

GUIDING ETHICAL PRINCIPLES

Preamble

In our endeavours to achieve international recognition as the peak reference group for all matters associated with human sexuality, the World Association for Sexual Health (WAS) and the European Federation of Sexology (EFS) is committed to ethical practice in all areas. The Guiding Principles have application for clinicians, researchers, therapists, educators, and administrators. WAS and the EFS acknowledges that most professions enunciate a specific code of conduct for their members, the WAS and EFS Guiding Ethical Principles are designed to enhance existing codes and provide guidance in the sensitive area of human sexuality.

The term *sexologist* implies a professional with specialist knowledge and skills in the area of human sexuality. Sexologists employ their specialist skills as educators, researchers, sociologists, clinicians, counsellors, therapists and administrators. These Principles apply to all Sexologists when working within their professional capacity.

Various terms are used throughout this document to describe those persons, whether they be individuals, couples, groups, societies or any other entity, receiving services from or potentially affected by the professional activities of Sexologists. The terms include client, patient, student and research participant. These terms are not exclusive, nor are they intended to be definitive.

These ethical principles are designed to encompass all areas of sexology.

The Foundation Principles

The Code is founded on those principles recognised internationally through the agency of the United Nations, the World Medical Association and other, professional bodies.

The major principles are:

Autonomy. The obligation to support the individual's right to self-governance through free and rational decision making.

Beneficence. The obligation to act for the benefit of those who request professional services.

Non-Maleficence. The obligation to do no harm

Justice. The obligation to act on the basis of fair adjudication between competing claims.

(Appendix 1)

THE PRINCIPLES

Principle 1: Sexologists shall have appropriate professional preparation and maintain an ongoing commitment to continuing education.

Application: Sexologists must hold a relevant, recognised professional qualification for their area of practice. It is the Sexologists responsibility to maintain standards of professional education and knowledge, based on current research and the development of procedures and techniques. This should be achieved through regular attendance at continuing professional education programs, professional seminars, meetings, congresses and the reading of appropriate professional literature.

Principle 2: Sexologists must operate only within their area of professional expertise and competency

Application: Sexologists should recognise the professional boundaries and the limits of their professional competency. They should declare the parameters in which they work and, where appropriate, refer people to another, appropriately qualified sexologist.

Principle 3: Sexologists should inform clients, patients and research participants of their professional qualifications and affiliations.

Application: In their place of work, where applicable, Sexologists should display their qualifications in a manner that is readily observable. Qualifications should be from recognised institutions and organisations.

Limitation: The display should be professional in nature commensurate with the dignity of the profession.

Principle 4: Sexologists should uphold and enhance the integrity of the profession.

Application: Sexologists should act in a manner that supports and enhances the integrity of the profession. Thoughtful application of each of these principles achieves this.

Principle 5: When available, Sexologists should engage in science-based practice

Application: Sexologists should employ techniques and procedures that have demonstrated efficacy, based on appropriate research.

Limitation In behavioural, clinical or social research, experimental and developing procedures may be employed when the risk/benefit ratio has been carefully assessed and there is full disclosure to the research participant. (Cf Research Principles, Section C).

In education and health promotion innovative techniques may be used giving due regard to the social and cultural context and participants are appropriately informed.

Principle 6: Sexologists have a responsibility to maintain and enhance the knowledge, health and welfare of their communities

Application: Actions taken on behalf of a client, patient or community may have an undesired affect on others, including groups within a society or the society itself. Sexologists should have regard for the impact of their proposed actions and make a decision based on the greater good.

Principle 7: Sexologists should exercise respect for colleagues.

Application: Sexologists should act in a manner that does not bring disrepute upon their colleagues or their profession. They should act on principles of fairness at all times and not take actions that undermine individual colleagues.

Limitation: Where a Sexologist has evidence that a colleague has acted unprofessionally is incompetent or otherwise acting inappropriately, the matter should be first discussed with that colleague and, if necessary, brought to the attention of relevant authorities.

Principle 8: Sexologists shall not breach the professional relationship.

Application: Within the context of the professional relationship the Sexologist must act with integrity at all times. A Sexologist must not engage in intimate relations with a client, research participant, student or patient, or otherwise place them in a position where the professional relationship is compromised. When the service is of a psychotherapeutic nature a Sexologist should not provide services to a close family member.

Principle 9 The Sexologist shall respect and uphold the autonomy and dignity of those receiving their professional services.

Application: This principle applies irrespective of age, gender, race, ethnicity, educational level, sexual orientation, social circumstances, or political affiliation. It obliges the Sexologist to facilitate the exercise of autonomy through providing necessary and sufficient information to enable rational decision-making.

Limitation: Individual autonomy is limited by the recognition of the rights of others and the avoidance of harm. It is also limited through the capacity of an individual to make rational decisions on their own behalf. Under such circumstances an advocate may act on behalf of that person. (Appendix 1.)

Principle 10 The Sexologist shall maintain professional confidentiality

Application: Sexologists should maintain confidentiality at all times. Informed consent must be first obtained prior to disclosing information to third parties.

Limitation: Under certain jurisdictions there is a legal obligation to report particular activities to certain authorities. The Sexologist is morally obliged to make a reasoned decision as to disclosure. Such decisions should be based on the legal and political circumstances and on what is deemed to be the greater good.

Principle 11 Where appropriate, the Sexologist should obtain informed consent.

Application: Prior to implementing any action the Sexologist should provide sufficient and necessary information on the recommended activities and alternatives. The possible benefits and risks must be disclosed. The Sexologist may disclose which option is, in their professional opinion, the optimum action within a particular context.

Limitation: Where the person is not in a position to provide informed consent, an advocate may act on their behalf. (Appendix 1).

Principle 12 Sexologists will maintain appropriate records.

Application: Sexologists will maintain records on clients, client groups, patients or research participants. Such records may be used for research purposes when prior, written consent has been obtained. (Section C)

Principle 13: Sexologists will provide information on their fee schedule to potential clients

Application: Prior to the provision of services, information on fee schedules, insurance rebates and tax provisions, where relevant.

Principles for the conduct of ethical research

Principle 14: Sexologists shall employ recognised research protocols

Application: All research activities should follow an acknowledged research protocol that is deemed by peers to be appropriate to the nature of the study.

Principle 15: Sexologists shall employ recognised protocols in the use of human research subjects

Application: The use of human subjects requires adherence to the Helsinki Declaration, which includes the following.

- Informed consent
- Potential benefit(s) must outweigh potential risk(s)
- Freedom to withdraw without prejudice
- Confidentiality

Principle 16: Sexologists shall employ recognised protocols in the use of animal research subjects.

Application: The use of animal subjects requires adherence to the protocol set down for the humane treatment of experimental animals, which includes the following:

- Appropriate housing of the animal subject
- Minimization of pain and discomfort
- Appropriate disposal at the conclusion of the study

Principle 17: Sexologists shall utilize peer review to evaluate their work.

Application: Research proposals and research reports should be made available for expert and peer review.

Principle 18: Sexologists have an obligation to provide support for, or to conduct research and to disseminate findings

Application: Sexologists should contribute to the development of the body of knowledge through the conduct of appropriate research and through dissemination of findings. This applies to adverse outcomes as well as positive ones.

APPENDIX 1

Autonomy and advocacy

Under certain circumstances an individual may not be in a position to exercise his or her autonomy. Under such circumstances it may be appropriate and ethically desirable to accept an advocate for the client or patient.

Circumstances where an individual cannot exercise autonomy

Where the client or patient is a child of an age where he or she cannot be reasonably expected to have fully developed the capacity for abstract reasoning or an ability to evaluate the possible consequences of a particular course of action.

Where the adult client or patient has congenital or acquired cognitive impairment to a degree where she or he cannot be reasonably expected to evaluate the consequences of a particular course of action.

The nature of advocacy

Contract advocacy - This applies where the person has, prior to her or his current situation, contracted with their nominated advocate that the advocate should proceed in a particular way.

Cognizant advocacy - Where the potential advocate is deemed to be in a position where they would

Conjunct advocacy - Where the person has never been in a position to develop or express opinions or contracts and the advocate interests are deemed to be conjoint with those of that person.

JUSTICE

The obligation of justice may be viewed in three categories.

Distributive justice - concerns the comparative treatment of individuals. Where there are competing interests for limited resources one strives to develop criteria to maximise fair distribution. For example, establishing criteria to decide whether more funding should go to HIV/AIDS prevention or to Erectile Dysfunction treatment.

Compensatory justice - is provided when compensation is made for past wrongs or deprivation of resources. For example, providing special sexuality education programs for indigenous populations.

Procedural justice - requires ordering resources in a fair manner, for example on a 'first come, first serve' basis.