Code of Conduct for Chiropractors
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'Attention', Chair, Chiropractic Board of Australia
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Submissions to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May 20th 2010

Chair,

Code of Conduct for Chiropractors.

Again the document does not suit the scope of practice of Chiropractors across Australia. There are so many flaws in the document that I really believe that it needs to be re-written, with the input of the Chiropractors who are willing to help prepare it. Again the document feels rushed, derogatory, inappropriate and too general for Chiropractors to work under this Code of Conduct.

I appreciate the attempt to correct the original draft, however I am still disappointed in the final document.

There are more problems in the paper than I am stating, as you will be aware from previous letters from Chiropractors. These are the points that I feel are the most important to revise.

Definitions

The following definitions do not match the English Dictionary. This is confusing and misleading.

Comment: Please be more precise and accurate with definitions. Also define all the terms used.
I submit that you define these more accurately

"Patient"
The definition is a person under medical treatment or care. But we are not permitted to provide medical treatment.

"Providing Care"
Comment: by this statement you are casting the net of "care" to every interaction that a Chiropractor may have with others.

"Practice"
The definition is a business of a professional person.
Comment: this definition should not include "non-clinical" relationships

You have not attempted to define numerous areas of this document, which are ambiguous at best.

Introduction
1.1 Use of the Code
"… within an ethical framework"

Comment: Who determines the ethical framework? I would like this to be defined. Seeing that you refer to "ethics" frequently wouldn't it be useful to understand which philosophy the "ethics" you refer to is related.

"Chiropractors have a professional responsibility to be familiar with this Code and to apply the guidance it contains"
Comment: If chiropractors are obligated to apply the guidance with the threat of deregistration or fine for non-compliance there needs to be a much clearer delineation of requirements. This is generalised. Chiropractors want to do the right thing, but this leaves much open to interpretation.

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".
Comment: What are the Professional values that we as Chiropractors are expected to base our practice on? Again, this is open to interpretation.
I submit that you define the "professional values" that Chiropractors must base their practice.

"Chiropractors have a responsibility to protect and promote the health of individuals and the community".
Comment: Chiropractic is an individually based profession. The community is affected one individual at a time. We should not be held responsible for the health of the community.

1.3 Australia and Australian health care

Comment: This section is a statement of the obvious, is politically correct but does not add anything to the boards' charter and should be deleted

2 Providing good care

2.1 Introduction
b) "Ensuring that the diagnosis is relevant, justifiable…"
Comment: Diagnosis is relevant to symptomatic treatment however it is not to asymptomatic care. Diagnosis needs to be defined. Does it include sub-clinical conditions, changes in function, or diseases and medical conditions.

e) "Recognising the limits to a chiropractors own skill and competence and referring a patient to another practitioner when this is in the best interests of the patients"
Comment: 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, but doesn't bring anything to help Chiropractors. It is derogatory and should be removed.

2.2 Good care

h) "Providing treatment options based on the best available information"
Comment: "treatment" is one level of care offered by chiropractors. This requirement is neglectful of those people utilizing chiropractic care at an asymptomatic care level. This would render neglectful any chiropractor who is adjusting a person based on chiropractic analysis. Who determines "Best available information?" Different professions, and different people will have different opinions to the 'Best'. This is open to interpretation and 'best' should be removed. "Chiropractors can provide treatment or care options based on information available."

j) "Taking steps to alleviate the symptoms and distress of patients, whether or not a cure is possible".
Comment: If we do not take steps to act upon this we are not performing "Good Practice". This is not consistent with the chiropractic premise and the respect for the body which that entails. Symptoms are indicators not to be alleviated. I would suggest that this is medical ethic and chiropractic sees our responsibilities in a different context. Also the mention of "cure" flies in the face of your prohibition of this

word in the context of chiropractic via the advertising guidelines, and should be deleted.

n) “Ensuring that the chiropractor’s personal views do not affect the care of a patient adversely”
Comment: The chiropractor’s personal views (philosophy) will always affect some people adversely. It is not the responsibility for a chiropractor to be all things to everyone and so because of this a chiropractor will cater to a certain section of society and others will be alienated by this preference. For example, a chiropractor who only delivers relief treatment due to an allopathic ethics will adversely affect those patients who would therefore be deprived of corrective care or other higher levels of chiropractic care.
I submit that this sub-section is deleted

o). “practicing in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes”
Comment: No practitioner is able to practice 100% evidence based – medical or Chiropractic doctors. There is no evidence that ‘evidence based practice’ is any better, safer or more efficient, so this section should be removed.

2.6 Decisions about access to care

“A chiropractor’s decision about access to care needs to be free from bias and discrimination”
Comment: This entire section is confused and contradictory. It treats chiropractors with contempt. Chiropractors should always discriminate and make decisions (bias) as to the most appropriate service for a person who consults them.

e) “Keeping chiropractors and their staff safe...”
Comment: In my own practice, and for my own safety, I should have the choice to not see anyone if I feel threatened, as long as appropriate arrangements are made for their further care. This should be removed.

2.7. Treatment in emergencies

“Good practice involves offering assistance in an emergency…”
Comment: There is no definition of emergency. Does this mean that we are paramedics in an emergency? I know first aid, and should be seen as a first aider until the paramedics arrive. This should not be a part of the code of conduct. Also is this relevant outside of our clinic? This is a huge obligation to demand chiropractors to “continue to provide that assistance until services are no longer required”. We are not paramedics.

3.2 Partnership

“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…”
Comment: How can a Chiropractor be held responsible for someone else’s actions in a Code of Conduct. Whether another person chooses to participate in treatment or follow advice, should not make any difference in the Code of Conduct of the chiropractor. This is outside of the control of the chiropractor and is an abuse of your power to make this a condition of registration. Also I should not be forced to continue a partnership if they refuse to follow my recommendations and aren’t improving.
I submit that you delete from after f) down in Section 3.2

3.3 Effective communication
i) “Becoming familiar with, and using wherever necessary, qualified language interpreters…”
Comment: Placing this responsibility on the shoulders of chiropractors is an outrageous impositiont. Let the patient bear the responsibility and expense of this service and should be removed.

3.4 Confidentiality and privacy

e) (Regarding genetic information)

Comment: This is not a necessary for chiropractic practice and should be removed.

f) & g)
Comment: f & g are not necessary as h states your requirement.

3.5 Informed consent

"Informed consent is a person's…"
Comment: If you wish the NHMRC guidelines on informed consent to be a part of this code, then bring them into it.
I submit that you copy the NHMRC guidelines on Informed Consent into the Code of Conduct for Chiropractors

3.6 Informed financial consent – fees

f) "Ensuring the amount, time and quality of care delivered do not differ for those patients (with similar conditions) on a pre paid financial agreement to those who are not".
Comment: This is demeaning to even suggest that we would provide less care because they have pre paid. This section should be deleted and is unnecessary.

3.7 Children and young people

"Caring for children and young people brings additional responsibilities for chiropractors"
Comment: Caring for children brings no more additional responsibilities than caring for any other person. Every person is treated individually and has additional responsibilities. This seems to be a generalisation that leaves Chiropractors open to law suits for not being able to say that they addressed 'additional responsibilities.

d) Refers to the age of consent. If you want to vary the age of consent then state it rather than forcing chiropractors to decide and then challenging them in court on their decision. There is no room for interpretation then.

3.8 Culturally safe and sensitive practice
Comment: This is Political non-sense. I have no idea what is being asked of me as a Chiropractor. It is confusing. Patients are treated individually regardless of cultural differences, why does it need to be in the document?? What is it that I need to learn about Aboriginal culture exactly?

5.1 Respect for colleagues and other practitioners
a) "Communicating clearly, effectively, respectfully and promptly with colleagues and other practitioners caring for the patient"
Comment: Does this mean that I must communicate with every practitioner that sees this person. If so this is a huge imposition, as most people in a Chiropractic clinic see several practitioners for a variety of reasons. This section should be removed as b) is sufficient.

5.4 Coordinating care with other practitioners
b) "Ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient"
Comment: This is written from a medical gatekeeper perspective and comes nowhere near good practice for a chiropractor. Good practice is about empowering people to assume the ultimate responsibility for their care, not the Chiropractor or the doctor. This section should be deleted.

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"
Comment: Chiropractors have a responsibility to the people that come and see them and not the rest of the population. The 'Health Care system' has not been defined, so I will assume it means the hospital/gp/medical system. Chiropractors do offer health care, yet do not seem to be included in Australia's health care system. They are left out, but when writing a code we are apparently responsible for contributing to it. I feel it is common knowledge that Australia's health care system has MANY flaws. Who determines that we are responsible? And we do not necessarily want to be part of the in-'effective' and in-'efficient' system. I'm not suggesting that we don't bring a lot to health care, just don't make me responsible for the system. I suggest that this section is removed.

6.2. Wise use of healthcare resources
Comment: What are health care resources? This needs to be defined, although, it seems irrelevant because Chiropractors do not use healthcare resources. A person should be referred back to their GP if any other resources are necessary for their care. This should be removed.

6.3 Health Advocacy
Comment: We should be supporting and educating the people that come to see us, **not**, using our expertise to influence. This suggests to me that we are forcing them to do what we want for our own agenda and not theirs, which is not true.

6.4 Public Health
Comment: Public health needs to be defined. Who determines what is 'health promotion' or 'disease prevention'? My ideas of disease prevention are probably very different to the GP down the road, and our approach to 'health'. Which is correct? This is open to interpretation, and is irrelevant without a definition of 'public health' anyway, so should be removed.

7.2 Risk Management
a) being aware of the principles of open disclosure and non-punitive approach to incident management; a useful reference…….
Comment: This would seem an important section to actually include the document and not just reference it.

c) Participating in systems for surveillance and monitoring of adverse events and 'near misses'……
Comment: "Good Practice" to include surveillance by whatever means is intrusive and unnecessary. I would like a definition of a 'near misses'. This section is ridiculous and should be removed.

7.3 Chiropractor performance
a) Complying with statutory reporting requirements, including those under the National Law refer to……
Comment: The board guidelines on Mandatory reporting should have been included here.

b) Recognising and taking steps to minimise the risk of fatigue, including complying with the relevant state and Territory Occupational health and safety legislation.
Comment: The legislation should be included here if this section is to remain.

9.2 Professional boundaries
d) "Avoiding the expression of chiropractors' personal beliefs to patients in ways that exploit their vulnerability or that are likely to cause them distress"
Comment: All communication is an expression of personal beliefs. Whether a person is vulnerable or distressed by the viewpoint that the practitioner ethically holds is something to be worked with. It is wrong that you would prohibit chiropractors having a viewpoint on any issue and expressing it in an appropriate context. Often our viewpoint is different to a patients', until they are educated and understand what is happening in their body.

10.2 Chiropractor health
a) "Attending an appropriate practitioner to meet health needs"
Comment: This is an unnecessary dictate and should be removed

c) "Understanding the principles of immunisation against communicable diseases"
Comment: There is no need or relevance for this requirement here and it should be removed. We do not need to understand the principles of immunisation any more or less than any other medication or physiological process. We probably do know it, because many research it thoroughly, however it does not belong in a Code of Conduct.

d) "For chiropractors who are able to prescribe…"
Comment: Chiropractors aren't able to prescribe so this should not be there. If they can prescribe it is under another licence and registration and therefore another professional code.

I submit that the Chiropractic Board of Australia amends the revised code. The code should be minimised, with less room for interpretation, and with less ambiguity. The document is vague, restrictive, and in parts contradictory, and appears to have an underlying hidden political agenda. Chiropractors will not operate under a derogatory and disrespectful Code of Conduct. The code should be clear, concise and respectful, so in my opinion needs a lot of re-writing.

Yours sincerely,

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NOTE: Collaboration of others' work, including Samantha Culley, Mark Postles and Peter Cowie.

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