Objections to the

"Guide of Professional Practice of Chiropractors in Australia"

By

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Introduction

I find objectionable the tone and many aspects of the proposed "Guide of Professional Practice of Chiropractors in Australia"

1. It is overly restrictive to the practice of Chiropractic by Chiropractors at the "coal face".

2. It is overly restrictive in the advertising rights of Chiropractors.

3. It is overly restrictive in the increased compliance requirements of Chiropractors through increased paperwork and Beurocratic "hoop jumping".

4. It is draconian and smacks of a "Big Brother" attitude and treats the Chiropractic profession and Chiropractors themselves like children in a demeaning, derogatory and biased fashion.

5. It denies the Chiropractors the rights to express and distribute views, comments and scientific literature which may be contrary to the views of the AMA, pharmaceutical companies and Government departments in particular as this relates to immunisation.

6. It is restrictive in its recommendations to the treating of children.

7. The proposed Guidelines stifles the future development of the Chiropractic profession

1.

“It is overly restrictive to the practice of Chiropractic by Chiropractors at the coal face.”

The Chiropractic profession has survived through the years by results it achieves at the “coal face”. That is the positive clinical responses that many millions of people world wide have achieved through Chiropractic care. It has lead to overwhelming support of the profession by the general public. If Chiropractic did not work there would be no Chiropractic profession.

Granted, there is a shortage of “scientific evidence” that supports the Chiropractic philosophy, however as the sensitivity of scientific instrumentation improves more and more of the clinical results seen in practice will be validated. Under the proposed Guidelines Chiropractors would be hard pressed to enter into a treatment plan having to say “There is no scientific evidence for what I am proposing and I cannot use my clinical experience, nor can I allow anybody to tell you about the good responses that they have had in similar circumstances, the results that thousands of Chiropractors have seen in practice and thousands more patients have experienced worldwide cannot be taken as a truth as it is not a double blind randomised controlled study”. Incidentally there has never been a double blind randomised controlled study into the to the effectiveness of parachutes.

MY RECOMMENDATIONS TO EVERYBODY IS TO HAVE A ONCE A MONTH SPINAL CHECKUP FOR LIFE, DENTISTS MAKE SIMILAR RECOMMENDATIONS FOR 6 – 12 MONTHLY CHECKUPS.

What would the Board do when I make these recommendations? How do these recommendations stand up when the Guidelines state:

2.11.9 In cases where treatment continues in excess of 3 months in duration, the ongoing use of periodic validating objective and subjective outcome measures is necessary in order to justify ongoing care.

This then leaves patients reliant on re-active and not proactive health care decisions

It is overly restrictive in the advertising rights of Chiropractors.

Under the current proposal no personal testimonial can be used describing the benefits achieved through Chiropractic care by a patient.

c). uses testimonials or purported testimonials about the service or business; or

I would strongly suggest that the Board make recommendations to the Government that the TV series R.P.A., R.F.D.S etc, are removed from air immediately as personal testimonials and singular anecdotal positive results are utilised in this programme for numerous Medical procedures.

I would also strongly suggest that the Board make recommendations to the Government that pharmaceutical advertisements with numerous T.V. and Australian celebrities be withdrawn as there are no informed consents have been obtained by the Australian population that are watching these advertisements with no knowledge of the deleterious effects that taking these pharmaceuticals have upon their health: i.e. gastrointestinal bleeding causing deaths and paracetomol ingestion causing liver failure and death (at no time in the T.V. commercials did Mr Dado or Mrs Hazel Hawke mention these insignificant side effects.)

Any information provided in an advertisement for a service should be reliable and useful and assist consumers to make ***informed decisions*** about accessing services.

And yet under these proposals Australian Chiropractors will be prohibited from using personal testimonies highlighting the positive results from an exceptionally safe therapy; Chiropractic

3.

It is overly restrictive in the increased compliance requirements of Chiropractors through increased paperwork and Beurocratic "hoop jumping".

O.H.&S. and the EPA Radiological Advisory Council adequately cover all chemical and operative requirements

3.2.1 A practitioner shall ensure that all equipment in their practice is adequately maintained and replaced as necessary, **and a record of maintenance is kept for each item of equipment.**

3.2.2 A practitioner shall observe appropriate safety precautions when undertaking health consumer treatment, in particular when using electrical and mechanical equipment

Does this mean I have to keep a record of my spraying my Thompson terminal point tables with an inert silicone spray and when I remove dust and lint from the said table ?
As my computer is an integral part of my patient management, does this now mean that I have to keep a record of virus scans on my computer ?

I also object to the following

"practitioners ensure that all staff have undertaken a basic training course in suicide intervention skills or appropriate interventions for the particular type of risk;"

My receptionist are just that, they are not trained and should not be trained in psychology or for psychological assessment, they are employed as clerks. This is my responsibility not my receptionists.

practitioners ensure that all staff are aware of the various roles of, and know how and when to contact relevant agencies for assistance. This may include the local Crisis Assessment and Treatment Team (CATT), Police, or other appropriate intervention agencies;

In addition to this these guidelines then make the receptionist personally culpable in an emotional if not a legal perspective, thus exposing the staff and Chiropractor at the risk of prosecution in the event of a patient committing suicide

It is draconian and smacks of a "Big Brother" attitude and treats the Chiropractic profession and Chiropractors themselves like children in a demeaning, derogatory and biased fashion.

Five years at University have adequately prepared me in the capacity to practice. Ongoing CPD is essential and I have no issues with this but I do have issues to a "Code of professional practice for Chiropractors in Australia" when no other profession has anything in comparison. This smacks of unmitigated bias towards the education and professionalism of all chiropractors in Australia.

It is overly verbose and redundant to the point of nausea and one has to think that it has been written by a recently Graduated Social worker who is "teaching his/her Grandmother to suck eggs".

The "Code of conduct for registered health practitioners" is well and truly sufficient and covers all aspects that could be conceived as deletirious to the public safety.

5.

It denies the Chiropractors the rights to express and distribute views, comments and scientific literature which may be contrary to the views of the AMA, pharmaceutical companies and Government departments in particular as this relates to immunisation.

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

Yes, I understand these principles and I am not convinced as a health care provider that immunisation is harmless and that the benefits outweigh the side effects. There is numerous literature and scientific research available to both the pros and cons of immunisation. However, all the general population hears of are the pros very little of the cons and this is not a balanced platform to make informed decisions. Consequently, I object to this.

It is restrictive in its and recommendations to the treating of children.

Colic, reflux, sleep disorders, "growing pains", asthma clinically can respond well to Chiropractic. There would be very few Chiropractors in clinical practice that do not have clinical evidence (albeit clinically anecdotal) that the symptomatology of these processes can be improved. I have children and neonates that have improved with enuresis, asthma, colic and reflux. Very few of these have I x-rayed. Again, anectodatally, I had a fourteen year old male presenting with torticollis of one weeks duration. G.P. consultations, physiotherapist consultations, masseuse consultations and no x-rays. I took x-rays and there was a lytic lesion of C3 vertebral body, C.T. confirmed this and when the Neurosurgeon performed a needle biopsy guided by fluoroscopy the vertebrae collapsed due to a eosinophilic granuloma. Imagine what could have happened if I had not x-rayed.

Telling me how to practice, when and where to x-ray is covered in my education, CPD and clinical decision making, not through a "Code of professional practice for chiropractors in Australia". To suggest otherwise is insulting to the education and clinical competence of Chiropractors and the Chiropractic profession in Australia.

7.

The proposed Guidelines stifles the future development of the Chiropractic profession

• extend their scope of practice through innovation provided that such development is based on clinical outcome measures, or evidence of efficacy and safety, and is approved by the profession and the relevant health profession board.

More hoop jumping, if I come up with a better way of treating patients I have to subject it to double blind randomised controlled studies and have is validated by the profession and the Registration Board. There is not a hope in hell that this process would work. Gonstead, Thompson, Diversified technique, Logan basic, Nimmo, Neuroimpulse, NET, SOT, ACB, etcs have all developed over time. All of these procedures are well entrenched within the profession with all their own clinical practical protocols. Not all agree with these techniques and to have this "approved by the profession and the relevant health profession board" **is beyond comprehension.**