

THE SGAP CODE OF ETHICS

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Preamble

1. These ethical guidelines are based on experience with human suffering. Patients show their vulnerability and place their trust in us. As Jungian analysts and psychotherapists it is our responsibility to offer a secure, protected environment in which psychotherapeutic and/or psychological work can be performed.
2. An analytical-therapeutic meeting is a real and symbolic encounter. Work with symbolic content entails the risk of regressive turmoil for both parties involved, which can have the effect of limiting resolution. As a rule, the analytical-therapeutic process requires a high level of responsibility on the part of both parties. Jungian psychotherapists are therefore specifically responsible for ensuring reliable and safe limits to the therapeutic environment.
3. The SGAP Code of Ethics serves to protect patients against unethical application of psychotherapy by any SGAP member acting in a therapeutic and training capacity;
to protect the psychotherapists in the exercise of their profession;
as a guide to govern the conduct of SGAP members;
as a basis for the Ombuds Office and the Ethics Committee to clarify and deal with complaints.

1. Application

1. This Code of Ethics shall be binding on all members of the SGAP. Members provide a written undertaking to comply with the Code of Ethics. However, this Code of Ethics does not exclude the application of the codes of ethics of other professional associations to which any member of SGAP is also subject.

2. Qualifications and Professional Competence

1. Psychotherapists undertake to use their professional qualification and always think in a manner that serves to promote the health of their patients. They shall respect the personal integrity of their patients and avoid any abuse of the position they hold as a result of the therapeutic relationship.
2. Psychotherapists undertake to exclusively offer only those psychotherapeutic services for which they have acquired the appropriate qualifications and skills. They undertake, in particular, to work with doctors, institutions, social workers and therapists in other areas of expertise in order to be able to provide optimal assistance to their patients. The foregoing shall be subject to the provisions respecting the duty of confidentiality (section 6).
3. Psychotherapists undertake to refrain from carrying out their work while under the influence of alcohol or other drugs or if they suffer from a mental or physical illness that could have an adverse impact on their work.
4. Professional competence and ethical professional conduct on the part of psychotherapists includes ensuring continual quality assurance and reflecting about their own therapeutic approach by drawing on assistance from colleagues (i.e. through supervision, peer consulting, control analysis, team discussions, professional development).

3. Advertising

1. Members of the SGAP shall refrain from any intrusive or misleading advertising. They are required to accurately declare their professional status in any advertising material and personal printed matter.

Notice of courses in the form of circulars and advertisements is permitted.

4. Patient Information

1. Patients are free to choose the psychotherapist they wish to see and to decide themselves how long they wish to undergo treatment.
2. Patients must be given information about the conditions under which psychotherapy is provided in an objective, honest and appropriate manner.

3. In particular, patients or their legal representatives must be provided with information about the following items:
 - a) type of methods used, setting, and training of the psychotherapist;
 - b) financial terms such as fees, reimbursement by health insurance companies and any charge for missed appointments;
 - c) duty of confidentiality;
 - d) Ombuds Office, Code of Ethics, Rules of Procedure of the Ethics Committee.
4. Members of the SGAP may provide their patients with a pamphlet containing the above information.

5. Documentation Requirements

1. Therapists are required to document the medical history of their patients, indication of therapy, clinical picture and progress of the therapy. Patients have the right to inspect these documents and also any correspondence exchanged with health insurance companies, authorities, etc. This right of inspection shall also apply following termination of the treatment. All documents are required to be stored for a period of ten years following termination of the analysis.
2. When therapists close their practice, they are required to ensure that these documents are properly archived.

6. Duty of Confidentiality

1. Psychotherapists are governed by a duty of confidentiality with respect to all knowledge they acquire during the exercise of their profession. This duty of confidentiality shall continue to apply following the death of their patients. Any provision of information to third parties is only permitted to the extent consented to by the patient.
2. In this regard, the following must be respected:
 - a) If any written information is provided to any authority or court, the report must be discussed with the patient;
 - b) Patient consent is also required prior to any information being provided to medical officers of health insurance funds, other insurance companies, school psychologists, etc.;
 - c) The use of statistical data collected from psychotherapy for training, publication or use in the public domain is permitted without the prior consent of the patient only if no conclusions whatsoever may be drawn as to the identity of the parties concerned and no disadvantages arise for them as a result. Analytical material such as images, dreams, etc. may only be used for publication purposes or public lectures with the prior consent of the patients concerned;

- d) Psychotherapists undertake to safeguard material relating to their patients and to take measures that such material remains safeguarded in the event they become ill, have an accident or die.
- 3. In all cases, therapists are required to exercise the utmost care to protect their patients when complying with their duty of confidentiality and in the event that they are released from their duty of confidentiality by a patient.

7. Professional Secrecy

- 1. At the federal level, non-medical therapists with their own practice are not subject to professional secrecy in relation to public authorities. As a result, they are not able to rely on a right to refuse to provide evidence when they are examined by authorities as a witness, except to the extent provided for in any cantonal provisions respecting a duty of confidentiality.
- 2. If needed, in cases where the patient has not provided consent, the Ethics Committee of SGAP provides assistance to its members on legal issues if they are requested by authorities or a court to provide information about a therapy or an analysis. Any such requests may be addressed orally or in writing to members as informed persons, witnesses or experts.

8. Fees

- 1. Whenever possible, fees are to be agreed with patients at the initial consultation but in all cases, prior to commencement of therapy. Generally, there is a charge for an initial consultation.
Patients who pay in cash are entitled to a receipt. No claims in excess of the fee are permitted. When therapy commences, psychotherapists are also required to come to an agreement with their patients about fees charged for any missed therapy sessions. Telephone consultations of a therapeutic nature may be billed on the basis of time expended.
- 2. Payment or acceptance of commissions or remuneration for the referral of patients is prohibited.

9. Protection of Patients

- 1. Psychotherapists must not abuse the dependence arising from the therapeutic relationship and its transference dynamic.
Abuse in this sense begins when psychotherapists fail to fulfil their professional duty and responsibility to their patients in order to satisfy their personal e.g. narcissistic, sexual, economic or social interests, for example, even if this is desired by their patients. Responsibility in this regard shall rest exclusively with the psychotherapists. Personal consent from a patient shall not release psychotherapists from this responsibility.

From a professional ethics perspective, no distinction can be made between patients and candidates for training.

2. Non-compliance with the Code of Ethics shall include, but not be limited to:
 - damage to the patient caused by a violation of the spiritual, physical or sexual integrity of the patient as a result of improper therapeutic management;
 - coercion, manipulation or indoctrination with respect to ideological or religious issues;
 - professional acts to the detriment of the patient concerned, e.g. by failing to comply with documentation requirements, by charging excessive fees, etc.;
 - use of methods or the provision of services for which the therapist is not qualified;
 - failure to consult any necessary experts, in particular, failure to consult peers or conduct supervision in the case of complicated therapy processes, etc.;
 - breach of the duty of confidentiality.
3. Special caution is required where there is any blurring of roles (dual relationships) which could jeopardize the analytical function and approach.
4. These professional ethics rules shall continue to apply even following the end of any therapy as long as the dependence caused by the therapeutic relationship and transference dynamic continues to exist.
5. Psychotherapists have the right to end a therapy when they come up against their own personal limits and they have the duty to end it once there is a likelihood that a patient no longer benefits from therapy. In such cases, it is part of the duty of care of the therapists to refer the patient to qualified specialists, if needed.
6. Serious abuses by professional colleagues may be reported to the Ethics Committee by psychotherapists for clarification, while at the same time protecting the interests of the patients.

10. Collegial Behaviour

Members of the SGAP shall behave in a collegial manner amongst themselves and when dealing with other professionals, and work together for the benefit of the patients. They shall abstain from making any disparaging comments to patients about other members and from unobjectively criticising their professional activities.

Poaching of patients and exploiting them in the cases of conflict shall constitute conduct contrary to the Code of Ethics. Patients taken over from a colleague on a replacement basis shall be returned to the previous therapist once the replacement relationship has ended.

11. Procedure in the Event of a Breach of the Code of Ethics

1. The Ombuds Office of SGAP is the first point of contact for complaints in the event of breaches of the Code of Ethics except in cases involving uncollegial behaviour, particularly in the case of complaints based on disparaging or otherwise personally offensive comments about other colleagues and unobjective criticism of their professional activities.
The Ombuds Office does not have decision-making power. An appeal to the Ombuds Office and the failure of its efforts at mediation are preconditions for an appeal to the Ethics Committee.
The procedure before the Ombuds Office is set out in the Regulations Governing the SGAP Ombuds Office.
2. Following failed mediation by the Ombuds Office, the Ethics Committee is responsible for investigation of the reported breaches of the Code of Ethics and their assessment. It shall investigate the facts and if breaches of the Code of Ethics have been satisfactorily established, it is authorized to sanction the member of the SGAP against whom the complaint was made. In the proceeding before the Ethics Committee, the complainant does not have any standing as a party.
3. For complaints involving uncollegial behaviour, particularly due to disparaging or otherwise personally offensive comments about other colleagues and unobjective criticism of their professional activities, an appeal must be made to the Ethics Committee which will deal with such cases in a simplified proceeding.
4. The rules of procedure of the Ombuds Office and the Ethics Committee govern the details of the responsibilities, powers and procedure before the Ombuds Office or the Ethics Committee.
5. Any member of SGAP against whom a complaint is made must be fully released by the patient making the complaint from the professional duty of confidentiality in relation to the organs of SGAP.

12. Entry into Effect

This Code of Ethics shall enter into effect following its adoption by resolution at the SGAP General Assembly on May 13, 2017.