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Chairperson
Chiropractic Board
Of Australia

Dear Sir/Madam,

I am disappointed in the Code of Conduct for Chiropractors as proposed by the new board. There are a number of glaring oversights which demonstrates that the board has not only not consulted with chiropractors but has failed read the properly the codes of conduct provided by the states.
The document treats the profession with disdain. The board is there to protect the public. This document is to stand as a code that can be utilized in a court and its ambiguity in certain needs to be addressed. It behoves the board to see that all parties are treated with the same respect.

I wish to make comment on various aspects of the document.

Overview
"*Within an ethical framework*" to be removed or defined accordingly. Whose ethical framework are you referring to? The term is used loosely and frequently.

Definitions: please make them accurate in accordance with a recognized dictionary.
'*Patient' includes client, health consumer or carer*. This term therefore covers everyone that we may have interaction with whether it be a patient in our office or a plumber fixing our plumbing in our home.

'Providing Care' includes but limited to any care treatment, advice, service or goods provided in respect of the physical or mental health of a person whether remunerated or pro bono. This terminology definition suffers the same fault as 'Patient'.

The use of the term pro bono. Although it is a correct term there is inconsistency in the definitions area in the use of the term pro bono and the term remunerated or not. This should be rectified.

Practice by definition includes every application of a chiropractors existence as it includes "non-clinical relationships."

Working within the health care system There is no definition of what this system is.

Other words which have no definition in the document are for example
Person

Public Health
Health
Diagnosis
Treatment
Professional values
Treating team
Scope of practice
These terms need accurate definition if they are to be used and complied with, in the contents of the code.

Introduction
1.1 Use of the Code

Chiropractors have a professional responsibility to be familiar with this Code and to apply the guidance it contains.
The code is ambiguous and if we are to be threatened with deregistration or fine for non-compliance there needs to be a much clearer delineation of requirements. This does not benefit the public and allows solicitors greater latitude to penalize and prosecute the Chiropractic Profession.

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"
The professional values are not defined. I submit that the board defines what they consider these are.

"Chiropractors have a responsibility to protect and promote the health of individuals and the community."
The profession is individually based. Changing the outlook of the individual to empower their in their own health will change the community. I submit the word community be removed.

1.4 *Substitute decision makers*
This section is poorly worded. It deems that parents of children are substitute decision makers. I submit that it be deleted.

2. Providing good care
2.1 Introduction
"*Ensuring that the diagnosis is relevant, justifiable and based on sound clinical reasoning"* This is only true in symptomatic care. The term is only relevant if the patient has a symptom. Many people chose to maintain care in the absence of symptoms. I submit the term clinical assessment or chiropractic analysis be used.

"Recognising the limits to a chiropractor's own skill and competence". This can be viewed in hindsight and is too nebulous. How do you know what you don't know? The new graduate will not have the experience of competence of a practitioner of 5 yrs experience and the practitioner of 5 yrs experience will probably not have the competence of a practitioner of 10 yrs experience. It places undue stress on a practitioner. How are they to get experience? I submit this be deleted.

2.2
a) refer to definitions. Scope of practice is wide and varied under chiropractic. I submit this term be defined or removed.
h) "providing treatment options on the best available information"
"Treatment" is only one level of care offered by chiropractors.
"best" This term will allow the board to decide what "best" is. I submit the sub-section be deleted.

j*) "taking steps to alleviate the symptoms and distress of patients, whether or not a cure is possible."* Chiropractors are not permitted to use the term or offer a "cure" in any states guidelines. Chiropractors do not purport to cure anything. Symptoms are indicators not to be alleviated. I would suggest that this is a medical model not suitable in the chiropractic paradigm. I submit this phrase be removed.

n)"ensuring the chiropractor's personal views do not affect the care of a patient adversely." A chiropractor cannot be everything to everybody. The views(philosophy) of a chiropractor will always upset a certain percentage of the population. Eg. If a chiropractor chooses only to follow the allopathic model of removing symptoms, the patient is adversely affected by not being offered corrective care or other higher levels of chiropractic care. I submit that this sub-section be deleted.

o) "practicing in accordance with current and accepted evidence base of the chiropractic profession, including clinical outcomes." Where is the evidence, that evidence based practice is more effective, efficient and safer? If practice is always "in accordance with" where is the scope for development of the profession? In many cases we do not know why the body reacts the way it does. This has yet to be discovered by science. You suggest that if the adjustment a chiropractor performs is not published he/she is in breach of the ethics of the profession.
I submit this sub-section be deleted.

2.6 Decisions about access to care.

"*A chiropractor's decision about access to care need to be free from bias and discrimination."* The section is confusing and contradictory. Care always involves bias (being influenced) as to the best possible care and always involves discrimination (distinguishing) the most appropriate service for the patient. It treats chiropractors with contempt. I submit it this section be removed.

d)"investigating and treating patients on the basis of clinical need and the effectiveness of the proposed investigations of treatment, and not providing unnecessary services".
It is too nebulous and open to broad interpretation. Treatment is only one small area of chiropractic care. This does not take into consideration the asymptomatic care. I submit that this be removed.

e) "patient should not be denied care" It is the choice of the chiropractor to deny care to anyone providing appropriate arrangements are made for further care. We are not a facility which can cater to the unreasonable person. I submit that this sub-section be removed.

g) "not allowing moral or religious views to deny patients access to health care, recognising that chiropractors are free to decline to provide or participate in that care personally" What! Confusing. I submit that the later section be deleted.

2.7 Treatment in emergencies.

"Good practice involves offering assistance in an emergency…." This is loosely worded and non-specific. It is a huge impost to demand that chiropractors "continue to provide that assistance until services are no longer required."
I submit that this section be removed"

3.Working with patients

Partnership
3.2 a) being courteous, respectful, compassionate and honest. This is in direct contradiction with the directive in 9.2 d) avoiding expression of a chiropractor's beliefs to patients …..that is likely to cause them distress. Is the chiropractor to be honest or not say anything to upset a person.

"A good partnership between a chiropractor and the person he or she is caring for also involves the patient to contribute to the effective therapeutic partnership by ; points .a)-d)"
According to this, a chiropractor is to be called into question because a patient chose not to follow instructions. That's ludicrous. You cannot make the behaviour a patient a condition of registration.
I submit that these above points be deleted.

3.3 Effective communication

d) discussing with patients their condition…….and reasonable alternatives wherever they exist. Chiropractors can only discuss chiropractic options. Chiropractors are not qualified to discuss other health options
I submit this point be deleted.

f) "informing patients are informed…."

This is a duplication of informed consent
I submit that this section be deleted.

i) “becoming familiar with , and using wherever necessary…..”
Placing the responsibility on the chiropractors shoulders that he/she should arrange this is a huge impost. Let the patient bear the responsibility and expense of this service.
I submit that this section be deleted.

j) “communicating appropriately with ……”
What is “appropriate” by whose standards
Who are the “stakeholders”
What is considered “relevant” and under what conditions shall this information be shared?

3.4 Confidentiality and privacy
e)(regarding genetic information) There is no need for this section. Where is the relevance to chiropractic practice?
I submit that this section be deleted.

Points f) g) and h) all cover the same area.
I submit that only one of these be included.

3.5 Informed consent
If you wish the chiropractic code to contain the NHMRC guidelines then bring them into the guidelines.
I submit tht you copy the NHMRC guidelines on Informed Consent into the Code of Conduct for Chiropractors

b) “…..any alternatives to the proposed care and their relative risks/benefits as well as the likely consequence of no care” We are not qualified to comment on other alternatives. There is a diverse range of health care options available for any given situation.
I submit that this section be deleted.

3.6 Informed financial consent – fees
f) “ensuring the amount, time and quality of care……” This is a highly offensive comment. You are stating that chiropractors are so non-professional that they discriminate unfairly in their care of different patients

g)” ensuring the agreement is reviewed every 3 months or 12 visits whichever is the greatest “ Where is the stipulation in common law that a financial contract be reviewed every 3months. As far as 12 visits, where is there evidence that this constitutes good practice.
I submit that this section be deleted.

3.7 Children and young people

“caring for children and young people brings additional responsibilities for chiropractors”
A chiropractor has with each and every person the same responsibility. Why single out children unless you have another agenda? All these points could be equally applied to every person in society.
I submit that this section be deleted.

The age of consent to a service needs to be stated. The statement is nebulous and could be subject to vast interpretation in a court of law.
I submit that the age of consent be stated.

e) “This may include where a parent is refusing treatment….”this comment is overly proscriptive. To whom is the chiropractor to report this supposed offence? Who is to enforce it ? Where do the decisions of the parent get upheld? Who defines what the best interest of the child is?

3.8 The entire section is politically correct waffle. Chiropractors have responsibility to the individual whomever they are or however they present.
I submit that this section be deleted.

3.9 This section is already covered in other area of the Code of conduct.

3.14 This section is demeaning to the profession. All persons are treated with the same respect.
I submit that this section be deleted.

3.15 Working with multiple patients
Covered under Confidentiality and Privacy Section.

I submit that this section be deleted.

5 Working with practitioners

5.1 We are to be loaded with paperwork and phone calls to attempt to comply with a ridiculous demand.
I submit that this section be deleted.
6.4 a) and b) this is outside the chiropractors role.

9.11 Conflicts of Interest
d) and e) chiropractors do not deal with pharmaceutical companies
I submit that this section be deleted.
f) where in the chiropractic profession does this happen?
h) this is a medical paradigm not applicable in the chiropractic profession.
I submit that this section be deleted.

10.2
c) the principles of immunization are subject to great debate and have no place in a Code of Conduct for the chiropractic profession who works principles of innate health.
I submit that this section be deleted.

d) Chiropractors do not prescribe drugs in any state in Australia or the world. This demonstrates the fact that the board has not read state or territory laws.
I submit that this section be deleted.

There are only a few areas that I have covered. I realize that many chiropractors have submitted more comments. It demonstrates that there is need for serious review of the proposed Code of Conduct for Chiropractors. I submit that the board takes into consideration these comments for the sake of an honorable profession and to treat all with respect.

Yours truly,

Dr. Pauline Walsh
(Chiropractor)