chiro national registration

Matt Vogt to: natboards, cowie 04/04/2010 11:04 AM

History: This message has been replied to.

I am writing in objection to the proposed national chiropractic guidelines.
compare different regulated health professions e).

Why aren't chiropractors allowed to advertise why we are different to physios? Or even how we are the same? This statement says to me that we aren't allowed to educate the reader in our advertising.

f) claim that the services provided by a particular regulated health profession are better or safer than others

Surely this statement would depend on the circumstances of the reader. Is it wrong to tell someone with a hearing problem that going to a podiatrist isn't the best course of action?
What about citing research that presents facts that there are less/more inherent risk over one modality for a particular complaint than another? Again, I believe this statement is saying we are not allowed to educate our patients in advertising. A stigma exists that chiropractic is unsafe, why am i not allowed to present research to the contrary to alleviate potential patients' fears?

j) fail to disclose that there are health risks associated with a treatment

There are potential health risks associated with EVERY form of intervention; it's all about weighing up a risk/benefit ratio and informed consent. This is unfair to chiropractors, considering that a substantial amount of research outlining the adverse effects of manipulative medicine has been carried out by individuals who have not received the high standard of training that chiropractors have received.
Chiropractors have been found to have a high degree of satisfaction by patients with their therapy and outcomes as well as overall safety. Consider the amount of medical mismanagement, yet still doctors do not required to "disclose that there are health risks associated with a treatment". Of all the doctors I have been to, never have I been informed of possible risks of antibiotics or steriods that are routinely prescribed.

0) * that a practitioner provides superior services to those provided by other practitioners

Does this apply to practitioners comparing themselves to those in the same modality (ie one chiropractor comparing themselves to another) or different modalities (ie a chiropractor comparing themselves to a physio).
It is my strong opinion that there is no place in the profession for those practitioners that:
- "treat" a patient every 2 minutes in a production line; or practitioners that diagnose and treat solely off x-rays (split second exposures that represent the structure at that time and not an individual's level of function) every visit without examining a patient each time they present for treatment
- do not encourage discussion of a patient's symptoms
- over-treat patients several times a week for a number of months
- motivate repeat patient visits by using fear instead of promoting health: which is what I believe chiropractic is all about (promoting health; NOT motivating by fear!).
I believe that I as a practitioner AM CERTAINLY SUPERIOR to any chiropractor who practices in the manner described above (despite what the guidelines say).

A section of this document is based around: "don't practice while drunk" and "don't make sexual advances on patients". Doesn't this stand to reason? Are we really thought of as being this unethical that this needs to be implicitly documented? This is common sense.
I feel that the profession is being pandered to as if we are an insolent little child.

h) making sure, wherever practical, that arrangements are made to meet the specific language, cultural and communication needs of patients or clients and being aware of how these needs affect understanding to information held in all formats, including electronic information

Australia is an english speaking country. I understand and agree with obtaining informed consent, but why is it a legal requirement of registration that the responsibility of a translator befall to me, should a patient present to me who doesn't speak English to an adequate level?

c) understanding the principles of immunisation against communicable diseases and being immunised against relevant communicable diseases

Clearly the writers have not been informed or are not aware of many chiropractor's objection to vaccinations and immunisations. While this is not the forum to raise this debate, it makes me wonder how much communication with actual chiropractors occurred in the writing of these guidelines. I will continue to live an active healthy lifestyle and supplement my immune system should I feel it necessary to protect myself against viruses and colds. I can guarantee I will never get immunised and nobody has the right to take that choice away from me.

2.6.2 The need for X-rays is supported in cases where "red flags" (suspected pathology) are elicited from the clinical history and examination

I agree that certain criteria need to be meet and xrays should not be routinely taken, but having this implicitly written leads me to believe that my clinical decision to x-ray based on my clinical experience, university training and patient history will be scrutinised.

While I believe National Registration is a good idea and I agree with the good intent and fair spirit this proposal was produced in, this current proposal seems rushed (why has this major change only come to light recently and only to those registered with a professional association, when it is proposed to be passed on 1 July?). A change with such profound effects should certainly be written and approved by the majority of people it represents, not as it has been done here and simply "slipped under the door". This proposal is an acceptable first draft, but certainly needs to be worked on.

I believe that one of chiropractic's strengths and weaknesses is its diverse range of treatments that do not exist in other professions; techniques such as network, NET, SOT, Gonstead, diversified, chiropractic biophysics.....the list is endless. If a patient were to enter a physiotherapist's office, they would be pretty sure of the treatment they would be likely to get whereas this reality simply does not exist in chiropractic. This makes a standardised national registration very difficult for chiropractic.

I desire a reality of mutual communication and respect between the public and health professionals and between practitioners of different modalities of health care. Where the patient is protected by being given correct and unbiased information about a condition and is given the best course of treatment with the best outcome; where chiropractors are able to work closely with other health modalities and are given the respect they deserve by other health modalities and the general public while maintaining their own professional and personal integrity. I do not believe that this national registration proposal delivers either.

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