and Interpersonal Boundaries

“Boundaries: In this context, a boundary is like a protective circle around the professional relationship that separates what is appropriate between practitioner and client from what is not. Keeping appropriate boundaries includes such behavior as not engaging a client in another kind of relationship, such as a social one, and honoring what is appropriate within the professional relationship, such as confidentiality.” (McIntosh, 2011, p. 179)

- » **Dual Relationship:** “Having a relationship with a client other than the contractual therapeutic one, such as having a client who is also a friend, family member, or business associate.” (McIntosh, 2011, p. 179)

“It is the practitioner’s responsibility to be aware of issues that might arise when shifting between the client-practitioner setting and the social setting of the relationship. A relationship that might impair the practitioner’s objectivity, competence, or effectiveness in the delivery of services should not be entered.” (Feinstein and Eden, 2011, p. 148)

“A dual relationship occurs when an energy healing practitioner is in a professional role with a person and 1) at the same time is in another role with the same person, 2) at the same time is in a relationship with a person closely associated with or related to the person with whom the practitioner has the professional relationship, or 3) promises to enter into another role in the future with the person or a person closely associated with or related to the person.” (Feinstein and Eden, 2011, p. 148)

- » **Sexual Relationships:** “Dual relationships that are never acceptable are ones in which a practitioner develops any kind of romantic or sexual relationship with any client while energy healing services are being provided. Energy healing practitioners do not engage in sexual relations with a former client for at least a full year after termination of the client relationship, and only then after a good faith determination through appropriate consultation that there is no exploitation of the former client.” (Feinstein and Eden, 2011, p. 149)

There are variations among professions and health disciplines related to the

designated time period for a practitioner to avoid a sexual relationship with a former client once the client/practitioner services have terminated.

- » **Transference/Countertransference:** “*Transference:* When a client unconsciously projects (transfers) unresolved feelings, needs, and issues (usually from childhood and usually related to parent or other authority figures) onto a practitioner.” (McIntosh, 2011, p. 181)

“*Countertransference:* When a practitioner allows unresolved feelings and personal issues to influence his relationship with a client.” (McIntosh, 2011, p. 179)

- » **Unconventional Sources of Information:** “A stance of humble curiosity and openness is appropriate when working with the powerful mysteries of energy and the human body.” (Feinstein and Eden, 2011, p. 23)

Nonconventional sources of information when working with clients includes reading subtle energies, remote viewing, psychic inquiry, past-life regressions and other unconventional sources.

It’s helpful for the practitioner to be aware that no one is completely correct in assessments or recommendations; and as Feinstein and Eden state “...the further the source information is from actual physical observation, the more suspect. Does this mean that intuitive or psychic information is inadmissible in energy healing? Not at all, but it must be understood and interpreted in context. Such information needs to be presented with strong disclaimers regarding accuracy. Asking the client for feedback with questions such as “Does that resonate with you?” or “Does that feel on the right track?” sends the useful message that you know your clients are the ultimate experts on their own health and experiences.” (Feinstein and Eden, 2011, p. 23)

“Altered state: A state of consciousness in which we are more deeply relaxed, less aware of our thinking minds, and more open and vulnerable than we are in our day-to-day functioning.” (McIntosh, 2011, p. 179)

High frequency/vibration energy work often places clients into altered states of

consciousness that can make clients highly vulnerable and susceptible to what the practitioner says and does. (Feinstein and Eden, 2011, p. 22)

The Healing Relationship

Professional Therapeutic Relationship: “A relationship between client and practitioner that is focused on the well-being of the client and is contractual.” (McIntosh, 2011, p. 180)

Privacy and Confidentiality

(Refer to section 3 of this course)

Conflict of Interest Issues

A practitioner who has a “fiduciary duty” is required to act in the best interest of his or her clients.

“Full disclosure involves not only noting the limitations and possible negative effects of the interventions you use, but also potential conflicts of interest.... Conflicts of interest may take many forms, some more blatant than others. For instance, energy testing people for supplements that the practitioner sells for profit is a widespread practice, used in various alternative healing disciplines.” (Feinstein and Eden, 2011, pp. 6 & 7)

Communication Issues

Practitioners whose communication is client-focused tend to do the following:

- » Take time to listen to client’s concerns
- » Ask the client if there’s anything that’s uncomfortable and/or ask how they can make the experience/session more positive
- » Ask clients what they liked or what they’d like changed in a session
- » Review regularly how the client is experiencing the healing work

This type of communication allows for corrections, more optimal care, and more satisfied clients; and this in turn results not only in increased client satisfaction, but decreases the likelihood of ethical complaints and malpractice suits. (Feinstein & Eden, 2011)

Touch/Language Issues

(Refer to section 3 of this course)

Personal Healing and Development

(Refer to section 3 of this course and the *Prototype Code of Ethics for Energy Healing Practitioners as a Learning Tool for Magdalena Energy Practitioners* below)

Documentation/Record Keeping

(Refer to section 3 of this course)

A Prototype Code of Ethics for Energy Healing Practitioners as a Learning Tool for Magdalena Energy Practitioners

For learning purposes of this course, the following principles or guidelines are offered in the form of a Code of Ethics/Standard of Care, a conceptual framework for ethical and legal behavioral conduct:

» **Code/Standard I: The Healer’s Commitment**

The mission of a healing profession is to render the greatest service it can to humanity and the global ecosystem. The primary commitment of the healer is to establish a partnership where the practitioner and client embark on a journey of remembering and realizing wholeness at all levels of being. A healer ought to render service to humanity with great respect for the dignity, autonomy, privacy, and unique expression of each human being. The healer thus honors the beliefs, values, and cultural customs of the individual client. The healer acts with a commitment to do no harm/beneficence. The individual’s body and consciousness is the decision-maker.

» **Code/Standard II: Services & Scope of Practice**

Energy healers practice within the scope of their education, training, current licensing and credentialing. The energy healing profession ought to safeguard the public and the self against healers deficient in character and/or competence. Energy healers observe all laws and uphold the dignity and honor of the profession. Healers accurately present their services without extravagant claims or promises regarding their service. Energy healers present information with humility,

gentleness, and sensitivity. Energy healers are aware of the potential power differential between the client and the healer; thus, the healer has a “fiduciary” duty to act in the best interest of the client.

» **Code/Standard III: Professional Therapeutic Relationship (Fiduciary Relationship)**

Energy healing practitioners provide a safe, comfortable environment that is conducive to healing. They develop a trusting relationship with the client. *Fiduciary* is the legal term that is applied to a professional in whom a client can place their trust. This denotes a higher standard of behavior for practitioners to ensure that the client’s trust is maintained. A healer ought not render services under conditions that tend to interfere with the practitioner’s judgment and skill/ability. Having undertaken the care of a client, the healer may not discontinue or terminate the service without properly discharging their responsibility to that client. However, both the client and the healer have a right to discontinue the service. The professional has the right not to serve a potential client.

» **Code/Standard IV: Confidentiality/Privacy**

Confidentiality is the core of the professional therapeutic relationship. It begins with the first contact with the client and continues for the entirety of the relationship. The energy healer holds in confidence any information gained during the professional relationship or anything they may observe about the client unless required to do so by law. Energy healers honor their clients’ privacy and confidentiality. Client records are secured in such a way as to protect privacy and the records are maintained in compliance with professional and legislative regulations. A client’s written permission is obtained prior to release or reporting of any record of information.

» **Code/Standard V: Responsibility/Informed Consent**

- › The energy healer is responsible to Self for nurturing their own wholeness and well-being.
- › The energy healer is responsible to the client for competent client-centered, compassionate care and for the condition of the contract that includes the

client’s informed consent for the healer’s services.

- › The energy healer is responsible to the profession of energy healers for contributing to the identification/development of theory and knowledge base of energy healing and for implementing standards of practice and standards of education for the profession.
- › The energy healer is responsible to the public for protection against misinformation and misrepresentation of energy healing services.
- › The energy healer is responsible to the global community for maintaining the integrity of energy healing.

» **Code/Standard VI: Consultation/Referral/Collaboration**

The energy healer seeks consultation for issues related to transference and countertransference. Referrals are made to appropriate health care professionals as needed. And when necessary and appropriate, an energy healer with a client’s permission seeks collaboration with other health care professionals.

» **Code/Standard VII: Self Evolvement & Development/Education**

Energy healers operate from a theory and practice knowledge base. Energy healers engage in self-care practices to enhance their own physical, emotional, mental, and spiritual well-being. They keep current in their practice through continued education and collaboration with other healing professionals including physicians, nurses, psychologists, social workers, counselors, and many others. Energy healers demonstrate a commitment to ongoing learning self-care spiritual practices that reflect wholeness and oneness.

An Emerging Theory of Ethics: The Science of Oughtness

Ethics includes both theory and practice. This section will refer to theory and ways of looking at ethics. Archie Bahn, in his publication *Ethics: The Science of Oughtness*, proposes a hypothesis about the nature of ethics as a field of scientific inquiry. He purports that the basic problem, one that is involved in all other ethical problems is “What is the nature of oughtness?” In this sense, *ethics is the science of oughtness*. (Bahn, 1984 p. 34)

Closely related to this is the inquiry into the ethics of rightness and wrongness. Ethics

is concerned with *obligation* and *duty*, terms almost synonyms for oughtness. Bioethics and personal ethics focus on codes, standards or norms for conduct; some focus on mores, laws and institutions; and some focus on the language used in moral discourse. All of these are areas ripe for scientific inquiry. Questions about the nature of conscience, justice and rights must be included in the investigation of ethics. Ethics pertains to both the social and personal domains; and these domains entail values that can be known and considered when making choices. Fully understanding the nature of oughtness involves understanding the nature of values. “...One does not fully understand the nature of oughtness until he understands how it occurs as an oughtness of justice and an oughtness of rights and manifests itself in feelings of conscience.” (Bahn, 1984, pp. 34-35)

What is Oughtness? “Oughtness consists in the power that an apparently greater good has over an apparently lesser good, or an apparently lesser evil has over an apparently greater evil, or an apparent good has over an apparent evil, in compelling our choices. In one very fundamental sense, this statement is a complete account of the nature of ethics. Nothing more need be said. For it states something universal as involved in everything that can properly be called ethical. It is a basis for everything else in ethics. Whenever oughtness is missing, ethics is absent.” (Bahn, 1984, p. 35)

5. Application of Ethical and Legal Decision-making

The learner will be able to:

- » Use the six steps of the decision-making process in various types of ethical and legal challenges/dilemmas/situations that may arise for a Magdalena Energy Practitioner

“Ethical dilemmas happen. By endeavoring to have your actions reflect the ethical principles presented in this Ethics Handbook for Energy Healing Practitioners, you will prevent many potential dilemmas from landing in your office, and you can navigate your way through those you do encounter more easily and gracefully. Taking the steps that prepare you to handle potential ethical dilemmas prevents them. Taking the steps to prevent potential ethical dilemmas prepares you should they occur.” (Feinstein and Eden, 2011, p. 156)

“Prevention is preparation. Preparation is prevention.”
(Feinstein and Eden, 2011, p. 156)

Six Steps for Thinking Through an Ethical Dilemma

(modified from Feinstein and Eden, 2011, p. 39)

1. Acknowledge how you feel and be aware of your body sensations or messages you receive throughout your thinking it through.
2. Use the *Prototype Ethical Code for Energy Healing Practitioners*, found in section 4 of this course, to identify and review basic principles that apply to the situation.
3. Gather information and identify individuals that will be affected by the decision or action(s).
4. Evaluate possible outcomes of course of action.
5. Seek consultation as appropriate.
6. Determine/select the best possible course of action and decide who needs to be informed; implement your decision/plan.

Sample Vignettes/Ethical Dilemmas for Reflection and Application of Ethical and Legal Decision-making

Guidelines for practicing ethical and legal decision-making:

- » Read the Vignette
- » Apply the above *Six Steps for Thinking Through an Ethical Dilemma*
- » Reflect on your decision-making/planning process
- » Compare and contrast your decision making for each vignette/dilemma with the “Thinking it Through” for each of these six vignettes provided in the required textbook for this course, [Ethics Handbook for Energy Practitioners](#).

Vignette 1

“An energy healing colleague is in a new relationship and asks for your advice about a dilemma that has arisen. As she begins describing the situation, you realize that her new partner is one of your clients. What should you do?” (Feinstein and Eden, 2011, pp. 126-128)

Think it through to a course of action.

Vignette 2

In working with a minor child, you suspect that there is some form of abuse currently taking place. How do you handle this with the child? If the child confirms your suspicions, what do you do then? What do you do if the person bringing the child for the appointments is the suspected abuser? (Feinstein and Eden, 2011, p. 131)

Think it through to a course of action.

Vignette 3

You are extremely attracted to one of your clients, whom you have had three sessions with and are continuing to see weekly. You find yourself looking forward to this client’s sessions and fantasizing about a personal relationship. What actions do you take in response to your feelings? (Feinstein and Eden, 2011, pp. 52-56)

Think it through to a course of action.

Vignette 4

You have a session with a client who has just left an abusive husband and is living in a safe house. Her fears, memories, and physiological reactions quickly surface and become a central part of your work together. You find that you are strongly triggered by feelings from old personal history around similar issues. How should you proceed? (Feinstein and Eden, 2011, pp. 99-101)

Think it through to a course of action.

Vignette 5

A seventeen-year-old male has contacted you as a result of an article about energy healing mentioning your services which he saw in a local alternative health newsletter. After making a preliminary appointment, he arrives with his mother. The mother, who will be paying for the session, insists on being present during the session. The young man is clearly giving signs he does not wish that arrangement. What do you do? (Feinstein and Eden, 2011, pp. 112-114)

Think it through to a course of action.

Vignette 6

A landscaper calls for an initial appointment. He has been “off the job” for the past three months due to an injury that is to be a focus of your work together. Once you tell him your fee, he says that he does not have the money but he really wants to work with you. He asks if he can do a work exchange of landscaping in repayment for sessions. You have just moved to a new home that needs landscaping. What do you say? Or, what if the injured person is a single parent working for low pay at a nursing home, has no savings or health insurance, and can’t possibly pay any appreciable fee, but the person can’t function adequately without help for the injury? (Feinstein and Eden, 2011, pp. 114-117)

Think it through to a course of action.

Reflections to be Aware of When Thinking Through a Plan of Action

In thinking through and deciding on a plan of action, the Magdalena Energy Practitioner needs to consider not only the details and specifics of a situation, but the practitioner needs to also look at the broader picture of how this plan of action will affect the client(s) in general, the practitioner's credibility, the emerging *Magdalena Practitioner Program's* credibility, and how it will reflect on Sai Maa's mission.

6. The Sacred Work of the Magdalena Energy Practitioner

The learner will be able to:

- » Appreciate with deep gratitude being part of the timeliness and sacredness of the work of the Magdalena Energy Practitioner
- » Recognize that a community of consciously aware Magdalena Energy Practitioners makes a difference in this evolving and emerging healing paradigm

The purpose of the *Magdalena Practitioner Program* is to prepare students to embody and work directly with Magdalena healing frequencies as brought forth by Sai Maa. The practitioner serves in the primary arenas of global enlightenment and provision of these frequencies as a professionalized system of health and healing care.

Use the Magdalena healing energy with humility and devotion. Be cautious about misusing these energies. The protocols are not just another “product” to be sold—they are life force itself. Do not politicize or commercialize your work. Be as simple and honest as possible in your interactions.

Our sacred work is the return of the feminine healing energy. We are living in this auspicious, extraordinary time as our planet is facing a critical juncture in the history of humanity. We are moving into a new Golden Age and are blessed to play a role in the Grand Design.

As we move in the new millennium, some of us sense that this is a major turning point in the lengthy human journey. We perceive the difference between the illusion (*maya*, the impermanent) and the real reality (*truth*, the permanent). We recognize what is being born (manifested) while being surrounded by and part of what is dying or being transformed. To witness life at this level, we must view life from a soul perspective, the eternal perspective.

Our work is divine, sacred, beyond words. We can get an appreciation of this by reading, meditating, and contemplating on Chapter 20 entitled “The Divine Work” in Sai Maa's book, *Petals of Grace: Essential Teachings for Self-Mastery*.

The following quotes in this chapter provide guidance for the Magdalena Energy Practitioner:

- » “Through Love—only through Love—the Self reveals itself, the Beloved reveals it-self. Only Love will attract God or the Self so that this revelation is made manifest. And you are That, you are that Grace.” (Sai Maa, 2007, p. 141)
- » “The work, then, is to move from the limited concept of identity caused by fear to identification with the Divine within.” (Sai Maa, 2007, p. 141)
- » “You are to work with unwavering focus for the descent of the Light, so do not allow yourself to be distracted by these worldly concerns which have absorbed you for so long.” (Sai Maa, 2007, p. 145)
- » “Oh, Dearest Ones, Embodiments of Love, there is this benevolent force behind all Creation—waves of Love, of Light sustained by truth. And you are that truth. That is your essence. That all-knowing, all-powerful, and all-compassionate. Compassion is that Love with understanding, where there is no judgment. It is all bliss, all Higher Self, all changeless and eternal truth.” (Sai Maa, 2007, p. 142)
- » “Naturally, this law of consciousness, consciousness of Unity, is constantly breathing inside each of you. This natural law of consciousness is God breathing in and out, So Ham breathing in and out, inside you. God and soul are united in a physical body. Isn’t that the amazing Grace of cosmic law? You are receiving an opportunity to experience that Grace, that law. This is freedom. This is freedom. Be free from this duality, from this suffering.” (Sai Maa, 2007, p. 142)
- » “...my Beloveds, awareness is crucial in your sadhana, crucial in this moment of great transformation on this exquisite planet where we are meeting.... My vision is that you come alive, be enlivened. That can happen as soon as you live in the awareness of your inner consciousness or Higher Self. Then you can only experience Love, joy, peace, harmony, and vastness. And when you walk, you will be that heaven on earth, and you will spread that Love. First, Love is inside you, within your Self, then it emanates, it radiates out of you and spreads around you.” (Sai Maa, 2007, pp. 142-143)
- » “Only when you love humanity are you serving God, loving God, and honoring God.... All the great teaching asks you to embody the Self that you are, to embody the consciousness that you are. Listen to the words of the great masters and practice them. This is life. This is puja. This is worship. You are here to restore the original design of heaven on earth. In other words, you were created to divinize humanity,

starting with yourself, a humanity full of heart.” (Sai Maa, 2007, pp. 143-144)

- » “See everyone as a being of Light, welcome them into your heart with Love, and accept them with gratitude. Recognize and treat all beings with respect, and you will honor the Self that is in you and in them, allowing the gateway to your sacred heart to open.” (Sai Maa, 2007, p.145)
- » “For that you are to be pure and to think pure thoughts. You are to live humbly, to be humble. Humility and devotion are the main attributes that will attract you to the Grace of the great teaching. That teaching is the power of the I AM Presence, the Light of the Paramatman, and the magnificence and glory of the Christ within the Higher Self.” (Sai Maa, 2007, p. 145)
- » “Still, remember that you are to do the work. Do not just sit there and do nothing, and then move into pain, suffering, and emotional patterns. Do the work and practice the teaching.” (Sai Maa, p. 145)
- » “Welcome divine consciousness in your mind. Welcome the Divine in your consciousness and in your physicality. Embodiments of the Divine, remember to welcome God with devotion. Welcome God in all your actions and in all your thoughts. Magnify the Love in your heart.... Magnify the Presence, the vibration, and the truth, and experience a life of Divinity.” (Sai Maa, p. 146)

7. Summary

This course is a requirement of the *Magdalena Practitioner Program* curriculum. It fulfills a portion of the credentialing process—that being an obligation to protect society from substandard and fraudulent services. The design strategies of this course provide learning opportunities to promote ethical and legal awareness for professional energy healers.

Within the course content, there are areas that warrant further exploration by the learner. It is the learner's/practitioner's responsibility to become aware of the laws, rules, and regulations of your state, province, and locale (jurisdiction). The practitioner needs to constantly monitor these regulations as they are evolving and in a state of flux. We invite you to use that awareness and move into action.

First, identify your role as a Magdalena Energy Practitioner in the Grand Design. Apply what you have become aware of regarding legal and ethical parameters for your specific situation. Begin to write down what actions are required of you in order to develop a specific scope of practice statement that reflects your projected and desired practice, such that it would be in compliance with the laws, rules, and regulations of your state, province, or locale (jurisdiction).

As part of the application for certification as a Magdalena Energy Practitioner, you will be asked to submit a scope of practice statement, documented client sessions, and a certificate of completion of this course. Resources in this course that will serve you in this endeavor include the following:

Principles and concepts in the new healing paradigm

- » Topics to explore for specific laws, rules, and regulations of your state, province, and locale (jurisdiction)
- » A Prototype Ethical Code for Energy Healing Practitioners

The final required component of this course is the Learner Assessment, and this assessment will be forthcoming in the form of an online survey.

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