[Note: the following is identical to the attached document]

08 April 2010

Extension Requested due to Inadequate 3-Week Consultation Period Allowed

Chiropractors Board of Australia
Attn: Dr Philip Donato

Dear Dr Donato,

I would like to extend my apologies for this late submission and ask for an extension. I have just received a copy of the CAAN that you would have received yesterday, and having read it, *I would like to place my comments alongside their concerns and objections* and I'm sure many other chiropractors who would have taken the shortened time-frame of three weeks to defend our rights before they are removed from us permanently.

9.2c In relation to understanding the principles of vaccines, my first comment is in regards to health vaccination. The Australian Charter of Health Care Rights (ACHCR) [as quoting an excerpt from the CAAN submission] states:
"I have the right to be included in decisions and choices about my care. I may join in making decisions about my care and about health service planning."

What right does this Board have to mandate my health decisions in regards to vaccination? Having read about the risks of vaccination, the contents that are included in a vaccine (i.e. mercury and other carcinogenic chemicals) and possible sequelae, I am strongly object that this Board sees fit to remove my right as a human being to make choices that would impact my health in this manner. This is gravely concerning and upsetting. I would strongly suggest removal of this Guideline as I will not be getting vaccinated.

Code of Conduct
The CAAN writes in their submission (Pg. 8):
"The CBA is the only registration board of the ten AHPRA boards that has decided to create its own code of professional conduct. All other boards have chosen to use the Code of Conduct for Health Practitioners or supported an existing code of conduct from another body within the health profession they represent.
Unless the CBA has evidence that the chiropractic profession needs more guidance in this

area than other professions, CAAN recommends that the CBA take the same approach as the Dental, Optometry, Osteopathy, Pharmacy, Physiotherapy and Podiatry Boards of Australia and use the general Code of Conduct for Health Practitioners to protect the public from unprofessional conduct/professional misconduct by registrants."

Why has the CBA chosen this course of action in relation to other professions choosing to use the Code of Conduct for Health Practitioners, or using an existing code from their representative body?
Why is the Chiropractic profession being singled out in this regards? Why has the CBA decided that we need more guidance? The CAAN has a code and it is a respectable code. The CBA Code appears to override it, and blurs the line between protecting the public and shaping this profession. As I stated in a previous letter, this profession should be shaped by forward-thinking innovation, research, clinical experience and discovery, not a defensive posture related to complaints. Why has the CBA chosen to overlook our peak body's code? As major stakeholders in relation to the Guidelines being produced by CBA, this affects us on every level. I place my voice beside the CAAN submission.

5.2.1 As a professional delivering chiropractic care, I fail to see the relevance of training my staff in suicide prevention and cannot understand what this has to do with chiropractic practice, or its place in this document. As the health professional in my practice, suicide prevention is outside of my scope of practice and those at risk would be directed to the relevant health professionals. To indicate that my staff should be participating in conversations with patients regarding suicide prevention would incur liability on me, and I'm not so sure my PI insurance company would be so pleased with that. I would be interested to know if the podiatrist down the street has to train their staff in suicide prevention when someone is calling for a new pair of shoes.

Advertising
Chiropractic has a role in educating the public about spinal health. The fact is that chiropractic *is* safer than medicine, especially when compared to iatrogenesis. Drugs and surgery carry significantly more risk than chiropractic care as already stated and literarily referenced in the CAAN submission. In a New Zealand government enquiry, chiropractic was shown to be reportedly 250 times safer than taking an over the counter analgesic.

Put simply, to not be allowed to compare and state such figures puts the public at risk and does not allow the chiropractic profession to inform the public of alternatives that may be more cost-effective and provide conservative efficacious care to the patient.

Chiropractic has a very good track record when it comes to safety. By stating that we are not allowed to compare is anti-competitive and untruthful. Furthermore, it undermines the pride we can take in our track record as a conservative, safe and effective health-care profession.

Following this, to further disadvantage chiropractors by stating that they should place a notification of risks in their advertising is overbearing. Does this now go on my stationary? My business card? My envelope? The sign outside of my clinic? How big should I make the print? Are the physios and osteopaths doing the same? Do my medical colleagues do the same? Is this just maybe a "chiropractic thing"?

To not be allowed to advertise time-limited offers may breech laws regarding a restraint of trade and place us at a distinct disadvantage in the market place under the ACCC. What is

the reasoning behind this?

Barring chiropractic speakers from the media is unrealistic. It must be asked why this is being imposed on chiropractors when medical colleagues and other health professionals are allowed to get up on morning breakfast shows, do talk-back radio, and promote in newspapers while we are banned? As a concerned chiropractor who uses various media, why am I targeted as a chiropractor while my medical colleague is not? This is also anti-competitive.

Screenings, Public Education and Promotion of Health
The CAAN states:

"Where the Code of Conduct and the Code of Practice deal with the same issues, confusion may arise as to which part of the guidelines are to be followed. For example, section 2.10.7 of the Code of Practice suggests that screenings "... may be associated with harms ...". This may lead practitioners to avoid doing public health screenings. However, section 5.4b of the Code of Conduct states that "Practitioners have a responsibility to promote the health of the community through ... education,
and where relevant, screening."

We suggest that guidelines should give guidance to the profession rather than become a source of confusion. Feedback from our members suggests that the duplications and contradictions between the Code of Conduct and the Code of Practice is a great source of confusion and concern."

Once again, I place my concern among these members and the CAAN in regards to this submission and state that this Guideline causes confusion and concern.

Screenings are used medically to detect all sorts of conditions: at risk children in learning development, breast cancer examinations, heart disease, etc. The earlier the detection of a syndrome or classification of a disease or pathological process, the better the chance an intervention has in leading to a resolution and better clinical outcome for the patient.

My concern is that by not alerting the public to the relevant issues costs the government more in resources and funding as often the delay of intervention leads to poorer clinical outcomes. I concur with the CAAN when it says that other professions use similar terms to "don't delay" when encouraging blood pressure checks, moles being check, and breast examinations. In the case of our country's health, time *is* of the essence, and prevention *is* better than cure.

There is much stated in the CAAN and other colleagues' proposals for consideration. As I stated yesterday in my earlier letter, the consultation process for such an important document has been very poor. This is unacceptable and has the appearance of trying to put forward Guidelines which will severely limit this profession without a due process of consultation. As chiropractors, we have proudly fought for ground gained in the past, and we can ill afford not to do so at this crucial juncture. As I stated in my previous proposal, once we lose this ground, it will not be easily, if ever, regained. Furthermore, to lose this ground simply means that another profession will simply step in and claim the ground we have conceded.
These document places our profession at a distinct disadvantage compared to other health professionals in similar fields and in the market place. It requires further thought and if need

be for the time being, should be considerably scaled down to the bare minimum requirement. From there, a proper consultation process can take place with the CAAN and other stakeholders rather than rushing into Guidelines that are causing this profession concern.

Once again, my apologies for being one day late, however, given the fact that the consultation process allowed for only three weeks, I trust this letter will still be received. Also, I have heard that other chiropractors are gaining extensions until the close of business on the 9th of April.

Thank you for your consideration.

Sincerely,

Dr David Korchok
Chiropractor

Find it at CarPoint.com.au New, Used, Demo, Dealer or Private?

National Chiropractic Board CBA Extension.doc

Submission for CBA in regards to Board Guidelines

David Korchok to natboards 07/04/2010 02:08 PM

[Note: the following below is identical to the attachment included.]

April 06, 2010

Chiropractic Board of Australia
Attn: Philip Donato, Chair

Dear Dr Donato,

Firstly, thank you for your commitment and effort in heading up the National Board.

The following are some of the concerns that I have with the current Guidelines and while proposals can still be submitted by April 7th, I believe I am just getting this in within time.

Quantity of Guidelines

In regards to the quantity of the Guidelines, it appears that some of the Guidelines are shaping the profession from a defensive stance. Why is there a need for such broad ranging restrictive Guidelines in so many areas? sEMG is one of those areas. This Guideline was recently adopted in Victoria and caused quite a bit of controversy. I do not use this equipment myself, but I cannot help but wondering why the Board feels it necessary to adopt these Guidelines. It will soon appear as though we cannot move without setting a foot wrong with a huge number of restrictions being placed on this profession. If other professions are relying on the Cross-professional code as a rule of fairness, why is there a need to place such additional broad-ranging restrictions in such detail for our profession?

The unfortunate three week deadline for comment is hardly sufficient to comment on such an important document that will end up impacting our profession on levels unprecedented. To adopt restrictive generalized Guidelines ultimately shapes the profession and has the potential to become a powerful tool when used under the banner of protecting the public. This profession, as the other health professions, should not be shaped in a defensive stance posture with a three week deadline for submissions, but rather by innovation, research, discovery, clinical practice, and new ideas. By defensively defining our profession, we are willingly giving ground that I believe most chiropractors will object to, albeit too late.

Radiology

Radiology in regards to chiropractic has a role other than red flags. The way this Guideline comes across is acknowledging medical use of x-rays, without regards of chiropractic purposes. This essentially takes our use of x-rays out of context and puts it in another playing field. While CTs and MRIs show higher definition of pathology, chiropractors use x-ray for

determination of technique, measurements, and red flags in a context different to the medical profession. I have a degree in chiropractic science, not medical science. This Guideline puts the chiropractic profession in another profession's playing field and then attempts to apply its rules to us.

We are unnecessarily losing our right in radiology. Section 2.6.4 under the Code of professional practice for chiropractors in Australia indicates "the routine re-evaluation of biomechanical/postural disorders, other than for progressive scoliosis or other exceptional circumstance, may be inappropriate."

What if the person's neck is held in kyphosis? How often do we see an x-ray of a person in clinical practice with degenerative changes focused around the kyphotic angle of the neck? Will these degenerative changes not have some impact on the person's nervous system or health, whether knowingly or unknowingly? What if a practitioner practicing Chiropractic Biophysics wants to correct that abnormality? Routine x-rays would then be required to monitor progress and evaluate effectiveness of care.

Is scoliosis the only biomechanical abnormality that affects the spine that is worthy of re-xraying? Is this because it is the only condition mentioned in medical literature regarding a re-xray? Staying with the example of the kyphotic cervical spine, why could not a single Lateral x-ray of the cervical lordosis be taken, rather than an A-P and a Lateral view? Surely this would minimize radiation exposure and still allow the practitioner to measure clinical outcome for the patient. Eroding our right to utilize x-rays would essentially destroy an area that a good number of practitioners have chosen to practice in, and in doing so, stifle the expansion of the profession in new and innovative areas that could help the consumer.

This area needs more thought so that we can keep from eroding rights this profession has fought hard for over the last century. Radiology makes for a large part of the chiropractor's training and while it certainly takes a back seat to CT and MRI in terms of red flags, it provides useful information in many ways for the chiropractor.

Care of Children

I believe that the care of children is an issue close to the heart of many chiropractors. Many of us as practitioners would have families and children under regular care who have been part of our clinical practice for many years. These parents have often entrusted us with their family's care despite the derision from other health professionals, family, or friends. I would suggest that if there is any age group that would actively fall the most, be the roughest on their bodies, tumble and slip, it is children. I have heard the statistic used that children fall on average 2000 times before they turn 10 years of age. This is not to mention that many have often had rough starts to life due to birth interventions. There is research out there discussing the implications of birth interventions. There is also further research indicating the role of the cerebellum in learning and development of the school age child, and how cerebellar deficits can cause learning delays and difficulties. We know that the upper cervical segments of the spine are saturated with proprioceptors, and indeed the entire spine has a higher concentration of proprioceptors found more than anywhere else in the body. We know that cerebellar input relies on afferent signals from proprioceptors, and that spinal adjustments can influence

proprioceptive input into the cerebellum.

If a child is rougher on their body and falls more often than an adult, why are we doubting the impact of spinal subluxations (aberrant joint movement for those opposed to spinal subluxations) on a developing nervous system, particularly when the highest plasticity of that system which is dependent on afferent input for proper brain scaffolding is seen from 0 to 2 years of age? From 2 to 10 years of age, the plasticity gradually slows down to adult level. Certainly brain plasticity as a reason alone to influence optimization in a child's development would be a reason to regularly check a child for subluxations which may cause aberrant afferent signals.

Many chiropractors have had reports in their clinic by parents of children brought in for care who have received extra benefits from their chiropractic treatment. There are clearly case studies out there involving enuresis, ear infection, vision, colic, memory loss, concentration/attention difficulties and other areas which show responsiveness to chiropractic care. The Board states that there is currently not enough scientific evidence for the frequent checks of children without signs or symptoms. There is clearly research out there which discusses subluxations/articular joint lesions/articular dysfunction that is asymptomatic. I cannot see how the argument for lack of scientific evidence to check children leads to the conclusion that it is wrong to check them regularly in light of the above arguments. One would think despite the larger research trials necessary to "validate" a practice that has been done in many chiropractic practices for decades, that instead a rational argument would indicate that this is the exact group that should be checked, before problems and developmental delay possibly becomes an issue; especially in the light of the lack of adverse events.

I have read previously that the vast majority of medicine is anecdotal, with only 10-15 percent of medical treatments being researched. Why are we holding ourselves to a standard that not even medicine does? The unfortunate truth of the matter is that our profession is often targeted by other professions in an effort to cause us to lose credibility and release ground that we have worked hard to attain. As this profession retreats or gives way under intimidation, other professions will gladly fill in the gap. These Guidelines would be better written in a way that projects confidence in a growing and emerging profession, particularly as it increases its research base and knowledge.

Does chiropractic have that bad a track record in looking after children? What is our track record that would warrant such restrictive guidelines that say frequently checking children is not recommended? What is considered "frequent treatment" by the Board?

We have all heard of the case where an infant was prescribed a ridiculous number of treatments in Victoria, and that matter was rightly disciplined. I do not believe that is what the majority of chiropractors out there are doing when they are looking after children. However, this Guideline appears to place in a bad light what has been the normal practice of many chiropractic practices nationwide for decades. Suddenly looking after children has become an issue of controversy and contempt by the appearance of this Guideline.

As a chiropractor, where my skill is limited or if the presentation is beyond my scope, common sense prevails and a referral to the appropriate health professional is next on the list. I believe that the vast majority of chiropractors would operate this way, and that on some

level, these Guidelines paint us as being "exploitative" (Section 2.10.2) or wanting to use "undue influence" on vulnerable patients. I cannot help but wonder if medics and physios are addressed in this manner or feel the need to be told this in generalized guidelines by their respective Boards. If they are, I would appreciate knowing that we are not being singled out in this demeaning manner.

Consultation

Part 5, Division 3 Registration standards and codes and guidelines

A National Board may develop and approve codes and guidelines—
(a) to provide guidance to the health practitioners it registers; and
(b) about other matters relevant to the exercise of its functions.

40 Consultation about registration standards, codes and guidelines

(1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wideranging consultation about its content.

Consultation

Understanding that there are tight governmental time restrictions for the development of these drafts, it is still unacceptable that something which is going to have such an impact on our profession has only been given three weeks for a response. The time frame of three weeks is hardly adequate to ensure "wideranging consultation about its content". If that Standard is to be kept by the Board of ensuring wideranging consultation, something must be done about these time restrictions or else the above is already invalid. Guidelines can always be proposed at future dates. Why there is a rush to bring in so many Guidelines influencing every decision in practice when other professionals will be relying largely on the Cross – Professional Code would merit some discussion.

Conclusion

I care very deeply for this profession as it is not only my chosen vocation, but believe that it has a great deal more to offer humanity, often more than science has enabled us to express with our current understanding. The Guidelines have certainly caused me stress when I consider our profession's future, and I am afraid for our profession because of the forces that we sometimes allow to shape us, whether that be bowing to public opinion, economics, other health professions, or the media. Our profession is poised in such a wonderful place to serve our community and offers something unique among the health professions. Please consider how far we have come and the freedoms and liberties we have, before eroding those rights under pressure from without and from within our profession. We all realize that once ground has been lost, it is unlikely to be regained.

With sincere concern and regard for our profession,

Dr David Korchok
Chiropractor

Looking for a hot date? View photos of singles in your area! National Board.doc