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Attention: Chair
Chiropractic Board of Australia

Dear Dr Donato,

I am writing to you because I, like many other Chiropractors, am appalled by a number of items specified in the new "Consultation Paper on Codes & Guidelines". I have to wonder, do all other health professions (eg Medicine, Acupuncture, Naturopathy, Osteopathy, Physiotherapy, Dentistry etc etc) have such interesting (or should that read limiting?) 'codes' and 'guidelines' like these? And how long did we have to discuss this matter and get a submission to you? The website is unclear as to how long this timeframe was.

From the beginning of the paper, I have found flaws, inconsistencies, complete nonsense – and the occasional good point.

Firstly, I note that there are "guidelines" relating to advertising, mandatory notifications and continuing professional development (CPD), and "codes" relating to conduct and practice. Does this then mean that any advertising we do as Chiropractors/business owners, any dubious instances we find ourselves in during the course of our practice of Chiropractic or keeping up our CPD is only a "guideline", yet how we practice and how we conduct ourselves are more strictly regulated? If there is a "mandatory" notification, it's hardly a "guideline", is it? I don't know how long it's taken to get these National Guidelines and Codes together, but it still seems in quite a rough form. Anyhow, I am not so much complaining about the unpolished form of this Paper as I am about its contents, of which I shall now explain at length (and you will have some very lengthy replies from hundreds of other Chiropractors, I daresay!).

Guidelines on Advertising

1. Definition of Advertising

Many Chiropractors may use the same brochures etc in their waiting room as they would when they are having a consultation with a patient. To say that it's OK to use the same brochure in the consultation room but not in the waiting room etc is preposterous. So perhaps we should all be saying any of our 'advertising' material is for 'public health' purposes, and then it's deemed OK. Shouldn't 'advertising' be considered what is OUTSIDE the Chiropractic premises, and whatever's INSIDE the Chiropractic premises be considered part of the 'service' or 'treatment'? After all, as soon as a patient walks in the door, they have already begun their treatment – it begins at the front desk. So I think the Definition of Advertising should ONLY take into account any EXTERNAL advertising, that is, all advertising occurring OUTSIDE the physical Chiropractic premises. Of course, patients can always discuss any of the advertising with the Chiropractor and/or front desk staff – which they should also be able to do with any advertising from McDonalds, their GP, or with weight-loss programs. We don't need a 'guideline' for that!

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5. What is Unacceptable Advertising?

(5d) Using testimonials – I know a lot of Chiropractors who may do this, and I do not think it harmful. All it is is someone's 'story' of how they were helped. You see this day in, day out, in newspapers, other professions etc etc. It is up to the individual patient to discuss this with their Chiropractor (and vice-versa), to figure out if this treatment may help them. How many people go and see Dr So-and-So because of word-of-mouth referral? Basically, this is the same as that, just in written form. I believe it is quite acceptable. After all, Chiropractors are Primary Care Practitioners – part of our Duty Of Care is to figure out if we can actually help the patient, so disallowing testimonials perhaps says that government bodies do not trust Chiropractors to do this? What about all the other health professions? Do they also have this 'unacceptable advertising' clause?

(5e & 5f) Compare different regulated health professions etc – you have got to be kidding! As an example, if you have an acute disc issue in your low back, seeing a physio pretty much is NOT going to help! It's probably going to make it worse. There are plenty of times when seeing a physio is GREAT, but not for acute disc issues - in general. So are we now not allowed to tell patients the truth about other professions? Are we not allowed to tell/quote to patients that studies show that Chiropractic for chronic low back pain (LBP) gets you back to work more quickly and cheaply than seeing the GP? Or would that be in contravention of some silly guideline? If we can't tell the truth to people, which scientific studies have SHOWN, then these guidelines and codes are completely useless and irrelevant; and they also aim to undermine the Chiropractic Profession. I do hope that's not what they're about.

(5g) Refer to the recovery time – done correctly, this should never be an issue. If the studies show that something is the case, then I would say "the studies show this", or "usually, this is outcome" or "in your case, given the circumstances, you will probably take longer to recover". Leading to unrealistic expectations would only occur if the Chiropractor hasn't explained things properly. Or, you could always get a patient that may just get it wrong in their head, even though you've explained it right, and/or given them correct information. After all, they're only human. Patients do like to know approximately how long something will take to get better. We cannot play God and say "5 weeks" or "3 visits" definitively. We can give a more vague timeframe, and this, too, depends on many factors, as I'm sure you would understand. So even WITH all the correct terminology, studies, explanations etc, many patients will still have an unrealistic timeframe in their heads. It's just not worth having this clause in here, it's pointless!

(5j) Fail to disclose health risks – this is ridiculous. The risks are SO low it's not even funny. Do all GPs or Chemists disclose the health risks of the drugs they give to patients? Does a Physio disclose the risk of muscle strains or ligament damage before they take to work on a patient? Does a dentist let a new patient know that there could be irreparable nerve damage? Until all other health professions do the same, why should Chiropractic kowtow to such a demeaning level? And the studies DO show that Chiropractic is FAR safer than many other professions/drugs.

(5k) Omit the necessary warning statement – as we are Chiropractors and not performing surgery (does 'neurology without a scalpel' ring a bell to anyone?), this clause is completely irrelevant.

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(5l) Contain language that could cause fear or distress – oh come on! You are scraping the bottom of the barrel here! ANYTHING can cause ANYONE fear or distress! The word "cancer" might make one person run for the hills, while others are unfazed. "Long-term care" may make some patients twitch, and others not even bat an eyelid. How about the words "obese" or "overweight"? Those words would definitely distress some people, but it's a health issue that needs to be addressed. This is an AWFUL clause and MUST be removed! Anyway, if a subluxation is left long enough, it MAY cause really bad problems! Think about people who have had reflux for long enough, and then might get oesophageal cancer, or how about passive smoking? If it's TRUE, we're allowed to say it – isn't that our democratic right? Look at all those anti-smoking ads – they seems pretty bloody scary to me, and I don't even smoke!

(5o) Contains claims of superior services – quite frankly, the correct Chiropractic adjustment IS powerful! It IS better than some professions out there. How about being better – and more qualified – than, as an example, Atlas Profilaxis? Again, are we not allowed to tell the truth? Who made up these clauses???

6. Specific Requirements

(6.2) Use of warning statements – as I state again, we are CHIROPRACTORS, we do not chop people up! The only invasive procedures I could imagine are either intraoral cranials (standard practice for cranials – and do not come with scary risks for the patient. It's more a risk for the practitioner, who might get bitten!) or the internal coccygeal adjustment. I would say that for the internal coccygeal, a second opinion might be useful – sometimes. But NOT for the intraoral cranials, so this clause needs to be severely re-worded! And I have yet to come across any advertisement that reads "any surgical or invasive procedure carries risk…" so why on earth should Chiropractors have to state this, when we basically help your insides - from the outside!!

(6.3) Comparative Health Advertising – this conflicts with clauses 5 (e) & (f)! I think this clause 6.3 should be used instead of 5 (e) & (f) as it's general, lets the Practitioner make up his/her mind, and is so much more relevant.

(6.6) Use of gifts or discounts in advertising – I find it abominable that the Board discourages the use of Chiropractic endorsements that may in turn encourage unnecessary consumption of medicines or therapeutics. Shouldn't this be directed COMPLETELY towards the Medical environment, not Chiropractors?? It is well-known that Pharmaceutical companies pay extra money to GPs when they vaccinate people above a certain threshold, or give out a certain number of drugs. Until this is stamped out in the Medical profession, it has no place in these Guidelines!

(6.7) Use of scientific information in advertising – use <u>caution</u>??? What, you don't want Chiropractors to focus on scientific information? How about keeping this clause but instead of 'The boards encourage caution', maybe be more positive and say 'The boards encourage the use of scientific information in advertising' and then go on to say what would be recommended. Not everything has to be bad, you know!

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7. Advertising of Therapeutic Goods

(7.2, 7.4, 7.6) Scheduled medicines – Chiropractors are DRUG-FREE, we do not have the authority to prescribe certain schedules of drugs! WHY are these clauses in here? If there's a GP who's also a Chiropractor, then they should be using the Medical Guidelines to deal with these drugs. Maybe just get rid of heaps of Section 7 and replace it with something like "Chiropractors are not permitted to issue scheduled drugs of classes X Y & Z unless they are a registered GP or Medical Practitioner". It would be a LOT simpler that way!

Also, what classifies a piece of paper as an 'advertisement'? If it's just a price list, do we have to put in the words "vitamins may only be of assistance…" etc? I think not.

Guidelines on Mandatory Notifications

These are mostly irrelevant because the Health Practitioner Regulation National Law Act 2009 covers it all! Why 'guidelines' are to be issued when there's a legal requirement anyway is beyond me. It's a waste of paper.

Code of Conduct

3. Working with Patients

(3.14) Personal Relationships – I do not believe there should be a clause in this Paper suggesting that Chiropractors should "avoid" treating their families, friends and other loved ones. Although some may argue that there is a lack of objectivity, there is also a greater understanding of that person, and therefore, a better treatment may actually be given. As Health Professionals, we are trained to be objective, and to focus on the job at hand. It is not sensible to have this clause in here, when, with my Provider Number, I can still refer myself for X-rays, blood-tests etc etc. If I can do this for myself, why can't I do this for those close to me, and those NOT close to me? The fact is, as Chiropractors (like other health professionals), we have a skill, and we should use that skill wherever/whenever possible. And yes, I agree, there may very well be times where it cannot be avoided that you have to treat someone, because you might find yourself the only health professional in a small country town. This is where we can still be focused, remain objective, and DO OUR JOB. "Avoiding" helping someone is an awful thing to say, even if it may have some complications at times. I think this clause need to be re-written – maybe something like "Chiropractors should be aware that there may be reduced objectivity when treating people to whom they have a close personal relationship. This is not to say that these treatments should cease, but extra care should be taken to ensure good care, good objectivity, continuity of care, and good management." Not only is it more succinct, it's more positive! There's such a lot of negativity running through this Paper, it's really quite depressing.

8. Professional Behaviour

(8.7c) Legal, Insurance and Other Assessments – "anticipating" misunderstandings? Are we now meant to be mind-readers? Perhaps this clause is in there because the legal 'system' as we know it is not readily understood by patients, and can be very confusing. But to have guidelines to ask Chiropractors to "anticipate" in this arena is surely a big mistake.

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(8.11e) Conflicts of Interest – I think this clause should be rather directed towards the Medical Profession! Anyway, the idea of marketing is that it is MEANT to affect the business owner!! As utopian as it might seem to not want any marketing to affect a Chiropractor's clinical judgment, I think we have all been guilty of this at some point, however minor. The only difference is, can one argue their way into suggesting that things are still 'of benefit' to the patient? Eg is having orthotics beneficial, will there be side-effects from a drug, how many treatments are too many treatments? If Chiropractors are having this clause in here, you better make sure it's highlighted in yellow in the Medical Profession's "guidelines"!!!

(8.11f) Conflicts of Interest - If someone wishes to be paid for meeting sales representative, that is their prerogative, and they are more than entitled to do so. Just because I don't doesn't mean no-one else should.

(8.12f) Financial and Commercial Dealings – if someone wants to make a tasty little profit, it's their BUSINESS, they're entitled to! It doesn't mean the patient has to buy it! I don't think a Chiropractor should have to declare to a patient – unless they want to – their financial interests.

9. Ensuring Practitioner Health

(9.2c) Practitioner Health – WHY does 'good practice' involve being immunised? It's a CHOICE!!!!! One I choose not to make, but I do not enforce this upon my patients. Does this make me a 'bad' Practitioner?? It's ridiculous that this is in here, it needs to be removed.

<u>Code of Professional Practice</u>

2. Working as the Practitioner

(2.6.1 – 2.6.5) Radiology/Radiography – I find it abysmal that as Chiropractors, we are now only able to send patients off for x1 full spine (F/S) X-ray paid for by Medicare per patients per calendar year. These 2.6 Radiology clauses suggest that we should always aim for ALARA and only X-ray when there are 'red flags' present. How about the patient who sees their GP for a mild headache and has a CT brainscan? They're pretty well always negative, of course! Now, aren't there some studies that show that 3 sets of F/S X-rays in the space of 1 year are WELL WITHIN radiation limits? Based on this, shouldn't this whole section be wiped in this 'Code' and replaced with something like "taking into account the patient's radiation history, X-rays can be taken at the rate of no more than 3 F/S X-rays per year, only if it is deemed safe for that patient." An X-ray, in the right hands (unfortunately, 'right hands' does not usually refer to the Medical Profession), can be most insightful, and being at such lower radiation doses than say, a CT scan, I think Chiropractors should be able to X-ray for a bit more than 'red flags'. They're a seriously useful diagnostic tool for us, and a far lower risk than a CT scan or an MRI.

(2.9) Acupuncture and Dry Needling – as this is a Chiropractic set of Guidelines, Clause 2.9 has NO PLACE in here. It needs to be removed.

3. Working within the Practice Environment

(3.1.2) Standards of premises – I don't think all consulting rooms should have to have this information. The front desk sounds quite enough!

5. Working with the Broader Community

(5.1) Spinal Postural assessment etc – what permits? Firstly, we're meant to use caution with scientific studies, then because there isn't enough 'objective data', we're not meant to do spinal screenings? It all sounds a bit higglety-pigglety to me!

(5.1.4) Charging fees – again, if the practitioner wants to ask for money, and it's clearly posted, then why not? The client doesn't have to get themselves assessed.

Guidelines on CPD

3. Requirements

(Requirement 3.2) – 25 hours over 12 months is a lot of hours, that's 3 full days, not including travel to 'formal' activities. What about those Chiropractors that only work very part-time, or are busy being parents, or have other business activities, or are sick for part of the year? Is there a pro-rata rate for them, too? How about 20 hours per 12 months, or 40 hours over 2 years? I always do heaps of hours, because I love doing CPD, but I'm just thinking about everyone here, and this may be too steep a requirement. Also, I have to ask, do all other regulated Health professions have this same CPD requirement? I hope selective persecution of the Chiropractic Profession isn't occurring here.

Currently, this is all I have to offer on this Paper. I would appreciate a reply to my Submission.

In anticipation of a great overhaul,

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