Forest
CHIROPRACTIC CENTRE

5 April 2010.

Attention: Chair, Chiropractic Board of Australia

Introduction

To begin my response to the proposed Code of Professional Practice for Chiropractors in Australia, I'm disappointed to report that I find sections of these chiropractic guidelines irrelevant, offensive, damaging and undermining to the chiropractic profession. Sections of these proposed guidelines are insulting to our profession, chiropractic colleges and National Board of Chiropractic Examiners. They insinuate that we graduate and licence incompetent, dishonest chiropractors in Australia and that there's no evidence to support chiropractic care and how most chiropractors practice in Australia. This undermines the profession's credibility. In any profession, individuals of questionable character can and do slip through the cracks, but this surely is the exception and does not reflect any profession as a whole.

Can we not simply agree to be honest and govern ourselves with integrity? In no way does protecting the public require or justify the National Board to mandate such oppressive, and unnecessary restrictions on the practice of chiropractic in Australia and demean the profession in the process.

Chiropractic has a professional philosophy that falls within the wellness paradigm. It is not a therapy and/or a treatment for symptoms and illness – this is the allopathic model of care. Chiropractic is about creating and promoting health. The goal of chiropractic and any wellness intervention is to drive the physiological states of the body towards proper function and homeostasis – to restore and promote health and well-being. This requires a lifelong pro-active approach based on healthy lifestyle. Symptoms are not clinical justification for chiropractic care.

The spirit of these guidelines falls under the allopathic paradigm and not the wellness paradigm that is central to the practice of chiropractic. For example, the words treatment, symptoms and diagnosis are medical nomenclature.

Due to the fact that the allopathic and wellness paradigms are clearly different from each other, it makes these proposed guidelines philosophically and scientifically invalid and confusing. One cannot practice chiropractic in the allopathic model. This proposed code of conduct poses a great detriment to the clinical protocols and practice of chiropractic and this undermines and is damaging to the chiropractic profession and the public as well.

It appears that the individual(s) who constructed these practice guidelines made no consideration of the philosophical constructs and scientific validation of the chiropractic wellness paradigm.

The following are some areas of the proposed guidelines that I object to. In no way does this constitute a complete list of objections due to the short time constraints given to review these Guidelines.

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Discussion: "Code of professional practice for chiropractors in Australia"

1.6 Fees
1.6.1 Health consumers should be made aware of all the fees and charges involved in a course of treatment, prior to the health service being provided as much as practical
1.6.2 Discussion about fees should be in a manner appropriate to the professional relationship and should include discussion about the cost of all required services and general agreement as to the level of treatment to be provided.
1.6.3 Practitioners who choose to use pre paid financial agreements must:
• Take steps to ensure that the health consumer clearly understands the nature of the terms of the agreement contained within the agreement
• Provide a reasonable 'cooling off period'.
• Offer either a 'pay-as-you-go' arrangement as an alternative to any prepaid financial agreement or arrange for appropriate and timely referral of the health consumer should they choose not to enter into an agreement.
• Any agreement should clearly delineate a reasonable refund policy, in which the health consumer should not be financially disadvantaged by any early termination of the contract.
• Ensure the pre-paid financial agreement includes a full disclosure of all of the terms and conditions of the pre-paid financial agreement
1.6.4 The health consumer's consent to the agreement must be devoid of any duress, coercion or misrepresentation of any kind.
1.6.5 The amount, time and quality of care delivered should not differ between those health consumers, suffering from a similar condition, on a pre paid financial agreement to those who are not.

So far this is all common sense for anyone practicing with honesty and integrity. So there is no need to include it in the code.

1.6.6 There should be no delay in the provision of treatment other than for valid clinical reasons.

This section should be deleted.
It is vague, irrelevant and detrimental to the safety of the public.
What does this statement mean? Does this mean that the chiropractor should start "treatment" on the initial visit following assessment without reviewing the case and formulating a clinical impression? This is a ridiculous concept if our goal is to protect the public from harm.
The chiropractor has the right and obligation to review all clinical assessment information before deciding the most appropriate clinical protocol – whether chiropractic care in his/her office or referral to another health professional.
The chiropractor also has the right, not the obligation, to accept the consumer's case.
Furthermore, the consumer cannot have all information related back to them in a professional, accurate and concise manner until all relevant data has been thoroughly reviewed and a clinical impression made by the chiropractor.
After the report of findings has been given to the consumer, whether the chiropractor feels it suitable on the initial visit or on a subsequent visit, the consumer is then given the option of starting care.

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This process allows the chiropractor to review the case thoroughly and explain and communicate the depth of the findings with the consumer. Then and only then, is the consumer in a position to make an informed decision whether or not to begin care.

Delaying the provision of any care until the report of findings has been completed is, in my opinion, the best approach to guarantee the consumer's safety, their deeper understanding of their problem, and confidence that their chiropractor understands what the problem is and how to correct it.

1.6.7 Financial and management plans should not extend beyond 3 months at any time.
This statement should be removed from the code because it is irrelevant, unnecessary and undermines the chiropractor. If the chiropractor follows the code from 1.6.1 through to 1.6.6 and we assume the consumer is an intelligent, informed adult/guardian, the chiropractor should have the right to offer his/her client the option to pay as they go and pay in advance beyond 3 months should their recommendations and care plan extend beyond this period of time. Anyone who has read the scientific literature and understands physiological constructs of the healing response knows it can take beyond than 6 to 12 months for proper healing to occur. Giving care recommendations less than this is not only inaccurate it is misleading to the consumer.

2.6 Radiology

These guidelines undermine the chiropractor's resources and ability to formulate a clinical impression. These guidelines are inappropriate and dangerous to the public. More research and professional input is required before the use of a major assessment tool such as x-ray is unnecessarily restricted.

2.10 Working with adults and children

This section again is demeaning and undermines the chiropractor. Some specific examples are as follows:

"Practitioners who provide care to any sector of the community must do so within their training and competence."

We should hold the same standard for those who create chiropractic guidelines for any sector of the community. What qualifications and special training does the team who created recommendations for children possess? These special paediatric qualifications should be disclosed thank you.

2.10.7 "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."

According to whom? Where is the evidence to support this outrageous claim and may I have a copy please!!!

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This statement is false and is NOT supported by the current available scientific evidence and should be removed from the code.

This statement is also irrelevant – no child or adult is adjusted without signs of vertebral subluxation. You cannot know if a person has the signs of subluxation unless you check them. Scientific research clearly shows is that young immature spines are exceptionally prone to postural strains and trauma and this in itself warrants more frequent assessments due to the barrage of everyday stresses from the birth process, improper diaper changes, learning to stand, sitting in school, sitting at computers and sitting in front of the TV, sitting doing homework and reading, sporting injuries etc etc etc. There is plenty of scientific evidence in peer-reviewed journals (should one be inclined to read them) to support on-going care for the paediatric and adult spine. There is also plenty of evidence to support the fact that the spine can degenerate for decades without any apparent symptoms. Because the neurological and physiological effects of the vertebral subluxation complex can and do exist without apparent symptoms, waiting for enough tissue damage to occur for symptoms to appear is not only unscientific, it is irresponsible and dangerous.

"Should a parent elect to have their child undergo regular chiropractic examination or treatment in the absence of any clinical justification then it is the responsibility of the practitioner to provide the parent with a balanced view of the factual evidence relating to such examination or treatment as part of the informed consent process;"

?? This statement is irrelevant and confusing and should be removed from the code.
Firstly, examination is the only way to assess for the clinical need to justify an adjustment ("treatment") and/or any other chiropractic intervention. If there is no clinical justification to adjust or "treat" a consumer, how can a practitioner provide a balanced view of the factual evidence relating to that adjustment or "treatment"? Whether a child or adult, I'm sure any chiropractor who is honest and logical would agree that the only time a consumer should undergo a "treatment" or chiropractic intervention is when there is clinical justification. Symptoms are not clinical justification (just ask any insurance company) and are irrelevant. Vertebral subluxation and loss of function are clinical justification for chiropractic intervention or "treatment", whether accompanied by symptoms or not. I presume all licensed chiropractors are adequately trained to assess and correct vertebral subluxations.

FACT:
Review of scientific evidence shows the structural and neurophysiological (dysafferentation) effects of the subluxation complex in relation to adaptive (stress) physiology and illness.

Review of scientific literature validates the structural and neurophysiological effects of the chiropractic adjustment and proper spinal motion and alignment in relation to homeostasis and health.

Review of scientific evidence also proves the health promoting and illness preventing benefits chiropractic and proper spinal motion.

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• "Practitioners should be aware that 'screening' for health problems may be associated with harms such as false positives which may generate anxiety and unnecessary treatment."

This clause is misguiding and undermines the chiropractor and it should be removed from the code of professional conduct. 'Screening' does not pose any harm to the participant.

5.1 Spinal postural assessment and public place marketing

The objective of these activities should be to promote the chiropractic profession by raising the public's awareness of the potential positive benefits of chiropractic. These activities should be done in the full knowledge that there is no objective data to support the reliability and validity of screening for spinal disorders.

It is the responsibility of the individuals involved to ensure that all necessary permits are in place prior to the commencement of the public place marketing. No notification to the Board is necessary. The aim of this code is to assist practitioners in performing this service in a safe and responsible manner.

Guidelines on spinal screenings are unnecessary. Screenings are a way to reach the greater public, educate the public about the role of a healthy spine, about health and lifestyle and about what chiropractic is and how it can benefit them. A screening is just that – a screening. If the screening results indicate further investigation is warranted, a confirming examination can and should be offered to the participant. It gives the greater public an opportunity to speak with a health professional about their health concerns and an opportunity to investigate these concerns further. Assuming the chiropractor is working from integrity, there is no room for false positives and no harm can be generated from a screening. This clause takes away credibility from the chiropractor who's a trained professional. This undermines the chiropractor who is taking hours out of his/her day to provide a special service to the public and help more people. Yes another benefit of spinal screenings is practice growth and there's nothing wrong with this if the chiropractor tells the truth and practices with integrity.

After all, medicine is allowed to screen for blood pressure, osteoporosis and diabetes.

5.1.1 The purpose of postural assessments is to give the participant an overview of the general state of their posture. The participant needs to be advised that it is not a comprehensive examination. Any information provided to a participant at an assessment of this nature must be scientifically and clinically relevant and should not in any way engender fear, or be designed to engender fear.

5.1.1 the section "and should not in any way engender fear, or be designed to engender fear." Should be removed from the code. This is irrelevant because chiropractors must practice with honesty and integrity. This statement is insulting and demeaning to the profession.

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5.1.2 Practitioners should not tout for business. Business cards may be provided to participants upon their request, but neither the obtaining of contact information from participants nor the making of appointments at the time of an assessment is permitted. Practitioners should not make unsolicited contact with participants subsequent to an assessment.

5.1.2. The statements, "Practitioners should not tout for business. Business cards may be provided to participants upon their request, but neither the obtaining of contact information from participants nor the making of appointments at the time of an assessment is permitted," should be removed from the code. It is irrelevant and undermines the chiropractor. What gives us the right to know the truth and not help others? If a member of the public agrees to be screened, and indicators of vertebral subluxation are detected, the next reasonable and responsible step is to offer a confirming examination at the practice.

5.1.3 Such assessments can only be performed by a registered chiropractor or a registered student participating in an approved supervised practice program. Such students must be in their final year of study in an accredited course to become a chiropractor.

5.1.3 This is irrelevant and should be removed from the code. Assessing posture is not a controlled act. As long as an individual is properly trained on screening protocols and methods and clearly informs the participants that they are not a chiropractor or health professional and not offering a diagnosis, it is irrelevant who performs the screening.

5.1.4 No fee is permitted to be charged for such assessments; however participants may make donations to a charitable organization nominated by the practitioner.

5.1.5 Public spinal screening must also comply with the provisions of the *Health Practitioner Regulation National Law Act* 2009 that relate to advertising and the guidelines issued on advertising.

5.1.4-5 These statements are unnecessary and should be removed from the guidelines.

5.1.6 During the conduct of spinal screenings no attempt should be made to:

- **Offer a definitive diagnosis or any form of treatment; or**
- **Deliberately create a false outcome of the screening; or**
- **Engender fear in the mind of the participant; or**
- **Promise or guarantee any cure or favourable outcome from any recommended treatment; or**
- **Use equipment and/or procedures that do not constitute an integral part of the routine practice of the chiropractor.**

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5.1.6 The statements, "Deliberately create a false outcome of the screening; or" and "Engender fear in the mind of the participant;" should be removed from the code. They are irrelevant because the chiropractor practices with honesty and integrity and they are demeaning and damaging to the chiropractic profession.

Conclusion and Recommendation:

The proposed Code of Professional Practice for Chiropractors is fundamentally flawed.

- **The spirit of the code does not protect and preserve the traditional chiropractic paradigm. Instead the proposed code is demeaning and undermines the chiropractic profession.**
- **These proposed guidelines attempt to fit chiropractic into the constructs of allopathy which is both philosophically and scientifically invalid and confusing. This is a sign of ignorance regarding the understanding of the philosophy of chiropractic and the available valid research that supports chiropractic intervention to all sectors of the community.**

It is with humble reverence that my recommendation to the National Chiropractors Board is to remove the Code of Professional Practice for Chiropractors in Australia from consideration.

- **It is not mandatory under Part 5, Division 3 Registration standards and codes and guidelines; and**
- **The development of this code was done in the absence of extensive professional consultation, contrary to Section 40.**

Sincerely,

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References:

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