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Chiropractors' Association of Australia (SA)

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Attention: Chair
Chiropractic Board of Australia

Via email: natboards@dhs.vic.gov.au

Dear Dr Donato,

Re: Feedback on the 2nd draft of the consultation paper of "The Code of Conduct for Chiropractors"

CAASA understands that the draft Code of Conduct has predominantly been drawn from the cross-professional Code of Conduct (CoC) and then modified to be Chiropractic-profession specific by including aspects of the proposed draft Code of Professional Practice (CoPP). CAASA acknowledges the effort by the Chiropractic Board of Australia (CBA) in preparing this second combined draft Code of Conduct for Chiropractors following the response from stakeholders on the initial draft. CAASA thanks the Chiropractic Board of Australia (CBA) for the opportunity to review this draft consultation paper.

General Comments

CAASA is satisfied that many of the areas in question from the first draft have been adequately edited. There remain, in our view, however, several areas that still require attention and some editing.

Whilst it is certainly important to maintain comparable expectations regarding standards of care across all the different health professions, there does appear to be some issues of relevance to the chiropractic profession when using the exact wording and intention that is taken from the *"Good Medical Practice: A Code of Conduct for Doctors in Australia"(referred to here as the "GMP Code").* These issues are described throughout this document.

Some areas also retain demeaning and offensive wording, displaying an implication of contempt for the chiropractic profession and are not encouraging of maturity of the profession. This is unacceptable in such a document.

We note that Section 9.6, *"Advertising"* refers to complying with the Board's Guidelines on Advertising available on the Board's website. As this is not yet available on the website mentioned, no specific feedback on the advertising requirements can be given. Our feedback on the Advertising Guidelines of the previous draft consultation paper, hence, still applies and is attached in this document under "Appendix".

Feedback on the 2nd draft consultation paper of "The Code of Conduct for Chiropractors"

Definitions:

"Patient": The definition of *"patient"* as *"includes client, health consumer or carer"* is problematic for this document as it is far too broad. *"Health consumer"* could cover every single individual, whether or not they receive chiropractic care. This effectively requires chiropractors to adhere to the Code during any possible interaction with another individual, in any aspect of their daily life.

Other health professions have utilized patient/client without definition throughout their Code documents.

Recommendation: That the definition of "patient" is either removed or defined more specifically as relating to the receipt of chiropractic care in a chiropractic office.

"Providing care": As this definition includes reference to *"pro bono"... "treatment, advice or service..",* this is once again too broad to be of use as it could cover ANY interaction with ANY person. Eg. Any advice on the mental or physical health of a person "pro bono" is so broad that it could include, for example, a casual chat with a worried friend.

Recommendation: That this is defined more specifically with regard to chiropractic clinical practice.

"Practice": This definition is too broad to be useful as it includes reference to *"using professional knowledge in a direct nonclinical relationship with patients..."*. This would also include every interaction a chiropractor has with any individual in any aspect of their daily life. As *"professional knowledge"* has not been defined, and could include an extensive scope of topics, this definition is not adequate.

Recommendation: That this is defined more specifically with regard to chiropractic clinical practice.

1.2 Professional Values and Qualities

3rd paragraph: *"Chiropractors have a responsibility to protect and promote the health of individuals and the community"*

This phrase should be amended as follows, to relate to improve clarity for chiropractic practice.

Recommendation: replace this clause with *"Chiropractors have a responsibility to the community by promoting the health of individuals."*

CAASA is pleased to note the reference in paragraph 4 that states, *"Good practice is centered on patients."*

It is important that health professionals acknowledge that the patient/consumer is at the centre of their care, including care decisions, informed choices regarding their care, active participation and co-ordination of their health care regime which is a step forward for both the health of the consumer as well as the viability of the health care system.

7th paragraph, 2nd half:

"In relation to working within their scope of practice, chiropractors may need to consider whether they have the appropriate qualifications and experience to provide advice on over the counter scheduled medicines, herbal remedies, vitamin supplements. "

Whilst the remainder of this section is present in the requirements for Medical Practitioners in the GMP Code, the above sentence, however, is in addition to the corresponding section, and is not featured in the corresponding section in the GMP Code for medical doctors. It is completely unreasonable to include this sentence for chiropractors if it is not included for the medical profession.

Recommendation: That this sentence (in italics above) is removed, as it is in addition to,(and hence is not included in) the corresponding section in the GMP Code for Medical Doctors.

2.1 Providing Good Care

Introduction:

a) *"assessing the patient, taking into account his or her history, views and an appropriate physical examination where relevant".*

For chiropractic practice, physical observation, examination and assessment are essential. "Where relevant" should be deleted here.

Recommendation: that "where relevant" be deleted.

b) *"ensuring that the diagnosis is relevant, justifiable and based on sound clinical reasoning. "*

This requirement is not included in the Codes of any other health profession.

Its presence, here, implies distrust in the clinical ability of chiropractors, more than all other health professionals, which is unacceptable and offensive and not encouraging of maturity of the chiropractic profession. The other clauses in 2.1 cover this adequately.

Recommendation: That this sentence is removed

e) *"recognizing the limits to a chiropractor's own skill and competence and referring a patient to another practitioner when this is in the best interests of the patients".*

Whilst the intent of this requirement seems reasonable, the second half of the sentence, *"referring a patient to another practitioner when this is in the best interests of the patient"* is an ambiguous requirement, fraught with hazard. *"The best interests of the patient"* will always be viewed from the perspective of the treating practitioner, and, will always be more clearly viewed with the benefit of hindsight, eg at a prosecution. Rather than being good guidance, we foresee grave issues with this sentence, in its potential for prosecution of chiropractors using the benefit of hindsight. In addition, it may be in the best interest of the patient for a newly graduated practitioner to refer all his/her patients out. Is this the desired intent of this sentence? A far more useful sentence appears in the GMP Code, as *"consulting and taking advice from colleagues when appropriate".*

Recommendation: That this clause "*referring a patient to another practitioner when this is in the best interests of the patients"* is deleted OR replaced with *"consulting and taking advice from colleagues and other practitioners when appropriate".*

2.2 Good Care

a) "recognising and working within the limits of a chiropractor's competence and scope of practice and seeking advice from or referring patients to a more suitably qualified practitioner when it is considered in the patient 's best interests"

a) is a repeat of 2.1 e)(above) except for an addition of "scope of practice". As scope of practice is not defined in this code, nor is it ever a static entity in a growing profession, this clause is inappropriate.

Recommendation: That 2.2 a) is replaced with: *"recognizing the limits to a chiropractor's own skill and competence and consulting and taking advice from colleagues and other health professionals when appropriate".*

i) ensuring that services are provided with the best possible skill, care and competence"

This clause is a given. Other professions have seen fit to *assume* this ethical standard from their practitioners. Its presence here, and in no other health profession's Code implies distrust in the ethics, clinical ability and duty of care of the chiropractor, which is again offensive and unacceptable.

Recommendation: That this clause be removed.

o) "practising in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes"

This clause is fraught with hazard. This requirement leaves no room for development of the profession not for development and use of new techniques in a growing profession. In addition, this document is unaccompanied by any evidence to support the argument that limiting care to only evidence-based practices produces better outcomes. For a profession growing in its techniques and research base, this clause is unreasonable.

It is noteworthy that the GMP Code does not contain such a clause in the corresponding section.

That is, medical practitioners will not be expected to adhere to this requirement. For chiropractors to be expected to adhere to this, when medical practitioners are not, is unacceptable.

Existing sections h) and m) are ample clauses for the intention of this clause.

Recommendation: That 2.4 o) be removed for the above reasons.

2.6 Decisions about access to care

d) *"investigating and treating patients on the basis of clinical need and the effectiveness of the proposed investigations or treatment, and not providing unnecessary services"*

The first part of this sentence is common with the exact clause in the GMP Code. However, the clause *"and not providing unnecessary services"* is an add-on and does NOT appear in the GMP Code. The existence of it here, and not in the GMP, implies distrust in the ethics and clinical decision-making of chiropractors (and not medical practitioners) in the provision of services and hence is offensive and unacceptable.

Recommendation: that in 2.4 d) "and not providing unnecessary services" be deleted for the above reasons.

2.7 Treatment in emergencies

This section is a direct copy of the corresponding section in the GMP Code. It is reasonable to appear in the GMP Code, as emergencies are a frequent occurrence in the standard practice of medical practitioners. To include this section here, however, requires some further explanation for its use for chiropractic practice as it is unclear and too non-specific to explain its relevance to a chiropractor.

Recommendation: That this section is removed OR re-written with specific detail to explain in what manner this is applicable for chiropractors. (ie is this referring to first aid? Chiropractic emergencies- eg acute disc injury?)

3.3 Effective Communication

d) "*Discussing with patients their condition and the available health care options, including their nature, purpose, possible positive and adverse consequences, limitations and reasonable alternatives wherever they exist".*

This is an unreasonable and dangerous requirement of any practitioner. No health practitioner can have an adequate knowledge base about the details (ie the nature, purpose, consequences, limitations…) of other health care options that they do not practice, nor have been trained in. The clause "a little bit of knowledge is dangerous" comes to mind here. Individual practitioners can explain all the options of their qualified knowledge base, ie of their profession. The remaining points in this section 3.3 adequately cover the intent of point d).

Recommendation: That clause d) is removed

3.3 j) *"Communicating appropriately with and providing relevant information to other stakeholders including members of the treating team."*

This point may be referring to the common treatment teams that exist in hospitals. This clause is unclear with regard to chiropractic practice: eg. As chiropractic consumers often see several health practitioners for their health care, both by choice and often for many differing reasons, what is "the treating team" referring to in a chiropractic setting? The use of the word "stakeholders" and "relevant information" is too broad here and renders this unclear to be interpreted in a chiropractic setting.

In addition, the GMP Code for medical practitioners does not include this point. ie, this is in excess to the requirement for medical practitioners (and, incidentally, for optometrists).

Recommendation: That this clause be re-written with the chiropractic setting in mind, or removed.

3.4 Confidentiality and Privacy:

e) "where relevant, being aware that there are complex issues relating to genetic information and seeking appropriate advice about disclosure of such information"

e) The cutting and pasting of this point from the GMP Code, has rendered this point irrelevant in a chiropractic setting.

Recommendation: That this section be removed

3.5 Informed consent

This section begins by referring to the NHMRC Guidelines as "a useful guide".

It is unclear whether or not the NHMRC Guidelines are therefore a required part of this Code or not.

Recommendation: That this is re-written including a decision on the above query

b) part 1 "an explanation of the treatment recommended, it's likely duration, expected benefits and cost"

This requirement is reasonable, but once again, should be a reasonable expectation for ALL health professionals. It is important to note that, this does NOT appear in GMP Code or other health professionals' codes. It is unacceptable for this to be expected solely of chiropractors.

Recommendation: That this clause be removed

b) part 2 "any alternative(s) to the proposed care and their relative risks/benefits as well as the likely consequences of no care"

Whilst we acknowledge the intent of this clause, as applicable in 3.3 (above), in reality, this is an unreasonable and dangerous request of any practitioner. No health practitioner can have an adequate knowledge base to give an accurate assessment of the *"relative risks/benefits"* of alternative health care options to their care that they do not practice, nor have been trained in. The phrase "a little bit of knowledge is dangerous" comes to mind here. Inaccurate judgments of another health care option from non-practitioners of that option could greatly misrepresent the potential benefits/risks of that discipline. Individual practitioners can explain all the options of their qualified knowledge base, ie of their profession. In addition, this clause is not required in the Codes of any other health profession, it is unreasonable for it to be a requirement solely for chiropractors.

Recommendation: that this clause is removed

last part of 3.5 c*)" ..including providing information on material risks"*

This section is a repeat of 3.3 Effective communication f). "*ensuring that patients are informed of the material risks associated with any part of a proposed management plan*". The latter is common to other health professions' Codes.

Recommendation: That the last part of 3.5 c) is removed and replaced with 3.3 f) to keep in line with all other health profession's Code's requirements. There is no need for repeat of the same clause.

d*)" that consent is freely given, there should be no coercion or pressure exerted in an attempt to gain consent"*

This is completely additional to the informed consent clauses in the Codes of the medical and other health professions. Its presence here implies serious contempt for, and distrust of chiropractors' ethics, beyond those of medical practitioners and other health professionals. It is unacceptable, inappropriate and offensive to insert this clause for chiropractors solely.

Recommendation: That d) be removed

3.5 g) "*documenting consent appropriately, including considering the need for written consent for procedures which may result in serious injury or death.*"

CAASA supports the concept of a documented informed consent for clarity of communication. Historically however, the only link between chiropractic care and serious injury or death has been the issue of vertebro-basilar artery stroke. In keeping up-to-date with current evidence, the recent study by Cassidy et al (Spine 2008) based on over 109 million person-years of observation, which found "... no evidence of excess risk of VBA stroke associated with chiropractic care compared to primary care", CAASA suggests that the issue of VBA stroke as a potential effect of cervical spine adjustments is an out-dated and innaccurate clinical concept. In the absence of other compelling reasons to warn of potential serious injury or death, CAASA recommends that written informed consent should be limited to the discussion of less serious injuries such as disc or other soft tissue injuries.

Recommendation: that section 3.5 g) is altered to reflect current scientific knowledge.

3.6 Informed financial consent-fees

f) "*ensuring the amount, time and quality of care delivered does not differ for those patients (with similar conditions) on a pre paid financial agreement to those who are not*"

This is again an insulting comment implying distrust in the ethics of a chiropractor. It is also impractical as it implies a need for the employment of a timekeeper to realistically ensure this.

Recommendation: That f) is removed

g) "*ensuring the agreement is reviewed every 3 months or 12 visits whichever is the greatest*"

and *h)* "*that agreements should not extend beyond 3 months or 12 visits whichever is the greatest, unless there is clear and appropriate justification to support a longer period of agreement.*"

This requirement is in excess to all other health professions' Codes. It is unreasonable for this to be enforced for chiropractors and no other health professional. Furthermore, it is unclear what the basis/evidence/ rationale is for the "3 months" or "12 visits". The mention of "3"months or "12 visits" appears arbitrary.

In addition, there is no peer-reviewed evidence to suggest that care plans and financial arrangements between practitioners and their clients should not exceed 3 months. Particularly in chronic cases, care plans could often be proposed for some months ahead using an understanding of the time frames involved in rehabilitation of chronic injuries. There seems to be no evidence-informed reason to limit the time frames for financial arrangements and care plans, as long as those arrangements are conducted in line with the above sections of the draft Code of Conduct.

Recommendation: That g) and h) are removed.

3.7 Children and Young people

b) "*ensuring informed consent to provide care for children involves the patient's parent and/or guardian being provided with clinically relevant information for chiropractic management of certain conditions in children*"

Once again, it is outrageous for this to be included in this Code for chiropractors solely as it is not included for any other health profession's Code regarding their management of conditions in children (ie it does NOT appear in relevant sections of other professions' Codes). Consultation with children is not specific to chiropractic, and hence should not be specified beyond the Codes of the other health professions.

Recommendation: That b) is removed

c)" ensuring that all risks of care and alternatives to care are sufficiently explained as these are essential elements of informed consent (see Section 3.5 Informed Consent)"

Firstly, this belongs in the informed consent section. It is an addition particular to the Chiropractic Code (and no other) and is a confusing and unnecessary repetition.

Secondly, the feedback to the explanations of alternatives to care is as written in 3.5 b) part 2 as follows:

Whilst we acknowledge the intent of this clause, as applicable in 3.3 (above), in reality, this is an unreasonable and dangerous request of any practitioner. No health practitioner can have an adequate knowledge base to give an accurate assessment of the "alternatives to care" that they do not practice, nor have been trained in. The phrase "a little bit of knowledge is dangerous" comes to mind here. Inaccurate judgments of another health care option from non-practitioners of the option could greatly misrepresent the potential benefits/risks of that discipline. Individual practitioners can, themselves, explain all the options of their qualified knowledge base, ie of their profession.

d) "*considering the young person's capacity for decision making and consent; in general, where a chiropractor judges that a person is of a sufficient age and of sufficient mental and emotional capacity to give consent to a*

service, then that person should be able to request and provide informed consent to receive services without the consent of a parent, guardian or other legal representative"

This is a risky clause. It cannot be up to the individual chiropractor to decide whether the child is of a "*sufficient age and mental/emotional capacity to give consent"*. This will greatly open up the potential for exploitation of children as well as being unclear for the chiropractor as to the clarity of the age of consent. This does not feature in the GMP Code, and, we believe, with good reason.

Recommendation: That this is re-written to clearly define the age from which consent is no longer required from a parent/guardian.

3.8 Culturally safe and sensitive practice

d) *adapting practice to improve engagement with patients and health care outcomes.*

This is unclear in its intention for the individual chiropractor to comprehend and assimilate into practice.

Recommendation: That this is re-written to improve clarity of intent.

3.9 Patients who may have additional needs

d) "being aware that these patients may be at greater risk."

This wording is not precise enough in its intent.

Recommendation: change, *"at greater risk"* to *"more vulnerable"*

4. Working within practice

This section seems superfluous to the requirements of the Code, as it is assumed that all sections will certainly apply to "working within practice"

4.2 Use of diagnostic tools, tests and procedures

a) *"a full and thorough assessment of patients using tools, tests and procedures that are appropriate for the gathering of information necessary to form a diagnosis and to determine necessary care and not over-relying on any one tool, test or procedure"*

To state the obvious, chiropractors are not the only health profession to use tools, tests and procedures. However, chiropractic is the only health profession for whom this appears in their Code. There is no corresponding section in ANY other health profession's Code. This section should either apply to ALL health professions, or none.

In addition, it is overly detailed and prescriptive and, hence, implies serious doubt in the clinical judgment, clinical procedures and overall clinical ability of chiropractors.

Recommendation: That a) be removed or replaced with, *"chiropractors should conduct a full and thorough assessment using the tools most appropriate for the gathering of information necessary to form a clinical impression."*

b) re radiology

This section is covered in the appendix regarding radiology.

Recommendation: That b) is removed as there is an entire Appendix covering this issue.

c) *evaluating and reporting the data obtained in a contextual way to ensure that an acceptable and relevant diagnosis is formed and that appropriate and necessary care is provided*

This is an ambiguous statement that does nothing to provide clarity for the practitioner. Eg "*acceptable*"- we ask, to who?, or according to which technique or principles?, "*relevant diagnosis"*- are there a list of relevant diagnoses?, "*appropriate*" –according to who/what?. This questioning of chiropractors' ability to provide appropriate and necessary care, whilst there is no similar questioning occurring in the Codes of all other health professions, is offensive and unacceptable.

Recommendation: That c) be removed

d) "*when using tools, tests and procedures for diagnostic and prognostic purposes these should be for conditions where there are demonstrated acceptable levels of reliability and validity".*

This statement holds the assumption that any test is done uniquely for the diagnosis of a condition. There exists a difference between diagnosis and analysis, which is not allowed for here. It is also feasible that several tests/tools and procedures commonly performed are used in functional or physiological feedback and testing, rather than simply equating to diagnosis of a "condition". In addition, this does not take into account the tools, tests and

procedures used in asymptomatic care.

Recommendation: That d) is removed

e) *"not misrepresenting the clinical value or significance of the findings of any tool, test or procedure."*

Once again, this seriously calls into question not only the clinical interpretation ability of chiropractors, but also the ethics of chiropractors. Furthermore, no such offensive statement appears in the Codes of any other health profession. It shows a serious contempt for the profession, beyond that of all other professions, for this to exist in the Code.

Recommendation: That e) is removed

Overall recommendation for Section 4, Working within practice: That this entire section be removed.

5. Working with other practitioners

5.1 Respect for colleagues and other practitioners

a) *communicating clearly, effectively, respectfully and promptly with colleagues and other practitioners caring for the patient*

The intent of this section is reasonable, but the wording makes it unclear for the individual practitioner. As it is common for people seeing chiropractors to be seeing other practitioners as well, it is unclear to what extent this communication will be legislated for chiropractors to perform. As it is, this clause is too broad for inclusion into the Code.

Recommendation: That this clause is re-worded with specific intent, or deleted as b) is more than adequate to express the intent of this.

5.4 b) *"ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating the care of the patient."*

CAASA has grave concerns about this clause for chiropractic private practice. It is clear that this has come directly from the GMP Code, and this clause may, in fact, be quite appropriate in a hospital care team as it was likely intended for. The introduction to the Code's Professional values and qualities (1.2) states: *"Good practice is centered on patients"* .

Clause 5.4 b) is in direct conflict with this statement. This clause is authoritative, controlling, disempowering and not at all in the spirit of care being *"centered on patients".*

In private practice (as opposed to hospital setting), the clause, *"ultimate responsibility for the care of the patient"* has no place and is irrelevant. It is highly likely that chiropractic patients (or any other private practice patient) will choose, through their own volition and choice, to include various health professionals in their health care. This choice of consulting various health professionals would commonly be an entirely self-directed one by the patient and, indeed, is far more in line with the Code's Introduction of *"care being centered on the patient".*

Recommendation: That 5.4 b) is removed

6.2 Wise use of health care resources

a) *ensuring that the services provided are appropriate for the assessed needs of the patient and are not excessive, unnecessary or not reasonably required.*

The intent of this section appears reasonable, however, when comparing with that which is present in the GMP Code, it evokes suspicion as to the motive for this clause.

GMP Code states: *"5.2.1 Ensuring that the services you provide are necessary and likely to benefit the patient."*

The implication that chiropractors need this clause to be expanded; beyond the requirement of medical practitioners in the GMP Code, is offensive and has no basis.

Recommendation: That this clause is replaced with: "*Ensuring that the services you provide are necessary and likely to benefit the patient."*

6.4 Public health

Chiropractors have a responsibility to promote the health of the community through disease prevention and control, education and, where relevant, screening.

Again, it is evident that this has been taken from the GMP Code, where, it may well be applicable for medical practitioners. In a chiropractic environment, this sentence should be edited and clauses inserted to apply to the practice of chiropractic.

Recommendation: this clause is edited as follows: "*Chiropractors have a responsibility to promote the health of the community through health enabling, disease prevention, informing people about health and wellness choices, and, where relevant, screening.*"

9.2 Professional boundaries

d) *"avoiding the expression of a chiropractor's personal beliefs to patients in ways that exploit their vulnerability or that are likely to cause them distress."*

The professional conduct of chiropractors has been adequately covered in 1.2. We acknowledge the intent of this clause, and certainly pressure or irrelevant personal opinion is unacceptable behaviour from any health professional. However this clause must be re-worded. 1.2 refers to chiropractors as needing to display "truthfulness" and "integrity", and the above clause states that any "personal beliefs" cannot be shared if it may cause distress.

3.2 a) and e) refer to being "honest" and "using the best available information". Several examples come to mind in which truthfulness, integrity and honesty, which may be accompanied by personal belief, may rightly cause the patient distress. For example, any discussion which may involve "personal belief" regarding a smoker's habits and the effect on them and their family's lifestyle, may result in distress on the part of the smoker in consideration of giving up, or the distress of withdrawal.

Recommendation: That this clause be re-worded to more specifically detail the intent

9.4 d) *"Ensuring that records contain sufficient information to allow another practitioner to continue the management of the patient and to facilitate continuity of care".*

This should read, *"...to allow another* ***chiropractor...*** *" (not practitioner).* Chiropractic training and qualifications may be required to interpret chiropractic records. Other health profession's Codes describe: *"ensuring that records are sufficient to facilitate continuity of care".*

Recommendation: That "*practitioner*" is replaced with "*chiropractor*" OR the entire sentence is replaced with *"ensuring that records are sufficient to facilitate continuity of care".*

9.6 Advertising

This section mentions that advertisements must adhere to the Board's Guidelines on Advertising on its website, which is evidently not currently available. For this reason, CAASA encloses its feedback on the previous consultation paper's Advertising Guidelines. Refer to the Appendix at the end of this document

9.11 Conflicts of Interest

d) *"recognising that pharmaceutical and other marketing may influence chiropractors and being aware of ways in which practice may be influenced"*

The word, "pharmaceutical" is irrelevant to chiropractic practice, which does not provide the prescription of pharmaceuticals. This is likely an accidental "cut and paste" error from the GMP Code.

Recommendation: That "pharmaceutical" be removed

c) *"not accepting gifts from patients other than tokens of minimal value such as flowers or chocolates and if token gifts are accepted, making a file note or informing a colleague where possible"*

The intent of this issue is admirable, however, the requirement to note in the file the receipt of a box of chocolates at Christmas, or seek out a busy colleague to announce this, is over the top.

Recommendation: That c) is removed.

10 Ensuring chiropractor health

10.2 a) *"attending an appropriate practitioner to meet health needs"*

The Optometrists' Code phrases this more appropriately, as follows:

a) Attending to personal health needs.

CAASA considers this a much broader, more inclusive clause.

Recommendation: That this clause is edited to read, "*attending to personal health needs*"

10.2 c) *"understanding the principles of immunisation against communicable diseases"*

Understanding the principles of a singled out particular public health procedure is inappropriate and certainly incomplete. There are many other public health procedures, eg hand washing or equipment cleaning that are not

listed; it is incomplete to single one out.

Recommendation: that this clause be removed

d) *"for chiropractors who are able to prescribe, conforming to the legislation in the relevant States and Territories in relation to self-prescribing"*

Chiropractors are not able to prescribe. This may be a cut and paste error from the GMP Code.

Recommendation: That this clause be removed.

Appendix 1: Guideline in relation to Public Spinal Screening

b) *"ensuring that any information provided to participants is not false, misleading, deceptive or elicits unwarranted fear in the mind of the participant."*

The presence of this clause is again a demonstration of serious contempt for the profession. To imply that chiropractors need to be told not to tell untruths, be misleading, deceptive or elicit unwarranted fear, is offensive and unacceptable..

Recommendation: That this clause be removed

f)*"no fee being charged for the screening, however participants may make donations to a charitable organisation nominated by the chiropractor."*

It is not unreasonable for a practitioner to charge for his/her service. Whilst a spinal screening/postural assessment can be a positive example of a public health information opportunity and public health education, it is not reasonable to expect it as a free community service. The practitioner should be able to choose whether or not they charge for such a service. CAASA suggests this is re-written to read, instead, "a nominal fee".

Recommendation: That this is re-written to read: "*a nominal fee to be charged for the screening, and/or participants may make donations to a charitable organisation nominated by the chiropractor."*

Appendix 3: Guideline in relation to Duration and Frequency of Care:

"A program of care should be based on clinical need and be tailored to the specific needs of each patient…."

This clause tends towards being limited to symptomatic care and does not take into account all types of care, and should be edited to read, "*A program of care should be based on clinical indicators, agreed outcomes and agreed care plans".*

Recommendation: that this is edited to read: *"A program of care should be based on clinical indicators, agreed outcomes and agreed care plans".*

4. dot point 5 "*the number of visits proposed (which should have a rationale and not be arbitrary or excessive)."*

Again this bracketed statement demonstrates serious distrust in the clinical ability and ethics of chiropractors and does not encourage maturity of the profession. It should be removed.

Recommendation: That this clause is removed

CAASA appreciates the opportunity to comment on this revised draft of the Code of Conduct for Chiropractors. We understand that further consultation with the profession and all stakeholders is intended to continue. We hope that with adequate consideration and justice that a comprehensive set of guidelines can be formed, which is positive and supportive for the profession's maturity, as well as encouraging professional and quality care of the health consumer, and encouraging and informing consumers to be involved and active participants in their health care.

Yours sincerely,

Dr Zoe Love
Chiropractor
President
Chiropractors' Association of Australia (SA) Ltd

Appendix

(From 9.6 - Advertising): As the Board's Guidelines on Advertising are not yet available to provide feedback on, CAASA attaches its feedback here from the previous consultation paper's section on "Advertising" and "Guidelines on advertising of regulated health services" (from the standalone section in previous consultation paper.

The definition of advertising as added in the previous consultation paper: "Code of Professional Practice for Chiropractors in Australia" (CoPP) is as follows.

"For the purpose of this code of practice, advertising includes any form of public or private communication that could reasonably be seen as an intention to promote the profession, the individual practitioner or chiropractic practices."

This definition is far too broad. From this definition, these Guidelines would also apply to a verbal conversation. For this to adhere to the conditions applicable to advertising, eg. "advertising of services must not: d). use testimonials or purported testimonials", this would mean that ANY verbal discussion referring to chiropractic cases, third party reports, with any person, anywhere, anytime would, through this wording, be against the National Law. It is unacceptable and inappropriate to restrict discussion and essentially free speech in this way.

Once again, the requirements, in this case, for advertising, **should apply equally to all health professionals**. The above definition of advertising does not appear in the previous consultation paper's cross-professional "Code of Conduct for Registered Health Practitioners" (CoC) and as such it would be discriminatory against chiropractic to require such limiting communication to be above and beyond the communication allowed by other health professions.

This is further demonstrated by the Code's own descriptions in the CoC *1.2 Professional Values & Qualities* as follows: "*Practitioners have a responsibility to protect and promote the health of individuals and the community.*" Chiropractors' *"public and private communication"* could feasibly include mention of chiropractic cases and this guideline would prevent communication by a health professional which is required for them to fulfill their responsibility to the public regarding health promotion. This restriction limits the health consumer's access to health information, which contradicts:

1. CoC, Introduction 1.1 Use of the Code: "*Practitioners have a responsibility to protect and promote the health of individuals and the community";*

2. CoPP 1.1.1: "*Consumers have the right to: accurate and up to date information about their care and treatment and the services and options available to them, sufficient to enable them to make informed decisions about their care;"*

3. Guidelines for advertising of regulated health services; and

4. (o): *"advertising may contain: o) any statement providing public health information encouraging preventative or corrective care."*

Recommendation: *The Guidelines for advertising of regulated health services* are extremely comprehensive and are adequately defined and detailed. As such, it is strongly recommended that 2.3 of CoPP , which excessively broadens the definition of advertising and effectively limits public access to health promotion information, (and only features in the chiropractic specific Code), be removed.

In: "Guidelines for advertising of regulated health services" *Section 3, Professional Obligations,* lists the following requirement: *"Practitioners should not allow the services they provide to be advertised or make themselves available for 'advertorials', media reports or magazine articles to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content and have had reasonable opportunity to ensure that the published version of the advertorial or article adheres to these guidelines."*

Importantly, adhering to the definition of advertising in 2.3 of CoPP would mean that any comment through the media, which could *"be reasonably be seen to promote the profession*" (as in CoPP 2.3) would need to adhere to all the listed advertising guidelines, including signing off on the published version. As media do not generally provide the opportunity to review the content and sign off on published versions of articles, it is unacceptable to effectively prohibit practitioners to comment through the media. This is especially unreasonable for spokespeople of the CAA as well as related peak bodies in other health professions. In addition, for such media comments to be required to adhere to all the advertising guidelines listed, would be impossible when dealing with journalist deadlines and other requirements.

Furthermore, this restriction limits the health consumer's access to health information, which contradicts:

1. CoC, Introduction 1.1 Use of the Code: "*Practitioners have a responsibility to protect and promote the health*

of individuals and the community";

2. CoPP 1.1.1: "*Consumers have the right to: accurate and up to date information about their care and treatment and the services and options available to them, sufficient to enable them to make informed decisions about their care;"*

3. Guidelines for advertising of regulated health services; and

4. (o): *"advertising may contain: o) any statement providing public health information encouraging preventative or corrective care."*

Recommendation: That the paragraph in *Guidelines for advertising of regulated health services, p. 3* of that section, *Professional Obligations, Authorising the content of advertising"* as follows*: "Practitioners should not allow the services they provide to be advertised or make themselves available for 'advertorials', media reports or magazine articles to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content and have had reasonable opportunity to ensure that the published version of the advertorial or article adheres to these guidelines"* be deleted and replaced with a statement such as :

"*The practitioner should take all reasonable steps to ensure accuracy of the reported story/article/ advertorial."*

Section 3. Professional Obligations

Further, in *Guidelines for Advertising of regulated health services*, CAASA brings the following section to your attention.

p. 3 of this section, "Substantiation of claims"

"Unless there is accepted scientific evidence that there are no material risks associated with the type of treatment, an advertisement for services should alert the public to the fact that there are associated health risks."

AND

5. j).

To comply with s. 133 of the National Law and these guidelines, advertising of services must not:

(j) Fail to disclose that there are health risks associated with a treatment.

CAASA supports that informing consumers of associated material risks with any type of chiropractic care is a standard and important part of the informed consent clinical procedure. An advertisement, however, is usually, by nature, not specifically directed towards a particular individual, for example a newspaper or radio advertisement. Informing consumers of material risks should be applicable to their particular case, based on their particular conditions, being mindful of other additional complicating or involving individual factors. Information regarding material risks to consumers also needs to be clear and specific to the particular type of care or treatment procedure proposed. This can only be appropriately and completely performed during a one on one consult, and is, therefore, not appropriate in a generic advertisement.

Furthermore, CoC, Section 3.3 (f) states that Effective Communication involves:

f). ensuring that patients or clients are informed of the material risks associated with any part of a proposed management plan…". That is, a "proposed management plan" is specific to the individual and as such, relevant risks can only be disclosed as specific to the individual's proposed management plan.

Therefore, disclosure of risks as part of a proposed management plan is appropriate, but contradicts the requirement in *5. j)* which may apply to a generic advertisement. The latter would therefore be inappropriate, incomplete and possibly irrelevant for an individual consumer. For example one does not expect a warning on paracetamol adverts alerting buyers to the danger of kidney nephropathy.

Recommendation: That the material risks required to be warned about, by chiropractors, are relevant to the individual health consumer. It is recommended that these remain in the informed consent sections of the Guidelines and are deleted from the advertising guidelines for chiropractors, as it is not appropriate to individualised clinical care.