06/04/10

Discussion on the Draft Code of Professional Practice for Chiropractors in Australia

I feel very strongly about the Draft Code of Professional Practice currently proposed by the new Chiropractic Board of Australia and would like to make the following points:

1. A 3 week window could not be considered "wide-ranging consultation" with the profession the CBA is making profound decisions about. At best this is misguided, at worst it smacks of sneaking legislation through without the masses finding out.

2. Guidelines should be aimed at improving professionalism within chiropractic not assuming the majority of practitioners are unethical idiots.

3. Creating legislation/guidelines that is point specific only serves to create more holes that do not fit the interpretation of the guidelines and thus require further patching amendments. Much better to have broader guidelines of ethical practice/professional conduct that must then be interpreted with the best interests of the public and the profession at heart. This is a mark of good legislation!

4. The VAST majority of the chiropractic profession do uphold high ethical and professional standards. For those that don't, simple interpretation of the cross-professional code should ensure education and prosecution where necessary.

5. Radiology is an important tool both in ruling out pathology and clinical decision making. It is important to remember allopathic treatment of similar presenting complaints to chiropractors (such as disc protrusions, bursitis, cervical torticollis) generally results in a far greater number of investigations and interventions than a simple plain film radiograph and chiropractic adjustment. Do we need to get some perspective here? (excuse the pun) and have the members of the new CBA forgotten what usually walks through the clinic door?

6. Unfortunately the Medicare scheme has possibly encouraged a small minority of practitioners to lose perspective of why they are X-raying a patient however, this "hole" is neatly being closed under revised Medicare legislation and there is no need for the Board to get involved. Again, broad guidelines should allow sufficient interpretation to prevent abuse of X-Rays. In our clinic we have never become involved in the Medicare scheme as we have always felt it is something that could be miss-used, and if so, that Medicare would withdraw the facility. This should not

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involve the Board to the point that as a practitioner I could lose one of my most valuable diagnostic and clinical decision making tools.
7. It is naivety to think that standards of evidence-based excellence can be maintained in the chiropractic profession. They cannot even be maintained in allopathic medicine where many everyday clinical practices (ie the use of Syntocinin to induce labour) have either no evidence base, or a very shady one (ie the now questionable ethics surrounding the supposed evidence base of HRT in preventing rather than causing breast cancer due to drug companies ghost writing their own supportive 'research'). The Board instead should encourage evidence base whilst maintaining a respectful distance from setting restrictive guidelines against practices not currently 'evidence-based'. Otherwise it sets itself up for a fall.

8. One area where there is currently good evidence for chiropractic efficacy is regarding the treatment of children. Many forms of intervention are imposed on little people from the day they are born, chiropractic is a non-invasive form of treatment that may reduce the trauma many babies and children would otherwise have inflicted on them in the name of 'helping' them to deal with a range of health complaints. All good practitioners know that the only difference between treating children and adults is that children generally require a smaller number of treatments and respond so much quicker. Of course this is not always true (there are no absolutes) and thus the Board should again not specifically set guidelines that may prevent a good practitioner from modifying general practice to suit the clinical conditions he/she is faced with. Over-servicing of junior patients should be rigorously investigated, but the general cross-professional guidelines are adequate for this. If anything specific is added it should relate to encouraging the professional, ethical chiropractic treatment of children and inter-professional dialogue relating to such.

The true test of good governance is that its breadth allows interpretation of core principles, ethics and professional values over a range of circumstances. I feel the Board's recommendations especially with respect 1. Radiology; 2. Treatment of children; 3. Diagnosis and evidence-based care fail this test dismally.

Recommendation
That the National Chiropractors Board removes the Code of professional Practice for Chiropractors in Australia from consideration. I submit that the National Board concentrate on developing effective procedures at dealing with complaints, and institute better profession education with regard to professional ethics and conduct. Peer review with regard to core principles, ethoics and professional conduct would better address any new circumstances or trends in conduct that may develop in the future.

Yours Sincerely,

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