

Notes for Trainer:

Group Exercise 2: Case Study

Distribute these notes to your students after the discussion.

Relevant aspects of the Code that may come up for discussion

1. Clearly advising the clients that spiritual healing is a supplementary or complementary therapy and does not replace treatment by a doctor or other licensed health care professional.
(It does not appear that this was done in the above case.)
2. Not offering a diagnosis or claim to offer a 'cure' for any condition or offer any guarantees.
(Ed Strachar told Godfrey she had demons "in her head misdirecting her")
3. Not offering an opinion on any medical matters or procedures, even if asked by the client.
(Ed Strachar had a poor opinion of the medical profession and expressed it - "Meds and MDs don't heal ... if it was up to me I would drop them altogether. Don't be a slave to the med system, which wants you on drugs for life ... take charge of your health.")
4. Refraining from bringing their own emotional state into the session and endeavouring to stay optimistic, positive, supportive, and empathetic.
(This may have been a contributing factor as the Kiwi healer and Mrs Godfrey were friends. The Kiwi healer's assessment of the situation may not have been as objective as it would otherwise have been.)
5. Abiding by the Privacy Act 2020 and subsequent amendments.
<https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html> by keeping patient-healer confidences strictly confidential and not discussing any information received from the client or understood during the course of a healing session with any third person unless required to do so by law.
(See Privacy Act below)
6. Unless otherwise qualified to do so, not practicing as a health / medical practitioner (including practicing or advising on dental care, midwifery, osteopathy, pharmacy treatments, dietetics, occupational therapy, optometry, physiotherapy, podiatry, psychology, and psychotherapy, etc) as per the Health Practitioners Competence Assurance Act 2003 and associated acts.

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(We do not diagnose or give medical advice unless qualified to do so. Ed Strachar's text messages to Mrs Godfrey encouraging her to come off her drugs and ignore her doctors were not appropriate and could possibly be construed as illegal.)

Recommending that someone use natural remedies, as the Kiwi healer did, instead of prescribed medication is also not appropriate as a spiritual healer, and especially not in a serious case like mental illness. The Health Practitioner Competence Assurance Act 2003 precludes unqualified people from advising on pharmacy treatments, psychology, psychotherapy as well as the usual medical treatments.

You might think that this is a bit extreme because there are lots of safe natural supplements sold in supermarkets like Vitamin C. So suggesting someone try Vitamin C to boost their immunity or Magnesium to stop night cramps might not appear a big issue if you aren't encouraging them to stop other medications - but if you don't know what other treatments they are having and/or you don't know if the supplements will interfere and cause problems [their contra-indications], you are best not to advise at all. For example, grapefruit is natural and safe except when taking certain heart medications. Some doctors recommend people having chemotherapy should avoid anti-oxidants and other supplements, including Vitamin C. Better to leave such advice to the chemists and doctors, to whom you can safely refer them.)

Relevant aspects of the Standards that may come up for discussion

Private Healings

If you are healing another person in private, take along another healer or trusted person. Taking along another healer limits the opportunity for anything untoward happening (either to the client or to you), and also provides a witness if you are later accused of doing anything disrespectful during the session.

(It also means the healer may temper what they say and do during a session, which might be different from one person working with a client privately. A second healer will also have the opportunity to intervene if sometime is not appropriate or correct anything said that is misleading.)

Client dependence

Spiritual healing will help rebalance a client's body so it can heal itself. Sometimes the person needs to change their lifestyle or thoughts to facilitate ongoing healing. Be aware of any client that may be becoming overly dependent on spiritual healing or the healer without taking responsibility for their own healing. If found, develop appropriate strategies with the client for addressing the situation.

Power Imbalance

Clients may revere healers, especially doctors, for their knowledge and ability to heal, or they might even be intimidated by them. Be aware of any perceived power differences inherent in a healing relationship with a client and do not exploit them. *(Ed Strachar appears to have taken advantage of Mrs Godfrey's dependence and misguided respect for him.)*

Relevant aspects of the Privacy Act that may come up for discussion

(Note a previous version of the Privacy Act was in force at the time of Mrs Godfrey's death but it contained the same expectations around privacy and suicide threats.)

PRINCIPLE 11 - Disclosure of personal information

Principle 11 means that an organisation may generally only disclose personal information for the purpose for which it was originally collected or obtained. Sometimes other reasons for disclosure are allowed, such as disclosure for a directly related purpose, or if the person in question gives their permission for the disclosure.

For instance, an organisation may disclose personal information when:

- disclosure is necessary to avoid endangering someone's health or safety

(You might think that due to client confidentiality, the healers could not share with others that Mrs Godfrey was suicidal. The Privacy Act and client confidentiality refers to the person's right to not have personal information disclosed to outside parties without their permission. This right is not absolute and under Principle 11 of the Privacy Act Clause (f) personal information can be disclosed to prevent or lessen a serious threat to the life or health of an individual, or to public health or safety.¹⁸

The Health Information Privacy Code 2020, which does not specifically apply to spiritual healers, gives further useful direction as to whom such health information can be disclosed under Rule 11 (2) (b). It can be disclosed to a person nominated by the client, or to their principle caregiver or near relative unless the client has expressly asked that person not be told.¹⁹

¹⁸ Privacy Act 2020, Part 3: Information privacy principles and codes of practice, Subpart 1—Information privacy principles, 22 Information privacy principles, Information privacy principle 11: Limits on disclosure of personal information, Clause 1 (f), from <https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23342.html>

¹⁹ Health Information Privacy Code 2020, Part 2: Health information privacy rules, Rule 11: Limits on disclosure of health information, Clause 2 (b), from <https://www.privacy.org.nz/assets/New-order/Privacy-Act-2020/Codes-of-practice/Health-information-privacy-code-2020/HIPC-Amendment-No-1/Consolidated-Code-incorporating-Amendment-No-1.pdf>



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Potential Suicide

For healers at anytime, handling discussions with clients around suicide can be very stressful. You must assume that any person talking about taking their own life is serious and therefore advise them to get the appropriate medical help. The Ministry of Health advises that “Anyone who talks about suicide should be taken seriously. People who die by suicide have often previously expressed suicidal thoughts or displayed warning signs.”²⁰

As spiritual healers we work with the medical profession. In the case above, the Kiwi healer stated that she did not refer Mrs Godfrey to professional help.

The Ministry of Health gives health clinicians (and us) further clarification around this: “Confidentiality refers to the person’s right to not have personal information disclosed to outside parties without their permission. This right is not absolute. When a person is considered acutely suicidal, the clinician’s first responsibility is to work to protect the person’s safety. This may involve breaching confidentiality through contacting, consulting and informing whānau/family members or significant others. The appropriateness of involving a person’s whānau/family or next of kin is determined by several factors. If the person does not wish them to be notified and this does not compromise the safety of the person at risk, then confidentiality must be maintained. In some cases, whānau/family members or partners may be contributing to a person’s suicidal risk (eg, in abuse situations), in which case the clinician’s responsibility is to do what they can to protect the person at risk of suicide.”²¹

There was a clear expectation in the above case, as reported, that the Kiwi healer should have told her client’s family and/or sought professional help.

The Ministry of Health document goes on to say “It is important that the person at risk is made aware of the above limitations to confidentiality, for example, by a statement such as: ‘What you say is confidential to the service, unless I believe that you are at serious risk of harm to yourself, or others. In such a case I will take the necessary steps to protect your safety, although wherever possible I will discuss these steps with you before I take them.’”²²

I can imagine that statement being hard to fit into our usual client conversations! However if you find yourself working with someone at risk of suicide then it is best practice to be open about your responsibilities around this.

²⁰ Ministry of Health, “Best Practice Evidence-based Guideline: The Assessment and Management of People at Risk of Suicide”, May 2003, p.ix, https://www.health.govt.nz/system/files/documents/publications/suicide_guideline.pdf retrieved from <https://www.health.govt.nz/publication/assessment-and-management-people-risk-suicide>, updated 14/2/2024.

²¹ Ibid, p.6

²² Ibid, p.6