

Code of Good Practice in Medical Acupuncture

OBJECTIVE

This document aims to establish a code of good practice in the exercise of Medical Acupuncture to be observed by doctors with formal training in this area.

Medical Acupuncture encompasses a specific area of knowledge – it is a discipline that does not substitute, but rather complements what is seen as conventional Western medicine and often adds significant benefit in the integrated approach to helping patients.

ICMART considers that Medical Acupuncture, because of its unique knowledge and its clinical complexity, should follow high standards of technical and scientific training, as well as professional accreditation.

Therefore, we hereby define the basic principles for the exercise of Medical Acupuncture that govern competent, ethical and professional practice.

OF THE PHYSICIAN

The practice of Medical Acupuncture should uphold high standards of technical competence, professionalism and ethics in all areas, and follow scientific principles and evidence-based medicine.

Patients must be able to trust doctors with their lives and health. To justify that trust doctors must show respect for human life and make sure that their practice meets the standards expected of them.

Doctors who practice Medical Acupuncture must:

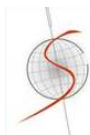
- 1) Make the care of the patient their first concern
- 2) Provide a good standard of practice and care following the official requirements in the respective countries
- 3) Recognise and work within the limits of their competence
- 4) Treat patients as individuals and respect their dignity and interests
- 5) Be honest and open and act with integrity
- 6) Be personally accountable for their professional practice and always able to justify their decisions and actions.

SPECIAL CONDITIONS

With the objective of promoting the safety in Medical Acupuncture practice the following measures should be observed:

- 1) In situations that present cautions to puncture of tissues with an acupuncture needle, the risks and possible benefits should be considered individually. Such situations might include a patient with:
 - a) Coagulopathy
 - b) Severe neutropenia
 - c) High risk of bacterial endocarditis
- i) Particular attention should be given to immunocompromised patients due to the risk of sepsis and patients with cardiac valvular pathology due to the risk of endocarditis. In these





patients indwelling needles must be avoided.

Or an area affected by:

d) Lymphoedema

e) Skin infection

f) Prosthetic implants

g) Malignancy

2) In patients with a pacemaker electroacupuncture is considered safe provided that the electrical stimulation is not applied across the precordial region or in the region of the pacemaker casing or leads. In planning treatment, it is useful to know the sensing mechanism of the individual pacemaker. It is considered desirable that in cases in which electroacupuncture is used on a patient with a pacemaker the doctor should be present throughout the treatment.

3) In patients with implantable cardiac defibrillators (ICDs) electroacupuncture should only be performed after discussion with the patient's cardiologist. Ideally a trial of treatment can be performed with the ICD's defibrillation function turned off and the patient's heart rate and ICD monitored. The protocol for treatment with electroacupuncture should be followed. If there is no interference with the ICD's function, the treatment can then be applied. The patient should be monitored during the entire treatment.

4) In cases of poorly controlled epilepsy, treatment should be performed with caution, and a doctor should not leave the patient unattended while needles are retained. Using electroacupuncture requires more consideration in these cases, since it may be seen as a possible trigger for a seizure.

5) Acupuncture should be performed with caution, and only if it is considered a good treatment option, as it may present an added risk, in patients with:

a) Uncontrolled psychiatric conditions

b) High levels of anxiety

c) Cognitive deficiencies

d) Needle phobia

6) The consent of the patient should always be obtained before the beginning of treatment. Discussion should include the relevant adverse events related to acupuncture if these could be of material risk to that individual patient.

7) Acupuncture should not be used in children when, although the parent or legal guardian have given their consent, the child refuses to cooperate.

OF THE EQUIPMENT

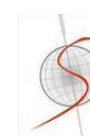
The principles of safety, ergonomics and hygiene must be observed in the practice of Medical Acupuncture:

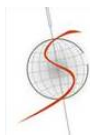
1 - Treatment Office

The relevant legislation in each country regarding this physical clinical space must be applied.

2 - Hygiene Conditions

All exposure to blood or other potentially infectious materials with contaminated sharps require that the accepted health and safety standards used in conventional medicine are observed,





emphasising in particular:

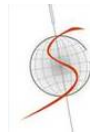
- 1) Effective hand washing or skin disinfection between patient contacts
- 2) The skin at the sites of needling should be clinically clean, but the use of skin disinfection with alcohol is not obligatory
- 3) Needles must always be sterile, disposable and for single use only. Needles should be selected that are best suited to the area and treatment technique, in order to minimise tissue trauma and maximise patient comfort.
- 4) The manipulation of the needles should be performed with due care and accuracy to avoid accidental puncture of viscera or neurovascular structures.
- 5) All used needles will be treated as contaminated sharp waste and should be sent for proper disposal.
 - a) The blood that may arise after the removal of the needles should always be considered potentially contagious, so the physician should observe the necessary measures for personal protection, such as the use of protective disposable gloves to reduce the likelihood of exposure.
- 6) Accidents involving puncture of the physician or others with a needle previously used on the patient should be documented and procedures for the appropriate management of needlestick injury should be followed.

OF THE MEDICAL PRECEPTS

All doctors should conduct themselves based on the general principles of good clinical practice and by continuously updating medical knowledge.

- 1) It is the doctor's duty to establish a clinical diagnosis of the pathology and the benefits of acupuncture treatment.
 - a) For this purpose, the doctor should obtain the clinical history of the patient, perform an objective examination, and formulate a diagnosis and therapeutic plan.
 - b) Even in situations in which the patient is referred specifically for the acupuncture treatment, the doctor should validate the diagnosis and the indication for this treatment.
 - c) In referred patients the doctor should send a report back to the referring physician including relevant details of the treatment and results.
- 2) On the first consultation a record of the clinical evaluation should be made, including the pain and function scales, when applicable, and treatment plan, so as to objectify the attained results as far as possible.
- 3) The patient must be informed of, and agree with, the treatment plan.
- 4) The physician must come to an agreement with the patient concerning the duration and frequency of treatments to optimise of the results. A record of the puncture sites during treatment should be kept as well as the needle retention time, manipulation or electrical stimulation used, the parameters of which (frequency, intensity, time) should also be noted.





Methodology

It is the physician's duty to establish a systematic plan to address the patient's pathology, which should be adapted to the particularities of that pathology and to the individuality of each patient.

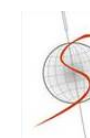
We suggest, however, some attitudes in the exercise of this activity:

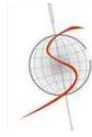
- 1) The application of acupuncture treatment in the management of diseases should be seen as an asset in optimising the results and should rarely be extended indefinitely. Acupuncture treatment should not be continued indefinitely without clear benefit.
- 2) The doctor should determine the treatment plan and communicate it to the patient:
 - a) The number of sessions will vary depending on the clinical situation and individual patient response.
 - b) Typically, six to eight sessions at weekly intervals are a suitable number for determining the response to treatment in many chronic conditions. If clinical improvement does not occur over this course of treatment, the treatment plan should be reassessed.
- 3) Should a positive response be noted or reported by the patient, this technique may be extended in accordance with the results obtained, with a total of 12 to 15 sessions often being considered adequate.
- 4) The frequency of the sessions is defined according to the clinical situation and period of onset of symptoms. There should be a consensus at the beginning of the treatment that the period between treatments should ideally not exceed one week.
- 5) After finishing the initial treatment protocol, and according to the individual clinical situation, further treatment sessions may be performed as required, with appropriate periodicity.

Clinical Practice

Clinical practice will determine each physician's experience in Medical Acupuncture. However, as a guideline, some principles should be observed:

- 1) Sedation, drowsiness or dizziness are some of the possible effects of acupuncture during the first sessions. Also, particularly sensitive patients may report transitory exacerbation of pain complaints. As such, it is considered good practice to:
 - a) Inform the patient of the potential side-effects of acupuncture or electroacupuncture.
 - b) Inform the patient that it is advisable to come to the session accompanied, to minimise risks in travelling after treatment.
- 2) Average needle retention time:
 - a) In most clinical sessions, 20 to 30 minutes is considered to be the standard therapeutic treatment duration, whether the needles are stimulated manually, electrically or left unstimulated.
 - b) Short, in out application is often applied to muscle trigger points.
- 3) Since the application of the needles may require about 10 minutes for a trained professional, 30 to 40 minutes is considered the mean treatment time, not including the clinical assessment prior and subsequent to treatment.





- 4) If electroacupuncture is used, it is essential that the physician has detailed knowledge of the physiological effects of different electrical currents to optimise results.
- 5) Safety requirements
 - a) Placement of the needles should be performed wherever possible with the patient lying on a couch to achieve greater patient safety. It is acceptable to use a seated position, if this is the most comfortable approach to certain points of the dorsal region. However, it should be ensured that the patient can lie down rapidly if required.
 - b) The treatment couch should be comfortable for the patient during treatment. It should be positioned at a height that allows the physician to work in a comfortable and safe anatomical position, and also to prevent injury to the patient.
 - c) Anatomical areas should be positioned and secured to avoid harmful stretching of neurovascular structures.
 - d) Throughout the duration of the treatment the patient should be monitored both by the physician and the health care professional knowledgeable of the particularities of acupuncture. In their absence it must be assured that the patient can communicate any discomfort and the doctor can immediately monitor the treatment.

CONCLUSION

Medical Acupuncture is the clinical discipline of acupuncture as practiced by a physician who is also trained and licensed in Western medicine. Founded on medical texts of ancient China, the interpretation and application of acupuncture within the context of contemporary medicine is an extension of the physician's medical training. The Medical Acupuncture physician uniquely offers a comprehensive approach to healthcare, which combines classic and modern forms of acupuncture with conventional medicine, when practiced in a competent and ethical manner.

The aim of this code of good practice is to be a guide for the practice of Medical Acupuncture. It does not seek to impose or replace other medical activities, provided they are promoted according to accurate clinical judgment and experience, substantiated by the scientific knowledge of acupuncture and of the pathophysiology of the individual patient.

Edited By ICMART Board
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