



## **GONSTEAD CHIROPRACTIC SOCIETY** **(AUSTRALIA)**

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### **Regarding the Consultation Draft Code of Conduct for Chiropractors**

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The Gonstead Chiropractic Society (Australia) represents over 300 chiropractors and students. We previously made a submission for the first draft of the Code of Conduct for Chiropractors and are pleased that some of the comments have been adopted in this second draft.

This current draft is an improvement but it still falls well short of the type of document that we can support.

There are sections and total clauses that are demeaning and insulting to Chiropractors and the Chiropractic profession. There are errors in grammar that make some sections unintelligible, there is needless repetition, inclusion of criteria/ guidelines that refer to other documents that as Chiropractors we can have no input to and have not had adequate time to review. There is an over riding sense that the guidelines do not honour and respect the premises and basic principles upon which Chiropractic stands. It attempts to apply a Reductionist and Allopathic paradigm on a profession that is Holistic and Vitalistic. It assumes that Chiropractic should be subservient to other powers rather than being able to determine its' own set of Codes of Conduct and regulate itself through peer review.

Some of our concerns are listed below:

**Overview:** "This Code seeks to assist and support chiropractors to deliver effective health services within an ethical framework."

This opening sentence indicates that what is to follow will be of benefit to Chiropractors yet the document fails to assist and support and is demeaning and unnecessary. It implies that all chiropractors need guidance because they are intrinsically unethical. It is then repeated in the [Introduction](#) on page 2.

Either delete or change the rest of the document to support and assist Chiropractors.

**Introduction 1.1:** "This code will be used: to assist the Chiropractic Board of Australia (the Board) in its role of protecting the public by setting and maintaining expectations of good practice – if professional conduct varies significantly from this Code, chiropractors should be prepared to explain and justify their decisions and actions and serious or repeated failure to meet this Code may have consequences for registration."

This clause should contain some reference to peer review. It is Chiropractors who should judge the appropriateness of expected practice and whether deviation from "good practice" has occurred.

**1.2 Professional values and qualities:** While individual chiropractors have their own personal beliefs and values, there are certain professional values on which all chiropractors are expected to base their practice. Chiropractors have a duty to make the care of patients their first concern and to practise safely and effectively. They must be ethical and trustworthy. Patients trust chiropractors because they believe that, in addition to being competent, chiropractors will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion. Patients also rely on chiropractors to protect their confidentiality.

Would this not be better phrased "Be nice to your patient, treat them with respect and dignity." The above seems totally unnecessary as if the profession needs a lesson in good behaviour. What are these "Professional Values" and why should Chiropractors have to think in a particular way?

## 2 Providing good care

**2.1 Introduction b):** ensuring that the diagnosis is relevant, justifiable and based on sound clinical reasoning

Diagnosis is relevant to symptomatic treatment however it is not to asymptomatic care.

e) recognising the limits to a chiropractor's own skill and competence and referring a patient to another practitioner when this is in the best interests of the patients

This is a deterrent to gaining experience (a new graduate should refer all patients out). This will be used with the benefit of hindsight against chiropractors. This should be deleted.

**2.2 Good Care clause o.):** practising in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes.

The words "accepted evidence base" should be removed and replaced with the words "currently accepted by peers." Given that there is no evidence that practitioners who utilise evidence based therapies have better outcomes than anyone else the inclusion of this clause has no basis.

**2.6 Decisions about access to care d):** investigating and treating patients on the basis of clinical need and the effectiveness of the proposed investigations or treatment, and not providing unnecessary services

The last part of this infers that all chiropractors provide unnecessary services. Who is it that makes this determination?

## 2.7 Treatment in emergencies

Treating patients in emergencies requires chiropractors to consider a range of issues, in addition to the provision of best care. Good practice involves offering assistance in an emergency that takes account of the chiropractor's own safety, skills, the availability of other options and the impact on any other patients under the chiropractor's care, and continuing to provide that assistance until services are no longer required.

What does this all mean? Is an emergency someone with a hot disc, or a fire in the building, a car accident on the weekend? Does it mean that you cannot see a patient in pain if it will impact the care of your other patients because you may run behind? If it means provide first aid then please state what it is that you intend.

**3.7 Children and young people:** Caring for children and young people brings additional responsibilities for chiropractors. Good practice involves:

Caring for children brings no more additional responsibilities than caring for any other person in society. Every person who we see brings additional responsibilities so why single out children unless you have another agenda? Every point that you make under this section could be equally applied to any other group of the population.

**4.1 Use of modalities:** In particular, chiropractors should note that to practice acupuncture in Victoria a chiropractor is required to be endorsed by the National Board.

Acupuncture is not Chiropractic why is there reference to it in a Chiropractic document.

## 6. Working within the health care system

### 6.1 Introduction

Chiropractors have a responsibility to contribute to the effectiveness and efficiency of the health care system.

What is the "Health Care System" you indicate that it is effective and efficient yet it is not defined. Are Chiropractors' part of the "Health Care System"? These needs clarification before this entire section makes sense.

9.2 **Professional Boundaries clause c)**: recognising that sexual relationships with people who have previously been a patient are often inappropriate, depending on the extent of the professional relationship and the vulnerability of a previous patient

“are often” should be replaced with “may be”. Clause b) covers this area well enough without this clause and as such could be deleted without affecting the nature and intent of section 9.2.

9.10 **Investigations Clause b)**: disclosing to anyone entitled to ask for it information relevant to an investigation into the conduct, performance or health of a chiropractor or colleague

There must be a definition of “anyone entitled to ask”. This is an example of poor drafting and leaves a chiropractor open to all sorts of legal issues, particularly in relation to privacy.

9.11 **Conflicts of interest, clauses d) and e)**: Chiropractors must be honest and transparent in financial arrangements with patients. Good practice involves: d) recognising that pharmaceutical and other marketing may influence chiropractors and being aware of ways in which practice may be influenced. e) not asking for or accepting any inducement, gift or hospitality of more than minimal value from companies that sell or market drugs or other products that may affect or be seen to affect the way chiropractors prescribe for, treat or refer patients

These clauses have nothing to do with Chiropractic and are irrelevant. References to pharmaceutical marketing and drugs do not belong in the Chiropractic code. Should be removed.

9.12 **Financial and commercial dealings Clause c)**: not accepting gifts from patients other than tokens of minimal value such as flowers or chocolates and if token gifts are accepted, making a file note or informing a colleague where possible.

This is extremely proscriptive and unnecessary. What is the purpose of this clause.????

9.12 **Financial and commercial dealings Clause d)**: not becoming involved financially with patients; for example, through loans and investment schemes.

Does this infer that Chiropractors are unable to care for their financial advisor, accountant, banker, architect, builder, electrician, barista etc. All of these people have financial dealings with Chiropractors every day. The intent of this clause is not clear and should be revised.

10.2 Chiropractor Health Clause c): understanding the principles of immunisation against communicable diseases.

Immunisation has nothing to do with Chiropractic and should not be included in this document. Chiropractors as part of their education are taught about communicable diseases and immune function, they also learn about spinal biomechanics. I see no specific reference to spinal biomechanics in this document yet it has far greater relevance to the practice of Chiropractic than immunisation.

This clause does not belong in this document and must be removed. Reference to this topic was made in the first draft and it is still inappropriate.

**Appendix 2: Guideline in relation to Radiology/Radiography. Introduction:** Radiographic imaging is part of the suite of diagnostic procedures offered by chiropractors, either in a chiropractic office or through referral. Chiropractors use radiography for several purposes following the identification of various history and examination findings, including: confirmation of diagnosis/pathology; determining appropriateness of care; identifying contraindications or factors that would affect or modify the type of treatment proposed.

The terms "suite" and "offered" are words that might be used at a beauty therapist. X-ray is a diagnostic procedure that is utilised by chiropractors for the patients benefit not for the patients selection of a range of offered products. This is demeaning to Chiropractors and infers that x-ray is not necessary. Suggest the below wording.

"Radiographic imaging is an established diagnostic procedure utilized by chiropractors, performed either in a chiropractic office or through referral. Chiropractors use radiography for several purposes following the identification of various history and examination findings, including but not limited to: confirmation of diagnosis/pathology; determining appropriateness of care; identifying contraindications or factors that would affect or modify the type of treatment proposed".

#### **Appendix 2: Introduction**

**Dose limits** – applications of ionizing radiation must be managed in a way to not exceed dose limits specified in RPS1.

What is this RPS1 there is no reference to this in the document.

Whilst I have listed and documented many concerns the over riding concern is that there seems to be an aggressive rush to create restrictive guideline to limit the practise of Chiropractic in Australia. There is a clear absence of any Peer Review in determining breach of the code, this needs to be addressed so that decisions about Chiropractors are made by those that have knowledge of Chiropractic. The changes made regarding x-ray are very positive as radiography forms a vital part of the Chiropractic profession and its utilisation is unique and distinct from the medical application. The amount of time for consultation is far too short and any alterations to

this guideline will no doubt create a 3<sup>rd</sup> draft that will have even shorter consultation time. Can I suggest that the 3<sup>rd</sup> draft is as open and non restrictive and proscriptive as possible. There will be no doubt further consultation over the next few years as these Codes of Conduct are put into place. It will be far easier to add codes rather than reverse bad decisions made now in the rush to get something done by a date set down by the government. If these guidelines are to be effective they will need the support of the Chiropractic community. Otherwise there will be mass revolt and discord between the regulatory bodies, insurers and the profession.

Thank you for the opportunity to make comment on this document I hope that the purpose of the document, to assist and support Chiropractors is kept in focus when developing the next draft.

Yours in Chiropractic

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President GCS(Aust)

**\* A CHIROPRACTIC NON PROFIT ORGANISATION \***