National Guidelines
James Cobb to: chair 01/04/2010 09:00 AM

History: This message has been replied to.

Dear Dr Donato,

I recently received an email from the CAA (National) regarding the draft codes and guidelines for the Chiropractic Board of Australia. On reading the guidelines there were a number of areas that caused me great concern, in particular sections 9.2 Practitioner Health, 2.4 Health Records, 2.10 Working with Adults and Children and 2.11 Duration and Frequency of Care.

Firstly Section 9.2 (c) states good practice involves "understanding the principles of immunisation against communicable diseases and being immunised against relevant communicable diseases." This amounts to forced vaccination of individuals, and is clearly unacceptable in a modern liberal democracy purporting to support the rights of the individual to choose their own health care. By what right does the state dictate to me how I choose to look after my own health?

Section 2.4.3 requires the recording of an initial and/or working diagnosis. Many chiropractors regardless of their technique or philosophical persuasion have a significant number of their client base who consult them on an asymptomatic basis, not because of any diagnosable pathology but because they believe, either through education or their own personal experience, that a regular chiropractic checkup is a 'good idea'. Putting aside the philosophical reservations many chiropractors feel toward the term "diagnosis' itself, what would constitute an adequate "diagnosis" in these circumstances?

Section 2.10 relates to working with adults and children. In particular, section 2.10.7 states "frequent chiropractic checks or treatment of children without symptoms or signs has not been supported by current available evidence and is currently not recommended, except for assessing developmental milestones" This statement would appear to fly in the face of the personal experiences of thousands of chiropractors worldwide, whose own children have received regular chiropractic checks and adjustments since birth and as a group tend to experience higher levels of health and wellbeing than their peers. To state that such care is "not recommended" creates an unnecessary overemphasis of the supposed risks of such procedures.

Section 2.11 relates to duration and frequency of care, and begins with a definition of chiropractic that is not in keeping with that adopted by the CAA, the ACCC or the WFC. It then goes on to set a standard that is so open to interpretation so as to be completely unworkable. Section 2.11.9 in particular states "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." What are these outcome measures? Nothing is stated. This one paragraph would mean that virtually all chiropractors in Australia could be open to disciplinary action based on what may be tantamount to a difference of professional opinion. No chiropractor could be certain at any time that any of their interactions with patients would not be in breech of the code. Clearly this is an unacceptable situation.

The board is no doubt aware that in the UK, several hundred chiropractors are currently undergoing stressful and expensive disciplinary proceedings following an orchestrated campaign by certain groups unsympathetic to the chiropractic profession, or in some cases by chiropractors lodging complains against colleagues over differences of professional opinion. Large sections of this new Australian code appear to have been lifted

verbatim from the GCC document. Having practiced in the UK until 2008, I have seen first hand the effect that these guidelines have had on the morale of the profession and many individual practitioners. There is an atmosphere of fear that pervades the profession, and the vast majority of practitioners have come to see the GCC as an antagonistic, unwielding bureaucracy willing to persecute chiropractors at the drop of a hat. I sincerely hope that the new board will look to this example as one to be avoided, rather than modelled, and reconsider these unworkable guidelines.

Kind regards,

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