Submission to Chiropractic board of Australia (CBA)
Attention Chair:

A reality Paradigm for a National Registration Submission.

Within the private sector, millions of patients have attended chiropractors.

Trade between patients and chiropractors is confined to within the private sector.

A set of government imposed trade barriers contain chiropractic within Australia's private health care marketplace.

About half of Australia's 22 million citizens use the public sector for their health care.

Millions of public patients who could have accessed chiropractic could not, and currently cannot, do so.

Global medicine profits greatly from similar restraints of trade in developed countries.

A price of containment is that it denies millions of public patients of their access to the appropriate care for subluxation related disorders.

Avarice becomes an inequity when containment unnecessarily exposes those public patients who have subluxation related disorders to the serious risk of harm arising from medical treatment as distinct from their disorder.

The term for that harm is iatrogenesis. Its seeming epidemic extent places it among the leading causes of death and permanent harm.

Few know the term. Few know of the iatrogenic epidemic/pandemic. No one can know its decade's long accumulating global toll.

No government, no mainstream media outlet publishes a comprehensive overview of the full spectrum of the nation's iatrogenic toll.

No one tolls the bell of forewarning for thousands of future victims waiting in the wings, soon to come to centre stage and die.

Governments deal exclusively with that most dangerous health care profession, excluding safer options form the public sector.

The risks associated with chiropractic pale beside those of iatrogenesis.

Millions of Australians have attended chiropractors as chiropractic patients. A similar number of potential chiropractic patients probably exist among the 11 million Australians who use the public sector.

Those patients would benefit from the governments ending the containment of chiropractic by removing the trade barriers, by ensuring direct access to Medicare funded chiropractic care.

A majority of chiropractic patients, millions of Australian's, share a history of failed medical treatment and of subsequently consulting a chiropractor about the same symptoms and of having a satisfactory outcome.

That sequence was reported in the 1977 Webb Report and seemingly has continued for subsequent decades.

The governments who have funded those inappropriate millions of medical workups and treatments could instead fund appropriate chiropractic care.

Containment is not about ensuring safe, effective and appropriate treatment. This government betrayal of public and patient interest is about protecting massive global medical vested interests.

The depth and breadth of evil that is entailed in this conduct of 'respectable' people who established and continue to support containment is hard to comprehend.

The decades of a chiropractor's practice provide opportunity to hear and to share in thousands of experiences of victims of containment.

Politicians changed the goal posts for integration into public health, citing a need for national registration, university level education, a research foundation and now evidence based chiropractic care. Decades of containment continued as each false hurdle toward integration was achieved. Falsely offered illusions have for forty years protected containment's continuance.

Containing Chiropractic Within the Private Health Marketplace

First contain and eventually eliminate the profession of chiropractic. (Wilk vs. AMA)

The information restraint; A US court proven medical conspiracy seems to be major source of lies, deceit and myths about chiropractic. This barrier constantly uses biased information that is not factual. This included derogatory references to non-medical practitioners such as 'quacks', 'charlatans', 'unscientific cultists', 'lay practitioners' and 'practitioners of exclusive dogma'. Disinformation continues to be a very effective restraint of trade.

The lingering effects of the AMA "ethic" restraint obstruct professional association between chiropractors and medical practitioners leading to very few medical referrals.

The gatekeeper restraint gives members of a competing profession that has a history of anticompetitive conduct the right to decide if potential patients can trade with chiropractors. Chiropractors report there are relatively few spontaneous medical referrals.

The access restraints deny those public patients who have subluxation-related disorders appropriate access to chiropractic care within taxpayer-funded health care facilities, such as hospitals, prisons, and public health care programs.

The legislative restraints negatively influence a great deal of legislation, directly or indirectly relevant to chiropractic, so as to deny Australia's chiropractic community fair and just treatment under the law.

The economic restraint is reflected in the bias within Medicare, which effectively economically denies the general population of chiropractic patients of their direct access to an appropriate amount of chiropractic care and serves as a justification by the States for denying chiropractors hospital privileges.

When viewed as a unchallenged restraint of trade, containment has for decades been and still is a brilliant success.

The continuance of containment relies upon most people subscribing to the fiction that in matters chiropractic Medicine, government and the media are trustworthy. Acknowledging that a preconceived and intentional conspiracy created the international containment of chiropractic and that global silence about the iatrogenic epidemic/pandemic protects vast vested interests ends illusions about what in truth is, in this regard a villainous Establishment. Many chiropractors and our associations would rather live a lie. The information has been available for decades, yet by their silence they knowingly still subscribe to that illusion.

The architects of registration will establish their codes and regulations based upon either recognise or ignoring the foregoing reality.

1. Definition of advertising. This guideline effectively ends the freedom of chiropractors to make themselves available to provide information to the media. It seems to outlaw publishing and distributing newsletters via email and postal mail to patients. It appears to impose a blanket ban on personal free speech in matters chiropractic within virtually all avenues of public communication.

Over decades there have been many instances when I made comments and provided information on radio, TV and in the print media. Now, that seems to constitute 'advertising'. I did that, not to promote my practice but to object to law and order issues, to praise good works and to criticise government failings. Decades ago as a chiropractor, I was interviewed in the promotion of good car seating and sensible bedding. The guidelines should not ban chiropractors from personal appearances and interviews which provide that sort of public service. Our profession should retain the freedom to speak our minds, individually and collectively in public forums.

During the 1960's high profile saturation medical disinformation from the most 'trustworthy' members of our community was a first part of the conspiracy to contain chiropractic. Chiropractors can still hear the lingering negative false PR that emanated from that conspiracy.

When compared to the medical marketing machine the chiropractic profession has no voice. It is in the public, patient and the profession's interests that both chiropractors and our associations must be able to ethically and acceptably counter disinformation and promote chiropractic.

2.6 For decades chiropractors have used **x-rays primarily as a foundation for discovering subluxations**. Chiropractors use many techniques such as Gonstead to analyse and list the direction of misalignment in preparation for adjusting subluxations. Full spine films take the guesswork out of a lot of 'why subluxate'. I have palpated thousands of spines and still cannot see any where near the detail that is apparent on a full spine x-ray.

Based upon my experience, regulations that deny patients the advantage of seeing their full spine x-rays and comprehending that aspect of chiropractic care betrays, rather than protects patient interest.

I do not x-ray all adult patients. That is a matter of judgment. However, I do view initial x-rays on the majority of my adult patients.

2.10. Working with adults and children. The wording of this part of the code seems more relevant to allopathic providers who are treating children for a given disorder or symptom. That is a totally different objective than the long term chiropractic care whose aim is locate and adjust subluxations to reduce nerve interference. Be it in a child or in an adult a lack of evidence (a current goal post) should not justify depriving patients of the benefits of chiropractic care. I see both children and adults benefit from regular care. I have recommended regular care for kids and trust that I will be permitted to continue to do so.

2.10.4 Regarding x-rays for children. What age is a child? I do not x-ray infants and toddlers. Seventeen year olds certainly challenge their structural integrity. Kids acquire many subluxations which may at times have lifelong implications. For those full spine chiropractors who still locate and adjust subluxations there is a need for sensible conservative use of full spine x-rays on older children. I recommend that such use of full spine x-rays be permitted.

2.11 The odd thing about these codes and regulations is virtually all of them could refer to health professions other than chiropractic and scant few paragraphs are chiropractic specific. I would prefer a chiropractic specific statement such as the primary goal of chiropractic is to locate and adjust subluxations so that the power that made the body and heals the body can restore and maintain normal function.

3.1.2 How to obtain assistance in emergencies. I do not have an emergency service. When CAA (WA) had an emergency service I drove great distances only to find by far the majority of call outs were totally unwarranted. From memory, the refusal point for insurance was the rare occasion of adjusting unknown patients in great pain without current x-rays.

3.2.1 "a record of maintenance is kept for each item of equipment"? What equipment; vacuum cleaner, toilet, air conditioner, computers, printers, telephone, activator?

3.14 In my re-read I was once again shocked by the change that has taken place in the profession. "In most cases, providing care to close friends, work colleagues and family members is inappropriate because of a lack of objectivity, possible discontinuity of care and risks to the practitioner and patient or client."

Over decades, of the many chiropractors who have located and adjusted my subluxations, no one displayed those characteristics.

Who assumed to know that our decades of locating and adjusting the subluxations among close friends, work colleagues and family members lacks objectivity, possible discontinuity of care and poses risks to the chiropractor and her/his family etc?

Decades ago my original patient cards bore MFWSBC to remind chiropractors that they were to give patients the same great quality adjustments of subluxations that they would give when caring for their **m**other, **f**ather, **w**ife, **s**ister, **b**rother, **c**hild. That was reinforced with LSMFT; **L**oving **s**ervice **m**y **f**irst **t**echnique.

I strongly urge that this prohibition be removed.

5 d & e) Re a chiropractor must not use testimonials or purported testimonials. Pause a moment to look at the markets. In the private health marketplace there seems to be too many graduate chiropractors to sustain yesteryears high volume practices, Today's current very low practice volumes mean that many chiropractors subsist. Due to containment, we trade in a contrived marketplace in which chiropractors are denied trading rights with about 11,000,000 Australians.

Most of our potential patients still do not know about subluxations, subluxation related disorders and syndromes.

In stark contrast a virtual government funded medical monopoly within public health guarantees boom level government funded trading circumstances for Medicine. A massive saturation mainstream media daily sales campaign, in a vast array of print, radio and TV media releases, promotes the sale of drugs and surgery. In effect the daily medical soapies include many case histories.

Medicine is booming while Chiropractic is withering on the vine. I suggest that those responsible for the codes and regulations recognise that and support, as opposed to curbing, the promotion of chiropractic.

It would be constructive if the regulations read: *An ethical chiropractor may use patient case histories in a factual manner to ensure that her/his patients are well informed about the broad scope of adverse influences caused by subluxations, subluxation related disorders and syndromes.*

In the internet age where testimonials are available, banning them in Australia will not stop their worldwide availability.

5. f) "advertising of services must not claim that the services provided by a particular regulated health profession are better or safer than others".

It is true that in the instance of subluxation related disorders, symptoms and syndromes chiropractic is better and safer than drugs or surgery, chiropractic is the appropriate management of choice and medicine is not the appropriate management of choice. Chiropractors should be able to advertise that.

Let me reword that guideline: *In the instance of subluxation related disorders, symptoms and syndromes chiropractors must inform patients that locating and adjusting subluxations provides a better and safer service than is provided by any other regulated health care profession.*

5.2.1 I trust that other chiropractors have rejected the requirement for all staff to complete a suicide prevention course. One of a series of public meetings that I organised was about euthanasia. Speakers included Dr Philip Nitschke and a couple of AMA appointed palliative care medical practitioners. A member of the audience pleaded to be euthanized because of her late stage neuro-motor disease. I am not against such patients deciding to suicide.

Such a concern for life is at odds here. The rules imply that chiropractors are supposed to be against, and so act to oppose, all loss of lives through suicides. Yet the architects of the regulations have to date totally ignored the duty of registrants to try to save some of the thousands of losses of lives that may be lost via the iatrogenic epidemic.

6.3 This guideline prohibits us from newsletter, web page and mainstream commentaries that compare, deride or otherwise criticize the services or products of other health professionals. I have used "advertising' to comment upon organised medicine's role in instigating prosecutions of pioneer chiropractors, in the establishment and continuance of the containment of chiropractic, the Wilk vs. AMA conspiracy and Medicine's global silence about the iatrogenic epidemic.

If the architects of the regulations are genuine in their altruistic desire to promote safe health care and save lives they should be demanding that we educate patients about containment and forewarn potential future victims of the iatrogenic epidemic. To know and not forewarn betrays our duty of care.

Containment and the iatrogenic epidemic are a reality. The architects of the regulations will choose between "seeing the king's clothes" or "seeing that the king has no clothes". My bet is that they will 'see' the King's clothes".

8.4 a) Chiropractors recording medication? Without expertise why should we be involved in that? I suggest that requirement be removed.

8.6 Regarding advertising being verifiable. Half a century ago chiropractic relieved my subluxation related syndrome. Fifty years later there is no verifiable proof that chiropractic can relieve that subluxation related syndrome. Lillard was the first in a vast array of examples of non-verifiable outcomes. By demanding evidence based chiropractic and requiring only 'verifiable' outcomes the powers of darkness can severely restrict the provision of chiropractic care. Chiropractors should not support that subterfuge.

8.12 e) To not pressure patients to make donations. Doesn't the medical profession thrive on encouraging donations to a raft of medical charities that provide for and promote the medical profession's interests? Surely if a lack of evidence is so important an issue chiropractors must be able to encourage donations to the ASRF?

9.2 a Good practice involves attending a general practitioner or other appropriate practitioner to meet our health needs. Why include that as a code of conduct?

9,2 c) "understanding the principles of immunisation against communicable diseases and **being immunised against relevant communicable diseases"**.

That seems to imply that from July 1 2010, that to continue to be permitted to be registered, it will be mandatory that all chiropractors must be immunised against such relevant communicable diseases as the current anticipated winter flue, bird flue, swine flue etc.

Please clarify if that directive does or does not mean that vaccinations for chiropractors are to be mandatory.

In conclusion, there has been a lot of work and thought go into the guidelines, regulations and codes. That deserves the thanks of our profession. My comments carry no intent of malice but are offered in the hope that chiropractic in Australia will thrive.

This mass of new legal obligations, be they requirements, prohibitions or motherhood statements is unprecedented. I suggest that they be reviewed and those that that are non-essential or worse, that will be detrimental to the chiropractic community, be culled.

Best wishes in your future effort

Sincerely,

Michael McKibbin DC

CC chiropractors