Tuesday April 6, 2010

Attention: Chair,
Chiropractic Board of Australia

Dear Chair,

Please consider my comments on the Code of Professional Practice document.
It is a sad day for chiropractic and a major disappointment for me, a chiropractor of 5 years service to the public to read what you have produced in this document. It has many contradictions and double standards, is incomplete, ignores proven scientific research and severely limits the chiropractic profession and suppresses the public's access to complete information.
Please consider the following.

Advertising of regulated health services
The definition of advertising that you chose to use in the following chapters as relating to chiropractic is as follows:
2.3 Advertising *For the purpose of this code of practice, advertising includes any form of public or private communication that could reasonably be seen as an intention to promote the profession, the individual practitioner or chiropractic practices.*
This effectively prohibits private communication that mentions third party reports, cases or previous discussions about others cases. This is the suppression of freedom of speech and surely is something that cannot be seriously considered – in a time where we are moving forward from the drawback of years ago.
Also, this definition is not intended to apply to material issued by a person or organisation for the purpose of public health information or as part of a public health program.
Please define "public health information". Is not the information of a regulated health service or health profession, "public health information"? You contradict this in: **1 Introduction 1.1 Use of the Code** *Practitioners have a responsibility to protect and promote the health of individuals and the community.*
3. Professional obligations
Persons who advertise services should always consider how members of the public will receive their advertising and be mindful that some consumers may have particular vulnerabilities in relation to the advertising and the provision of services.
We can not be liable for what a person my think about us, even if we have followed the guidelines and presented all the facts. What is our obligation to what another thinks?
Practitioners should not allow the services they provide to be advertised or make themselves available for 'advertorials', media reports or magazine articles to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content and have had reasonable opportunity to ensure that the published version of the advertorial or article adheres to these guidelines.
This means that chiropractors will not be allowed to speak with the press from now on? Press interviews do not allow the luxury of pre-approval before going to air.
5. What is unacceptable advertising?

f). claim that the services provided by a particular regulated health profession are better or safer than others.
And if it is true i.e. research showing efficacy of chiropractic over other disciplines – do we not have a right to report the truth? Remember that your definition of advertising is "*advertising includes any form of public or private communication that could reasonably be seen as an intention to promote the profession"*

6. Specific requirements

6.1 Use of graphic or visual representations

confirming that the referenced procedure is the only change that has occurred for the person being photographed.
This is impossible as there is no way one can guarantee that the therapeutic intervention was the "only change". I understand and agree with the intent but you must realize that what you have stated does not make sense and is open to huge misinterpretation.

8.12 Financial and commercial dealings

c). not accepting gifts from patients or clients 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 a thoughtless statement. People are free to give as they see fit. The magnitude of the gift is often proportionate to the magnitude of the service and for many of us chiropractic is more than "flowers or chocolates".

9.2 Practitioner health

Good practice involves:
a).attending a general practitioner or other appropriate practitioner to meet health needs
Whether one attends a general practitioner or another practitioner or no-one has nothing to do with "*good practice"*. You can not enforce the way I care for my health.
c) .understanding the principles of immunisation against communicable diseases and being immunised against relevant communicable diseases
Once again, you cannot enforce one being immunized. Forced medication should never be a condition of registration in a free society. (For the record, I have been immunized).

Code of professional practice for chiropractors in Australia

2. Working as the practitioner

2.3 Advertising

For the purpose of this code of practice, advertising includes any form of public or private communication that could reasonably be seen as an intention to promote the profession, the individual practitioner or chiropractic practices.
What is wrong with promoting our wonderful profession – provided we have done so in a reasonable manner. Why is this so wrong?

2.7 Diagnostic Tools, Tests & Processes

2.7.3 The findings of diagnostic tools/ tests should not be used in marketing and advertising, as members of the public may be misled as to the value of those findings in relation to their own situation.
You have just stated that "*For the purpose of this code of practice, advertising*

includes any form of public or private communication".
This effectively says that we can not discuss the findings of diagnostic tests with anyone including consumers, even if we present the information in a non-misleading manner and mentioning a disclaimer something like "previous results do not guarantee future results".
2.7.4 In the use of examination tools, tests, and processes for diagnostic and prognostic purposes these should be for conditions where there are demonstrated acceptable levels of reliability and validity.
Does this extend to all tests and processes – where is the evidence for requiring this?
2.10.7 In planning chiropractic management of children, practitioners should consider:
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. 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 is no different for any other group of the population – It is standard practice in many health care disciplines to undergo examination in an asymptomatic state. Why single out children? Isn't promoting a proactive & preventative approach to health & wellbeing a valid reason to consult a practitioner? This is something that the medical profession is now realizing the importance of in detecting many common health problems.

2.11 Duration and frequency of care
2.11.1 These frequency and duration of care guidelines are provided to assist chiropractors in their clinical decision-making. The primary goal of chiropractic care is to promote and optimise good health and function, maintain it, and prevent the recurrence of injury and dysfunction.
Where did this definition come from – it is at odds with the ACCC, the CAA and the WFC definitions? Also, the word "maintain it" used above means "maintenance care". Interesting contradiction, considering there is no "evidence" of this being the "primary goal of chiropractors".

4.1 Reporting other practitioners
4.1.1 A practitioner who believes on reasonable grounds that a Chiropractor has engaged in notifiable conduct must make a notification to the Chiropractic Board of Australia.
4.1.2 A practitioner who believes on reasonable grounds that a Chiropractor has contravened, or is contravening, the required standard of practice, or a suitability to practice requirement (i.e. engaged in either professional misconduct or unprofessional conduct) should make a notification to the Chiropractic Board of Australia.
4.1.2 When a practitioner is informed by a health consumer that another practitioner may have violated professional boundaries, he or she has an obligation to encourage the health consumer to make a notification to the relevant State Health Services Commissioner or the Chiropractic Board of Australia.
These requirements, especially the requirement to report one's peers based upon a consumers viewpoint, a third party position will destroy the lives of untold

chiropractors and fragment the profession with frivolous claims. You will tie up the courts with witch hunts based on hear say and professional jealousy. The GCC upon which you have modeled (cut and pasted this) have approximately 600 complaints before it right now due primarily to this requirement. Is this what you are after and how do you honestly propose to keep tabs on this & enforcing this?

5.1 Spinal postural assessment and public place marketing

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.

A chiropractor should be permitted to conduct his/her business and charge a fee. What is your justification for saying that chiropractors must work for nothing by making the charging of a fee unprofessional conduct?

Thank you.

Dr. Tass Amiridis
Chiropractor

To:
Cc:
Bcc:
Subject: Fw: Attention:Chair Chiropractic Board of Australia

Dear Dr Donato,

The job you have taken on is very onerous, and has cost you more than any one can envision, Phillip, and we thank you for your efforts, and those of your board.

Thank you for the revisions made to the draft, but there are more simplifying and clarifying changes still needing to be made. Basically, these are the suggestions made by Dr Peter Cowie, so I support and endorse his proposals, and ask that you so amend this draft.

The suggestions from the AMA are patronising, offensive, and totally uncalled for, especially in light of their own corrupt and unethical practices, and that they would not even consider any suggestions from us to them. So, they should be acknowledged and totally ignored.

Respectfully submitted

Keith Bastian, Doctor of Chiropractic

Guideline Submissions
Riaz Behi
to:
natboards
20/05/2010 08:17 PM
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Attention: Chair, Chiropractic Board of Australia

After reading through the second submission for the national code of registration we again would like to submit the following suggestions.

1. Although an attempt has been made to cut down the inappropriate tone, it still remains a document that is overly prescriptive and demeaning to members of the profession.

2. We believe that the board is overstepping its role of protecting the public. This role is carried out via instituting proper education and by firm repremand for misconduct not by the board stepping into areas of best practice and what it considers is evidence based medicine. There must be space for the natural evolution of the profession which cannot occur within the confines of such a document.

3. After reading through the similar guidelines for the physiotherapy and osteopathic professions it highlights the unnecessary strong line that the board has attempted to take. All professions have those that practice inappropriately but this again is a very small minority and its the boards role to deal directly and firmly with those individuals, not through these guidlines but by repremand and restriction for misconduct.

Because of these points I suggest that the board moves to scrap this document in its current format and produce a document that is generic and positive that can be modified in the future as events dictate.

I thank you for your time.

Riaz & Debra Behi

‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

I would like to reiterate the sentiments offered by Dr Postles in his response to the proposed codes and guidelines, a copy is attached for your convenience.(1). I would like to add further comment.

In the AHPRA web site, (www.ahpra.gov.au) there can be found the sentence “…, Australia is simplifying its professional regulatory system and strengthening public protection.”

It is evident the authors of the ‘codes and guidelines’ document, and its revised version, are seeking to pursue their political agendas, and force their personal opinions onto the chiropractic profession under the guise of standards or codes of the board. The documents are rife with vagueness, restrictions to practice that are unsubstantiated in the published literature, and arbitrary limits that are scientifically invalid and potentially damaging to the public. There are seemingly irrelevant statements, of which the true purpose of, are being hidden or deliberately left obtuse by the authors. The documents are clearly not in the spirit of ‘simplifying the professional regulatory system and strengthening public protection’.

The authors seek to create dramatic changes to the practice of chiropractic that are without precedent. Seeking to enshrine personal opinion and pushing hidden political agendas is not ‘development of chiropractic profession standards, codes and guidelines’ (see the CBA’s website under ‘functions’), so I contend that the offending authors have deliberately exceeded their mandate, and should be removed from office.

Further, for the board to engender the spirit of ‘simplifying’, and ‘professional standards’, it would be congruent to be clear, precise and un-ambiguous, as well as honest and respectful. The authors of these documents, by being unclear, ambiguous and vague, as well as disrespectful, are damaging the integrity of the board, and again should be removed from office.

Specific examples include:

Overview
“Chiropractors have ethical and legal obligations to protect the privacy…unless information is required to be released by law or **public interest considerations**.”
What ‘public interest considerations’ are the authors referring to? By being ambiguous, is this designed to allow government departments ready access to patient information, by calling themselves ‘a public interest’? Is any Joe Blogg’s a public interest consideration? The deliberate vagueness of the authors is potentially damaging to patients and the public.

“Caring for children and young people brings **additional responsibilities** for chiropractors.”
What are they? By deliberately leaving these ‘additional responsibilities’ undefined, it is paving the way for the authors to restrict chiropractic practice, based on their personal opinion alone. Hawk et al, (2009) state, “There is not yet sufficient research evidence related specifically to children to definitely identify indications for spinal manipulation and other procedures within the chiropractic scope of practice.” They further state “The research community has just begun to investigate the effectiveness of chiropractic care for many pediatric conditions; however, lack of research evidence does not imply ineffectiveness.” (2). It appears the desires of the authors’ is to prevent chiropractic care for children, (as evidenced from the first draft) so by being purposefully obtuse in what these responsibilities are, it enables them to ignore published articles in favor of their political agendas. This is potentially harmful to children.

“Chiropractors have a responsibility to contribute to the effectiveness and efficacy of **the health care system**.”, and “…understanding and applying the **key principles** of risk minimization and management to practice.” .
By the authors failure to define “the health care system” they are holding chiropractors responsible to an unknown entity, and by not defining key principles, again chiropractors are being held accountable to principles unknown. This is unacceptable in a document that is relating to standards and guidelines of a profession.

Definitions
Refer to 1.

1.Introduction
1.1 Use of the code.

Refer to 1.

Plus “as an additional resource for a range of uses that contribute to **enhancing the culture of professionalism** in the Australian health system”
By the document appearing to be obtuse, unclear, disrespectful and scientifically invalid, it would appear to be inconsistent with its purported range of uses.

1.2 Professional values and qualities
Refer to 1
Plus, “**Good communication** underpins every aspect of good practice.” It would appear that this sentence does not apply to the authors of this document.

1.3 Australia and Australian health care
Refer to 1.
Plus
This is an example of ‘seemingly irrelevant’ that I refer to. What is it’s purpose here? Also “ …but the underpinning principles will still apply”. What ‘principles’ (I suggest ‘political opinions’ is more truthful), does this refer to?

1.4 Substitute decision makers
Refer to 1.

2 Providing good care
2.1 Introduction
Refer to 1
Plus
“Ensuring that the diagnosis is relevant, justifiable and based on clinical reasoning”. Gleberzon (2001) states “while the literature indicates that older patients initially seek out chiropractic care for spinal pain, there is evidence that patients continue with chiropractic care for reasons other than symptom relief”… “Maintenance care can be defined as periodic visits that seek to prevent disease, prolong life, promote health and enhance the quality of life”…” Maintenance care is provided to a patient irrespective of clinical symptomatology”. (3)
It would seem this document will prohibit what is commonly referred to as maintenance care for diagnosis is not a requirement. Jamieson (2001) further states “Maintenance care is believed to benefit all age groups and should be continued for life.” “Indications for maintenance care ranges from “being alive” to “condition recurrences” and maintenance care is an integral part of chiropractic practice.” (4) Evans (2003), states “The nature of chiropractic as a science that promotes prevention visits….the chiropractic physician is well suited for the delivery of health promotion and disease prevention efforts in a general format. Follow-up or supportive care visits may serve as a foundation for the assessment of needs, delivery of health education messages and other prevention strategies…”(5) In the face of published evidence, the authors are trying to limit the scope of chiropractic and deny the public benefit, and potentially cause harm.
Here is an example of an attempt to radically change the practice of chiropractic without precedent, and apparently based on biased opinion.

2.2 Good Care
Refer to 1
Plus
This entire section is laced with undefined and open-ended terms and phrases, providing cause for breach based on opinion of the undefined terms or phrases. For example: a). “working within the limits of a chiropractors competence and scope of practice”. b). “adequate knowledge and skill. c). “undertaking sufficient training and/or qualifications.” h). “based on the best available information.” o). “practicing in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes.”

Point j). is another example of ‘seemingly irrelevent’ comment. How is this point going to be used to trip up practitioners practicing good chiropractic?

2.3 and 2.4 I don’t have a problem with these guidelines.

2.6
Refer to 1

Plus
This is contrary to the spirit of “simplifying”.

2.7
Refer to 1

3.2 Partnership
Refer to 1
Plus
c) “release of information is required by …public interest considerations”. Concerns about this comment have already been raised.

3.3
Refer to 1

3.4
“Public Interest Consideration” again! Also Refer to 1

3.5
Refer to 1

3.6
Refer to 1
Point g). This is contrary to 3.2 b). If a patient asks for a financial agreement beyond three months or twelve visits, the chiropractor stands to breach the guidelines if they say yes or no. What is a chiropractor to do?

3.7
Refer to 1
Plus
Point b). “…of certain conditions in children” What are these conditions? Also, what can be inferred by not stipulating what they are?
Point e). “This may include where a parent is refusing treatment for his or her child or young person and this decision may not be in the best interests of the child or young person.” This sentence is so open ended because one persons opinion of the best interests of the child differ from another persons opinion of the best interests of the child.

3.8
Refer to 1

4.2
a) “…Necessary to form a diagnosis **and** to determine necessary care …” The ‘and’ needs to be changed to ‘or’ so that the asymptomatic patient is not discriminated against needlessly.
c). “… relevant diagnosis is formed **and** that appropriate necessary care is provided …” Again, ‘and’ needs to be changed to ‘or’ so that the asymptomatic patient is not discriminated against needlessly.
d). “… demonstrated acceptable levels of reliability and validity.” Leaving this undefined is another tool for restriction of practice by the politically motivated, opinionated authors.

5.1
Refer to 1

5.3 Teamwork
“…as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other’s health professions.” This places an onus of responsibility that is unrealistic for anybody who hasn’t studied every health profession.
f). This point is totally redundant; designed to waste space, time and paper.

5.4
Refer to 1

5.5
b). “ensuring that the delegate has adequate skills, training, expertise or proficiency in the activity” How is this to be achieved? Without stipulating it is open to opinion as to what is or isn’t adequate.

6.1
Refer to 1
6.2
The entire section is full of “seemingly irrelevant”.

6.4
Refer to 1

7.2
Refer to 1

9.2
This entire section is derogatory and irrelevant. You need merely state “chiropractors conduct themselves in a professional manner”.

9.4
Refer to 1

9.8
a). “being honest and not misleading…” Not misleading is inherent in being honest.

b)” …not omitting relevant information deliberately” It’s inherent in being honest

9.9
Could just write ‘being honest’!

9.11
d) “…being aware of ways in which practice may be influenced.”
Pharmaceutical companies are geniuses at inventing new and exciting ways to influence practice. Burton and Rowell (2003) inform us of “third party techniques” (6). The PLoS Medicine Editors (2009) tell us of the pharmaceutical tactic of “ghostwriting”(7), and Lexchin and Light (2006) warn us of “commercial influence and the content of medical journals” (8). Even CPD has been used by pharmaceutical opportunism to expand influence, Lichter (2008) (9). Spurgeon (2004) informs us that junior doctors are ignorant of drug companies’ tactics (10), so much to the point that the American Medical Student Association has started a “PharmFree” campaign, Moghini (2006)(11). In light of every evolving tactics, if a chiropractor is unaware, do they run foul of the board? Is this just another way for chiropractors to be prosecuted?

The whole section ‘Conflicts of interest” is full of ‘seemingly irrelevant’ comments. Eg “…interest in a hospital…” ???

9.12
Refer to 1

10.2
Refer to 1.
Plus
c) “Understanding the principals of immunization against communicable diseases”.
Immunization, (vaccination) is a medical procedure. The principles relating to a medical procedure have no relevance in a document pertaining to the practice of chiropractic. Another example of pushing a hidden agenda.

10.3
Refer to 1

Appendix 1

a) "… overview of the general state of their posture"
A spinal screening is not limited to just the participant's posture. For example, performing an Adam's test to screen for a scoliosis. This would not come under general state of posture. This should be stated as "an overview of the state of health of a person's spine" What hidden agenda do the authors have by wording it as just posture?

b) "…elicits unwarranted fear in the mind of the participant"
How can we control what is elicited in a participant's mind? This is completely unreasonable.

Appendix 3
Refer to 1
Plus

1. "should be consistent with accepted standards of chiropractic care by the profession and where possible in conjunction with the best available evidence."
I agree with this statement however these standards would need to be specified.

3. "expected measurable outcomes of care"
How does this relate to the asymptomatic patient wanting maintenance care? Is this another means for the board to restrict the practice of chiropractic to not include maintenance care?

"estimated reasonable time-frame for achieving the outcomes"
Again, this is not relevant to lifetime maintenance care.

4. "validated objective and subjective outcome measures"
What is the board's definition of validated? Define validated. In fact just remove it from the sentence, as it can be another hidden tool to restrict practice based on opinion.

"the number of visits proposed (which should have a rationale and should not be arbitrary or excessive)"
Included should be "or insufficient". Also what rationale is the board referring to?

5. "…options available"
How can a chiropractor be held accountable for not knowing all options available? Is this another means to run foul of the board?

Please be aware that the references listed are by no means a comprehensive literature search, as clearly there is insufficient time. They represent a desire on my behalf to validate my complaints to this document.

Yours sincerely
Gordon Benz.
Chiropractor
Parmelia WA

REFERENCES:

1. See attachment, titled Postles reply.

2. Hawk C, Schneider M, Ferrance R, Hewitt E, Van Loon M, Tanis L, Best Practices recommendations for the chiropractic care for infants, children and Adolescents: Results of a Consensus Process. J Manipulative Physiol Ther 2009, 32; 639-647

3. Gleberzon B, Chiropractic care of the older person: developing an evidence-based approach. JCCA 2001; 45(3):156-171

4. Jamison J, Maintenance care: An Australian case study [case report], Chiropr J Aust, 2001, Jun;31(2):47-52

5. Evans M, The ABC's of health promotion and disease prevention in chiropractic practice. J Chiropr Med 2003;2:107-110

6. Burton B, Rowell A, Unhealthy Spin. BMJ, 2003, May 31; 326(7400): 1205-1207

7. The PLoS Medicine Editors, Ghostwriting: The Dirty little secret of medical publishing that just got bigger. PLoS Med, 2009, September; 6(9);E1000156

8. Lexchin J, Light D, Commercial Influence and the content of medical journals, BMJ, 2006; 332:1444-7

9. Lichter P, CME, Physicians, and Pavlov: can we change what happens when industry rings the bell? Trans Am Ophthalmol Soc. 2008 December; 106:39-43

10. Spurgeon D, US junior Doctors found to be ignorant of drug companies' tactics. BMJ, 2004 May 1; 328(7447): 1032

11. Moghimi Y, The "PharmFree" campaign: Educating medical students about industry influence. PLoS Med 2006 January; 3(1):e30

Attention: Chair, Chiropractic Board of Australia

I would like to comment on the second draft of the proposed codes and guidelines for chiropractors and also give reference to two responses – one from Dr Mark Postles and one from Dr Gordon Benz, with whom share my sentiment on this matter.

It appears self evident that these codes and guidelines are aimed at other agendas, quite different to governing good practice of chiropractors. If it was the latter then this document would have clear guidelines with clear definitions and no ambiguity, as commented in both Dr Mark Postles and Dr Gordon Benz's responses.

As I am giving reference to both responses, I support all statements made by both Dr Postles and Dr Benz I will not review the same material. I would however like to re-state my concern from my first response, that given these guidelines, I and the rest of the chiropractic profession will be prevented from practicing chiropractic and force chiropractic into a medical "sick" care model, to which it fits like a coke can into a fresh ear piercing. It disturbs me that the many chiropractic families already under care will face these harsh consequences with little or no choice in the matter. Does evidenced based care not take into account the preference of the client? Or are the authors referring to evidence on a "need to back up their agenda" basis.

I am concerned chiropractic will become extinct at the hands of someone who has no understanding of the science and philosophy and art of my life that brings me purpose each day. If the authors of these guidelines had an understanding of chiropractic then they would not be forcing Chiropractic to fit into a medical model/political agenda which is based on symptoms and not of the long term cause and prevention of disease.

Will these same or similar guidelines be directed to the chair of the Chiropractic Registration Board to protect chiropractors from their personal or political agenda?

My desire is to have most if not all of these guidelines erased and new board members elected who have not been tainted by political or personal agendas.

Yours Sincerely

Dr Leanne Blencowe
Chiropractor
Parmelia, WA

May 21, 2010

Dr Phillip Donato,
Chair, Chiropractic Board of Australia
Re: Revised Code of Conduct for Chiropractors

Dear Dr Donato,

I write in response to the Chiropractic Board of Australia's (CBA) letter to the Chiropractors' Association of Australia (CAA), of which I am a member, inviting interested stakeholders to make a submission on the proposed code of conduct for chiropractors. I would like to thank the CBA for the opportunity of responding to such guidelines.

Of particular concern, is the time frame made available for stakeholders Australia wide to find, examine and respond to the proposed guidelines. The National Law includes a requirement for national boards to ensure there is wide-ranging consultation on proposed registration standards, codes and guidelines. It must "ensure that the consultation process is rigorous, open, transparent and fair." This has not been the case. The deadline denies any Chiropractor or relevant stakeholder the chance to effectively digest and respond to such guidelines. Given the importance and complexity of such a document, I am disappointed at the inadequate timeframe afforded to stakeholders for appropriate consultation.

Further, on a number of occasions the proposed code of conduct refers the reader to its website "www.chiropracticboard.gov.au" for further guidelines only to find their absence. I find this to be misleading and does not constitute being "open,

transparent or fair." It is unreasonable for the profession to comment and commit to guidelines that reference documents not obviously made available. Again, there is a clear case to be made for inadequate consultation with stakeholders.

I would like to commend the board on their hard work thus far and I am sure that this proposed code of conduct is done with best intentions, but feel that this process has been far too rushed. Further, I fail to understand the need to place chiropractors under further, more stringent guidelines than other similar health professions such as physiotherapy and osteopathy? Would it not be appropriate to consider guidelines in keeping with the other health professions? After all, the new Australian Health Practitioner Regulation Agency (AHPRA) aims to "simplify the professional regulatory system," not complicate it.

Thank you again for the opportunity to make comments on the "*Revised Code of Conduct Guideline*", I look forward to my concerns being addressed.

Yours sincerely,

Christian Burke

Chiropractor

22 John Rowell Lane

MORNINGTON 3931

Submission to the Chiropractic Board of Australia

15th May 2010

Dear Board members.

I appreciate and acknowledge your decision to reject the first draft of the codes of conduct, which were not representative of the profession.
I have some concerns remaining for the second draft and will discuss those below.
My biggest concern however focuses on two sections of the 'General guidelines for all health care professions', passed last year ready to be ratified with part c of the act, if it goes through.
I would like to write about this first.

The first draft and General guidelines for all Healthcare professions
Specifically **Advertising (Section 1 & 5 d,e,f)**

Page 1 Definition of advertising.
This clause prohibits internal marketing when coupled with section 5 d,e,f . The result is keeping people uninformed and the principle is against the entitlement of free speech. I am totally opposed to this draconian restrictiveness. In the unlikely event that a complaint arises, each case should be judged on its merit.

For example yesterday a young lady whom has excellent results with us was contemplating stopping care because her GP, recommended "she cease care because she was pregnant". When I asked for an opinion from another nearby patient, he gave his testimonial regarding the same sort of advice he had received from a GP. He suggested that thinking beyond the GP's limited educational viewpoint was important. (This is equivalent to a testimonial.)
We also gave her research, which compared the relative effectiveness and safety of Chiropractic care on a DVD presentation and in written form. This allowed her to be more fully informed and enabled her to re-approach her GP and ask quality questions of the GP. (This action is in contrast to 5 e and f)
Thankfully, it is dealt with appropriately in section 6 but the ambiguity can be problematic.

Page 4 Item 5 d)
I believe that this restriction is anti competitive and not in the best interests of the public.
Chiropractic is an alternative health care option.
Mainstream medicine has a history of social credibility enhanced by such avenues as medical soapy's on the TV, sensational stories about 'new cures' in glossy magazines and constant advertising by pharmaceutical companies.
In short, mainstream medicine has the media creating testimonials advertising operating almost on autopilot. We feel it important to offer the public an

alternative. Many people are unaware of the benefits possible with chiropractic or other natural health care. Therefore, they never have an opportunity to seek an alternative.
We are an alternative health care option, which works to restore optimal nerve function enhancing the health of an individual. This is not to exclude medicine or be irresponsible.
Testimonials allow the public to see that for some people, the alternative option of health care has given benefit. It does not state that everyone seeking alternatives will get the same result. The people I quiz in practice are not naive to the use of testimonials. Testimonials are important suggestion that others have benefited and may be an alternative worth trying.

It is not testimonials, which are the problem. When a problem arises it is the poor procedures in a practitioners office creating a problem. Any complaint from the public can then be addressed by the relevant authorities. Eg: registration board.

e) Do not compare different regulated health professionals.
As stated, the chiropractic profession is an alternative to mainstream healthcare. An “alternative” by its nature ‘must compare’ to give the public an understanding of the differences. Eg: For years many medical practitioners have been purporting the “dangers” of chiropractic manipulation to their patients and the public. Essentially this has created an inaccurate perception in the community.
I consider that comparing the dangers of chiropractic care to similar medical care alternatives to be essential for public safety. Too many people walk blindly into the pharmaceutical choice without proper consideration. If given the opportunity to understand and realize the “relative dangers”, they can make informed decisions. This is good practice.
Most people are blissfully ignorant of the cost benefit ratios of medicine and escalating Iatrogenesis. Choice is a cornerstone of our society as is freedom of speech and informed decisions. The banning of testimonials does not sit well with this.
Everywhere through society we need information to compare choices. Our politicians compare and advertise their policy’s. This is a ridiculous clause and must be removed.

f) See above. For public safety, informing people if an alternative is safer should be mandatory, not prohibited. Likewise, if studies show that one treatment is more effective than another then we should be informed. The misuse of this should be investigated of course. In all responses above there must be accepted studies to support any comparison. As is outlined in the section 6 on Mandatory Reporting.

Consultation Draft Code of Conduct for Chiropractors

2.2 Good Care

Part a) I see the intent but the wording is overly prescriptive and unnecessary. Working within limit's of ones competence is not followed in most medical spheres. New techniques require practice for competence for surgery as well as chiropractic. It is unreasonable to expect this and would stifle growth and development of the chiropractor and the profession. Eg: Most new grads have little experience caring for babies. It would be a retrograde step to refer **all** babies to a paediatric chiropractor unless they recogised the need for referral. Most babies I have cared for over 20 years have not required referral. The best outcome is to become experienced and competent by applying primary contact status knowledge, good sense and due care.

Part C) I am a big believer in this however what one person would consider sufficient training (Eg: a weekend seminar adding to the existing knowledge and critical thinking required in practice) may differ substantially from another, whom sees a PhD as the only acceptable qualification. The presence of this sentence in this document can be abused by some elements of the profession with their own agenda. It must be removed.
Interestingly it contradicts Section 6 (Mandatory reporting) in the general codes for all health professions, thereby creating an ambiguity which may cause unnecessary reporting, overworked registration boards and undue stress to a practitioner.

Part i) ensuring that services offered are provided with the best possible skill, care and competence.
This is not required.

Part o.) practising in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes.

Most medical procedures have poor quantity and quality of random, double blind studies supporting the procedure. Other cornerstones of evidence based

procedures are “case studies” and “clinical”. How can you obtain clinical outcomes if you restrict yourselves to only those with previous clinical evidence? This should be removed and replaced with the words “currently accepted by peers.” Also I am unaware of any evidence that practitioners who utilise ‘evidence based’ therapies have better outcomes than anyone else.

c). understanding the principles of immunisation against communicable diseases

1. Page 14, 10.2 Chiropractor Health Clause c): Proscribing a specific component of public health policy in this document, except to push a specific agenda, is not necessary. The principles of good hygiene and sanitation are not proscribed here and they have infinitely more evidence backing their understanding and utilisation. This clause does not belong in this document and must be removed. If someone on the Chiropractic Board of Australia has an agenda or conflict in this area it must be declared.

Yours Sincerely,

Michael Brett B.App.Sc. (Chiro)

South Perth Chiropractic

238 Canning H’way
South Perth 6151
9474 1955

The Chair,
Chiropractic Board of Australia,
natboards@adhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated 7th May, 2010.

May 21st, 2010.

Dear Sir,

We as Chiropractors have been presented with a 20 page document that is so important to the profession and affects the very way we are as Chiropractors, and have been given such a short time to comment. Two weeks gives us very little time to read and digest the intentions of the Code of Conduct, consult with each other, to discuss the affects this will have on our lives, nor for us to fully comprehend the implications of the way the Draft Code has been worded. One has the feeling that the code is punitive rather than supportive of our profession, and almost treats us with disdain. It is distressing to feel as though this has been drafted from outside the profession, without supporting Chiropractors in the important work that they do.

As the particularly excellent submission by Dr. Mark Postles notes, that the definitions of many terms are either not provided or inadequate.

For example:
"person", "the Health Care System", "Public Health", "Health", "Diagnosis", "treatment", "Professional Values", "Treating Team", "ethics", "providing care".

There seems to be a misunderstanding of the nature of Chiropractic, with references to diagnosis, drugs, and other modalities. The Draft Code, if it came to fruition, would affect our freedom to speak to individuals, it would create huge amounts of unnecessary paper-work and phone calls, and impose a paramedic role on Chiropractors, not to mention a mammoth task of understanding all "alternatives to the proposed care and their relative risk/benefits." Is this referring to medical care as well as alternative type of care? Appointments would need to be very long, and I have not attended a Medical Doctor's consultation where I have had all "alternatives to the proposed care and their relative risk/benefits" explained to me. This Draft Code would make day to day practice unworkable.

The Code needs to say firstly, who we are and what we do. It needs to look at what a Chiropractor is and how a Chiropractor works day to day. The Code needs to be a document Chiropractors can be proud of, and want to agree to and stand for. At the moment it feels like it has been drawn up as a response to a list of complaints that have been received, and tried to accommodate every nuance of the complaint in a document that does not reflect the Chiropractic Profession, but, instead, seeks to constrain it, into an uncertain future. The Code of Conduct could be a much simpler document, and complaints could be dealt with in other arenas if and when they arise.

Rather than repeat the details of Dr Mark Postles submission and that of Dr.Peter Cowrie, I wish to support their submissions and provide them as attachments. Whilst I could highlight particular aspects of Dr. Postle's submission, it becomes apparent that every paragraph is very important, and would only be wasting your time to repeat it here.

I submit that this Australian Draft Code of Conduct for Chiropractors is such an important document that it cannot be rushed through. I ask that the profession be given more time to consult with each other, and time taken by the Board to hold meetings throughout Australia to receive

feedback from the profession, in great detail, then return to the drafting of a code that truly reflects a proud profession.

Yours faithfully,

Ross B. Bridle, D.C,
Chiropractor.

I

21 May 2010

Attention: Chair, Chiropractic Board of Australia.

Please recognise and submit my objection to these parts of the proposed Code of Conduct for Chiropractors.

Objections

3.6

h). that agreements should not extend beyond 3 months or 12 visits whichever is the greatest, unless there is clear and appropriate justification to support a longer period of agreement.

There is no basis to make this type of restriction on the practice of care and there are plenty of studies that represent the necessity for care well beyond 3 months. This consideration is unnecessary, and potentially counter intuitive to the stated purpose of the proposed code of conduct which reads... "Chiropractors have a responsibility to protect and promote the health of individuals and the community." There are numerous situations where care beyond 3 months protect and promote the health of the individual. For this reason this 3.6H is inappropriate and should be removed from the code of conduct.

Appendix 1: Guideline in relation to Public Spinal Screening

c) providing the participant with a business card at their request, but should not include obtaining contact information from participants or the making of appointments at the time of the screening

There is no basis for this restriction. Helping individuals take positive actions toward their health on the spot is one of the most valuable community services that a chiropractor could be providing to "...protect and promote the health of individuals and the community." This section C of the Guideline Appendix 1 is unnecessary, restrictive in helping the community and should be removed from the code of conduct.

Jeffrey Brooks

Chiropractor

Level 5, 72 Pitt St

Sydney NSW 2000

0410494737

Attn: Chair, Chiropractic Board of Australia
natboard@dhs.vic.gov.au

Submissions to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May 7th 2010

Chair,

Code of Conduct for Chiropractors.

I have no doubt that undertaking the task of developing a Code of Conduct for Chiropractors is no simple task, however, as a Chiropractor, I would hope the Code of Conduct I need to adhere to would be supportive of the profession and written in a way that I as a Chiropractor I won't need a law degree to understand it. For the most part I find it well written but there are some areas where I find the wording confusing and contradictory and at times somewhat antagonistic.

I would appreciate your time in considering the following concerns:

Section 1.3 Australia and Australian Health Care and Appendix 3 Guideline in relation to Duration and Frequency of Care

In Section 1.3 it states that "Chiropractors have critical roles in caring for people who are unwell, assisting people to recover and seeking to ensure people stay well".

I strongly believe this to be true and am disappointed and confused as to why the wording of Appendix 3, particularly paragraphs 4 and 6, appear to contradict the above statement and suggest that care in the absence of symptoms is frowned upon, and as such, are we as Chiropractors likely to be brought in front of a court of law for providing any form of asymptomatic or pro-active preventative health care?

I understand the agenda of attempting to minimise the risk of perceived over-servicing in our profession, however, even the WHO definition of health states that health is not merely the absence of disease, and I do not understand a body which is supposed to support our profession and understand its roles in health care, can in one section agree with our role in preventative health care and in the last paragraph denounce it.

My understanding of the current political agenda in health reform is to also encourage preventative and pro-active health care and reduce the strain on our current health system. As a Chiropractor who strives to care for people who are unwell, assist them to recover and seek to ensure they stay well, I would like to see this appendix re-worded so that it assists in promoting Chiropractic's role in preventative health care rather than discourage it.

Section 3.7 Children and young people

I'm not sure I agree that caring for young people brings additional responsibilities for Chiropractors, however, my major concern with the wording of this section is in regards to informed consent. My understanding currently is if a patient is under 18 then I need parental or legal guardian consent. If the age of consent is to be different please state it rather than be ambiguous and open Chiropractors up to potential penalty at a later date for misinterpreting the ambiguity.

Appendix 2: Guideline in relation to Radiology/Radiography

Although this section does not directly state Chiropractors shouldn't take or refer for x-rays, the overall tone of this appendix appears to discourage the use of radiographic imaging.

As a profession who has had at times had its safety and validity questioned, I find it extremely disappointing that our own body would appear to discourage the use of radiographic imaging and in my opinion therefore potentially adversely affect the safety of care for our patients.

I would also be concerned that this document may at a later date be used to reduce the availability of diagnostic imaging for Chiropractors and again increase the potential risk of Chiropractic care and would, therefore, like to see this Appendix re-worded to avoid this.

3.11 Adverse events and open disclosure

I would like to see the wording of the last sentence of paragraph 1 re-worded to avoid the use of the term 'when something goes wrong'. Perhaps 'if there is an adverse reaction' or similar would be better wording as an adverse reaction does not always mean something 'has gone wrong' and whether or not something has 'gone wrong' may need to be determined by a legal body or professional idemnity insurer.

3.3 Effective communication

This is of more minor concern, however, paragraph (i) involving language interpreters. I personally feel it should not be the responsibility of the Chiropractor to avail of language interpreters.

Thank you for your time in reading the abovementioned concerns and I submit that the Chiropractic Board of Australia amends the revised code to reflect those concerns.

Yours sincerely,

Sonja Case BHMS, M.Chiro
Chiropractor
Shop 23 Westridge Shopping Centre
300 West Street
Toowoomba QLD 4350

FW: Attention: Chair, Chiropractic Board of Australia
Scott Champion
to:
natboards
21/05/2010 04:16 PM
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Dear Sir,

Whilst I appreciate the good intentions of the new national board and can only imagine the workload and complexity of writing the guidelines, I share a number of concerns that have been well articulated by other respondents. Notably Peter Cowie's reply makes a number of points for the board to consider. I am a board member of the Gonstead Chiropractic Society (Aust) and endorse the response by Andrew Stevensen. I agree with the CAA and Mark Postles that the tone of the guidelines is in part condescending and covers areas that I believe are beyond its charter.

Whilst I share some apparent (judging by the tone of the intent) concern's with the board over such behaviours as over servicing generally and over adjusting of children, I feel the wording of the document risks curtailing the implementation of best practice chiropractic. Such mistakes as commenting on immunization is certainly beyond the charter of the document. Practicing evidence based care leaves you so far behind the cutting edge waiting for the peer reviewed documentation of the evidence to catch up that we do an unforgiveable disservice to our community and our profession (and what has allowed our profession to withstand the test of time). In short the document needs to be viewed from a chiropractic paradigm and not written from a medical paradigm, just because this is the dominant political force in health care.

I hope my comments are helpful and wish you well in this challenging task.

Kind Regards,

Scott Champion BSc. Grad. Dip. Chiro.

May 21, 2010

Attention: Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia

Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

Thank you for the opportunity to provide a degree of feedback regarding to the current iteration of the proposed Code of Conduct for Chiropractors released on May 7th, 2010. I find it concerning that this may be the only redraft I get to provide any form of input to, given limited chance to see successive drafts of the code and the seemingly rushed deadline, particularly given the sweeping nature of the document and the impact to the chiropractic profession.

I refer you to the submissions from Chiropractors Peter Cowie (dated May 11, 2010) and Mark Postles (dated May 13, 2010). I heartily endorse the changes intimated in these submissions and would suggest that failing to institute these changes would do a disservice to the public who deserve chiropractic care and the dedicated individuals who work within the profession of chiropractic.

I share the desire to introduce a broad outline regarding the professional conduct of chiropractors nationally. It allows Chiropractors, and anyone looking to understand our position, another avenue to continue to demonstrate and reinforce the integrity that already exists within the profession. The code theoretically may also help minimize potential risk to the public through outlining and legislating quality guidelines to chiropractic practice.

There are, however, a number of specific clauses in the current draft document which limit our ability to contribute to the public's wellbeing by limiting our scope of practice, and it would seem irresponsible for our profession to be constrained by these portions of these guidelines. A number of these shortcomings are already highlighted in the above-mentioned submissions but are worth restating.

In section 2.1 (b) the wording diagnosis implies a disease process/ illness/ trauma that needs treatment, which is at odds with potentially asymptomatic, but clinic significant, conditions like vertebral subluxations with associated neurological deficits that are an integral part of chiropractic practice. I suggest 'diagnosis' be replaced with 'clinical assessment'.

In section 2.2 (c) seems vague and superfluous given 2.2(b). As the scope of Chiropractic practice is broadly defined, not specifically defined, this clause implies a Chiropractor risks not adhering to the code by giving basic nutritional advice without specialized training, stress management advice without psychological or specialized coursework, and the like. I suggest the clause be removed.

In section 2.2 (o) this limitation to practice only 'current and accepted evidence based' outcomes given the tiny amount of research done on almost all of the different aspects of chiropractic practice is nonsensical, even irresponsible. Given the preceding clauses, this is unnecessary and leaves the whole profession open to whatever whim the current political representatives consider to be 'acceptable'. I suggest this clause is also removed.

In section 2.6(d) it is completely unclear and unnecessary to include to phrase 'and not provide unnecessary services' given the preceding statement is this clause. It not only is unclear what 'unnecessary services' are but it opens all parties to argue whether any service is either necessary or unnecessary based on whatever grounds to choose to define necessary. I suggest the above-mentioned part of this clause be removed.

In section 6.4 the code speaks about 'screening'. I can only assume this is jargon or an abbreviation of spinal health screen or spinal health assessment. This needs to be clarified. Further as practicing Chiropractors we certainly have responsibility to promote the health in the community, but how that relates to disease prevention and control given our expertise is unclear and as such it should be removed. I suggest that references to 'disease control' be removed and references to 'screening' be changed to public spinal screens or assessments for greater clarity.

More importantly section 6.4 in this draft of the code, refers to adherence to guidelines laid out in Appendix 1. Part (c) of the guideline states that it is not ‘good practice’ if a Chiropractor accepts a member of the public wish to make an appoint with the Chiropractor, who has provided the spinal assessment, at the time of the screening. This is inconsistent with our charter to help promote health in the community and restricts a member of the public’s option to see a health professional they feel confident and comfortable to trust their health with. I strongly suggest that clause (c) of the appendix be removed as completely unnecessary and a restriction in trade.

Thank you for the opportunity to contribute and I look forward to another opportunity to do so in the near future.

Yours faithfully,

Matthew Constable B.Sc. M. Chiro.
Chiropractor.

Submission to the Chiropractic Board of Australia

Regarding the Consultation Draft Code of Conduct for Chiropractors

Released by the Chiropractic Board of Australia on 7th May 2010

Peter Cowie B.App. Sci. (Chiropractic) FACC FICC

11th May 2010

I appreciate the efforts of the Chiropractic Board of Australia for taking positive action on most of the points raised in my submission about the initial draft.

I would be prepared to support the second draft with minor amendments and the deletion of some clauses that are offensive to the chiropractic profession in Australia.

The draft still contains phrases in four clauses that are demeaning to the chiropractic profession. These must be removed. The phrases can be removed without altering the intent or spirit of the particular clauses in which they reside.

There are some inclusions which do not belong in this document and which should be removed.

I have substantive concerns about the wording used and the subsequent implications of some clauses.

There are a few clauses whose purpose is unclear. They should be removed or the wording revised to make the intent of the clause apparent. There are a few areas where awkward sentence structure hides the intent of the clause

There is one clause that uses an unnecessary phrase in Latin. It is unlikely to be understood by most chiropractors in Australia.

.The second draft contains some errors of grammar; mostly misplaced commas, which thorough proof-reading should identify.

My concerns, in detail, are grouped in the categories listed above:

Clauses that are demeaning to chiropractors

1. Page 1 Overview: first paragraph, second line: “within an ethical framework” is demeaning and unnecessary. It implies that all chiropractors need guidance because they are intrinsically unethical.
2. Introduction 1.1: first paragraph is a repeat of concern 1.
3. Page 4, 2.6 Decisions about access to care paragraph d): The last words “and not providing unnecessary services” is demeaning, unnecessary and should be removed. Its inclusion implies that all chiropractors need guidance because they all provide unnecessary services..
4. Page 12, 9.8 Reports etc Clauses a) and b): demeaning again: The inclusion of these clauses implies that all chiropractors need guidance because they all mislead and omit relevant information deliberately. Removing “not misleading” and “and not omitting relevant

information deliberately" removes the demeaning direction and does not alter the meaning or spirit of the clauses.

Clauses that are inappropriate, irrelevant or unnecessary

5. Page 3 first column 1.2 Professional values and qualities: 1st paragraph, second sentence: This has no part in a chiropractic document. It is an unnecessary and proscriptive repetition of the first sentence. It must be removed
6. Page 5, 3.4 Confidentiality and privacy clause e): Irrelevant and has no place in this document. It must be removed
7. Page 8. 4.1 Use of modalities, 1st paragraph last sentence: This is a National code and any specific Victorian idiosyncrasies should be addressed in an appendix, if at all.
8. Page 13, 9.11 Conflicts of interest, clauses d) and e): Irrelevant in this document. References to pharmaceutical marketing and marketing drugs do not belong in the chiropractic code. These clauses must be removed
9. Page 13, 9.12 Financial and commercial dealings Clause c): Flowers and chocolates. This is extremely proscriptive and unnecessary. A requirement to make a file note or to tell a colleague about every box of chocolates or bottle of wine a chiropractor receives from patients at Christmas is silly. By being so proscriptive the Board removes the broad brush approach that would permit it to address all variations of a theme that some chiropractors or manipulative patients might use to get around the spirit of the key element of the clause.
10. Page 14, 10.2 Chiropractor Health Clause c): Proscribing a specific component of public health policy in this document, except to push a specific agenda, is not necessary. The principles of good hygiene and sanitation are not proscribed here and they have infinitely more evidence backing their understanding and utilisation. This clause does not belong in this document and must be removed. If someone on the Chiropractic Board of Australia has an agenda or conflict in this area it must be declared.

Clauses that cause substantive concern

11. Page 2 Introduction 1.1, 3rd paragraph: 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.

    There may be a reason for a chiropractors conduct departing significantly from the code. For example; a chiropractor is developing a new technique or diagnostic tool that does not currently have the support of the profession. In this instance repeated failure to meet the code would be acceptable "with justification".

    The words "without justification" must be inserted after "repeated failure"

12. Page 4, 2.2 Good Care part o.): 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.
13. Page 11, 9.2 Professional Boundaries clause c): "are often" should be replaced with "may be". If a chiropractor has a sufficient cooling off period before starting a relationship with a patient

after ceasing care he or she should not be under the spectre of being judged as being in an inappropriate relationship.

14. Page 13, 9.10 Investigations Clause b): 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.

Clauses that are unclear, difficult to understand or poorly worded

15. Page 1 Overview: second column, Definitions third paragraph, third sentence: Practice: "it also includes using professional knowledge in a direct nonclinical (sic) relationship with patients". If the relationship is non-clinical with a patient how is it included in practice? The intention of this clause is unclear. Its wording should be revised or it should be removed.
16. Page 4, 2.6 Decisions about access to care paragraph e): Awkward sentence structure in the first two lines. It is difficult to read and does not make sense. It needs re-wording if it is to be included at all..
17. Page 4, 2.6 Decisions about access to care, second column paragraph g): This clause does not appear to make sense as it is written.
18. Page 5, 3.4 Confidentiality and privacy clause b): This clause does not appear to make sense. Disclosing information to whom? What does this clause say that is not said in clause d)?
19. Page 7, 3.11 Adverse events and open disclosure, 1st paragraph last line: "When something goes wrong" should be replaced with "when an adverse event occurs". The casual language is not consistent with the remainder of the document

A clause that contains obsolete language.

20. Page 1 Overview: second column, Definitions second paragraph, last five words. "…whether renumerated or pro bono" This is an Australian document and the use of a foreign and obsolete language should not be tolerated. It is much better described in the next sentence as: "whether remunerated or not."

I respectfully submit that the Chiropractic Board of Australia amends the revised code to reflect the changes I have suggested.

Yours sincerely,

Peter S. Cowie

Chiropractor
15 Westleigh Shopping Village,
Eucalyptus Drive,
Westleigh NSW 2120

(02) 9484 7090
Email: cowie@bigpond.net.au

‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

May 13, 2010

Chair,
Code of Conduct for Chiropractors

I am disappointed that a document of such importance has firstly been rushed through with so little time for consultation by the profession and secondly is so blatantly antagonistic to the profession it purports to “support”.

The response in purple print is written by Daniel Dahdah

I believe that the board is not there to support the profession but to protect the public, though it is the responsibility of the board to ensure that members of the profession can understand the code applicable to members, for better protection of the public.

This document is tainted with mal-intent, it is overly proscriptive and treats the profession with disdain. There has been some improvement over the first drat but the same underlying political agenda remains. This document will be used to suppress chiropractors and to change the profession into a poor duplication of the medical system.

I wish to make comment on various aspects of this document and will take it in order of its appearance in the document.

Definitions

You have chosen to offer your own definitions. This flies in the face of all reason and knowledge of the English language.
Comment: If you are to provide definitions, please make them accurate and please define all of the terms that you use.

‘Patient’ includes client, health consumer or carer”.
Comment: Please tell me how you can define Patient as a client or health consumer or carer. What is your reference for such a definition? This equates to every person in society as being considered a “patient”. In the context of chiropractic services there are many roles assumed ranging from patient (sick) to client, customer, consumer etc at higher levels of lifestyle care.
I submit that you define the recipients of chiropractic care more accurately.

"**Providing Care"**
Comment: By this statement you are casting the net of "care" to every interaction that a chiropractor may have with others
I submit that you define this more accurately.

"Practice"
Comment: Practice, by this definition includes every application of a chiropractors existence as it includes "non-clinical" relationships
I submit that you define this more accurately.

You have not attempted to define numerous areas of this document, which are ambiguous at best. For example, there is no definition for;
"Person"
"the Health Care System"
"Public Health"
"Health"
"Diagnosis"
"Treatment"
"Professional values"
"Treating Team"
Comment: So that people can understand and comply with the contents of this code it is imperative that the terms are defined.
I submit that you define the above terms.

Acknowledgements
Comment: You have omitted to give acknowledgement to the General Chiropractic Council (GCC) (UK) from which you have drawn heavily for this document.

Introduction
1.1 Use of the Code
"… within an ethical framework"
Comment: You decline to state upon whose or what ethics you are referring. Seeing that you refer to "ethics" frequently wouldn't it be useful to understand which philosophy the "ethics" you refer to is related.
I submit that you define this term.

"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. I realize that by keeping it general it gives your lawyers greater latitude to penalize and prosecute.

I agree with the above. Generalisations are not guidance and without specific application the Code of Conduct is left wide open to a panel's discretion (or

indiscretion) Case examples, though not exhaustive may assist Chiropractors' understanding of their responsibilities and can be included in an addendum.

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".
Comment: You are stating here that personal beliefs and values must acquiesce to an un-stated set of "Professional" values. What are these values? As the regulatory body, if you want to dictate what chiropractors think you must state what it is that they are to think. (See my request for a definition of "Professional values").
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.

When conducting community awareness campaigns, what is the professional role a chiropractor must be limited to? Can a chiropractor speak into health issues that extend beyond his speciality. Vaccination against communicable diseases? Role of chiropractic in menstrual irregularities? Sleep disorders? Or are such topics as these [or any other type 'O' condition] outside of the chiropractor's role of responsible 'health promotion'.

I submit that "the community" be deleted

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
I submit that this section be deleted

1.4 Substitute decision makers
Comment: This section is redundant
I submit that this section 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.
I submit diagnosis/analysis/clinical assessment or similar.

e) “recognizing 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 too nebulous. How, at the time does a chiropractor know what they don’t know. 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.
I submit that this subsection be deleted

“Recognising the limits to a chiropractors own skill and competence ……. There being no significant improvement given adequate attempts at progression for a given condition, it is incumbent upon the chiropractor to cease care ***for that condition*** *and to consider referral for that condition, whilst still retaining the right to manage the client’s over all health management.”*

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. “Best” will provide a platform where the Board will be selective as to which information it accepts.
I submit that “treatment be changed to treatment/care and that “best” be deleted”

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.

I would agree that of those who seek relief of symptoms and distress, it is possible to provide assistance here. The use of the word “cure” is to be struck and replaced with; “and to attempt to identify the possible risk factors associated with such symptoms and distress.”

I submit that this sub-section is 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.

By this, am I in breach of displaying a “crucifix” in my clinic. This will no doubt affront some people. Am I adversely affecting my clients who choose not to seek or continue care by doing so?

I envisage that a chiropractor stands for what they believe in, and not be held accountable for the interpretation of another, but at all times be respectful enough in their delivery to allow client’s response and dignity. No one person will respond the same way and not all news(whether said or not said as in the example above) is good news for a client.

Apart from this the chiropractor professional opinion should be given in an open, considerate and truthful manner. Any action brought to bear against the chiropractor is to be mitigated in the light of these circumstances.

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: Where is the evidence that evidence based practice is more effective, efficient and safer? If practice is always in “accordance with”, where is the opportunity for the growth and development of the profession? You suggest that every time a chiropractor performs an adjustment that is not published he/she is in breach of the ethics of the profession!

In accordance with clinical outcomes: If a chiropractor has remarkable success with type ‘O’ disorders in practice, then are these clinical outcomes, justification enough for a chiropractor to practice in this area of ‘expertise’?

Evidence base medicine if shown to disprove something should be adhered to but given the paucity of credible research in ‘proving testing a hypothesis, then chiropractor have in practice a crucible for testing clinical outcomes.

I submit that this sub-section is deleted

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.
A client walks in with expletives writtin on their shirt front or something that the chiropractor finds offensive but community has decided that through freedom of expression “Conquering the world for Satan” or “F—K hell”. Do I as a chiropractor have a right to respectfully ask that person to respect the ‘ethos’ of the clinic by not wearing material to the clinic that other client’s may find offensive?

I submit to you that this section is deleted.

e) “keeping chiropractors and their staff safe..”
Comment: It is the choice of any chiropractor to deny care to anyone providing appropriate arrangements are made for their further care.
I submit that this sub-section is deleted

2.7 Treatment in emergencies

“Good practice involves offering assistance in an emergency…”.
Comment: This is worded loosely and non-specifically. Does it refer to national emergencies, traffic accidents etc. This is a huge impost to demand chiropractors to “continue to provide that assistance until services are no longer required”. We are not paramedics.
I submit to you that this section is deleted.

3.2 Partnership

Comment: This section is overly proscriptive and contradictory eg the chiropractor is “honest” and yet you state in 9.2 Professional boundaries “Good practice involves… d) avoiding the expression of a chiropractor’s personal beliefs to patients …that are likely to cause them distress”. Is the chiropractor to be honest or not say anything that would upset a person?

The second part of this section “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: It is ridiculous to entertain this demand in a document entitled “Code of Conduct for Chiropractors”. How another person handles his or herself in any context can not call into question the “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.
I submit that you delete from after g) down in Section 3.2

3.3 Effective communication
d) discussing with patients….”
Comment: chiropractors (nor any other health care practitioner) are not qualified to discuss “available health care options, including their nature, purpose, possible positive and adverse consequences, limitations…”. Chiropractors can discuss the chiropractic options.
I submit that you delete this sub-section

f) “ensuring that patients are informed…”
Comment: This is a duplication of the informed consent section
I submit that this sub-section be deleted

i) “becoming familiar with, and using wherever necessary, qualified language interpreters…”
Comment: Placing this responsibility on the shoulders of chiropractors is an outrageous impost. Let the patient bear the responsibility and expense of this service.
I submit that this sub-section is deleted

j) “communicating appropriately…”
Comment: what is the “treating team” that you refer to?
“Appropriately”, by what and whose standards?
“Relevant information to other stakeholders” Who are these stakeholders, what information is considered relevant and under what conditions shall this information be shared?
I submit that you delete this sub-section

3.4 Confidentiality and privacy

e) (regarding genetic information)
Comment: In my opinion there is no need for this item. Where is the relevance to chiropractic practice?
I submit that you delete this sub-section

f) & g)
Comment: f & g are not necessary as h states your requirement.
I submit that you delete sub-sections f & g and retain h

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

b) “an explanation of …”
Comment: chiropractors (nor any registered health care provider) are not qualified to be responsible for explaining “alternatives to the proposed care and their relative risk/benefits”. There is a diverse range of health care options available for any given person or situation.

To enforce a health practitioner to entertain the likely consequences of no care is to open a pandora’s box of speculation not to mention fear induction.
I submit that you delete this sub-section

3.6 Informed financial consent – fees

f) “ensuring the amount, time and quality of care delivered does not differ for those patients (with similar conditions) on a pre paid financial agreement to those who are not”.
Comment: This is a ridiculous demand. So chiropractors are to employ a time keeper to ensure that everyone gets exactly the same based on similar (but not the same) conditions.
I submit that this sub-section is deleted

g) “ensuring that the agreement is reviewed every 3 months or 12 visits whichever is the greatest”
Comment: Where is the stipulation in common law that requires financial agreements between consenting parties to be reviewed at this frequency – this requirement is an unnecessary impost on a business. As far as the visit number of 12 goes – where did this come from, where is the evidence that a review every 12 visits is “good practice”?
I submit that you delete this sub-section

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 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.
I submit that you delete this entire section with the exception of 3.7 d) as amended below

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.

I submit that you state the age of consent

Whilst there is a danger in assuming that all 16 year olds (or whatever age) have the ability to understand, this may not be the case. However, not all 18 year old who have a licence can be a danger to society with reckless driving, though they are given a licence. I would agree that an age of consent be stated with an overarching caution that a chiroprator apply the necessary discretion to determine the likeliness of a young adult being able to understand. For eg. Having consideration for: illegal substance that affects comprehension drugs / alcohol / deliriums etc ..

3.8 Culturally safe and sensitive practice
Comment: This is a hodge-podge of politically correct waffle. The responsibilities of chiropractors is to the individual in whatever shape of form they present.
I submit that this section is deleted

3.15 Working with multiple patients
Comment: This is a duplication of the Confidentiality and Privacy section.
I submit that this section is deleted

5 Working with other practitioners

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: This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit to you that this sub-section be deleted and leave in it's place b).

Sometimes this is necessary… In the main this is not done. Is the board proposing that it be done for all clients?

5.4 Coordinating care with other practitioners

a) "communicating all relevant information in a timely way"
Comment: I repeat my comments from 5.1 (above). This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.

What is "relevant" and what is meant by "timely" is open to interpretation by the

individual chiropractor? Definition required?

I submit that you delete this sub-section

b) “ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient”
Comment: How presumptive to take a position of telling a person that I, the chiropractor are responsible for coordinating your care. 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.
I submit to you that this entire section be deleted

A Report of Findings be a mandatory aspect of client management – with the responsibility of care offered as being shared equally by the client and the chiropractor, but that the ultimate decision rests with the client and that this rests the ultimate responsibility with the client.

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”

Comment: Given the fact that you have decided not to define the term “health care system” I am assuming common usage (as this is what you will instruct your lawyers to use when you have a chiropractor up on charges under this section). Apart from your inaccurate assumptions that the “health care system” is effective and efficient I would assert that we don’t have a right to participate and neither should we. Chiropractors are not working “within the health care system”. The health care system in Australia has not included chiropractic. It is false and misleading to pretend that chiropractic is working within the “health care system” and a breech of the author’s scope of “practice” as per the definition in this document.
If you mean that it is irresponsible unprofessional and not good practice for a chiropractor to disagree with the “health care system” and all that the system does and stands for then this document is a sham.
I submit to you that this entire section be deleted

6.4 Public Health
Comment: Without a definition of “Public Health” it is improper to have this as a requirement for chiropractor’s good practice.
I submit that this sub-section is deleted

7. Minimizing risk
Comment: The statutory requirements should be stated here.

7.2 Risk management

c) “participating in systems for surveillance…”.
Comment: for “Good Practice” to include surveillance by whatever means is intrusive and unnecessary.
I submit to you that this sub-section be deleted

9.2 Professional boundaries
d) “avoiding the expression of a 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.
I submit to you that this preamble be deleted

9.4 Health records
a) “keeping up-to-date and legible records that report relevant details of clinical history, clinical findings and determinations, investigations, information given to patients, medication and other management”
Comment: This is impractical for a chiropractor to constantly record (up-to-date) details of all information and medication given to a person from any source. Any information and medication that a patient has received that the chiropractor doesn’t know about or hasn’t recorded will be grounds for board action against the chiropractor.

f) “where a health record is to be changed…”
Comment: This sub-section does not allow for electronic records
I submit to you that this sub-section be changed to accommodate electronic records.

9.12 Financial and commercial dealings
c) “not accepting gifts…”
Comment: Notifying a colleague of the receipt of a gift is an unnecessary impost
I submit to you that this sub-section be deleted

d) “not becoming involved financially with patients…”
Comment: This is totally unacceptable. By your definition of “patient” this would include every person in one’s sphere of influence. So, a chiropractor can’t have financial dealings with family including spouse/partner - hmm
I submit to you that this sub-section be deleted

10.2 Chiropractor health
a) “attending an appropriate practitioner to meet health needs”
Comment: This is an unnecessary dictate
I submit to you that this sub-section be deleted

c) “understanding the principles of immunization against communicable diseases”
Comment: There is no need or relevance for this requirement here. You may as well demand that chiropractors understand the Krebs cycle or any other biological process. If you mean that chiropractors should support mass vaccination then state it and don’t beat around the bush with euphuisms.
I submit to you that this sub-section be deleted

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 to you that this sub-section be deleted

10.3 Other practitioners health
a) “providing practitioners who are patients with the same quality of care provided to other patients”
Comment: This is overly prescriptive and states the obvious. Why would a chiropractor not give a peer a quality adjustment?
I submit to you that this sub-section be deleted

Appendix 3:
Guidelines in relation to Duration and Frequency of Care

1. A program of care should be based on clinical need and be…

Comment: I suggest that this wording is limited to low level, needs/condition based care.
I submit that this preamble be changed to include the statement “A program of care should be based on “outcomes and clinical indicators” and be tailored” etc.

Further to this, May I suggest the following when determining Duration and Frequency of Care:

1. History
2. Examination findings
3. Risk Profile
4. Goals
5. Structural Correction Required

I submit that the Chiropractic Board of Australia amends the revised code to reflect the aforementioned changes.

Yours sincerely,

Mark Postles D.C.
Chiropractor
PO Box 745
Buddina
QLD 4575

I have found the time to do so though the process in my opinion did not afford enough time for discussion amongst colleagues in other forums of for the associations responses to be considered well enough by members in their journals.

Thank you for the opportunity to submit this to the board's attention.

Daniel Dahdah BSc, Grad Dip Chiro, M Pain Med.
Chiropractor
48 Wellbank St
Concord NSW 2137

Attention: Chair

John Doherty to: natboards 20/05/2010 12:34 PM

History: This message has been forwarded.

Attention: Chair

Firstly I would like to support the excellent submission and points raised by Mark Postles.

My general concerns about the CBA guidelines document include.

1) This document has not been written with chiropractic in mind.
It fails to appreciate the general philosophy of chiropractic, and the diverse scope of chiropractic practice.
2) Chiropractic is not medicine and the guidelines should not be approached with a medical model in mind.
We are not under medicare, consequently we are not obligated to it.
3) It includes issues that are irrelevant to chiropractic. Eg. We do not prescribe medication, so why is this even discussed.
4) It is hypocritical in its approach: Imposing restrictions and conditions on chiropractors that it does not impose on other professions.
The guidelines suggest we need to communicate with medical practitioners, which is good, but are they obliged to communicate with us?
Quite often the patient sees the chiropractor more frequently than their GP, thus it would seem the obligation is on the GP to communicate with the chiropractor.
Many conditions that patients approach GPs for would be better served by chiropractic. Doctors should be obliged to refer to chiropractors, but they are not.
In fact they regularly tell patients not to see a chiropractor.
5) The guidelines are in the patients interest. If I believe and have evidence to suggest a drug is harmful, I will tell them. If a vaccination is harmful I will tell them. If a procedure or surgery is dangerous I will tell them. I will not be gagged!
6) There are many restrictions on advertising and marketing which would be illegal if challenged in court. Furthermore I believe it is our duty as chiropractors to promote chiropractic. To educate the public about alternatives to drugs and surgery.

The guidelines need to be completely revised with consideration to protect the public and to protect chiropractic. Not pander to the medical profession.

Sincerely
John Doherty B.Med.Sc.,M.Chiro
CHIROPRACTOR

Regarding the Consultation Draft Code of Conduct for Chiropractors
Released by the Chiropractic Board of Australia on 7th May 2010

Circulated for comment by my colleagues

Preamble
It is an absolute deception to imply that a principle aim of registration is protecting patients from harm when virtually all involved have for some five decades ignored Illiches warning about iatrogenesis and the published articles about the iatrogenic epidemic.

The true extent of iatrogenesis should be common knowledge within health related government departments, yet no governments collect and publish data about the full extent of iatrogenesis. That is why researchers use medical data about the incidence of permanent harm or death.

John Archer's 1995 book, *Bad Medicine*[i] was based upon **some** of the medical data about iatrogenesis. I phoned John and suggested that his estimates of about 50,000 iatrogenic deaths and 750,000 permanent injuries per year in Australia were excessive. He told me he stood by his interpretation of the medical data.

US researchers, including three MDs and a PhD, used a framework of categories of iatrogenesis in which to sort **all** of the available jumbled medical data into an orderly way of portraying the full picture of the entire spectrum of their iatrogenic epidemic. "The most stunning statistic, however, is that the total number of deaths caused by conventional medicine is an astounding 783,936 per year. It is now evident that the American medical system is the leading cause of death and injury in the US."[ii]

The rate of harm arising from chiropractic care pales when compared to iatrogenic risk

The architects of the codes/regulations rightly propose that: "Chiropractors have a duty to make the care of patients their first concern.' Chiropractors have a responsibility to contribute to the effectiveness and efficacy of the health care system. Minimising risk to patients is a fundamental component to practice.

Recognition by researchers the medical system is as a or the leading cause of death and injury obliges the architects of the codes/regulations to ensure registrants minimise risk to patients by informing them about the iatrogenic epidemic.

For the protection of the patients and chiropractors the codes/regulations must recognise and respond to rather than ignore the extent of medical harm within the health care system.

Page 3 Chiropractors have a responsibility to recognise and work within the limits of their competence and scope of practice. The meaning of the term 'chiropractic' seems to some degree to be whatever the chiropractor decides her/his area of interest is. Without criticism; my highly regarded neighbouring colleagues use a poultice and manipulate using a ball. I visited 2 chiropractors, neither examined or manipulated/adjusted my spine, one prescribed massage, the other prescribed minerals and vitamins.

My point is that in the marketplace there is no uniform scope of practice. Who is to say when a chiropractor is practising or is not practising "chiropractic'.

No legal Australia wide definition of chiropractic and an unlimited scope of practice may pose a danger for patients. That risk raises the question should the codes/regulations define both 'chiropractic' and the chiropractor's scope of practice.

Page 3 Chiropractors should be committed to safety and quality in health care. (The Australian Commission of Safety and Quality in Health Care etc. According to my inquiries with the Australian Commission of Safety and Quality in Health Care they have no idea of the number of patients who are either permanently harmed or died due to medical treatment as distinct from their disorder or what Australia's annual iatrogenic toll is. They use the term "sentinel event" whose definition and subsequent figures bear no relationship even to media figures about the iatrogenic toll which point to, 18,000 5,000 and 4,5000 iatrogenic deaths per year.

Page 3 2.1 b) ensuring that the diagnosis is relevant, justifiable and based on sound clinical reasoning.
For decades limited exclusions under the medical Act restricted the practise of chiropractic. Diagnosing and/or claiming to treat named disorders raised the spectre of the possibility of chiropractors being charged with practicing medicine without a license. Registered chiropractors have who have practised for decades without any formal tertiary level training in clinical diagnosis and whose mode of practice does not include diagnosing. . The codes/regulations need to accommodate to that.

There is a need for clarification with regard to the outer perimeters of what the codes/regulations will require registrants to be able to diagnose and equally importantly, what diagnoses are we precluded from making? The codes/regulations need to include that clarification for the protection of the patients and chiropractors.

Page 4 o) practising in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes. I see the call to confine chiropractic for only 'evidence based' chiropractic as a massive threat to patient and practice well being.

See a sample of two cases unlikely to be ever evidence based
http://www.youtube.com/watch?v=PDHHFFNbAlQ&feature=channel
http://www.youtube.com/watch?v=D4DcoJ3SWqI

This regulation would give the Sceptics great opportunity to use our literature as a basis for legal complaints against chiropractors. A page of advertising for the current spine care week includes *flattening of the skull, poor sleep, unexplained crying, frequent colds, colic, inability to settle, middle ear infections, reflux, constipation wind flatulence, eczema, scoliosis, poor posture, bed wetting, migraine, recurrent infections, growing pains, ADHD/ADD asthma* etc etc. How many of those publically implied/claimed clinic outcomes are evidence based?

Page 4 2.6 d) …. and not providing unnecessary services." There is a very grave need to clearly define *'unnecessary services*', what is the criteria for deciding that and who decides what is or is not; 'unnecessary service'?.

A common sequence in my practice is an initial nine visits over a three week trial period and then a review visit. My chiropractor uses about three visits. In both instances, if there is inadequate improvement, the patient's care is usually terminated. Most of my patients are maintenance patients on once in three weekly visits. Some chiropractors do not subscribe to maintenance programs, while some get adjusted frequently throughout our careers.

Page 4 2.6 e) …. if a patient poses a risk to health and safety, the patient should not be denied care, if reasonable steps can be taken to keep chiropractors and their staff safe. For years, I have asked my adult patients to only send me patients whom they like. I forewarn my

patients that if they send me someone who I could not warm up to if I was cremated with them, I will send them some where else. Registration should compel chiropractors to adjust patients who pose 'a risk to health and safety".

Page 4 2.7 Treating patients in emergencies.
The codes/regulations should not legally compel chiropractors to treat patients in emergencies.

I am a chiropractor who locates and adjusts subluxations, I can perform basic first aid. I am not qualified to treat many/most emergencies.

Page 4 3.2 Partnership e) too long to type ; providing information and advice to the best of the chiropractors ability and according to the stated needs of the patient. Yet under page 4 of the Guidelines for advertising 5 e) we are not allowed to compare different regulated health professions. F) claim that the services provided by a particular regulated health profession are better or safer than others.

In our day to day practice, there are occasions when we need to compare the safety of chiropractic to the risk of medical harm. A common example being perceived unnecessary spinal surgery and comparing medicine's cost and risks to those of locating and adjusting subluxations. Chiropractic patients are often on prescribed high risk drugs, the code/regulations need to clarify if registrants share a duty of care to explain to patients about these risks.

Page 5 Effective Communication
Both h). and i) seem to be quotes from a big institution's rule book and should be removed.

h). Making sure, where ever possible, that arrangements are made to meet the specific language, cultural and communication needs of patients and being aware of how these needs effect understanding.

"..arrangements are made to meet the specific language, cultural and communication needs of patients .." What are those arrangements for solo chiropractic practices where the norm is seeing a diverse range of patients speaking different languages?

i). "becoming familiar with, and using wherever necessary, qualified language interpreters and cultural interpreters .." who pays for this service? What is wrong with the time honoured practice of using non-qualified members of their own families as language interpreters and cultural interpreters?

Confidentiality and privacy

e). where relevant, being aware that there are complex issues relating to genetic information and seeking appropriate advice about disclosure of such information. This appears to impose information from a medical setting upon a chiropractic setting. It should be removed.

Page 6
Informed Consent
b). an explanation of the current treatment recommended, its likely direction, expected benefits and cost, any alternative (s) to the proposed care and their relative risks/benefits as well as the likely consequences of no care. That happens in a typical

report of findings visit, except that this code obliges the chiropractor to detail expected benefits and cost of **any** alternative (s) etc. Massage, yoga, physiotherapy, drugs, surgery and on and on "any alternative (s) to the proposed care and their relative risks/benefits as well as the likely consequences" should be deleted.

Page 8
3.13 Ending a professional relationship.

The code should not mandate that the chiropractor must facilitate arrangements for the continuing care of the patient, including passing on relevant clinical information. In over forty years thousands of patients have come and gone without me facilitating arrangements for the continuing care of those patients, including passing on relevant clinical information.

In the normal flow of practice, patients want to know if theirs is a subluxation related disorder, chiropractors provide a trial period to find that out. Occasionally, if theirs proves not to be a subluxation related disorder, chiropractic care is terminated. It is then up to the patient to choose and pursue what other option (s) the patient subsequently follows.

3.14 Personal relationships.

Good practice recognises that providing care to close friends, work colleagues and family members can be inappropriate because of a lack of objectivity, possible discontinuity of care and risks to the chiropractor or patient.

In my experience, such claims are utterly unfounded.

This paragraph sounds as if it has a medical origin. Where is the chiropractic evidence underwriting this claim? Which profession's "good practice" recognises that?

What research proved that providing care to close friends, work colleagues and family members can be inappropriate because of:
A lack of objectivity, My objective, locate and adjust the subluxations is the same for every one.

Discontinuity of care.
During the decades of a chiropractor's practice of the thousands of patients she/he will see most will discontinue care, long term continuity of care such as lifetime chiropractic care is an exception.

What is the basis for the claim that the provision of chiropractic care to "close friends, work colleagues and family members can be inappropriate because of risks to the chiropractor or patient"? What unique risks does this rule apply to?

4.2 Use of diagnostic tools, test, and procedures

As mentioned above, Board members should know that some chiropractors are not qualified to diagnose, do not claim to do so and do not need to do so. The proposed code places a legal requirement that all chiropractors to perform:

a) a full and thorough assessment of patients using tools, tests and procedures that are appropriate for the gathering of information necessary to form a diagnosis etc.

Requiring that, without very explicit strict guidelines may well endanger both patient and chiropractor.

Two must answer questions arise:

1) What medical conditions are all of Australia's practising chiropractors going to be legally required to diagnose?
2) What medical conditions are all of Australia's practising chiropractors not going to be legally required to diagnose?

5 Working with other practitioners

Whose liability is it when a chiropractor's referral to a medical practitioner exposes a patient to iatrogenic harm? A medical referral may take the patient from comparatively low level risk chiropractic to the risk of being a victim in the iatrogenic epidemic.

6 Working within the health care system.

The wording of this section is very poor, it would have greater relationship to the profession's reality to word it as follows.

Good practice involves:
a) fully understanding the anticompetitive structure and function of public health, its various trade barriers and their adverse effects upon those who should be chiropractic patients.
b) Upholding the right of public patients to gain direct Medicare funded access to chiropractic care.
c) Opposing the current biased allocation of health resources and supporting their equitable allocation.
d) Understanding that denial of those public patients who have subluxation related disorders to appropriate chiropractic care while exposing them to the risks of inappropriate medical treatment betrays patient and public interests.
For a) see http://www.attadalechiropractic.com/News-And-Views/Articles-of-Interest/Pages/Do%20You%20Sense%20that%20Something%20is%20Amiss.aspx

Minimising risk

Risk is inherent to health care. True, iatrogenesis appears to be a or the leading cause of permanent harm and death. Iatrogenic harm is evidenced in our practices far more often than any harm from chiropractic.

If it is the intent of the codes/regulations to minimise risk they should at this point give recognition to a chiropractor's responsibility to be on the lookout for iatrogenesis

such as the report of bleeding from the rectum due to anti-inflamatories, or muscle wasting coincidental to taking cholesterol lowering medication.

9.4 Health records

a) keeping accurate records that report relevant details of …. medication … What medications must a chiropractor record? This requirement needs to be exquisitely specific.

9.12 Financial and commercial dealings

b) …. If token gifts (flowers and chocolates) are accepted making a file note or informing a colleague. This exemplifies overly stringent regulation, its inclusion contrasts to no inclusion of more urgent matters.

c) not pressuring patients or their families to make donations to other people of organisations. ASRF?

Please delete b) and c)

Ensuring chiropractor health

d) understanding the principles of immunisation against communicable diseases.

Patient safety may be best served if the codes/regulations require registrants to understanding the principles of immunisation against communicable diseases as well as understanding vaccination risks.

Medicine, government and the media provide inadequate clear unbiased information regarding the risk-benefit ratio of repeated vaccinations. Growing distrust causes patients to ask advice from chiropractors.

Conclusion:

The codes are cluttered with motherhood statements while completely avoiding two key issues

1)Anti-competitive arrangements that are central to virtually no provision of chiropractic care within public health endanger those public patients who have subluxation related disorders.

2) Ignoring the public domain recognition that there is an iatrogenic epidemic and not incorporating that into the codes/regulations.

My thanks for a very interesting read

Michael McKibbin DC

[i] Archer, John. Bad Medicine: How Safe Is Modern Medicine. Simon and Schuster Australia, East Roseville, NSW. 1995. P184

[ii] Le Magazine March 2004; As We See It, Dangerous Medicine http://www.lef.org/magazine/mag2004/mar2004_awsi_01.htm

Response to the 2nd Draft Code of Professional Practice released 7th May 2010

Dr John Swatland B.App.Sc(Chiro), Dr Lawson Heath B.App.Sc(Chiro),
Dr Adam Baker BSc (Chiro), B.Chiro., B. App. Sc. (Geog), PG Dip GIS, Dip. Training & Assessment

We are grateful for the amendments and deletions of much of the contentious sections of the Board's initial draft; however we believe that some of the content of the second draft is still unclear and inappropriate for our code.

We believe this is an extremely important document and feel strongly that the content, phrasing and wording used in it must accurately reflect a positive, intelligent, mature and supportive intent and spirit for the whole profession to practice and thrive under. In our opinion this is still lacking and we request that the board take the time needed to reflect on our comments and the comments of our peers to get it to its highest possible standard.

Our purpose for choosing to suggest changes to the following amendments is to support the growth of chiropractic in real and practical ways. As it stands the clauses we have identified do not, in our opinion, support growth of the public understanding or awareness of chiropractic, or the growth of patients getting well in chiropractor's practices.

We submit:

3.6 g) & h) …*agreement is reviewed every 3months or 12 visits…* This provision makes no allowance for a patient who, for example, wants to receive weekly or fortnightly visits for six months or a year (or more) and wants to pay six-monthly or yearly for example because a greater discounted fee may then be offered. This supportive frequency is offered in many clinics known to us and payment frequency should not be sought to be limited by the board or this code.

We believe that this is not an issue where board prescriptions will be helpful or prevent problems. If a problem arises due to financial payments there is no difference between a three month and, for example, a twelve month program.

As long as the **clinical** re-evaluation is regular, appropriate and accurate then the **payment frequency** should not be prescribed or restricted and is the business of the patient and chiropractor. **Any board limitation here is not to the patient's financial (or health) benefit. This section should be as follows:**

g). ensuring the agreement is reviewed every 12 months or 12 visits whichever is the greatest

h). that agreements should not extend beyond 12 months or 12 visits whichever is the greatest, unless there is clear and appropriate justification to support a longer period of agreement.

Appendix 1; Screenings

c) …should not include…making of appointments at the time of screening. In our opinion public spinal screening should be enthusiastically promoted, supported and encouraged by the board and the profession. This section is counterproductive, a disincentive, retrograde, antigrowth and is bad for the profession, the public and individual chiropractic practices.

With more spinal screenings public awareness, understanding and acceptance of chiropractic can and will grow. Without increased public knowledge and acceptance the chiropractic profession as a whole cannot grow or will continue to grow at the present very slow rate.

In a recent survey of the public perception of chiropractic and chiropractic spinal screenings by D. Russell BSc (Chiro), K. Holt, BSc (Chiro), PGDipHSc, G. Ellis, R. Kashmiri,(1) it was reported that the public responses to public screenings is overwhelmingly positive. They report:

- 345 interviews were completed.
  - **<u>20 respondents had been screened and had made an appointment to see a chiropractor</u>**
  - 77 had been screened and decided not to make an appointment
  - 248 had seen the screening but were not screened.

- It is interesting to note that almost two-thirds of the people that were screened changed their perception of chiropractic for the positive.
- Of the people that were screened but did not make a further appointment to start care, almost 50% indicated that they would do something about their health even if it wasn't chiropractic care.

Appointments were offered at the time of screening; and why not? In this survey there were no recorded reports of adverse effects or outcomes by the public regarding making appointments at a screening.

They continue:

- Overall 15.9% of respondents initially had a negative view of chiropractic, 29.2% were neutral and 54.9% had a positive view of chiropractic.
- As a result of their exposure to the screening 54% of the general public did not change their perception of chiropractic.
- **A change for the positive was expressed by 44.3% of respondents, while only 1.7% changed their perception of chiropractic in a negative way.**
- The results of the present study suggest that, **with very few exceptions, exposure to a screening has a positive or neutral effect on that person's perception of chiropractic.**

And their conclusion:

- In this survey members of the public held a largely positive perception of chiropractic
- This perception was not negatively influenced by exposure to a chiropractic spinal screening.

In the past we have employed public screenings extensively to build new clinics and our experience in this is considerable. We have had no issues regarding appointments or paying a fee and there has been not one complaint to ourselves, the location owner (centre management) or the chiropractic board or regional chiropractic association.

The board may believe there is a potential harm to the public image of the profession from screenings in general and from the making of appointments at screenings and this may have led to this clause. We contend that this is not our experience in Australia and the UK in the past, and not the experience of other chiropractors we have consulted with who have engaged in this practice.

The ASRF also explicitly supports the practice of public spinal screenings as a source of new patients and is happy to receive donations from this practice. We can see no ethical or practical reason why making appointments should be dis-allowed.

We also suggest strongly that contact information may be allowed to be collected at a screening for security or public liability reasons if there should be a problem regarding consent or other issues.

Our conclusion then, supported by this current Australasian survey, and from our own experience, is that **there should be no restriction on the collecting of contact information or the making of appointments at the time of public screenings. This section could be as follows:**

c) Providing the participant with a business card at their request. Contact information may be obtained from participants for liability reasons. Appointments may be made at the time of screenings.

f) …no fee being charged for the screening… We agree that no fee should be charged for the service of screening.

However, if appointments may be made at screenings as we are suggesting, then **a small fee should (or could) be allowed be charged at the time by the chiropractor for any further in-clinic consultations.** This has the effect of placing a greater importance for that patient on following through and actually presenting for that appointment. The fee should go towards the consultation appointment and should be fully refundable if the patient cancels that appointment.

If no fee is charged then there is far less incentive or motivation for the patient to keep that appointment, and hence a far greater likelihood that they miss the appointment time which may have been taken by a patient more in need.

We can see no ethical or practical reason as to why a fee or refundable deposit may not be charged at public screenings for any further consultations.

We suggest the following clause:

f) no fee may be charged for the screening but a deposit or donation may be made to go to a charity or research body nominated by that chiropractor. The donation or deposit may go toward a future appointment that the participant has made and should be fully refundable.

In conclusion we have read and are aware of the contents and intentions of the submissions of Dr Peter Cowie, Dr Mark Postles and the WCA. We enthusiastically add the weight of our support behind these submissions and the suggested changes they contain. We request that our submission be taken as in addition to these submissions as well as a stand-alone document.

We thank the board for their time and ask that our comments and suggestions receive fair and due consideration.

Dr John Swatland B.App.Sc(Chiro)
Dr Lawson Heath B.App.Sc(Chiro)
Dr Adam Baker BSc (Chiro), BChiro., B. App. Sc. (Geog), PG Dip GIS, Dip. Training & Assessment

Reference

1) D. Russell BSc (Chiro), K. Holt, BSc (Chiro), PGDipHSc, G. Ellis, R. Kashmiri. A Survey of the public perception of chiropractic and chiropractic public screenings. Presented at the 2009 Australasian College of Chiropractors presented the Scientific Symposium 2009, Melbourne, Australia 22 November, 2009.

Friday, May 21, 2010
Attention: Chair, Chiropractic Board of Australia

The new draft is a definite improvement on the previous but there are still clauses which need to be changed. I can't understand why the Board is requiring more rigorous requirements than other health professionals namely GP's and physiotherapists. There also appears to be real Restraint of Trade issues, which the Board needs to consider.

I will outline my main concerns in the following order.

3.5 Informed consent

b). an explanation of the treatment recommended, it's likely duration, expected benefits and cost, any alternative(s) to the proposed care and their relative risks/benefits as well as the likely consequences of no care

It is not practicable to discuss every alternative to the care that we are proposing. There are different sorts of chiropractic techniques and other forms of care from other professions. Also the client has chosen to seek out chiropractic care . After perusing the Code of Conduct for Registered Health Practitioners on the Physiotherapists Board of Australia Website there is no obligation for other health practitioners such as physiotherapists or medical doctors to do the same. So why chiropractors? I propose that this requirement should be removed.

3.7 Children and young people

b). ensuring informed consent to provide care for children involves the patient's parent and/or guardian being provided with clinically relevant information for chiropractic management of certain conditions in children.

Once again Physiotherapists or Medical Doctors are not required to provide clinically relevant information for certain conditions. I propose that this section be removed or at least re-worded to say "... *guardian being provided with clinically relevant information when requested"*

10.2 Chiropractor health

Good practice involves:

a). attending an appropriate practitioner to meet health needs

b). seeking expert, independent, objective advice when a chiropractor needs health care and being aware of the risks of self-diagnosis and self-treatment

I strongly object to a Board dictating to me that I must see a health practitioner. This section definitely needs to be removed. My health is my business. I am concerned that there could be a hidden agenda for chiropractors to be vaccinated. Is this the case.

c). understanding the principles of immunisation against communicable diseases

Firstly the term should be vaccination which is a medical procedure and not part of a chiropractors scope of practice. This clause definitely needs to be removed.

d). for chiropractors who are able to prescribe, conforming to the legislation in the relevant States and Territories in relation to self-prescribing

Chiropractors cannot prescribe and therefore this clause needs to be removed.

Guideline in relation to Public Spinal Screening

c) providing the participant with a business card at their request, but should not include obtaining contact information from participants or the making of appointments at the time of the screening

This is ridiculous if the prospective client wishes to make an appointment on the spot. This seems like a restraint of trade and hinders the public. I agree that a member of the public should not be badgered to make an appointment, but if they wish to they should be allowed to.

d) that unsolicited contact is not made with participants after a screening

How can they be contacted if you are not able to get their contact details as outlined in the previous clause. This clause is made redundant by the previous one.

e) that they are only performed by a registered chiropractor or a registered student participating in an approved supervised practice program (students should be in their final year of study in course approved by the Board to become a chiropractor)

Another restraint of trade issue. If you are just checking posture and not providing an examination why does there need to be a qualified chiropractor. Why can't a GP, physiotherapist osteopath, PE Teacher, Nurse or Biomechanist, Kinesiologist, Ergonomist, Personal Trainer etc etc be taught to check posture efficiently. Why does it need to be a qualified chiropractor?
Nurses can take blood pressure at free Blood Pressure checks, why can't they be taught to check for postural problems. This is archaic and it is simply designed to stop chiropractors from getting to the public. This clause needs to be removed.

I propose that any of the above professionals be allowed to be put through a course to check posture run by an appropriate academic instituion.

f) no fee being charged for the screening, however participants may make donations to a charitable organisation nominated by the chiropractor.
In the past this has worked because the member of the public has chosen to come if for a more detailed examination. In which case the person taking the donation will need to get contact details. Its simply part of offering good service. And usually the ASRF benefits which in turn helps chiropractic researhers.

I have also read Peter Cowie's and Mark Postles submissions and I agree with these. It is also disappointing that such an important document has been given very little time for consideration by the members of the profession it proposes to assist. Most of us are good people and care for our clients/ patients.

Yours truly,

Peter Farrelly
BAppSc
Grad Dip Ergonomics

Forest
CHIROPRACTIC CENTRE

19 May 2010.

Attention: Chair, Chiropractic Board of Australia

Introduction

To begin my response to the proposed revised Code of Professional Practice for Chiropractors in Australia, I'm disappointed to report that sections of these chiropractic guidelines, despite a significant show of genuine concern and constructive feedback from members of the chiropractic profession, remain irrelevant, offensive, damaging and undermining to the chiropractic profession.

To reiterate points in my initial submission, 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 is a lack of 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.

The spirit of these guidelines is to oppress the chiropractic profession in Australia and not to protect the public.

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.

I have also reviewed the comments submitted to the Board by Dr. Peter Cowie and Dr. Mark Postles, and I give full support to their submissions.

The following are some areas of the proposed guidelines that I still strongly object to.

In no way does this constitute a complete list of objections due to the short time constraints given to review these Guidelines.

1/51 Arthur St Forestville NSW 2087
T: (02)9453 3233 F: (02)9453 3088
Keith Farrugia BSc, DC, FICPA

Appendix 1:
Guideline in relation to Public Spinal Screening

Although I understand and agree to some points in the screening guideline I strongly feel there is no need to include this guideline at all in the code. Spinal screenings are a huge activity of public service and practice building for many practices. It is not the place of the Board to restrict and regulate spinal screenings. Appendix 1 should be completely removed from the code.

Sections to which I strongly disagree are:

c) providing the participant with a business card at their request, but should not include obtaining contact information from participants or the making of appointments at the time of the screening

This section (c) 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 (our duty of care) is to offer a confirming examination at the practice.

e) that they are only performed by a registered chiropractor or a registered student participating in an approved supervised practice program (students should be in their final year of study in course approved by the Board to become a chiropractor)

This section (e) 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.

Appendix 3:
Guideline in relation to Duration and Frequency of Care

The spirit of Appendix 3 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.

Appendix 3 should be completely removed from the code.

Conclusion and Recommendation:

The proposed Code of Professional Practice for Chiropractors is fundamentally flawed, unnecessary and detrimental to the chiropractic profession and public.

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 and is based on dogma not science.

Sincerely,

Keith Farrugia B.Sc.,D.C.,F.I.C.P.A.

References:
AHPRA (2010) Consultation paper on codes and guidelines.
Chestnut J.L. B.Ed.,M.Sc.,D.C. (2003)The 14 Foundational Premises For The Scientific and Philosophical Validation Of The Chiropractic Wellness Paradigm.
Chestnut, J.L. B.Ed.,M.Sc.,D.C. (2005) Innate Physical Fitness & Spinal Hygiene.

1/51 Arthur St Forestville NSW 2087
T: (02)9453 3233 F: (02)9453 3088
Keith Farrugia BSc, DC, FICPA

‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

May 21, 2010

Chair,
Code of Conduct for Chiropractors

In reading the proposed draft of Mark Postles D.C. I was extremely impressed with his document and as a result have based this submission on this.

I am disappointed that a document of such importance has firstly been rushed through with so little time for consultation by the profession and secondly is so blatantly antagonistic to the profession it purports to “support”. I am disgusted that little information about the changes have come through in hard copy. I feel there may be individuals that are still unaware of these changes that are occurring. I feel it is imperative that each and every registered chiropractor be notified in writing of the proposed changes.

There has been improvement over the first draft but it seems there may be an underlying political agenda. This document will be used to suppress chiropractors and to change the profession into a poor duplication of the medical system. I hope that by constructing this code it removes barriers for patients to access medicare and opens the door to inclusion, acceptance and respect from practitioners in the medical model.

I wish to make comment on various aspects of this document and will take it in order of its appearance in the document.

Overview

“ within an ethical framework”
Comment : suggests the current health services are unethical.
I submit this is deleted.

“Making decisions about healthcare is the shared responsibility…..their representative).”
Comment : The wording of this sentence implies the patient has equal qualifications and training as the chiropractor.
I submit this is reworded to reflect the doctor- patient status.

“ Caring for children….responsibilities for chiropractors.”
Comment : All patients are treated with the same level of respect and concern.
I submit this is deleted.

“When adverse events occur,…”
Comment : This suggests they will occur and it is a regular occurrence. This is not the case, due to the high level of care taken and safety of chiropractic.
I submit “When” should be replaced with “If”.

“Good relationships with colleagues and other……enhance care.”
Comment : Although well meaning and sounds great. This is fantasy if dealing with health practitioners within the medical model. It has to go both ways.

Teaching, supervising…….training and students.”
Comment : The wording of this suggests this will be required as part of our registration. Is this the case? Who pays for this added service?
I submit this is clarified.

Definitions

It is odd that so few terms have been chosen to define individually. The definitions provided are far too broad.

‘Patient’ includes client, health consumer or carer”.
Comment: This equates to every person in society as being considered a “patient”. This should be limited to a person that has received or receiving care from the chiropractor within a clinical setting, with a signed informed consent on file.
I submit that you define “patient” more accurately.

“**Providing Care”**
I submit that you define this more accurately.

“Practice”
Comment: Practice, by this definition includes every application of a chiropractors’ existence as it includes “non-clinical” relationships.
I submit that you define this more accurately.

There are several other terms within the document that need to be defined accurately:
“Person”
“the Health Care System”
“Public Health”
“Health”, Health Care”
“Diagnosis”

“Treatment”
“Professional values”
“Treating Team”
“Adverse Events”
“Health Profession”
“Good Health Outcomes”
“Patient Centred Care”

Comment: In order to comply with the code these terms must be defined within a chiropractic setting.
I submit that you define the above terms.

Acknowledgements
Comment: The fact you have consulted the Australian Medical Council Code of Conduct is interesting. From experience the professionals under this Code do not show “Good Practice” especially in the fields of relationships and respect for other healthcare professionals (chiropractors), and emphasis on putting patients health is of utmost importance.

Introduction
1.1 Use of the Code
“… within an ethical framework”
Comment: This statement suggests the framework as it stands is unethical.
I submit that you define this term.

“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 code and all mentioned references to other “codes” , “laws” etc should be forwarded to all registered chiropractors in hard copy format and electronically. This should not be the sole responsibility of the individual chiropractor to search the internet for hours.
I submit when this code is finalised a hard copy with relevant appendices of supporting information is forwarded to every registered chiropractor. If any changes or amendments are made these should also be forwarded routinely and periodically.

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”.
Comment: Every individual has their own beliefs and values. This part of the sentence has no place in this document.

I submit that you remove" While individual chiropractors have their own personal beliefs and values"

1.3 Australia and Australian health care

Comment: This statement adds nothing to the "Code of Conduct".
I submit that this section be deleted

2 Providing good care

2.1 Introduction
I submit diagnosis/analysis/clinical assessment or similar.

e) "recognizing 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 repeated in 2.2 a)
I submit that this subsection be deleted

2.2 Good care

c) "new area of practice"
Comment: Does this mean a new location of office, a different adjusting room, different technique, new adjusting table ? This must be defined.
I submit that "new area of practice" be accurately defined.

d) " patient-centred care"
Comment: see definitions

j) "taking steps to alleviate the symptoms and distress of patients, whether or not a cure is possible".
Comment: Chiropractic does not claim to "cure" anything. It simply locates and removes subluxation to allow the body to heal itself and demonstrate full expression.
I submit that "cure" is deleted

o). "practicing in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes"
Comment: Where is the evidence that evidence based practice is more effective, efficient and safer? When dealing with the human body there will never be definitive science in relation to chiropractic or any other health profession. The human body is a complex, dynamic functioning organism, we can predict but not foresee outcomes.
I submit that this sub-section is deleted

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.
I submit to you that this section is deleted.

e) "keeping chiropractors and their staff safe.."
Comment: The safety of the chiropractor and their staff should always come first.
I submit that this sub-section is deleted

2.7 Treatment in emergencies

"Good practice involves offering assistance in an emergency…".
Comment: What constitutes an emergency? Traffic accidents, national emergencies, bombs ; few chiropractors would be trained to adequately assist in situations more complex than basic first aid. In the clinical aspect a mobile/ emergency phone number is available to all patients.
I submit to you that this section is deleted.

3.2 Partnership

Comment: The second part of this section "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: This has no place in a document entitled "Code of Conduct for Chiropractors". How another person handles his or herself in any context can not call into question the "conduct" of the chiropractor. This is outside of the control of the chiropractor.
I submit that you delete from after g) down in Section 3.2

3.3 Effective communication
b) "including any alternative or complementary….using"
Comment: This has obviously come from a medical model reference. I feel this part of the statement is covered under "managing it"
I submit that you delete "including any alternative or complementary….using"

d) discussing with patients…."
Comment: chiropractors (nor any other health care practitioner) are not qualified to discuss "available health care options, including their nature, purpose, possible

positive and adverse consequences, limitations…". Chiropractors can discuss the chiropractic options. If the patient then feels the treatment is appropriate they have the right to proceed or refuse.
I submit that you delete this sub-section

f) "ensuring that patients are informed…"
Comment: This is a duplication of the informed consent section
I submit that this sub-section be deleted

i) "becoming familiar with, and using wherever necessary, qualified language interpreters…"
Comment: Placing this responsibility on the shoulders of chiropractors is an outrageous impost. Let the patient bear the responsibility and expense of this service.
I submit that this sub-section is deleted

j) "communicating appropriately…"
Comment: what is the "treating team" that you refer to?
Who are these "other stakeholders", what information is considered relevant and under what conditions shall this information be shared?
I submit that you delete this sub-section

3.4 Confidentiality and privacy

e) "genetic information"
Comment: unsure about what information the chiropractor is to gather, and what we are supposed to do with it. Are we doing DNA testing as part of an intake consultation? This has no relevance to a chiropractic setting.
I submit that you delete this sub-section

3.5 Informed consent

"Informed consent is a person's…"
Comment: If the NHMRC guidelines on informed consent to be a part of this code, the relevant points should be listed in the document. Is it part of the "Code" or nor?
I submit that you copy the NHMRC guidelines on Informed Consent into the Code of Conduct for Chiropractors

b) "an explanation of …"
Comment: chiropractors (nor any registered health care provider) are not qualified to be responsible for explaining "alternatives to the proposed care and their relative risk/benefits". There is a diverse range of health care options available for any given person or situation. See 3.3 d)
I submit that you delete this sub-section

g) “serious injury or death.”
Comment: I’m not sure what kind of “procedures” some chiropractors are performing, but if any are likely to result in serious injury or death, I suggest they stop. These procedures would fall under a different profession code of conduct. Chiropractic in it true form is extremely safe and effective. A person is more likely to be injured driving to their appointment.
I submit that you delete this sub-section

3.6 Informed financial consent – fees

f) “ensuring the amount, time and quality of care delivered does not differ for those patients (with similar conditions) on a pre paid financial agreement to those who are not”.
Comment: I have always taken the view that each patient gets exactly as much time as needed at each visit. Should this inconvenience others, arrangements are made to accommodate.
I submit that this sub-section is deleted

g) “ensuring that the agreement is reviewed every 3 months or 12 visits whichever is the greatest”
Comment: The patient is ultimately in charge of their financial situation. If they choose to pre-pay it is entirely up to the patient, as it is the chiropactors’ choice to run accounts. The patient has the right to discontinue care at any time and if pre-paid the right to any unused/credit. I don’t think there should be any time limit place on the pre-payment for care. In addition private health cover is essentially paid a year in advance for services not rendered and no refund is offered if services or funds are unused.
I submit that you delete this sub-section

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 we see brings responsibilities. Every point that you make under this section could be equally applied to any other group of the population.
I submit that you delete this entire section with the exception of 3.7 d) as amended below

d) refers to the age of consent.
I submit that you state the age of consent.

3.8 Culturally safe and sensitive practice

Comment: The responsibilities of chiropractors is to the individual in whatever shape of form they present.
I submit that this section is deleted
3.11 Adverse events and open disclosure
Comment: Unsure of the definition of "something" going wrong.
I submit that "adverse events" and "something" is defined.

3.15 Working with multiple patients
Comment: This is a duplication of the Confidentiality and Privacy section.
I submit that this section is deleted

5 Working with other practitioners

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: The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. They are not necessarily seeing all these people for the same reasons and don't need to talk to each other about each visit.
I submit to you that "when requested or necessary for the benefit of the patient" be added.

5.4 Coordinating care with other practitioners

a) "communicating all relevant information in a timely way"
Comment: See 5.1 (above).

b) "ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient"
Comment: Good practice is about empowering people to assume the ultimate responsibility for their care. This is dependant on the condition being treated or addressed.
I submit to you that this entire section be deleted

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"

Comment: Given the fact that you have decided not to define the term "health care system" I am assuming common usage Apart from assumptions that the "health care system" is effective and efficient, I would assert that we don't have a right to participate. Chiropractors are not working "within the health care system".

The health care system in Australia has not included chiropractic. It is false and misleading to pretend that chiropractic is working within the “health care system”.

6.2 Wise use of health care resources
I submit that “wise” is defined, or replaced with a more appropriate word.
I submit that “health care resources” be defined.

6.4 Public Health
Comment: Without a definition of “Public Health” it is improper to have this as a requirement for chiropractor’s good practice. To promote good health advertising must be employed. The advertising guidelines are so constrictive it would be difficult to promote health.
I submit that ‘Public Health” be defined.

7. Minimizing risk
Comment: The statutory requirements should be stated here.
I submit the “key principles” be listed.

7.2 Risk management
a)**I submit the references relevant to chiropractic be inserted from this document.**

7.3 Chiropractor Performance
a) and b**) I submit the references relevant to chiropractic be inserted from these documents.**

9.2 Professional boundaries
c) recognising that sexual.....previous patient.
Comment: With the current definition of patient it would almost be impossible to have a relationship with any person. If a relationship was to emerge the patient should be released from care, and documented in their records, from the chiropractor. The word “previous” should be replaced with a time frame from the last office visit and/or from when the patient was officially released from care.
I submit “previous” be replaced with a time frame.

9.4 Health records
a) “keeping up-to-date and legible records that report relevant details of clinical history, clinical findings and determinations, investigations, information given to patients, medication and other management”
Comment: This is impractical for a chiropractor to constantly record (up-to-date) details of all information and medication given to a person from any source. It is practical that any supplements etc. Given or recommended by the chiropractor be accurately recorded.
I submit the records kept be confined to the clinical chiropractic visit.

h) “promptly facilitating.....by patients”

Comment: To whom?? Under what circumstances?
I submit the release of records be confined to legal request.

9.6 Advertising
c)"ensuring that when using a title,.....Guidelines in advertising."
Comment: I believe with utmost conviction the title "Doctor of Chiropractic" and "DC" be reserved to those chiropractors that can produce the degree clearly stating the achievement. It is nothing less than false advertising, misleading and deceptive, not to mention unlawful, to consumers for those chiropractors that are not in the possession of this degree to use these titles. This title identifies a particular section of the profession with a skill set that is sought by patients. It is obvious those chiropractors that do not possess this degree would like to, or they would not wish to use these titles and slide through the profession on the coat-tails of those that do.
I submit "Doctor of Chiropractic" and DC be restricted to those chiropractors that have obtained this degree.

9.11 Conflicts of Interest
d) and e)
Comment: Prescribing pharmaceuticals and drugs are no part of chiropractic.
I submit sub-sections drug and pharmaceutical and prescription references be removed from sub-sections d) and e).

h) Comment: With no definition of "health care organisation or company" this may include other chiropractic locations, offices etc.
I submit "health care organisation or company" be defined more clearly.

9.12 Financial and commercial dealings
c) "not accepting gifts…"
Comment: Notifying a colleague of the receipt of a gift is an unnecessary impost.
I submit to you that this sub-section be deleted

d) "not becoming involved financially with patients…"
Comment: This is totally unacceptable. By your definition of "patient" this would include every person in one's sphere of influence. So, a chiropractor can't have financial dealings with family including spouse/partner.
I submit to you that this sub-section be deleted or redefined.

10.2 Chiropractor health
a) "attending an appropriate practitioner to meet health needs"
Comment: Appropriate by whose definition? Every person is responsible for their own health care.
I submit to you that this sub-section be deleted

c) "understanding the principles of immunization against communicable diseases"

Comment: There is no need or relevance for this requirement here. Is the intent "understand" or "support"?
I submit to you that this sub-section be deleted

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 to you that this sub-section be deleted

10.3 Other practitioners health
a) "providing practitioners who are patients with the same quality of care provided to other patients"
Comment: This is overly prescriptive and states the obvious. Why would a chiropractor not give a peer a quality adjustment?
I submit to you that this sub-section be deleted

c) "encouraging a colleague …."
Comment: Whether they are a patient or not does not change the intent of this section.
I submit "(who is not a patient)" be deleted

11. Teaching, supervising, and Assessing
11.1 Comment : Is this a requirement ? If so who pays for this training?

11.2 Teaching and Supervising
d) **I submit "where possible" be added to this sub-section.**

Appendix 1:
a) "…state of their posture…"
Comment : Chiropractic is much more than simply posture. To limit the "spinal screening" to posture is far too restrictive. This is a form of advertising of chiropractic as a profession and form of health care.
I submit this sub-section be deleted.

Appendix 2:
Comment : Nowhere in this section appears the requirements or eligibility of chiropractors to be able to operate their own equipment. There are enormous differences between the states. This "code" should seek to employ national standards that allow a chiropractor to operate their own equipment.

Appendix 3:
Guidelines in relation to Duration and Frequency of Care

1. A program of care should be based on clinical need and be…

Comment: I suggest that this wording is limited to low level, needs/condition based care.
I submit that this preamble be changed to include the statement "A program of care should be based on "outcomes and clinical indicators" and be tailored" etc.

4. "(which should have a rationale and not be arbitrary or excessive)"
I submit "(which should have a rationale and not be arbitrary or excessive)" be deleted.
5. Comment : as mentioned several times before, the patient must realise they are in ultimate control of their health care and have the right to discontinue care for any reason at any time. The chiropractor can propose a schedule of care to best serve the needs of the patient to achieve favourable outcomes, but it up to the patient to agree or disagree and the chiropractor must accept and respect their decision.

Other :
I submit that all additional documents that have been referred to as helpful within the draft be attached as appendices and forwarded to each registered chiropractor in hard copy and electronically upon finalisation. It should not be the sole responsibility of the individual chiropractor to scour the internet for references and large documents. We have businesses to run. And some of us in rural and remote areas have limited access to the internet, which makes it a time consuming and difficult task.

I submit that the Chiropractic Board of Australia amends the revised code to reflect the aforementioned changes.

Yours sincerely,

Abbie Fetter D.C.
Michael Fetter D.C.
Doctors of Chiropractic
PO Box 971
Bridgetown
WA 6255

Consultation Draft Code of conduct for Chiropractors

There are many points that are ambiguous, unnecessary or require more careful definition or wording in this document.

This is especially true for the Chiropractors who choose to practice under a model of preventative Chiropractic care rather than those who seek mainly to alleviate symptoms. This code is better suited to those who follow a biomedical approach and appears to try to limit the scope of those who choose a different model of care and framework under which to practice.

2.2 n) I don't see the relevance of this line and it needs clarification or omission

2.6 b) This line is ambiguous and should be removed

d) Unecessary services based on what? The presence or absence of symptoms? This doesn't suit a wellness or preventative model of care. This line should be removed

e) I assume that this line relates to patients who become violent or abusive, possibly those with previous mental health issues. This point is too wordy and ambiguous. It is not feasible to say 'the patient should not be denied care' in a normal practice setting.

f) this line is verbose, difficult to interpret and needs rewording.

g) This sounds like a paradox, saying that Chiros are free to decline to provide care but shouldn't do so on moral or religious grounds. How can you separate a person from their moral standing? Of course this will come into play.

3.2 e) This line needs punctuating as it's too long and therefore difficult to understand.

g) The words 'power imbalance' could be worded more delicately.

3.3 b & d) the word condition assumes the biomedical model and many Chiros see asymptomatic patients regularly. This could say 'health status' instead, rather than assuming the patient has symptoms. In d) it is unreasonable for a Chiro to suggest alternative treatments outside our field of knowledge.

i) At whose expense would the language interpreter be brought in to the practice? Should the patient be responsible for that cost?

3.4 f) This line is unnecessary when h) covers this requirement.

3.5 g) Does that mean it is compulsory to have written consent or that it is to be considered? This is not clearly stated.

3.6 e) For those who have pre-paid agreements, it is obviously cheaper per visit. If the patient cancels early then normally it is charged at the normal adjustment fee x number of visits. Is this considered

a financial disadvantage or is this a separate fee you allude to?

f) The next point is unnecessary and quite insulting to our professionalism. I personally don't use pre-paid agreements but suggesting that the patient may receive inferior care if they are on one is presumptuous.

g) How will this be policed? Is this necessary if the patient is happy with the agreement?

h) I believe it is up to the patient and practitioner to decide the length of term if the agreement, especially if it is reviewed every three months.(see g above)

3.7

This whole point is unnecessary and should be omitted as it is covered in other regions of the document ie 3.2. There is no need to single out children as a special entity other than to specify parent/guardian consent requirement. This includes f) as x-rays should never be obtained unless clinically indicated for any patient.

3.9 d) needs to be clarified or risk defined.

3.14 I feel this point is irrelevant. It is up to the clinical judgement of the practitioner if they feel a relationship compromises their ability to provide care. In most cases family and close friends receive the best care possible and we use that as a benchmark when dealing with other patients.

3.15 This point should be omitted as it depends on the adjusting methods used ie. NSA, SOT. It is up to the skill and experience of the individual Chiropractor as to how they structure their own practice. There is no evidence to suggest that this model of care compromises the quality of the adjustment.

5.3 f) I don't think this statement is necessary at all.

6. This point assumes Chiropractic is an integral part the health system, which it obviously is not at this current time. At present, we are at best 'tolerated' by the 'team leaders' of the system. Our belief system and philosophy keeps us separate and distinct and is what defines us.

6.2 a) This line should be deleted as it implies a lack of ethics and morality.

6.4 a) it seems this point is alluding to Chiropractors who make patients aware there is a negative side to mass vaccination, though it doesn't plainly state this. In 1.2 about professional values it states that the care of the patient is our first concern and we have a responsibility to protect and promote the health of the individual.

When we are taking care of children who have obvious adverse effects to vaccinations which are not reported or acknowledged by the appropriate practitioner, we are putting the health of our patient first when we suggest they research the matter further, before going ahead with something they didn't realise involved risk.

7.2 c) Does surveillance mean hidden cameras or am I being too suspicious? Can you define surveillance?

9.2 d) this line again undermines a practitioner's morality and is unnecessary and condescending . It is already covered in 1.2 and does not need to be restated here.

9.6 b) factual and verifiable needs to be clarified. On what grounds can this be challenged and what studies and level of scientific credibility is required?

9.8 The first line is condescending and should be omitted.

9.10 What is legitimate investigation? Is that when a colleague makes a complaint or a patient? How do we determine who is entitled to ask for information for investigation?

9.11 d) & e) are irrelevant and against our own philosophical belief system. These have no place in this document.

9.12 c) this line is insulting and undermines the relationship we have with our patients. If they want to give us gifts at Xmas or birthdays or special occasions because they feel they receive more than they pay for, it is their prerogative. It would be rude to refuse and childish to have to report this to colleagues.

g) How would you define ‘unjustifiable profit’. Is this an amount or more than the profit between wholesale and retail value?

10.2 Who is an appropriate practitioner? Are we not qualified to determine primary healthcare status if not an emergency care situation? We are one of the greatest advocators of healthy lifestyle in the country and our lack of usage of healthcare resources highlights this point.

c) as per my response in 6.4 a) I think Chiropractors read more information on the pros and cons of vaccination than most other health practitioners. It is the dogmatic perspective of other health professions who are ignorant to an individual’s risk and don’t report adverse reactions that prompts us to make the public aware there is another side to the vaccination debate. It would be unprofessional to do other than to provide research and resources so the individual can make up their own mind with the whole picture provided, not just one side of the story.

10.3 again it is demeaning to suggest we would give inferior quality of care to other practitioners.

Appendix 3: 6 this line should be removed as it undermines preventative Chiropractic care which advocates maintaining a healthy spine and actively promoting a healthy lifestyle. From a chiropractic perspective regular spinal check ups are a necessary part of a healthy lifestyle

Please call me or email if you wish to discuss any of my points.

Yours sincerely

Kimberlie Furness

Code of Coduct for Chiropractors
Craig Gilberd
to:
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Roselyn, ceo
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Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

Chair,

I directly represent the 28 Chiropractors, 17 practices, 38 CA's and 9 admin staff in my organisation. I have been in Chiropractic since 1974 and had a license to practice in Australia for 34 years. As an elder in the profession it is my duty to protect the profession and add to its growth and development.

I am disappointed that this document has been rushed through with so little time for consultation by the profession, in particular members of the profession who like myself are extremely busy. I feel it is a huge slap in the face of those of us who have put huge efforts into this profession over decades, especially when the writers of this code have indicated by content that they have little idea of real Chiropractic.

This document is open to the suppression of Chiropractic and Chiropractors and it appears to be an attempt to downgrade all concerned with our profession. It is not right for us to accept this. The content of this will govern our profession for years to come, be open to criticism by other professions, and play ridicule to what myself and my colleagues have dedicated our lives to.

This is a golden opportunity to develop a code to drive us forward versus backward.

I have carefully read many submissions and strongly agree with comments many comments made.

I respectfully submit that the Chiropractic Board of Australia amends the revised code to reflect the changes, in particular, submitted by Mark Postles and Peter Cowie..

Yours sincerely,

Craig Gilberd

Craig W. Gilberd, DC
Chiropractic Director

TOTAL LIFESTYLE
chiropractic

Total Lifestyle Chiropractic Pty Ltd
E: Craig@TLCAustralia.com
M: +61 411 046 081

PO Box 3307 North Mackay
4740 Queensland Australia
www.TotalLifestyleChiropractic.com
Phone: +61 7 4952 9900
Fax: +61 7 4952 9998

To:
Cc:
Bcc:
Subject: Fw: Submission Professional Code of Conduct

Chair,

After reveiwing the second attempt at a code of conduct for the chiropractic profession I still hold grave reservations and do not know how that document intends to achieve its stated aims. It does not simplify anything, is over dogmatic and proscriptive, refers to documents outside itself (and those documents may be changed arbitrarily). It is also still contradictory and vague; able to be manipulated in any way the powers that be decide.

A far better approach would be the osteopaths' code of professional conduct - its only 2 pages long, says all we want to in our present abominable draft - all we need to do is change "osteopath" to "chiropractor" and its done. Their code is respectful, upbeat, allows for a variety or practice styles while still maintaining standards and a professional level of care.

Dr Andrew Gorman
Chiropractor
[attachment "MEMBERS%20CODE%20OF%20CONDUCT.pdf" deleted by Caroline Kettle/HeadOffice/DHS]

‘Attention’, Chair, Chiropractic Board of Australia

natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia

Regarding the Consultation Draft Code of Conduct for Chiropractors

Released by the Chiropractic Board of Australia on 7th May 2010

Esyltt Graham B.App.Sci. (Chiropractic)

20th May 2010

Chair,

Code of Conduct for Chiropractors

I am concerned that a document of such importance is being rushed through with so little time for consultation by the profession. This document is overly proscriptive and does not reflect the excellent standard of chiropractic practice which is the norm in Australia today.

I wish to make comment on several aspects of this document.

1. Introduction
1.1 Use of the Code This Code seeks to assist and support chiropractors to deliver appropriate, effective services within an ethical framework.

Comment: This is an oxymoron. There are many aspects of this code which will not assist or support chiropractors deliver appropriate, effective services, rather they will inhibit the delivery of appropriate, effective services.

1.2 Professional values and qualities In relation to working within their scope of practice, chiropractors may need to consider whether they have the appropriate qualifications and experience to provide advice on over the counter scheduled medicines, herbal remedies, vitamin supplements.

Comment: There is direct conflict between this clause and the following:

2.2 Good care j) taking steps to alleviate the symptoms and distress of patients, whether or not a cure is possible

3.3 Effective communication d). discussing with patients their condition and the available health care options, including their nature, purpose, possible positive and adverse consequences, limitations and reasonable alternatives wherever they exist

Let me explain. A patient with acute symptoms may benefit from complementary and/or over the counter remedies to alleviate their distress. In many rural communities in Australia access to a General Practitioner is limited. A patient may have to wait several days in distress. Secondly in rural practice this patient may have no direct access to another complementary health practitioner (such as a naturopath) for advice on nutritional supplements to assist and/or improve their outcome.
Many chiropractors have considerable knowledge (not necessarily formal qualifications) in remedies which support chiropractic treatment.
I agree the primary intent should be to help the patient as much as possible therefore

I submit that paragraph 1.2 be removed.
If the chiropractor has the knowledge to discuss with patients their available health care options then they have the knowledge to recommend those options when available and appropriate.

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

Comment: Increasingly, published papers are questioning the role that evidence-based medicine (EBM) has in complementary health care. Rome (1) states that "some doubt has been expressed as to its (EBM) strength, weakness, appropriateness, and conclusiveness for aspects of the clinical health sciences". He also states that "while anecdotal evidence is not generally regarded as high level evidence and therefore not conclusive, gathering anecdotal evidence would seem to be a legitimate and justified part of establishing a realistic clinical base". Postles et al (2) state that "novel research approaches should be considered in order to overcome methodological and ethical issues that hamper the ability of researcher to study an unproven care modality that is difficult to blind in a randomised controlled trial".

I submit that empirical knowledge is included in this paragraph.

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 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.

I submit that you delete this entire section with the exception of 3.7 d) as amended below

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.

I submit that you state the age of consent

I respectfully submit that the Chiropractic Board of Australia amends the revised code to reflect the changes I have suggested.

Yours sincerely,

Esyltt Graham

Chiropractor
55 Throssell Street
Collie WA 6225
0897344800
Email: beauridge@bigpond.com

Reference:

1. Rome P. *Neurovertebral Influence on Visceral and ANZ Function: Some of the Evidence To Date- Part II: Somatovisceral.* Chiropractic Journal of Australia 2010 Vol 40 No 1 p.9-33

2. Postles A, Haavik Taylor H, Holt K. *Changes in Asthma Symptoms and Bedwetting in a Four Year Old Child Receiving Chiropractic Care: A Case Report.* Chiropractic Journal of Australia 2010 Vol 40 No 1 p.34-36.

INTERNATIONAL COMMERCIAL TRADE & INVESTMENT CONSULTANTS LAWYERS & ARBITRATORS PTY LTD ACN 123 993 251 QLD BN 20224310

17 Silvyn Clinic
17 Silvyn Street
REDCLIFFE Qld 4020
Ph 07 3284 2065
Fax 07 3283 2899

Attention: Chair, Chiropractic Board of Australia
To: The Chairman, Chiropracic Board of Australia.
Thursday, 20 May 2010

Preamble

To the members of the Chiropractic Board of Australia herein the "Board", response from petitioners and submitters to the Code of Conduct Guidelines "guidelines" in proposition, this is an unsolicited and pro-bono [no fee] decision on the merits, lawful stature and other matters as pertaining to this Board.

This decision is furnished in regard to *Rule 428 of the Uniform Civil Procedures Rules 1999 (QLD)* and *UNCITRAL rules UN Resolution 2205(XXI) 1966*, and as a registered health practitioner and competent arbitrator under the relevant codes and guidelines.

My qualifications and experience relevant to the area of expertise in which I I provide the report is as follows, this is not exhausted:

1. *Bachelor Applied Science (PIT/RMITU)* in anatomy and chiropractic (1986)
2. *Doctor of Chiropractic* (VACA 1987)
3. Clinical Anatomist (PIT/RMITU) 1983-88,
4. *Fellow College of Chiropractic Physicians* (1996-onward)
5. Registered Chiropractor, Victoria and Queensland (1986-onward)
6. Registered skeletal Radiographer Victoria and Queensland (1986 – onward)
7. *Certificate in Spinal and Skeletal Radiology* (1988-onward)
8. Post graduate Studies in neurology, orthopaedics, paediatrics, rehabilitation
9. Post Graduate clinical excellence in 6 chiropractic sub-specialty techniques
10. *Associate College of Clinic Scientists* (1989-onward)
11. *Associate College Chiropractic Clinicians* (2007-onward)
12. *Cert Arbitration Law (UQ, T.C. Beirne School of Law)* (2001) International Arbitration
13. *Post Graduate Diploma Law (UQ, T.C. Beirne School of Law)* (2002) Conflict Laws
14. *Masters of Law, (UQ, T.C. Beirne School of Law)* (2003), cross border mediation and arbitration law
15. Doctoral studies of Philosophy in Law, *Graduate School of Law, Notre Dame University* (2004-2008 Fremantle) as an expert in dispute and conflict laws of State.
16. QLD Health Radiation Safety Officer
17. Chairman of the Review of QLD Ambulance Officers
18. Director, 17 Silvyn Clinic multi-disciplined centre
19. Associate *Chartered Institute of Arbitrators* (UK) (2003-onward)
20. Director, *Chartered Institute of Arbitrators* (AUS) (2006-onward)
21. Member *London Court of International Arbitrators* (2004)
22. Director and CEO of: *International Commercial Trade Investment Consultants, Lawyers & Arbitrators Pty Ltd.*
23. Clinical experience has includes

a. Design Engineering for FORD in bumper bar, crush zones and stress containment with plastics in metals;
b. Designer and Manufacturer of numerous structural fabrications for reducing stress trauma in building and mechanical structures;
c. Manufacturer in injection and blow moulding and extrusion.
d. Assistant in pathology (dissection) to Victorian Coroner Pathologist, RMIT.
e. *Rehabilitation expert* for Nuclear Power Plants, Manufacturing/aviation/shipping/cleaning.
f. *Homicide Body Identification Unit* Vic, especially Ash Wednesday Fires 1983, and others.
g. *Road Accident Assistant*, as a member/operations officer/team leader/senior team leader/ Group Leader (State Emergency Service)(VIC&QLD).
h. Volunteer Fire Fighter.
i. Graduate of Australian Counter Disaster College: in Motor Vehicle Accident, Mt Macedon vehicle and human & animal body identification mapping post trauma.
j. Volunteer Probation Officer / Rotary International President / Medical & Professional Registration Board QLD / QCS&HITAB Deputy Chair and Chair of Review Naturopathy and Ambulance Qualifications / President C&K Kindergarten.
k. Trauma leader, pack rape & offender councillor/therapist/lecturer/supervisor.
l. **International speaker** on human trauma by malice, identifying features, immediate recovery and degenerative cycle.
m. Arbitrator in: cross border disputes, financial, privatisation, currency & foreign investment.
n. Religious Education Teacher, Scarborough Primary School.

The Question

Many chiropractors, over 400, have complained to the Minister & CAA complaints that the Guidelines for chiropractic and chiropractors imposed by the Chiropractic Board of Australia should be vacated, rescinded, made void, struck down or the Guidelines as are inviolate to statutory and judicial laws that the complainants on mass (known as a class action) of chiropractors, their patients, the families who are financially dependent on the individual chiropractor for their livelihood, and student chiropractors.

This decision today as the arbitrator is lawful and binding to the parties in a tribunal, Court and an international Tribunal & International Court and complies with domestic law, conflict law, the governess of the House of Lords (UK), The Sovereign (Queen of Australia/England) in her laws, proclamations and directions, her heirs descendents and replacements, The European Union, The Geneva Convention, the Berne Convention, The Nuremberg Convention, the UNCITRAL (& MODEL LAW), The UN and its declaration of Human Rights, The English Bill of Rights, The Australian Constitution and its lawfully upheld interpretations.

The Legal responsibility

This Board and its individual members are subject to multi-jurisdictional intervention on the lawful grounds:

1. It imposes upon itself its self made constituted authority and seeks to self regulate itself over human beings, and those human beings some are domicile outside the seat of the Board, subjecting it to foreign intervention, and those within the seat of jurisdiction seek foreign assistance to protect from Guidelines and the Board.

2. It creates its Guidelines from plagiarism and copying foreign and *exparte* non-Australian entities documents and documents not of the commonwealth with manifest error in interpreting the governing law of the originating Guidelines.
3. It remains silent on its ability to protect human rights, it imposes a duty to curb human rights and it manifestly errs on its authority by defining a restriction of human rights for chiropractors, their supported family and their patients.

The Legality of the Board

The Board is only

- Operative from the 1st of July 2010 and has made wide sweeping deliberations prior to it being a constituted body.
- The interim Board has no power other that advisory notes to the actual Board upon constitution, no decision prior is binding or lawful when contested in a superior court. Courts and Tribunals though inferior must uphold the Chiropractic Board Codes and Guidelines
- The High Court & Privy Council have upheld that the powers of the Commonwealth do not exist prior to its specified date. The decisions of the candidates for parliament prior to the constitution becoming operative, its interim ministers are non effective.
- The decision of a Governor or Governor-General is not self limiting on time, nor is an armed body under the rules of *force de jur*.
- A constituted authority after its date can decide on anything, irrespective of its jurisdiction. Mr. Tony Street CJ aptly defined the futility of boards to erroneously fill the Courts as a right of the Board, but found the individual Board members are subject to higher disciplinary authorities for many reasons.

Guidelines as lawful

Any party can write guidelines, and legal scholarly research shows the Chiropractors Code of Conduct and its guidelines while poorly written, improperly constructed in legal context, and persecutory in the extreme, lawful, group and unlawful groups are free to make guidelines.

These guidelines fulfill all the requirements set down by the Nuremberg Convention as violate of human rights, suffering and indignity, but still allowed to exist. This convention and latter conventions have found the enforcement of guidelines as manifest crimes against humanity.

These guideline are no different as the

- recent guidelines in Peru for the eventful extermination of native citizens,
- they are the same as the guidelines of the 1950's Animal Control Act NSW for the culling of wild dogs and aboriginals,
- the Queensland Half Wit Act to forcibly inseminate aboriginals with white people,
- the Victorian Miners Act that led to the Eureka stockade extermination,
- The manifesto of rights of the proletariat of the French revolution causing 2,000 bone setters and 4,000 physicians to be garroted,
- the Commonwealth Brisbane line for Japanese Surrender 1944,

- The 1919-1921 Spanish influenza population control guidelines causing 300,000 Australian to be evicted and 80,000 to die of exposure
- Sect 52 Magistrates Guidelines for Jewish registrants 1942 Nazi Germany
- Sect 38 Magistrates Guidelines for secular persons French territories 1939 and updates
- And my most note worthy guideline from the Australian Pedophile Association in Canberra 2007 review deciding on control guidelines for children in care with its members, and a code of conduct in the sale distribution, leasing and disposal of the said children.

They are all enforceable and are and/or were enforceable by the judiciary and tribunals delegated to enforce these respective guidelines, the same as this Board proposes its "guidelines". If you substituted the word 'aboriginal' or 'Jew' for the Boards word 'chiropractor' and gave it to a Nazi or racist panel of experts, we would see diabolic history repeated again.

Foreign intervention sore in all times the actual Board and tribunal incarcerated or put to death. Eventually with the loss of life of chiropractors this board will go the same way. This is a draconian piece of guideline without merit in international law or convention.

The present guidelines are inviolate as they control

- ☐ Sexual relations between husband and wife. The code restricts and controls all form of sex between husband and wife, knowing all chiropractors care for their spouses
- ☐ Having children, the guidelines restrict chiropractors from having relationships with their own children, not limited to giving any form of care
- ☐ Prescriptively controls chiropractors conduct in their own home, in politics and in lawful conduct
- ☐ Manifestly restricts and gives control order by unspecified authority to impose restrictions upon human movement
- ☐ Deliberately violates the sixth constituted right to free speech and all submissions to a court of law by control by denial of testimonial and affidavit.
- ☐ Removes convocation from The Queen, her heirs and successors, the Governor General and Governors.
- ☐ Has the ability to restrict and stop the power to earn money, to restrict hospital access, to restrict hospital employment of chiropractors, to remove chiropractors from employment from statutory authorities, and stating its guidelines are superior to all terms of human conduct and activity
- ☐ Exercises unfetter controls to deny trial, deny trial with jury, trial without representation, permits trial in absence and secret [closed] trials
- ☐ Offers no redress of wrong mechanism
- ☐ Offers no appeal, and penalty extension if successfully appealed
- ☐ Offers no recourse to the Department of Public Prosecution (Cth)
- ☐ Restrict all forms of care
- ☐ Controls state registered radiology licensing and mandates
- ☐ Violates many parts of Stage II Diagnostic Imaging Accreditation Scheme (Cth)

I so order that the Code of Conduct be ruled inviolate to international rights, inviolate to some or all of the six declared rights in the Australian Constitution, it violates the United Nations and Geneva Convention, and seven years after its operation it be mentioned on the list of the delegates for Crimes Against Humanity, and seven years after the Board members cease, they be tried for there substantive acts and deeds manifesting from their wrong, and defer to the highest authorities that leniency not be considered.

And it is so ordered
Steven
Steven William Griffith
Arbitrator

21 May 2010

Dr Phillip Donato
Chair Chiropractic Board of Australia
Attention Chair: natboards@dhs.vic.gov.au

RE: National Registration Guidelines

Dear Dr Donato

I wish to make a submission regarding the second draft 'consultation paper on codes and guidelines' concerning the chiropractic profession.

I am concerned at the lack of professional thought that has gone into what appears to be a document that insults every chiropractor in practice. It is tainted with the thoughtlessness of a type of "spanish inquisition". I concur with my colleagues that it conveys the impression of a document that is poorly constructed and lacks any evidence of consultative process.

Rather than repeat the countless objections and overtones of a document that is tainted with disdain for our profession I wish to make it known that I have read and support the following submissions already sent to your office. There are many other submissions yet these submissions covey my concerns.

I fully support the submissions from Drs Michael McKibbin, Scott Charlton, Christopher Hume-Phillips, Peter Cowie and Mark Postles.

In addition to the concerns raised by the above chiropractors I am particularly concerned about –

1. The demeaning language in the document.
2. No minimum standard of training required for medical doctors or physiotherapists to perform spinal manipulative techniques such as already exists. No other profession has this in their code of conduct.
3. Why have you used the General Chiropractic Council (UK) as your guideline without giving acknowledgement to them?
4. Spinal screenings. This section of the draft is unnecessary and reflects the experience of poor complaints and communication within the profession.

Yours faithfully

David A Harris
Lake Road Centre for Spine-Related Disorders
73 Lake Road
Port Macquarie NSW 2444
Tel: 02 6583 1449

“Attention”, Chair, Chiropractic Board of Australia

natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia.

Regarding the Consultation Draft Code of conduct for Chiropractors

Released by the Chiropractic Board of Australia on 7 May 2010.

Douglas Hart DC

20 May 2010

Because this is an historical document there will be no easy pathway to change once it becomes accepted legislation. I appreciate the work by the board on this re-draft and the effort entailed in making it available for further discussion with limited time resource. I do appreciate that the board members are also chiropractors like me, but have made themselves resolutely available to this purpose in their own time. Thanks for that commitment!

I have read the revised code and also some of the submissions made to the Board regarding this draft code. I have also left myself short of time to give credence to a serious submission of my own so have decided to submit some of my opinions and to support the opinions of others.

I note that this code incorporates the Code of Conduct and Code and Practice for chiropractors in Australia from the original Consultation Paper and this has resulted in reduction of the document size by approximately half. This is to be commended and I would welcome even further reduction in the document wherever possible.

- My initial observation is that compared to other Codes of Conduct this is considerably longer than the Physiotherapy, Dental or the Osteopathy Codes of Conduct. Why are we putting such limitations on ourselves? The profession should not have to accept guidelines more onerous than osteopaths or physiotherapists.

- There are still phrases demeaning to the profession in the document that can be removed without changing the intent of the Code.

- The document is still overly proscriptive and treats chiropractors with disdain and an underlying political agenda appears to undermine the document (although somewhat attenuated from the first draft).

- “Evidence based practice” is extremely difficult and limiting to most of the profession. It provides no room for growth for without people of vision developing and expanding the knowledge base what would researchers have to explore to provide the evidence? However I could live with practicing “Best Evidence” if it were included in the Code.

- Chiropractic has never been included in the health care system so why include “Section 6.2” now? Wait until we are included!
- Treatments in emergencies are best handled by paramedics and I would find myself inadequately prepared for anything but First-Aid. (Perhaps this needs further definition).
- Understanding the principles of immunization is not appropriate in this Code.
- Radiography is not appropriate in this document, is not in the Medical Code and regardless is controlled by state government legislation.

The board should adopt a minimalist approach to the code especially considering its awareness of the limited time available to prepare the final document. I would favour a broadly generic structure as adopted by the osteopathic and physiotherapy boards.

I also endorse the submissions by Drs Peter Cowie and Mark Postles who have spent considerable effort to objectively critique the Consultation Draft Code of Conduct for Chiropractors. Please seriously consider their submissions when preparing the final Draft Code.

Sincerely

Douglas B Hart DC

860 Old Cleveland Road

Carina Qld 4152

Submission to the chiropractic Board of Australia with regard to the consultation draft code of conduct for Chiropractors

Released by the Chiropractic Board of Australia on May 7th 2010

17th May 19, 2010

Attention: Chair, Chiropractic Board of Australia.

I again find myself compelled to write to you with respect to the latest draft version of the code of conduct for chiropractors. I appreciate the immense effort and undertaking involved in trying to prepare such a significant document in such a limited time frame, I have high regard for the Board members and their dedication as I certainly don't know how they find the time to practice and be so involved in this mammoth task. I still however, have some concerns with aspects of the draft code that I feel are offensive and demeaning to chiropractors and the chiropractic profession. I believe that these guidelines will limit the profession and the capacity of many chiropractors to provide the high level health care that they provide now, and especially into the future. Many of the guidelines are duplicitous, and overly proscriptive. Given that such regulatory documents will no doubt endure revisions , additions, addendums, appendixes, subsections and modifications over the ensuing years, this is an opportunity to create a code of conduct that will hold Chiropractors to a high level, without reducing the scope of the profession (just so that we fit into someone else's model of health care). If the time frame is too tight I would rather see very basic document put forward (that did not belittle or restrict the profession) and that, as mentioned above, could be refined with proper consultation in due course. I believe that the National Board has a wonderful role to play in helping chiropractic to grow and deliver an empowering health care model to Australians.

I have read the submission from Dr Peter Cowie, and whilst he is far more logical than I in his ability to present his concerns categorically, I believe he quite succinctly states many of the concerns that I have with this document. I submit that each of these recommendations be adopted. The submission from Dr Mark Postles also raises many concerns for me and, as I've already stated I believe the deletion of many subsections will give a more general document and allow the profession scope for growth whilst still allowing the board to ensure that Chiropractors maintain a high level of professional competence and conduct. I also submit that these recommendations are of merit and should be adopted.

My more specific concerns, whilst not limited to, lie with the following:

The definitions used are confusing.

The continual references to *"within an ethical framework"* and *"ethical and trustworthy"*, I find to be demeaning and paints a poor picture of the profession.

Many of the points under section 2.2 are common sense and not necessary:

2.2 b. is obsolete as this is covered in section 8.2.

2.2 o. Must be deleted or amended to "practice in accordance with what is currently accepted by peers" The evidenced based restrictions would prohibit the profession significantly and only serves those who prefer the medical model of health.

The notion that chiropractors provide *"unnecessary services"* in section 2.6d is insulting and demeaning and should be removed.

Section 3.2 parts a,b,c,d on page 5 is not necessary and is only relevant if the board expects that patients will be required to read the code.

Section 3.3 d This is confusing??? Is this just in the chiropractic context? I am a chiropractor, not a surgeon or a dentist, so I cannot speak to their areas of expertise Let alone *"possible positive or adverse outcomes"*, and it would be "unethical" to do so. This should be omitted as I believe the intent of this section is already covered under Sections 2.2 d and k

I wasn't aware that chiropractic involved gathering of genetic information (section 3.4e), this clause should be omitted

Section 3.7 should be deleted as it is covered under the *effective communication, informed consent* and *good practice* sections of the Code. To imply that Chiropractors would provide substandard care to any specific group of society, be it children, the elderly, migrants etc is demeaning. If the board wished to nominate an *"age of consent"* to clarify the informed consent confusion of 3.7d, then just state it.

In fact without being specific I feel that a lot of section 3 is not necessary as it is already summed up by the first four words in section 2.2d Good Care: … *"practicing patient-centered care"*. Again, as I stated in my opening discussions would urge the Board to adopt a more succinct/ minimalist approach to achieve their intent.

I again feel confused by the statement in section 6.1. I have always felt that the "Health care system" in australia (i.e the medical system) has dictated how IT will use chiropractic, I have never felt that chiropractic is part of the "health care system" and more importantly, my patients would agree that they feel that chiropractic is not part of the health care system, it is something they do themselves to take responsibility for their own health.

Section 6.4 should be deleted. As far as I am aware there is no "evidence base" for chiropractic as a method for disease control (guess I was sick that day at school). Unless this is a typo and should read "Dis-ease prevention and control" in which case this would make some sense.

I don't believe section 9.11d and e are relevant to chiropractic. They should be omitted.

I question the relevance of section 10.2 c. If this is to imply that Chiropractors should support mass vaccination programs, then I strongly object! I feel this would breach section 1.2 of this code (last paragraph) *"Chiropractors should be committed to safety and quality in health care."* In fact Section 10.2 should be deleted. Most of this is either implied elsewhere, unnecessary or common sense and needn't be regulated.

I respectfully submit that the Chiropractic board of Australia opt for a far simpler generalized code (as other professions are doing) or that the code is amended to reflect the concerns of myself (as listed above), and my aforementioned peers.

Yours sincerely,

Malcolm Hart B.Sc. M.Chiro and Victora Bartram BHsc.M.Chiro

Chiropractors
PO Box 405
Kensington Park
Adelaide SA
5068

P.S. I ask that the board consider this submission is also representative of the opinions of my business partner and wife, Victoria Bartram BHsc.M.Chiro (chiropractor) who shares these concerns and contributed to this submission.

20th May 2010

Attention: Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

I recognize that the board has a difficult and important job in protecting the public and giving clear guidance to the profession and that drafting a Code of Conduct that is clear enough to give guidance while not being overly prescriptive is challenging. However I feel that the Draft Code, as it stands now, has significant deficiencies and should not be enacted as it stands.
I have outlined my concerns following in the order in which they appear in the Draft and offer suggestions as to how the guidelines could be improved.

1. **Definitions**

The definitions chosen for "Patient", "Providing care" and "Practice" are not those used broadly in the profession or in common use. These definitions should be amended.

'Patient' includes client, health consumer or carer".
Comment: In the context of chiropractic services there are many roles assumed ranging from patient (sick) to client, customer, consumer etc at higher levels of lifestyle care.
I suggest that this definition should be revised.

"**Providing Care"**
Comment: The definition here seems to cover a very broad range of interactions that a chiropractor could have. Arguably, when I act as coach's assistant to my son's football team, which contributes to their "physical and mental health" then the code would apply to me.
I suggest that this definition should apply to the actual provision of care that a chiropractor provides.

"Practice"
Comment: This definition is broader than is needed. If this is a code to protect the public it should give guidance in the clinical environment.
I suggest that this definition should describe the actual clinical practice of chiropractic.

2 Introduction
1.1 Use of the Code

"… within an ethical framework"
Comment: This statement is insulting in that it implies that chiropractors are not ethical.
I suggest that this phrase should be removed.

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
I suggest that this section be deleted

1.4 Substitute decision makers

Comment: This section is redundant
I suggest that this section 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.
I suggest that this section should refer to diagnosis/analysis/clinical assessment or similar.

2.2 Good care

h) "providing treatment options based on the best available information"
Comment: "treatment" is one level of care offered by chiropractors. The term best is also not defined- if guidelines are to be useful they need to be clear and this lacks clarity.
I suggest that treatment should be changed to care and that "best" should be deleted"

j) "taking steps to alleviate the symptoms and distress of patients, whether or not a cure is possible".
Comment: This is fundamentally incompatible with the traditional chiropractic principles and should be deleted.
I suggest that this sub-section should be deleted

n) "ensuring that the chiropractor's personal views do not affect the care of a patient adversely"
Comment: The presumption that chiropractors would let their personal views affect the care of a patient adversely is insulting and patronising and should be deleted.
I suggest that this sub-section should be deleted

o). "practicing in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes"

Comment: Sackett defines EBM as using the best available evidence, clinical experience and patient preference to inform decision making. This sub-section shows the bias of the writers in promoting the use of evidence in isolation of the clinicians experience and the patient's preference. This is not patient centred practice, evidence informed practice or ethical. It is also unclear in that it doesn't define who the evidence base should be "accepted" by.
I suggest that this sub-section should be deleted

3.7 Children and young people
This whole section could apply to any other member of the community.
I suggest that this section should be deleted

b) …clinically relevant information for chiropractic management of certain conditions in children"
Comment: This is unclear- what conditions does this relate to and why is this specific to children?
I suggest that this subsection should be deleted.

4.2 Use of diagnostic tools, tests and procedures
d). when using tools, tests and procedures for diagnostic and prognostic purposes these should be for conditions where there are demonstrated acceptable levels of reliability and validity"
Comment: This is unclear. It doesn't give clear advice as to what the acceptable levels of reliability and validity are or who is to judge them. This would leave chiropractors open to action if they chose to use almost any of the orthopaedic or neurological tests taught at all chiropractic colleges. I think this is a worthwhile aim for all health care but currently almost impossible to achieve.
I suggest that this subsection should be deleted.

5 Working with other practitioners

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: As written this could be construed as a requirement to communicate in all situations which would create a massive amount of work for the chiropractor.
I suggest that this sub-section should read: communicating clearly, effectively, respectfully and promptly with colleagues and other practitioners caring for the patient **when clinically indicated.**

5.4 Coordinating care with other practitioners

a) "communicating all relevant information in a timely way"
Comment: See 5.1 above

I suggest that this sub-section should be deleted.

9.4 Health records
a) "keeping up-to-date and legible records that report relevant details of clinical history, clinical findings and determinations, investigations, information given to patients, medication and other management"
Comment: This is impractical for a chiropractor to constantly record (up-to-date) details of all information and medication given to a person from any source. Any information and medication that a patient has received that the chiropractor doesn't know about or hasn't recorded will be grounds for board action against the chiropractor.

9.12 Financial and commercial dealings
c) "not accepting gifts…"
Comment: Notifying a colleague of the receipt of a gift is an unnecessary impost
I suggest that this sub-section be deleted

10.2 Chiropractor health
a) "attending an appropriate practitioner to meet health needs"
Comment: This is patronising and unclear- patient centred care would dictate that, when I am a "patient" who is appropriate is up to me.
I suggest that this sub-section should be deleted

c) "understanding the principles of immunization against communicable diseases"
Comment: I can't imagine there is a chiropractor who doesn't understand the principles of immunity. If this section is intended to imply that chiropractors should support vaccination against communicable diseases then it is unclear.
I suggest that this sub-section should be deleted

d) "for chiropractors who are able to prescribe…"
Comment: Chiropractors aren't able to prescribe.
I suggest that this sub-section be deleted

Appendix 1
Guidelines in relation to Spinal Screenings

c) providing the participant with a business card at their request, but should not include obtaining contact information from participants or the making of appointments at the time of the screening"
Comment: This is an unnecessary intrusion into the relationship between the chiropractor and a prospective patient. It is also contrary to the principles of patient centred care- if the patient wishes to make an appointment why should this be prohibited?
I suggest that this sub-section be deleted

I respectfully submit that the Chiropractic Board of Australia amends the revised code to reflect the changes I have suggested.
.

Yours sincerely,

Martin Harvey BSc MChiropractic MACC
Chiropractor
265 Montague Street
South Melbourne Vic 3205

‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

May 13, 2010

Chair,
Code of Conduct for Chiropractors

I am disappointed that a document of such importance has firstly been rushed through with so little time for consultation by the profession.

I wish to make comment on several specific aspects of this document.

“**Providing Care”**
Comment: By this statement you are casting the net of “care” to every interaction that a chiropractor may have with others
I submit that you define this more accurately.

2.7 Treatment in emergencies

“Good practice involves offering assistance in an emergency…”.

Please clarify the meaning of the clause. Dose it mean a member of the public can simply turn up to our offices and expect emergency treatment ahead of our regular pre-booked clients?

3.2 Partnership

The second part of this section “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: It is ridiculous to entertain this demand in a document entitled “Code of Conduct for Chiropractors”. How another person handles his or herself in any context can not call into question the “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.
I submit that you delete from after g) down in Section 3.2

3.3 Effective communication

d) discussing with patients….”
Comment: chiropractors (nor any other health care practitioner) are not qualified to discuss “available health care options, including their nature, purpose, possible positive and adverse consequences, limitations…”. Chiropractors can discuss the chiropractic options.
I submit that you delete this sub-section

f) “ensuring that patients are informed…”
Comment: This is a duplication of the informed consent section
I submit that this sub-section be deleted

i) “becoming familiar with, and using wherever necessary, qualified language interpreters…”
Comment: Placing this responsibility on the shoulders of chiropractors is an outrageous impost. Let the patient bear the responsibility and expense of this service.
I submit that this sub-section is deleted

j) “communicating appropriately…”
Comment: what is the “treating team” that you refer to?
“Appropriately”, by what and whose standards?
“Relevant information to other stakeholders” Who are these stakeholders, what information is considered relevant and under what conditions shall this information be shared?
Appears more relevant in a hospital setting?
I submit that you delete this sub-section

3.4 Confidentiality and privacy

e) (regarding genetic information)
Comment: In my opinion there is no need for this item. Where is the relevance to chiropractic practice?
I submit that you delete this sub-section

f) & g)
Comment: f & g are not necessary as h states your requirement.
I submit that you delete sub-sections f & g and retain h

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

b) “an explanation of …”
Comment: chiropractors (nor any registered health care provider) are not qualified to be responsible for explaining “alternatives to the proposed care and their relative risk/benefits”. There is a diverse range of health care options available for any given person or situation.

To enforce a health practitioner to entertain the likely consequences of no care is to open a pandora’s box of speculation not to mention fear induction.
I submit that you delete this sub-section

3.6 Informed financial consent – fees

f) “ensuring the amount, time and quality of care delivered does not differ for those patients (with similar conditions) on a pre paid financial agreement to those who are not”.
Comment: This is a ridiculous demand. So chiropractors are to employ a time keeper to ensure that everyone gets exactly the same based on similar (but not the same) conditions.
I submit that this sub-section is deleted

g) “ensuring that the agreement is reviewed every 3 months or 12 visits whichever is the greatest”
Comment: Where is the stipulation in common law that requires financial agreements between consenting parties to be reviewed at this frequency – this requirement is an unnecessary impost on a business. As far as the visit number of 12 goes – where did this come from, where is the evidence that a review every 12 visits is “good practice”?
I submit that you delete this sub-section

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 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.
I submit that you delete this entire section with the exception of 3.7 d) as amended below

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.
I submit that you state the age of consent

3.8 Culturally safe and sensitive practice
Comment: This is a hodge-podge of politically correct waffle. The responsibilities of chiropractors is to the individual in whatever shape of form they present.
I submit that this section is deleted

3.15 Working with multiple patients
Comment: This is a duplication of the Confidentiality and Privacy section.
I submit that this section is deleted

5 Working with other practitioners

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: This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.

Will this document compel GP's to notify the Chiropractor of the patients progress? Why the double standards?
I submit to you that this sub-section be deleted and leave in it's place b).

5.4 Coordinating care with other practitioners

a) "communicating all relevant information in a timely way"
Comment: I repeat my comments from 5.1 (above). This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit that you delete this sub-section

b) "ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient"
Comment: How presumptive to take a position of telling a person that I, the chiropractor are responsible for coordinating your care. 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.
I submit to you that this entire section be deleted

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”

Comment: Given the fact that you have decided not to define the term “health care system” I am assuming common usage (as this is what you will instruct your lawyers to use when you have a chiropractor up on charges under this section). Apart from your inaccurate assumptions that the “health care system” is effective and efficient I would assert that we don’t have a right to participate and neither should we. Chiropractors are not working “within the health care system”. The health care system in Australia has not included chiropractic. It is false and misleading to pretend that chiropractic is working within the “health care system” and a breech of the author’s scope of “practice” as per the definition in this document.
If you mean that it is irresponsible unprofessional and not good practice for a chiropractor to disagree with the “health care system” and all that the system does and stands for then this document is a sham.
I submit to you that this entire section be deleted

6.4 Public Health
Comment: Without a definition of “Public Health” it is improper to have this as a requirement for chiropractor’s good practice.
I submit that this sub-section is deleted

7. Minimizing risk
Comment: The statutory requirements should be stated here.

7.2 Risk management

c) “participating in systems for surveillance…”.
Comment: for “Good Practice” to include surveillance by whatever means is intrusive and unnecessary.
I submit to you that this sub-section be deleted

9.2 Professional boundaries
d) “avoiding the expression of a 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.
I submit to you that this preamble be deleted

9.4 Health records

a) “keeping up-to-date and legible records that report relevant details of clinical history, clinical findings and determinations, investigations, information given to patients, medication and other management”
Comment: This is impractical for a chiropractor to constantly record (up-to-date) details of all information and medication given to a person from any source. Any information and medication that a patient has received that the chiropractor doesn’t know about or hasn’t recorded will be grounds for board action against the chiropractor.

f) “where a health record is to be changed…”
Comment: This sub-section does not allow for electronic records
I submit to you that this sub-section be changed to accommodate electronic records.

9.12 Financial and commercial dealings
c) “not accepting gifts…”
Comment: Notifying a colleague of the receipt of a gift is an unnecessary impost
I submit to you that this sub-section be deleted

d) “not becoming involved financially with patients…”
Comment: This is totally unacceptable. By your definition of “patient” this would include every person in one’s sphere of influence. So, a chiropractor can’t have financial dealings with family including spouse/partner
I submit to you that this sub-section be deleted

10.2 Chiropractor health
a) “attending an appropriate practitioner to meet health needs”
Comment: This is an unnecessary dictate
I submit to you that this sub-section be deleted

c) “understanding the principles of immunization against communicable diseases”
Comment: There is no need or relevance for this requirement here. You may as well demand that chiropractors understand the Krebs cycle or any other biological process. If you mean that chiropractors should support mass vaccination then state it and don’t beat around the bush with euphuisms.
I submit to you that this sub-section be deleted

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 to you that this sub-section be deleted

10.3 Other practitioners health

a) “providing practitioners who are patients with the same quality of care provided to other patients”
Comment: This is overly prescriptive and states the obvious. Why would a chiropractor not give a peer a quality adjustment?
I submit to you that this sub-section be deleted

Appendix 2:
Guidelines in relation to Spinal Screening.
The Guidelines for spinal screening currently in place by the Chiropractor board in Queensland is a much more useful document which provides guidance for Chiropractors on how to conduct a professional spinal screening. This document advisors two registration forms to be maintained. The first is a record of everyone who participates and the second is a voluntary record of the people who would like to be contacted after the screening.
I would recommend the National board examine this document in full and can see the merit of replacing appendix 2 with this document.
Appendix 3:
Guidelines in relation to Duration and Frequency of Care

1. A program of care should be based on clinical need and be…

Comment: I suggest that this wording is limited to low level, needs/condition based care.
I submit that this preamble be changed to include the statement “A program of care should be based on “outcomes and clinical indicators” and be tailored” etc.

I submit that the Chiropractic Board of Australia amends the revised code to reflect the aforementioned changes.

Yours sincerely,

David Hendrey
Chiropractor
13-5 Innovation Parkway
Birtinya Qld
4575

To:
Cc:
Bcc:
Subject: Fw: 'Attention: Chair, Chiropractic Board of Australia'

'Attention: Chair, Chiropractic Board of Australia'

I would submit the following general comments as my submission to the Chiropractic Board of Australia re: Revised Guidelines

- No guidelines should be more prescriptive or onerous than our most similar professions. ie. Physiotherapy and

  Osteopathy

- The tight timeline and short consultation period should direct the board to formulate a basic guidelines document that can

  be amended or revised as the need arises, allowing for fuller more considered development by stakeholders.

- Attention should be given the the recent UK experience thru the GCC. It appears that Vertebral Subluxation is being

  reduced to history and only certain conditions can be discussed in public forums by the profession.

  See attachment Death of Subluxation.

- The other health professions with the right of x-ray referral do not mention this guideline in their regulations. Why are we

  any different?

- The formulation/drafting of the guidelines appears to have been captured by an unrepresentative narrow view of

  Chiropractic practice. Those who have traditionally opposed chiropractic will use this against the profession as we serve

  the public.

- Raise with the other professions whose practices use "SMT" the need for

minimum standards.

- Ignore the AMA recommendation on the use of the title Dr. The public will not be confused.

For more specific comment I refer you to the submission By Dr Peter Cowie, long time Chiropractic Board member in NSW. As NSW is our largest jurisdiction, numbers and type of complaints involving chiropractors within that jurisdiction should be an accurate reflection of any problems under existing state legislation. P Cowie stated this at the meeting of all Chiropractic boards in Hobart and accordingly publically questioned the need for such restrictive guidelines.

He also stated in a recent submission,"In Australia's largest jurisdiction; NSW with over 1400 chiropractors, a simple code of conduct in a similar vein to the cross – professional code has sufficed to guide the profession to a very low number of complaints for over thirty years."

I commend his specific comments to you. See attachment Cowie Submission II

Thank you for your consideration of this submission

Dr Douglas L Herron
Chiropractor
16 Marri Cr Lesmurdie
Western Australia 6076

E-mail: doug@powerful-practices.com
Web site: http://www.powerful-practices.com

[attachment "The Death of Subluxation editorial by Dr Matthew McCoy.docx" deleted by Caroline Kettle/HeadOffice/DHS] [attachment "Cowie Submission II.docx" deleted by Caroline Kettle/HeadOffice/DHS]

‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

May 13, 2010

Chair,
Code of Conduct for Chiropractors

I am disappointed that a document of such importance has firstly been rushed through with so little time for consultation by the profession and secondly is so blatantly antagonistic to the profession it purports to “support”.

This document is tainted with mal-intent, it is overly proscriptive and treats the profession with disdain. There has been some improvement over the first drat but the same underlying political agenda remains. This document will be used to suppress chiropractors and to change the profession into a poor duplication of the medical system.

I wish to make comment on various aspects of this document and will take it in order of its appearance in the document.

Definitions

You have chosen to offer your own definitions. This flies in the face of all reason and knowledge of the English language.
Comment: If you are to provide definitions, please make them accurate and please define all of the terms that you use.

‘Patient’ includes client, health consumer or carer”.
Comment: Please tell me how you can define Patient as a client or health consumer or carer. What is your reference for such a definition? This equates to every person in society as being considered a “patient”. In the context of chiropractic services there are many roles assumed ranging from patient (sick) to client, customer, consumer etc at higher levels of lifestyle care.
I submit that you define the recipients of chiropractic care more accurately.

“**Providing Care”**
Comment: By this statement you are casting the net of “care” to every interaction that a chiropractor may have with others
I submit that you define this more accurately.

“Practice”
Comment: Practice, by this definition includes every application of a chiropractors existence as it includes “non-clinical” relationships
I submit that you define this more accurately.

You have not attempted to define numerous areas of this document, which are ambiguous at best. For example, there is no definition for;
“Person”
“the Health Care System”
“Public Health”
“Health”
“Diagnosis”
“Treatment”
“Professional values”
“Treating Team”
Comment: So that people can understand and comply with the contents of this code it is imperative that the terms are defined.
I submit that you define the above terms.

Acknowledgements
Comment: You have omitted to give acknowledgement to the General Chiropractic Council (GCC) (UK) from which you have drawn heavily for this document.

Introduction
1.1 Use of the Code
“… within an ethical framework”
Comment: You decline to state upon whose or what ethics you are referring. Seeing that you refer to “ethics” frequently wouldn’t it be useful to understand which philosophy the “ethics” you refer to is related.
I submit that you define this term.

“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. I realize that by keeping it general it gives your lawyers greater latitude to penalize and prosecute.

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”.
Comment: You are stating here that personal beliefs and values must acquiesce to an un-stated set of “Professional” values. What are these values? As the regulatory body, if you want to dictate what chiropractors think you must state what it is that they are to think. (See my request for a definition of “Professional values”).
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.
I submit that “the community” be deleted

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
I submit that this section be deleted

1.4 Substitute decision makers

Comment: This section is redundant
I submit that this section 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.
I submit diagnosis/analysis/clinical assessment or similar.

e) "recognizing 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 too nebulous. How, at the time does a chiropractor know what they don't know. 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.
I submit that this subsection be deleted

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. "Best" will provide a platform where the Board will be selective as to which information it accepts.
I submit that "treatment be changed to treatment/care and that "best" be deleted"

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.
I submit that this sub-section is 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: Where is the evidence that evidence based practice is more effective, efficient and safer? If practice is always in “accordance with”, where is the opportunity for the growth and development of the profession? You suggest that every time a chiropractor performs an adjustment that is not published he/she is in breach of the ethics of the profession!
I submit that this sub-section is deleted

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.
I submit to you that this section is deleted.

e) “keeping chiropractors and their staff safe..”
Comment: It is the choice of any chiropractor to deny care to anyone providing appropriate arrangements are made for their further care.
I submit that this sub-section is deleted

2.7 Treatment in emergencies

“Good practice involves offering assistance in an emergency…”.
Comment: This is worded loosely and non-specifically. Does it refer to national emergencies, traffic accidents etc. This is a huge impost to demand chiropractors to “continue to provide that assistance until services are no longer required”. We are not paramedics.
I submit to you that this section is deleted.

3.2 Partnership

Comment: This section is overly proscriptive and contradictory eg the chiropractor is “honest” and yet you state in 9.2 Professional boundaries “Good practice involves… d) avoiding the expression of a chiropractor’s personal beliefs to patients …that are likely to cause them distress”. Is the chiropractor to be honest or not say anything that would upset a person?

The second part of this section “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: It is ridiculous to entertain this demand in a document entitled “Code of Conduct for Chiropractors”. How another person handles his or herself in any context can not call into question the “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.
I submit that you delete from after g) down in Section 3.2

3.3 Effective communication
d) discussing with patients….”
Comment: chiropractors (nor any other health care practitioner) are not qualified to discuss “available health care options, including their nature, purpose, possible positive and adverse consequences, limitations…”. Chiropractors can discuss the chiropractic options.
I submit that you delete this sub-section

f) “ensuring that patients are informed…”
Comment: This is a duplication of the informed consent section
I submit that this sub-section be deleted

i) “becoming familiar with, and using wherever necessary, qualified language interpreters…”
Comment: Placing this responsibility on the shoulders of chiropractors is an outrageous impost. Let the patient bear the responsibility and expense of this service.
I submit that this sub-section is deleted

j) “communicating appropriately…”
Comment: what is the “treating team” that you refer to?
“Appropriately”, by what and whose standards?
“Relevant information to other stakeholders” Who are these stakeholders, what information is considered relevant and under what conditions shall this information be shared?
I submit that you delete this sub-section

3.4 Confidentiality and privacy

e) (regarding genetic information)
Comment: In my opinion there is no need for this item. Where is the relevance to chiropractic practice?
I submit that you delete this sub-section

f) & g)
Comment: f & g are not necessary as h states your requirement.
I submit that you delete sub-sections f & g and retain h

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

b) “an explanation of …”
Comment: chiropractors (nor any registered health care provider) are not qualified to be responsible for explaining “alternatives to the proposed care and their relative risk/benefits”. There is a diverse range of health care options available for any given person or situation.

To enforce a health practitioner to entertain the likely consequences of no care is to open a pandora’s box of speculation not to mention fear induction.
I submit that you delete this sub-section

3.6 Informed financial consent – fees

f) “ensuring the amount, time and quality of care delivered does not differ for those patients (with similar conditions) on a pre paid financial agreement to those who are not”.
Comment: This is a ridiculous demand. So chiropractors are to employ a time keeper to ensure that everyone gets exactly the same based on similar (but not the same) conditions.
I submit that this sub-section is deleted

g) “ensuring that the agreement is reviewed every 3 months or 12 visits whichever is the greatest”
Comment: Where is the stipulation in common law that requires financial agreements between consenting parties to be reviewed at this frequency – this requirement is an unnecessary impost on a business. As far as the visit number of 12 goes – where did this come from, where is the evidence that a review every 12 visits is “good practice”?
I submit that you delete this sub-section

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 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.
I submit that you delete this entire section with the exception of 3.7 d) as amended below

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.
I submit that you state the age of consent

3.8 Culturally safe and sensitive practice
Comment: This is a hodge-podge of politically correct waffle. The responsibilities of chiropractors is to the individual in whatever shape of form they present.
I submit that this section is deleted

3.15 Working with multiple patients
Comment: This is a duplication of the Confidentiality and Privacy section.
I submit that this section is deleted

5 Working with other practitioners

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: This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit to you that this sub-section be deleted and leave in it's place b).

5.4 Coordinating care with other practitioners

a) "communicating all relevant information in a timely way"
Comment: I repeat my comments from 5.1 (above). This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit that you delete this sub-section

b) "ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient"
Comment: How presumptive to take a position of telling a person that I, the chiropractor are responsible for coordinating your care. 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.
I submit to you that this entire section be deleted

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"

Comment: Given the fact that you have decided not to define the term "health care system" I am assuming common usage (as this is what you will instruct your lawyers to use when you have a chiropractor up on charges under this section). Apart from your inaccurate assumptions that the "health care system" is effective and efficient I would assert that we don't have a right to participate and neither should we. Chiropractors are not working "within the health care system". The health care system in Australia has not included chiropractic. It is false and misleading to pretend that chiropractic is working

within the “health care system” and a breech of the author’s scope of “practice” as per the definition in this document.
If you mean that it is irresponsible unprofessional and not good practice for a chiropractor to disagree with the “health care system” and all that the system does and stands for then this document is a sham.
I submit to you that this entire section be deleted

6.4 Public Health
Comment: Without a definition of “Public Health” it is improper to have this as a requirement for chiropractor’s good practice.
I submit that this sub-section is deleted

7. Minimizing risk
Comment: The statutory requirements should be stated here.

7.2 Risk management

c) “participating in systems for surveillance…”.
Comment: for “Good Practice” to include surveillance by whatever means is intrusive and unnecessary.
I submit to you that this sub-section be deleted

9.2 Professional boundaries
d) “avoiding the expression of a 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.
I submit to you that this preamble be deleted

9.4 Health records
a) “keeping up-to-date and legible records that report relevant details of clinical history, clinical findings and determinations, investigations, information given to patients, medication and other management”
Comment: This is impractical for a chiropractor to constantly record (up-to-date) details of all information and medication given to a person from any source. Any information and medication that a patient has received that the chiropractor doesn’t know about or hasn’t recorded will be grounds for board action against the chiropractor.

f) “where a health record is to be changed…”
Comment: This sub-section does not allow for electronic records
I submit to you that this sub-section be changed to accommodate electronic records.

9.12 Financial and commercial dealings
c) “not accepting gifts…”
Comment: Notifying a colleague of the receipt of a gift is an unnecessary impost
I submit to you that this sub-section be deleted

d) “not becoming involved financially with patients…”
Comment: This is totally unacceptable. By your definition of “patient” this would include every person in one’s sphere of influence. So, a chiropractor can’t have financial dealings with family including spouse/partner - hmm
I submit to you that this sub-section be deleted

10.2 Chiropractor health
a) “attending an appropriate practitioner to meet health needs”
Comment: This is an unnecessary dictate
I submit to you that this sub-section be deleted

c) “understanding the principles of immunization against communicable diseases”
Comment: There is no need or relevance for this requirement here. You may as well demand that chiropractors understand the Krebs cycle or any other biological process. If you mean that chiropractors should support mass vaccination then state it and don’t beat around the bush with euphuisms.
I submit to you that this sub-section be deleted

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 to you that this sub-section be deleted

10.3 Other practitioners health
a) “providing practitioners who are patients with the same quality of care provided to other patients”
Comment: This is overly prescriptive and states the obvious. Why would a chiropractor not give a peer a quality adjustment?
I submit to you that this sub-section be deleted

Appendix 3:
Guidelines in relation to Duration and Frequency of Care

1. A program of care should be based on clinical need and be…

Comment: I suggest that this wording is limited to low level, needs/condition based care.
I submit that this preamble be changed to include the statement “A program of care should be based on “outcomes and clinical indicators” and be tailored” etc.

I submit that the Chiropractic Board of Australia amends the revised code to reflect the aforementioned changes.

Yours sincerely,

Matthew Hodgson BSc MSc
Suite 309 4 ilya avenue Erina NSW 2250EW3E4RER5

To:
Cc:
Bcc:
Subject: Fw: chiropractic registration

Dear Sir/Madam

I would like to make comment on the national registration guidlines proposed for chiropractors.

re: Testimonials

I feel chiropractors should not be punished if members of the public choose to give a recommendation about a particular chiropractor or chiropractic in general.

I would suggest that any patient testimonials may not be solicited or paid for but that otherwise this valuable public education tool not be prohibited. Possibly, these testimonials could be limited to being 'in house'. Not directly advertised to the public but available on a practitioners website for example.

There are many commercial products on infomercials now where people give testimonials (such as magnetic mattress underlays) and they are not prevented from doing so. I would suggest that preventing patient testimonials may actually be an unlawfull restraint of trade and so should be removed from the legislation.

thankyou for your consideration of this matter

regards

Matthew Hoffmann

Find it at CarPoint.com.au New, Used, Demo, Dealer or Private?

Find it at CarPoint.com.au New, Used, Demo, Dealer or Private?

21 May 2010

Dr Philip Donato
Chairperson Chiropractic Board of Australia

I present my submission in response to the code of conduct for the chiropractor's revised draft.
My interest is focused on the below section within the draft.

Preamble

After reviewing the osteopath and physiotherapy code of conduct drafts and not observing any mention of spinal screening within their codes, I do not see the point in the board's developing guidelines for such a specific event. I would like to submit appendix 1 be **deleted entirety** and, rather, that the board focuses on more general advertising guidelines only. There are many 'other' events which are NOT and cannot be addressed in this draft document and to attempt to name them all and develop guidelines for each would be folly. However be that as it may, I will comment on the following:

Appendix 1: Guideline in relation to Public Spinal Screening

The aim of this guideline is to assist chiropractors in performing public spinal screening in a safe and responsible manner.

This draft needs to define the term 'spinal screening'. It is a broad-based term and has different connotations of meaning for chiropractors and is open to varied interpretation.

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 Chiropractic Board of Australia (the Board) is necessary.
Chiropractors undertaking public spinal screening should also be aware and comply with the provisions of the *Health Practitioner Regulation National Law Act 2009* that relate to advertising and the Board's guidelines on advertising found at: www.chiropracticboard.gov.au.
Good practice in relation to public spinal screening involves:

a) ensuring that members of the public are aware that the purpose of a spinal screening is to give the participant an overview of the general state of their posture and is not a comprehensive spinal examination.

Is the board suggesting rather stipulating, that it is improper for a chiropractor to be thorough and against board guidelines which rather flies in the face of the spirit of attempting to protect the public. If a chiropractor believes s/he needs to render a more thorough rather than cursory examination, s/he should be able to use their own discretion depending on the presenting circumstances of each individual being screened. Is the board really recommending that a chiropractor be prosecuted for being thorough? How ridiculous. May I courteously submit, the board consider striking out the words as highlighted above in yellow. The word overview is prescriptive enough in its intent, yet allows a chiropractor the latitude to do what s/he deems to be appropriate.

b) ensuring that any information provided to participants is not false, misleading, deceptive or elicits unwarranted fear in the mind of the participant

c) providing the participant with a business card at their request, but should not include obtaining contact information from participants or the making of appointments at the time of the screening.

The words highlighted in yellow above should be deleted entirely. I take the opposite point of view and that is, it is unethical NOT to reveal who, where and what you are to the public in advance in the event that a participant wishes to bring a complaint against a chiropractor who they believe may have acted inappropriately or unethically. Therefore, I submit this draft should read that a chiropractor must reveal who they are by displaying their business cards. The public cannot presume to know they are able to request a business card. Further, if a participant wishes to remain anonymous to the chiropractor who is conducting the screening when bringing a complaint against a chiropractor to the board, they may feel uncomfortable or timid in making such a request.

The words above highlighted in turquoise I strongly object to and this ought to be deleted entirely. This practice is common in society, too numerous to mention and there is nothing illegal about it. If a participant wishes to make an appointment at the time, they should have the right to do so if they so desire. The proposed statement would likely contravene ACCC laws by attempting to restrict free trade. Chiropractors should have the autonomy and right to be able to use their own discretion when making appointments and obtain contact information if necessary, without fear of recrimination as long as it is done ethically, appropriately and without duress.

d) that unsolicited contact is not made with participants after a screening

e) that they are only performed by a registered

chiropractor or a registered student participating in an approved supervised practice program (students should be in their final year of study in course approved by the Board to become a chiropractor)

f) no fee being charged for the screening, however participants may make donations to a charitable organisation nominated by the chiropractor.

I object to the above proposed statement. It is inappropriate to state that a service which has value prohibits a chiropractor in exercising their right to charge a fee for services rendered. When performing spinal screening more often than not, a chiropractor has paid a fee to rent floor space and incurred other sundry costs. Therefore, it follows that a chiropractor should have the right to exercise their discretion whether or not to charge a fee to offset their costs. Further, it should be up to the chiropractor if s/he wishes to invite the public to make a donation to a charitable organisation.

Respectfully submitted

John Horner DC (USA)

Canning HealthCare Centre

4/259 Bannister Road

Canning Vale 6155 WA

‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

21st May 2010

Chair,
Code of Conduct for Chiropractors

I would like to start this letter by stating my disgust in the ridiculously short amount of time given by the Board for the profession to submit their statements regarding the second draft of the ‘Code of Conduct’ for Chiropractors. A document of such importance, on which an entire profession is to be based and held to, should not be pushed through as not to give time for many in profession to respond. In doing so the board has brought upon themselves the impression from the profession that they are doing this in the hope that many will not or cannot respond so they are able to pass this document for the benefit of their own political agenda. In other responses that I have read, I have seen a number of calls of ‘No Confidence’ in the board and I for one can understand their reasoning.

Having read submissions by Dr. Mark Postles, Dr. Gordon Benz and Dr. Peter Cowie, I can say that I agree with most of their statements regarding the ambiguous wording of these guidelines. It appears as though a prosecuting attorney has helped to write this document as to make it very easy to prosecute any Chiropractor that is brought up on any charge. Again, what is your agenda?

I am particularly concerned about the proposed guidelines referring to radiology (which need not even be included), paediatric care and frequency of care. These guidelines will have a huge impact on the majority of the profession and need to again be revised and reworded. To say that “caring for children and young people brings additional responsibilities” is ridiculous. I have two children and I care for them in the same way I would care for any of my clients that walk through my door. Again, what is your agenda?

In conclusion, I would again like to state my dissatisfaction with not only the wording of these proposed guidelines but also with the underlying intent with which it appears to have been written. I will suggest that the board adopt the input given by the Chiropractors Association of Australia and the profession as a whole and again revise these guidelines and not try to rush them through for their own benefit.

Yours in ChiropracTIC,

Douglas R. Hren, D.C.
192 Thirteenth Street
Mildura, Victoria 3500

Submission to the Chiropractic Board of Australia with regard to the consultation draft code of conduct for Chiropractors.
Released by the Chiropractic Board of Australia on May 7th 2010.

17 May 2010.

Attention: Chair, Chiropractic Board of Australia.

I have read Draft No. 2 and I believe that this document was composed by well meaning Chiropractors. However, I have serious reservations about its content.

I have read and agree with the points made by Dr. Mark Postles and Dr. Peter Cowie, their points are articulate and relevant. I believe a minimalistic approach would be acceptable, and I concur with their calls for deletion of the offending clauses.

I am concerned at the short time which has been allocated to reply to this documentation. It smacks of Mr. Rudd's approach to home insulation and the consequent disaster caused by lack of planning and time, amongst other things.

I believe one should be careful about pandering to the short term needs of our current political masters. They may come and go but our professional relationships continue in perpetuity.

I believe that there are a number of Chiropractors who are totally unaware that this draft legislation exists. They may well find themselves governed by legislation in which they have had no say. I believe that every Chiropractor should be notified by certified mail to enable them to fully assess and reply to the proposed changes. That *is* how democracy works.

This document reeks of the hand of the medical establishment in an attempt to make us conform.

I believe we Chiropractors differentiate ourselves by the ability to treat the cause which is not necessarily recognized by the medical establishment. This document insists on diagnosis, with no mention of maintenance or healing.

LEGACY

I think the Board ought to exercise a duty a care to its members, *now* is time to analyze and fully examine the consequences of this legislation, and indeed take note of the views of its members before making any decision or recommendation regardless of the short term political pressure. Consequently, it is my belief that this legislation in its current form will be unacceptable to most of my colleagues and indeed polarize us.

SOME OF MY CONCERNS

What is the definition of a Chiropractor?

This document would seem to suggest there is one, if so what is it?

Section 2.1 **EVIDENCE BASED**

I believe, there will be very few new ideas or people thinking outside of conventional wisdom, for the benefit of patients now and in the future.

Section 4.2 & 2 **TREAT – DIAGNOSE**

We cannot purport to treat anything but we must diagnose using multiple diagnostic tools.

I do not understand this.

Section 6.2 **UNNECESSARY SERVICES**

Who decides this?, the Board, the Patient, the Chiropractor, the Chiropractor's peers, the patient's relatives, the Solicitor, etc.

I do not understand this.

Section 2 **WORK WITHIN THEIR LIMITS**

Every Chiropractor I know works differently. What is the definition of a Chiropractor ?.

Section 4.2 RELEVANT DIAGNOSIS,BASED ON SOUND JUSTIFIABLE CLINICAL REASONING

If we cannot treat the cause as Chiropractors – are we to treat the symptom and become pseudo Doctors?

Section 2.7 TREATING PATIENTS IN EMERGENCY

What do you mean???

Section 3.3 EFFECTIVE COMMUNICATION

This smacks of trying to please the medical profession.

Section 3.3 I INTERPRETER

This will stop people from seeking care because of this clause, ie., cost of the service and logistics.

Section 3.4 e GENETIC INFORMATION

What are you getting at?

Section 3.5 DETAIL COSTS,BENEFITS & RISKS OF ALTERNATIVE TREATMENT

This is Nanny stuff.

Section 3.13 ENDING A PROFESSIONAL RELATIONSHIP

Nanny stuff again!

Section 3. 14 PROVIDING CARE TO CLOSE FRIENDS

If we were brain or heart surgeons, I would agree. So you would expect me to go and see someone I do not know or like rather than have care from a colleague that I like and trust. ***What****..... study says that this is true.*

Section 4.2 USE OF DIAGNOSTIC TOOLS AND PROCEDURES

Again, we raise the specter that we are not allowed to say we treat anything, but we are mandated to diagnose. The board is aware that many Chiropractors do not diagnose.

Are they trying to get rid of those Chiropractors??

Section 5 WORKING WITH OTHER PRACTITIONERS

Are we liable if the person is injured by drugs or surgery, if, we refer them. There is a precedence to suggest., we are.

Section 9.4 HEALTH RECORDS

Medications???? Etc.

Section 10.2 c IMMUNISATION

Is this a demand for us to teach our patients how wonderful and effective immunization is. What has happened to our profession that this, has been put into a document which is intended to be made law.

It is beyond my understanding of what this wonderful profession stands for!.

TOKEN GIFTS

What are token gifts..... please define. Inform my colleagues – WHICH ONES?.

TO SUM UP

I believe very strongly that people need to be responsible for their own health and that, we as health care providers should facilitate and lead but NEVER. dis-empower people.

We should always empower.

The draft as presented, is in contrast to the views that I hold dear and believe to be the core of Chiropractic.

I submit that these concerns have to be amended or withdrawn.

My mission is to empower, respect, care for, listen, facilitate healing and some times… challenge the people who seek my care. This will not change!

Yours in Chiropractic

Ken Hull DC. Chiropractor

Hull Chiropractic
293 Kensington Road
Kensington Park. South Aust 5068

Ph: 08 864 6663

Email: hullchiro@gmail.com

Submission to the Chiropractic Board of Australia [CBA]

21 May 2010

Attention, Chair, Chiropractic Board of Australia natboards@dhs.vic.gov.au

Regarding the Draft (2nd) Code of Professional Practice for Chiropractors in Australia [the Code]

1. Let the Code, be synonymous with optimal professional excellence.

The Code could be of immense value, to the profession and the public it serves, provided that it is what the Chiropractors want.

Points of excellence include its clarity, transparency, simplicity, fairness, progressiveness/flexibility, being an appropriate living stimulating document that sees the Chiropractic profession go from strength to strength in collaboration with other health care streams.

2. Let the Code only be acceptable as document of optimal professional excellence.

In its present state the Code is still *work in progress*, and it seems that it is nowhere near a final draft of optimal excellence. There are so many submissions/comments, to many of which I agree, are still to be considered that it appears the Code will not be ready for implementation 1 July 2010.

It is OK for the Code not being ready for implementation 1 July 2010, preparation time for the Code seems to have been underestimated, … the remedy is very simple, create/allow more time for completion.

3 The Code, it seems is in danger of being a second class production.

Pressure of time in having the Code ready for 1 July 2010 makes optimal professional excellence of the Code, elusive, if not impossible.

4. Delaying the introduction of the Code to sometime after 1 July 2010 makes good sense and has only benefits.

Delaying the introduction of the Code until after 1 July 2010 is easily manageable. If the Federal Government can delay our ETS for 2 years or more, than we can delay introducing the Code for a more satisfactory outcome.

5. John Hill , CHAIR, Australian Health Workforce Ministerial Council, secretariat@hcdsmc.sa.gov.au, in his letter 31 March 2010, congratulated the CBA on submitting its final proposals for the chiropractic profession on,

- Criminal history registration standard
- English language requirements registration standard

- professional indemnity insurance arrangements registration standard
- continuing professional development registration standard
- recency of practice registration standard

Are any of these proposals available for viewing, now?

I look forward to your reply.

Rolf Janssen

Sydney Chiropractor

‘Attention’, Chair, Chiropractic Board of Australia
natboards@vic.gov.au

Submissions to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May 7th 2010

Chair,

Code of Conduct for Chiropractors.

I am greatly alarmed at the second Draft Code of Conduct for Chiropractors.
I still find it unnecessarily prescriptive, nebulous and undefined in many areas, and feel frustrated at the lack of consultative time for the profession.
Whilst there has been some change in the pejorative tone, I feel that the support of the profession has not fully been fulfilled.
I find it remarkable that the CBA is asking us to accept restrictive guidelines that are far more prescriptive than other health boards have seen fit to recommend.
(eg Physiotherapists and Osteopaths)
I believe that it is completely inappropriate for you to make recommendations around evidence based practice and prevailing best practice, and that these recommendations are not in line with the majority of Australian Chiropractors.

Echoing many others within the profession, my proposal is that the CBA rapidly adopt a more broadly generic Code of Conduct, in line with many other national registration boards. (with minor alterations where appropriate to our specific field.)

Yours Sincerely

Dr Rosemary Keating
B App Sc (Chiro)
M Chiro Sc (Paed)

Attention', Chair, Chiropractic Board of Australia natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

20th May, 2010

Dear Chair,

I would like to make comment on several areas of the draft starting with;

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

I feel this section to be ambiguous and perhaps could be better explained with more specificity to our limitations. The limited research that the chiropractic profession has would limit us substantially in our practice. The draft code also states that;

2.2 Good Care
j) taking steps to alleviate the symptoms and distress of the patients, whether or not a cure is possible.

Which is considered more important in the chiropractic code of conduct; to only practice what the research says we can alleviate or offer alternatives that years of chiropractic anecdotal experience has shown to alleviate the distress and symptoms of patients.

I would also like to make comment on Section 6.4 Public Health. I have no query with a) however b) is ambiguous once again. What does participate in efforts to promote the health of the community? Does that require us to tout the benefits of disease prevention efforts such as vaccination and disease screening when this is not in our scope of practice. Should we not leave this to the medical profession and focus our education on chiropractic relevant health promotion.

I would like to make the overall comment that the whole document seems written by people who do not respect the education or intelligence of this profession. There were many pointless statements such as in Section 3.7 Children and young people a) placing the interests and wellbeing of the child or young person first. I would imagine this should be a part of the section 2.2 Good Care. Having completed my education in 2008 and being fairly up to date on the education of chiropractors in Australia I am unaware of any chiropractor's who can prescribe medication and as such the statement from section 10.2 Chiropractor Health, d)

should be removed.

I feel a little disappointed that it seems this Code of Conduct for chiropractors has been written so haphazardly and without any respect to our profession. I hope that there will be much more consultation and revision of this draft before it becomes the Code which 'seeks to assist and support chiropractors to deliver effective health services within an ethical framework'.

Regards

Dr Meghan Keleher BSc.(Chiropractic)/B.Chiropractic

Submission to the Chiropractic Board of Australia regarding the Draft code of conduct for Chiropractors

Mail to chair@chiropracticboard.gov.au

From Tracy Kennedy-Shanks D.C. B.Sc.

14th May 2010

Thank you for amending the original document and putting the revision out for further comment. I would like to comment that the overall content and tone of the document has improved.

I would like to make comment on some more of the document that I believe needs further refining. There are some sentences that need assessing for grammar and I trust that they will be proofed appropriately.

My concerns about content are as follows

Page 4, 2.2

2.2 Good care

Maintaining a high level of professional competence and conduct is essential for good care. Good practice involves

a). practising in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes.

"evidence based" I feel this is not appropriate as we are all trained clinicians and not necessarily researchers. Medicine is not evidence based and so why would we, as chiropractors, have such restrictive parameters. How would Chiropractic as a profession and chiropractic techniques develop if chiropractors are bound by such restrictive guidelines. If chiropractors are only practicing evidence-based techniques then there will be no further growth of the profession.

Page 13 9.12

9.12 Financial and commercial dealings

Chiropractors must be honest and transparent in financial arrangements with patients. Good practice involves:

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 petty. As professionals I believe we can decide what are appropriate dealings. We are not politicians.

Page 13, 9.10 (b)

9.10 Investigations

Chiropractors have responsibilities and rights relating to any legitimate investigation of their practice or that of a colleague. In meeting these responsibilities, it is advisable to seek legal advice or advice from a professional indemnity insurer. Good practice involves:

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

What is the definition of “anyone entitled to ask”

Thank you for altering the document to clarify the above points. I look forward to an appropriate revision

Yours sincerely

Tracy Kennedy-Shanks
Kennedy Chiropractic Centre
130 Russell Street
Toowoomba

Janine Kinahan B.Sc., DC
6/25 Pandanus Plaza, First Street
Katherine, NT, 0850

20/05/2010

Attention: Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

RE: Submissions to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May 7th 2010

Chair,

I wish to express how disheartened I am that the Chiropractic Board of Australia felt that two weeks was enough time to read, consult with colleges, and generate a submission statement about the Consultation Draft Code of Conduct for Chiropractors.

Considering that a large portion of the code of conduct revolves around good communication for the appropriate and reasonable treatment of patients and the community; I feel that the code, at this time decreases and greatly restricts the ability of the chiropractor to practice what is listed as “best practice”.

My submissions for changes to the Code of Conduct are as follows, in order of appearance in the Code.

Definitions:

Patient: a client, health consumer or carer.
Comment: This includes anyone who has ever thought about health care, purchased a vitamin or had a consult with any sort of medical practitioner. It includes the entire population and is vague about who the patient actually is in this situation.
I submit that the definition more appropriately specifies what it means to be a chiropractic client.

Providing Care

In your definition you seek to label every interaction a chiropractor may have as care. All advice goes to the heart of physical or mental well being. All advice given in any situation affects the mental or physical state of the person who is receiving it.

I again find this definition vague and ask that the definition encompasses where and how “advice” and “care” is given as it pertains to chiropractors.
I submit that a more accurate definition is required

Good

I have noted that in a number of sections in this document the word good is provided as a describtion, without any definition of what good, in a legal document defines.
Comment: I submit that the word good be defined as it pertains to this document

Other definitions required:

Ethics – to which persons/philosophical ethics do you refer ?

Scope of Practice - please include a definition of chiropractic scope of practice as it pertains to this document

Diagnosis – please define

Treating Team – please define

Health Care System – please define

Person

1.1 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. I realize that by keeping it general it gives your lawyers greater latitude to penalize and prosecute
I submit that you define the “professional values that Chiropractors must base their practice, including ethical guidelines and framework mentioned in this section.

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”.
Comment: What are the Professional values that we as Chiropractors are expected to base our practice on? If, as a Board you wish to think for us then please state EXACTLY what it is we are meant to be thinking.
I submit that professional values be defined

1.3
"Chiropractors have critical roles in caring for people who are unwell, assisting people to recover and seeking to ensure people stay well"
Comment: how exactly do we ensure people stay "well", what is the definition of "well"? How do we ensure wellness without the potentional view from an outsider that we are violating the later mentioned "unnecessary treatment"?

To what lengths, are we required to ensure people stay "well"? Are we to stop an alcoholic from drinking? Obviously the drinking behaviour ensures that the person is not "well". We are unable to advertise that we treat any condition, we do not treat any condition, and yet we now have a legal obligation to ensure our patients stay "well".
I submit that this section 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.
I submit diagnosis/analysis/clinical assessment or similar.

2.1 e and 2.2 a
"recognizing the limits to a chiropractors own skill and competence …" and " recognizing and working within the limits of a chiropractors confidence.."
Comment: This requires all students, and new graduates, or anyone faced with a condition that they had not previously encountered in practice is required to refer the patient. This negates the need for any new learning or skills, or to increase the qualifications of any chiropractor.
I submit that both if these subsections are deleted.

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.
I submit to you that this section is deleted.

e) "Keeping chiropractors and their staff safe..."

Comment: It is the choice of any chiropractor to deny care to anyone providing appropriate arrangements are made for their further care.
I submit that this sub-section is deleted

3.2 Partnership

Comment: This section is contradictory. If the Chiropractor is to be "honest" then they go against section 9.2 Professional boundaries "Good practice involves… d) avoiding expression of a chiropractor's personal beliefs to patients….that are likely to cause them distress" Is the Chiropractor to be Honest as in this section or dishonest (not give complete information) so as not to distress the person?

The second part of this section "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: It is ridiculous to entertain this demand in a document entitled "Code of Conduct for Chiropractors". How another person handles his or herself in any context can not call into question the "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.
I submit that you delete from after g) down in Section 3.2

3.3 Effective communication
d) Discussing with patients…."
Comment: chiropractors (nor any other health care practitioner) are not qualified to discuss "available health care options, including their nature, purpose, possible positive and adverse consequences, limitations…" Chiropractors can discuss the chiropractic options.
I submit that you delete this sub-section

f) "Ensuring that patients are informed…"
Comment: This is a duplication of the informed consent section
I submit that this sub-section be deleted

i) "Becoming familiar with, and using wherever necessary, qualified language interpreters…"
Comment: Placing this responsibility on the shoulders of chiropractors is an outrageous impost. Let the patient bear the responsibility and expense of this service.
I submit that this sub-section is deleted

j) "Communicating appropriately…"
Comment: what is the "treating team" that you refer to?
"Appropriately", by what and whose standards?

“Relevant information to other stakeholders” Who is these stakeholders, what information is considered relevant and under what conditions shall this information is shared?
I submit that you delete this sub-section

3.4 Confidentiality and privacy

e) (Regarding genetic information)
Comment: This is not a necessary for chiropractic practice
I submit that you delete this sub-section.

f) & g)
Comment: f & g are not necessary as h states your requirement.
I submit that you delete sub-sections f & g and retain h

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 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.
I submit that you delete this entire section with the exception of 3.7 d) as amended below

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.
I submit that you state the age of consent

3.15 working with multiple patients
…, Chiropractors should consider whether this mode of treatment is appropriate to the patient involved.
Comment: Why would a chiropractor place a person in a group situation if they have not already considered that this is ‘best practice’ for them?
I submit that this section is deleted

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: This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit to you that this sub-section be deleted and leave in its place b).

5.4 Coordinating care with other practitioners

a) "Communicating all relevant information in a timely way"
Comment: I repeat my comments from 5.1 (above). This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit that you delete this sub-section

b) "Ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient"
Comment: How presumptive to take a position of telling a person that I, the chiropractor am responsible for coordinating your care. 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.
I submit to you that this entire section be deleted

6.3 Health Advocacy
Comment: A definition of health is needed. We should be supporting and educating the people that come to see us, **not**, using our expertise to influence (according to 9.2 we have professional boundaries that stop us from using our personal beliefs. our expertise and influence can only come from our own history and experience). This suggests to me that we are forcing them to do what we want for our own agenda and not theirs.
I submit to you that this entire section be deleted

7.2 Risk Management
a) being aware of the principles of open disclosure and non-punitive approach to incident management; a useful reference…….
Comment: If there is anything in this reference that we are expected to know, in accordance to this code then it must be disclosed here.
I submit that you copy the Australian Commissions on safety and Quality in Health Care's National Open Disclosure Standard into the Code of Conduct for Chiropractors or this section should be deleted

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' I find this quite laughable.
I submit to you that this sub- section be deleted

7.3 Chiropractor performance
a) Complying with statutory reporting requirements, including those under the National Law refer to……
Comment: Anything that we need to know about this Code of Conduct for Chiropractors should be included here. You have given Appendix for the Radiography, yet seem to have neglected this. Is there something hidden in there that due to it not being here we may not like and therefore knowing the lack of time given to read this one report, hoping that no one will read the others????
I submit to you that you include the Board Guidelines on Mandatory reporting in the Code of Conduct for Chiropractors.

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: Again is this neglect on your part to not include this in the appendix or is there a hidden agenda deliberately not including this??
I submit that you include the Occupational health and safety legislation as an appendix.

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.
I submit to you that this preamble be deleted

10.2 Chiropractor health
a) "Attending an appropriate practitioner to meet health needs"
Comment: This is an unnecessary dictate
I submit to you that this sub-section be deleted

c) "Understanding the principles of immunization against communicable diseases"
Comment: There is no need or relevance for this requirement here. You may as well demand that chiropractors understand the Krebs cycle or any other biological process. If you mean that chiropractors should support mass vaccination then state it and don't beat around the bush with euphuisms.
I submit to you that this sub-section be deleted

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 to you that this sub-section be deleted

I wish to thank you for accepting this submission. I agree with all of the statements in this document, but wish to acknowledge Samantha Culley and Mark Postles, for some of the wording and information in this document.

I wish to submit that the Code of Conduct for Chiropractors, as it stands as of the May 7, 2010 draft is deeply flawed, and requires significant revision and definition of terms to become a contract and code that most chiropractors are willing and able to adhere to.

At this point the Code is vague, and has a variety of definitions which does not enable best practice within chiropractic practices. In many cases having not defined terms, and allowing vague and frankly useless language to permeate this document allows lawyers to persecute chiropractors who may in fact believe they are interpreting the Code of Conduct in a reasonable way.

I thank you for you time and effort in putting together this documentation which has the potential to change the way chiropractic is practiced in Australia, and request that more work is undertaken to make this Code of Conduct the best possible document for practioners.

Thank you,

Dr. Janine Kinahan – Chiropractor, B.Sc., D.C.
6/25 Pandanus Plaza, First Street
Po Box 613
Katherine, NT, 0850

Code of Conduct for Chiropractors
Jana Kingston
to:
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'Attention', Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

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,

Jana Kingston
Chiropractor
Bilinga QLD 4225

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

Jana Kingston
BChSc, MChSc

Hands on Health Chiropractic
360 Coolangatta Rd (Entry via Kiewa Ave)
Bilinga QLD 4225
0421 285 822
www.handsonhealthchiropractor.com

jana@handsonhealthchiropractor.com

‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors,

Daniel Kostur, BA, D.C.

May 20, 2010

I acknowledge the work that the CBA has done to prepare this second draft Code of Conduct. I still have major concerns about the content and intent of this proposed document. Much of the original document has been changed, however new wording, clauses, proposed regulations, restrictions, demeaning tone, possible personal committee bias and repetition still remain.

Of further concern is the very short time that members of the profession have had to review and reply to the two drafts of this Code, and the lack of individual notification from the CBA to the chiropractors of Australia.

I also note that there is no mention of the review process or right of appeal when a chiropractor may want to challenge a decision by the CBA.

I am uncertain why this committee appears to draw upon other documents from other areas and jurisdictions that will have a very negative and containment nature on the practice of chiropractic in Australia. Whether this is due to personal bias or practice mode, it has no place in this document. By using the many clauses in this document, it will lead to unwarranted, intrusive overregulation of the members of this profession.

With respect, much in this document needs to be altered or deleted to be acceptable.

There are several references at the end of the document of the Board’s guidelines on advertising found on their website, however as of the date of this document I was unable to find that reference.

Areas needing change

1. Page 1, “Overview” “ethical framework” this is inappropriate.

2. Page 2, 1.1 Use of the Code, “ethical framework” as will be noted in my submission, this is the first example of many repeated and demeaning clauses that need to be deleted

3. Page 2, 1.2 Professional values and qualities, third paragraph, “chiropractors have a responsibility to protect…” this is repeated from the Overview. It needs to be deleted.

4. Page 3, section 1.3 "There are many ways to practise chiropractic in Australia. Chiropractors have critical roles in caring for people who are unwell, assisting people to recover and seeking to ensure people stay well."

While this is true, this Code focuses only on the symptomatic areas of practice and appears to lack any knowledge of the benefits of ongoing wellness care. It would be appropriate if the document reflected this, which in it's current form it does not.

5. Page 3, section 2.1(e), and 2.2 (a), this is repetition again and is not necessary, and is demeaning and obvious to health professionals.

6. Page 4, section 2.2 (n) and (o), personal views of the chiropractor are paramount to individualized care of a patient and there are many areas in health care where lack of evidence does not indicate evidence of lack. This would give the board multiple grounds to prosecute chiropractors who are helping many patients that have health problems where no current studies have been done. This needs to be removed.

7. Page 4, Section 2.6(d), this is demeaning. It assumes we provide unnecessary services and needs to be removed.

Section 2.6 (e), "keeping chiropractors and staff safe". This whole paragraph is absurd and needs to be removed.

8. Page 4, Section 3.2 (a to f), this is all repeated information, is covered elsewhere and unnecessary.

9. Page 5, Section 3.3 (c), "and need for all aspects of their clinical care" this should read "all aspects of their chiropractic clinical care".

Section 3.3 (d), this whole sentence is overly onerous as to "reasonable alternatives wherever they exist" this would allow the board to prosecute for the most ridiculous circumstances and needs to be removed.

10. Page 5, Section 3.4 "Confidentiality and privacy". This entire section should consist of point (c) and the remainder removed. It is again repetitive, overly wordy and unnecessary and needs to be removed.

11. Page 6, Section 3.5(b) and Section 3.6 (g and h), as per my previous submission where I elaborated on the necessity to provide patients with information on the duration and cost of care, the board proposes to continue to insert a limitation that every 3 months or 12 visits, whichever is greater, that the recommendations are reviewed. Members in our profession, (i.e. accepted clinical practice) realize that many patients require longer treatment plans due to clinical experience. These clauses further indicate the biased view of symptomatic treatment only and contradict previous statements in this document, see point 4 above.

Where is the evidence for 3 months or 12 visits? These requirements need to be removed.

Section 3.5 (f), is demeaning and needs to be removed.

12. Page 8, Section 3.13 "Ending a professional relationship, facilitating arrangements for the continuing care of the patient". Chiropractors should not be responsible for dictating what a patient should do for further care unless requested, and the chiropractor is able to provide that request. This needs to be changed to reflect this.

13. Section 3.14 "Personal relationships". This is all self evident and obvious, and is not necessary. A further example of the verbosity of the document. It needs to be removed.

14. Page 8, Section 4.2 (a) "Use of diagnostic tools…" A diagnosis is necessary for condition/symptomatic treatment but does not address wellness care. This code should also acknowledge chiropractic Subluxation as a valid diagnosis, or what is the purpose of this profession? This should be inserted here.

Section 4.2 (d) This paragraph allows the Code to have a level of interpretation that is too wide and subject to personal bias, and does not allow for new innovative technologies to be used before acceptance. It needs to be altered and reworded to allow this.

15. Page10, Section 6.1 and 6.2. Chiropractic is not part of the Australian Health Care System. Where did the Board get these recommendations from? They do not apply here in Australia and need to be removed.

16. Page 10, Section 7.1, 7.2, 7.3. Once again, repetition and regulation overload. It needs to be deleted.

17. Page 11, Section 9.2 (c). The words "may be" should be inserted instead of "are often" before the word "inappropriate". This would depend on the circumstances.

Section 9.2 (d). A chiropractor's personal beliefs will dictate his clinical approach and it is his obligation to provide this to patients fairly, even if it causes them distress. Point (d) should be removed.

18. Page 12, Section 9.4 (a). Keeping records of information given to patients, medication and other management is once again regulation overload, and would provide the regulatory body with undue prosecution strength and should be deleted.

19. Page 12, Section 9.8 (a) and (b). It is not necessary to stipulate "being honest and not misleading" and "verifying content". This code continues to be demeaning and derogatory towards chiropractors. This inference needs to be deleted.

20. Page13, Section 9.9 " Curriculum vitae". Same comments as above, point # 19.

21. Page 13, Section 9.11 "Conflicts of interest". Again stating the obvious and demeaning. It should be edited and condensed.

22. Page 13, Section 9.12 (b). "Not encouraging patients to bequeath money or gifts that will benefit a chiropractor directly or indirectly". What about the example of patients donating money to ASRF? This would benefit our profession indirectly. As in other examples in this Code, many sections are over regulatory, unnecessary and defy common sense. This needs to be altered or removed.

Section 9.12 (c). "Making a file note or informing a colleague re patient gifts". Once again over regulatory, totally unnecessary and implies that chiropractors do not have good judgement in accepting gifts from thankful patients. Once again, this needs to be removed.

23. Page 14, Section 10.2 (a) and (b). "Chiropractor health". As in my previous submission, chiropractors are also members of the general public and have the right to make their own health care decisions. This does not belong in the document and must be removed.

Section 10.2 (c). "Understand principles of immunisation…" What is the intent of this? If there is an intent it should be spelled out clearly, not subversively implied. This would allow the CBA far too much power to review a chiropractor for suggesting that immunisation may not be in the best interest of the patient. For example, further immunisation of a child who already had an adverse reaction to a previous immmunisation shot. This definitely needs to be removed.

24. Page 18, Appendix 2: "Introduction". "Chiropractors use radiography for several purposes…" The obvious diagnostic and pathology reasons are stated and as chiropractors it should be apparent that this document must reflect and include "chiropractic analysis, and biomechanical considerations etc", as a valid reason.

25. Page 20, Appendix 3: "Guideline in relation to Duration and Frequency of Care".

The Code states that care should be "consistent with accepted standards of care by the profession." The majority of this profession believes that chiropractic care extends beyond the removal of symptoms; yet this document repeatedly implies as evidenced by clauses in this whole section that justification and "balanced advice" in the absence of symptoms must be provided to the patient. Where is the patient's right of choice in the biased clauses of this code of conduct?

I do not object to provide accurate information, however members of the CBA by including these regulations seem to be at odds with the members of the profession.

The purpose of this entire document favours the biased opinion of symptomatic care only, and allows the regulations to unfairly prosecute and accuse those chiropractors who believe ongoing care just might be good for the patient in the absence of symptoms.

This in itself would violate the basic tenets of chiropractic philosophy.

This whole section needs to be reworded and revised to reflect respect for ongoing chiropractic care and eliminate board bias.

I respectfully submit that the Chiropractic Board of Australia amends the revised code to reflect the changes I have suggested.

Yours sincerely,

Daniel Kostur, B.A., D.C.

To:
Cc:
Bcc:
Subject: National Chiropractic Guidelines

Attention:
Chair,
Chiropractic Board of Australia

Dear Sir/Madam,
Thank you for listening to my concerns in relation to the first draft of the National Chiropractic Guidelines. I appreciate that my submission amongst others was considered.
The second draft is much better worded and I am happy with most of the content. However, I remain concerned about some of the issues listed below:

1. Page 13, 9.11 Conflicts of interest, clauses d) and e): Irrelevant in this document. References to pharmaceutical marketing and marketing drugs do not belong in the chiropractic code. As we Chiropractors do not prescribe pharmaceutical products. These clauses must be removed
2. Page 13, 9.12 Financial and commercial dealings Clause c): Flowers and chocolates. This is extremely proscriptive and unnecessary. A requirement to make a file note or to tell a colleague about every box of chocolates or bottle of wine a chiropractor receives from patients at Christmas is impractical and offensive to us. Just look around and see how we as Australian society believe in giving occasional gifts to our service providers. This includes nurses, postman and even our hair dressers. So, an occasional gift from our patients should not be a reportable matter.
As a matter of fact, we give gifts to our patients on occasion. This should be just a part of relationship building in a family practice like mine and many more.
3. Page 4, 2.2 Good Care part o.): 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.
4. Page 11, 9.2 Professional Boundaries clause c): "are often" should be replaced with "may be". If a chiropractor has a sufficient cooling off period before starting a relationship with a patient after ceasing care he or she should not be under the spectre of being judged as being in an inappropriate relationship.
5. Page 13, 9.10 Investigations Clause b): There must be a definition of "anyone entitled to ask". This is an example oft poor drafting and leaves a chiropractor open to all sorts of legal issues, particularly in relation to privacy.

I respectfully submit above amendments and will be happy to discuss it further if required.

With Kind Regards

Sultan Lalani
Chiropractor

F

‘Attention: Chair, Chiropractic Board of Australia’ to natboards@dhs.vic.gov.au

Why is it that the Chiropractic Board of Australia is the only board to have their additional code?

Is there such a level of distrust with in our profession that we must further guide and control individual chiropractic practices greater than dentistry and other professions. While with in these professions there are the same human flaws.

Is the other aspects of the guidelines not enough for the board to maintain their control of chiropractors on a level playing field with the other health professions.

This draft was much easier to read. Maybe that was because the rest of the guidelines where not presented and maybe off limits to change or outside the power of the chiropractic registration board to influence or give feedback. This is unfortunate if this is the case.

The guidelines should be presented in full not part to protect and remove feedback from the rest.

The board is obviously working overtime to achieve the implementation of the guidelines by the desired date and for this you have my respect.

From the earlier code I do wish to ask why vaccination has an exclusion from the guidelines to advertise.

Given the recent adverse effects from mass vaccinations and even death, vaccinations should also be held accountable equally. What will it take for a registration board to stand up and even the playing field for health care providers in Australia?

Feedback on the section of the draft provided.

1.3 Australia and Australian health care

There are many ways to practise chiropractic in Australia. Chiropractors have critical roles in caring for people who are unwell, assisting people to recover and seeking to ensure people stay well. This Code focuses on these roles. For chiropractors with roles that involve little or no contact with patients, not all of this Code may be relevant, but the underpinning principles will still apply.

Sounds philosophical and confusing. If not all the code is relevant why is it there and what are the specific underlying principles?

2.2 Good care

o). practising in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes.

Very limiting to the scope and practice of chiropractic in Australia.

If vaccinations or antibiotics where to practice with in this scope. I am sure that vaccines would not then have the clear bill to advertise.

3.2 Partnership

d). ensuring that any complaints are honest and reasonable in the circumstances.

How can all complaints be honest and reasonable this is not possible.

10.2 Chiropractor health

c).understanding the principles of immunisation against communicable diseases
This must include understanding the risks of immunisation and advising the public accordingly. Should involve other ways of disease prevention ie sanitation.

d). for chiropractors who are able to prescribe, conforming to the legislation in the relevant States and Territories in relation to self-prescribing
If chiropractors are able to prescribe should this not come under a different registration act ie medical. To my knowledge chiropractors are not legally able to prescribe therefore this should be removed and left to the appropriate authority.

Appendix 1:
Guideline in relation to Public Spinal Screening
a) ensuring that members of the public are aware that the purpose of a spinal screening is to give the participant an overview of the general state of their posture and is not a comprehensive spinal examination
As chiropractor's core role is to detect and correct vertebral subluxation, there should be room at spinal screens to motion or static palpate the spine for vertebral subluxation.

Screenings should also involve room for public education as to the cause and effects of subluxation as to allow a member of the public to make an informed choice as how they may include chiropractic in their health care.

Sincerely

Alistair Lavery B.Sc(UQ), M.C(MU)

PO Box 1230
Buderim
Q 4556

Ph 07 5456 2500

laverychiropractic@westnet.com.au

Submission to CBA on 2nd Draft Code of Conduct

I would like to address some aspects of the 2nd draft that has been supplied to the profession for public comment. I believe that there continues to be a general sense of negativity in addressing issues that have been a problem in the past committed by a very small minority of our profession; I refer particularly to the issues of financial contracts with patients, care of children, use of radiology and advertising. Whilst there are aspects of the code that I agree with, it all comes across as Big Brother tactics to deal with behaviours that do not reflect the integrity of the vast majority of Chiropractors in Australia.

I believe that the Board still has a way to go to win over the profession with this document. I recognise that the Board has a role to play in protecting the public but this document seems only to address this aspect of the Board's responsibilities; the Board also has a responsibility to the profession to allow Chiropractors the choice to practice in a way that best fits them as a practitioner and to act in their patient's best interests. They can best achieve this outcome utilising the skills and knowledge they have accumulated in practice; it seems that the Board wants to limit this accumulated knowledge base to a skill set that best suits the members of the Board and not the individual practitioner. I believe that if the practitioner is practicing in a way to achieve the best they can for their patients then this should be the way that appropriateness of care should be determined; not by placing limitations on the contemporary practice of Chiropractic based on a few peoples understanding of how Chiropractic should be practiced.

I would also like to know what right the Board has in telling us, as health professionals, how we should go about our own health care. As individuals we have the right to choose health care just as any other individual in Australia has. It seems absurd that a regulatory body such as yourselves would see it as an appropriate measure to lay down in guidelines how we should address our own health needs – totally and utterly inappropriate.

I sincerely hope that at the end of this process the code of conduct that becomes law does not ruin a wonderful profession that assists thousands of people every day, all around the world, doing what Chiropractors should be doing – removing vertebral subluxation interference and allowing the human body to do what it should do naturally.

Raymond Law-Davis
Chiropractor

Submission to the Chiropractic Board of Australia

Regarding the Consultation Draft Code of Conduct for Chiropractors

Released by the Chiropractic Board of Australia on 7th May 2010

Dr Robert Marin B App Sc Chiropractic MACC

To Whom It May Concern:
I would like to raise a few points regarding the latest Board guidelines ,

CPD points
……. with regards to having to have a first aid certificate which needs renewing every year…..I believe the resources , time for benefit ratio do not make such a demand reasonable.
The first aid certificate is unnecessary in practice , particularly as it needs to be renewed every year.
This is a knee jerk reaction to an isolated incident. CPR success rate is extremely low , even with all the equipment required .
This is hardly representative of a professional weakness that the public has a need for via the chiropractic profession.
To dictate that every chiropractor in Australia needs a first aid certificate implies that this lack of a certificate prevents chiropractors from being able to perform adequately within their tasks as chiropractors.
Never in my twenty eight years have I used the knowledge in practice after I got my certificate in first aid .It is not necessary in practice to have one. Nor does it enhance my knowledge in chiropractic. We are chiropractors not E.R. units. .
The fact that this information needs renewing every year and that it is not included in the tally of CPD points is another onerous imposition that does not aid one to be a better chiropractor.

CPD HOURS

Having to do 25 hours per year is also excessive and does not guarantee a greater benefit for the public. There was nothing wrong with twelve hours which has been in place for many years.

Where did this number 25 come from? Doing extra hours does not make one a better chiropractor if these hours are done purely to satisfy the Board. Knowledge if not desired or applied defeats the purpose of the obligation.

How does the Board intend to enforce the application of these hours into a benefit for the public?

Public screenings

Regarding public screenings and NOT taking money, or NOT making appointments interferes with the relationship between the consumer and the supplier of a service .

If a chiropractor is to abide by the guidelines to maintain a professional relationship whether the chiropractor is in a practice or not, then a public screening is an extention of the chiropractic practice, who apparently needs to be present at the screening.

Therefore why can a chiropractor not perform as if they are consulting a patient?

The public largely find this service as a positive, and if the public wish to utilise the services at the screening , the public are equally able to refuse the offer as in a public screening there is less of a power imbalance that may occur in a practice.

Taking money or making an appointment are fundamental steps in assisting a customer and are measures that the chiropractor can ensure the customer is genuine in their desire for an evaluation.

This is no less than occurs in a practice . The Board is creating distinctions that need not exist .Making an agreement with a customer for further communication is entirely appropriate.

Payment plans

(as per the Appendix)

Financial arrangements and limits to chiropractic care ….

.

The Board is trying to tie the two together. What jurisdiction does the Board have over money and the application of fees.

There is no rule that says chiropractic equals money and therefore the financial constraints should be removed altogether.
There needs to be a separation between financial arrangements and CHIROPRACTIC care.
Primarily there should not be any mention of money or financial arrangements or any such restrictions in the guidelines. Irrespective of whether fees are pre paid , post paid , in escrow, pay as you go.

There also should be no time limits or financial limits to the arrangements between the customer and chiropractor.

There does not need to be a cooling off period as you cannot contract a patient for treatment. Patients can stop at any time and therefore any financial obligations stop.

Chiropractic care should not be limited to three months or any time at all. It is up to the chiropractor and patient to create the plan to provide the service needed when the chiropractor can justify the results and care given to receive the results

The treatment limits to three months…..Its an arbitrary figure and has no evidence base to it across all chiropractic protocols. There does not need to be any time limit to the amount of chiropractic care a patient can receive or how the financial arrangements are created if the patient is advised before the agreements are made.

No time limits to financial plans

No cooling off period

No time limits to treatment

No enforced 'pay as you go' option when patient is advised of this prior to care commencement.

The Board is taking a Parental Ethics point of view and standing between the relationship of patient / doctor as if the Board knows how the public needs

to be protected in all circumstances when some of the recommended guidelines are obvious wish lists of some of the Board members and not the profession……A chiropractor should be able to commence a financial arrangement like any agreement between consumer and a supplier of a service and make further agreements about future services to be provided. The Board does not seem to be able to differentiate between chiropractic care and the business of providing a service to consumers who can decide how they wish to relate to the chiropractors.

Care Plans

The issue with providing a plan for care……not expressly stated but implied that a care plan needs to be written and that this applies to all chiropractors ……..should be removed.
A verbal arrangement should suffice . As a chiropractor cannot state we treat or cure any condition and some patients receive care without symptoms for wellness reasons care plans are redundant and confusing to the patient.

Getting a C A to do some of the tests apparently needs a patient to ok this in writing…it is not the role of a patient to determine what is the chiropractors role and what is not. It is up to the chiropractor to determine what can be delegated. Remove the need for a patient to ok the role of a CA DOING SOME TESTS.

Complaints procedures

There is no outline for what happens in a complaints process and how the Board will deal with complaints in detail. The current method in SA has been found to be faulty and open to abuse as many decisions made by individuals in the Board are made without explanation.
What redress does the chiropractor have when being coerced by the Board or Crown Solicitors ?
I propose a mediator between the Board and the chiropractor before matters go to court in a complaints process such as in industrial courts. The Board has all the power and the costs of going to court are exhorbitant….the profession needs to be protected from the Board which may act unethically

or in an ill- informed manner or with a particular agenda. People on the Board are not qualified in all matters chiropractic.
The medical profession have insurance for costs with regards to Board issues …..chiropractors have to foot the bill themselves.
The Board should provide chiropractors with insurance coverage if it expects the chiropractor to mount an effective justification.

Any finding by the Board whether the chiropractor is found unprofessional or not should remain in the Board website. Placing this information on the internet or published in newspapers when the public are not sufficiently educated to differentiate fact from opinion adversely affects the livelihood of the chiropractor .The chiropractor has no redress to correct bias or untruths when published as a statement of fact by the Board .There have been too many previous examples where the Board has been found guilty of overstepping their role and create unnecessary duress to the chiropractor and interfering with their right to earn a living.

There have been instances The chiropractic Board administered their perceived role of 'protecting the public interests' incorrectly. If we only look at the recent attempt by the Board to impose itself on the profession and the response by the profession over the last few weeks.

The profession needs to be protected from an over officious administration . It needs to have protocols whereby the profession can be heard .The current Board has shown itself to be out of step with the rest of the profession and had this situation of amalgamation not been presented to the profession our concerns would not have been consulted.

Robert Marin
heal@kern.com.au
ph 08 82988711
fx 08 83772676
mob 0417804915

With reference to Xrays.

I believe it to be inappropriate that chiropractors be limited to radiographic protocols purely on the basis of the medical model

As many patients are seeking chiropractic wellness care , who may or may not be symptomatic , there does exist a model of health care that acknowledges structure and dysfunction to structure as a health condition. Such conditions require xrays as a means to identify structural stress.

Stress is a recognized health concern and structural stress can be measured with computer technology.

As chiropractors are warned against stating chiropractic care can resolve symptoms through treatment of conditions or through cure there is no such restriction when discussing structural and biomechanical dysfunction. This model of care which does fit within the chiropractic model which requires xrays analysis , irrespective of symptomatology. This does not deny the medical model , rather adds to this model to suit a more appropriate chiropractic model.

Full spine xrays are valid .

Reassessment using xrays are valid.

Advertising

Via spinal screenings , mass media or internal advertising.

It has been noted that throughout chiropractic history that chiropractors have been jailed for practicing medicine without a licence . Although medicine does not actually have a definition , chiropractors have been cautioned to state what is factual and justifiable in advertising. In avoiding stating that chiropractic cures or treats conditions we should be able to use pre and post xrays as a means of demonstrating the results of care.

We should also be allowed to advertise the benefits gained by patients when measured empirically by patient testamonials without this being considered scientific. if it is mentioned in the advert that it is an opinion and experience of the patient and not a scientific verification.

Advertising is a valid means of educating the public whether the Board considers Touting for business is bad or not. Where does education stop and touting begin…..does it somehow have to do with money. It appears the Board does not wish to sully the pristine profession of chiropractic with money. How has the Board interpreted capitalism? Is it the evil empire ? Can we not be allowed to conduct a business and practice simultaneously?

We live in a society where news , education and entertainment are intertwined …the lines of advertising are blurred. Social networking is now a powerful means of information dissemination. Where lies spread faster than truth and the Board wants to restrict the only valid means of getting information out to the

public by the profession . The Board is behind the times and needs to loosen the rope. We have a right to survive and spread the word.

Financial Plans

It should also be noted that chiropractic is a business where chiropractic is practiced in exchange for money. This does not mean that chiropractic is equal to money nor that an adjustment or manipulation is exchanged for money , rather that providing the services of a practice can be exchanged using money.

It is therefore within this relationship a customer may pay a chiropractor a retainer for a period of time whether the services are utilized or not. The agreement would state the details of the service to be available to the customer within this period of time. Therefore the matter of reviewing this agreement every three months is inappropriate and making the Chiropractic Board responsible for monitoring financial agreements which is not within the responsibility of This Board in administering the Act of chiropractic.

Financial protections for customers are already covered by other government departments and therefore terms such as

'Cooling off' should be removed as it implies contracting for care, which is illegal.

'Three month' financial contracts should be removed as chiropractic care and money contracts are illegal. Connecting chiropractic care and money are not interchangeable TERMS NOR RELATED TO EACH OTHER.

No payment limits

No money limits

No Limiting chiropractic to three month intervals

…… is also a veiled attempt to state that chiropractic care should be able to resolve symptoms within this period. Which is the practice of medicine , not chiropractic. Chiropractic is a biomechanical protocol , such as podiatry, which podiatry can use testamonials and is not limited to three months. Three months is an arbitrary term and therefore not valid in the practice of chiropractic. There exist within chiropractic multiple models to provide the service of assisting customers. This Board may need to reacquaint itself with how Chiropractic is taught and it is practiced. There appear s to be an extreme right wing interpretation of chiropractic in this Board that does not meet reality in practice.

The Board , I believe , is confusing chiropractic care , with treatment of conditions for the relief of symptoms. As chiropractic cannot categorically be used as a treatment or a cure we ought not be mistaken as practicing medicine with a chiropractic license. Therefore as much of what chiropractic does

is anecdotal there is no need to create artificial barriers to the practice of chiropractic. As the term subluxation is a restricted word to the practice of chiropractic we should be able to advertise that we correct such problems.

Care plans

…..this is a misplaced term and redundant in the practice of Chiropractic. The arrangements between customers and practices does not require a written plan as we cannot predict the results of care, nor that chiropractic can actually treat nor cure symptoms, nor conditions. Again this term , CARE PLANS, creates an unreal expectation with the customer that we cannot guarantee, which becomes implied with its creation.

Care plans and their intent should be removed entirely. A verbal statement between customer and chiropractor should suffice. It can be voluntary , not mandatory.

Mandatory notification.

If I notify the Board of practitioners that I believe do not conform do I get a reward as in crime watch?

I suggest that if they are found guilty I can get a reward of 10% of whatever fine they get.

I know of about 300 chiropractors who I wish to 'rat on'. Or I can get one of their ex patients to write a complaint and then share the reward with them……..

I think you may need to re think your ethics……

It would be more appropriate that the Board consider an Australian set of GUIDELINES RATHER THAN BORROW THE ENGLISH ONE . It is well known that the Chiropractic profession in England is not as progressive as in Australia. It is the wrong set of Guidelines in the wrong country. We are not mini medical doctors, nor should we sacrifice our own viewpoint for acceptance in a biased system of health.

We want a set of guidelines where growth as chiropractors is possible.

Robert Marin

Ph 08 82988711

heal@kern.com.au

Attention Chair Chiropractic Board of Australia
Ken McAviney
to:
natboards
16/05/2010 06:49 PM
Please respond to kmcaviney
Show Details

I completely agree with the following part of the submission made by Dr Cowie.

Clauses that cause substantive concern

1. Page 2 Introduction 1.1, 3rd paragraph: 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.

   There may be a reason for a chiropractors conduct departing significantly from the code. For example; a chiropractor is developing a new technique or diagnostic tool that does not currently have the support of the profession. In this instance repeated failure to meet the code would be acceptable "with justification".

   The words "without justification" must be inserted after "repeated failure"

2. Page 4, 2.2 Good Care part o.): 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.
3. Page 11, 9.2 Professional Boundaries clause c): "are often" should be replaced with "may be". If a chiropractor has a sufficient cooling off period before starting a relationship with a patient after ceasing care he or she should not be under the spectre of being judged as being in an inappropriate relationship.
4. Page 13, 9.12 Financial and commercial dealings Clause c): Flowers and chocolates. This is extremely proscriptive and unnecessary. A requirement to make a file note or to tell a colleague about every box of chocolates or bottle of wine a chiropractor receives from patients at Christmas is silly. By being so proscriptive the Board removes the broad brush approach that would permit it to address all variations of a theme that some chiropractors or manipulative patients might use to get around the spirit of the key element of the clause.

Regards,

Ken McAviney. DC New South Wales

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‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submissions to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May 7th 2010

Chair,

Code of Conduct for Chiropractors.

Thursday 20th May, 2010

Submission to Chiropractors Board of Australia
Re: Code of Professional Conduct for Chiropractors

By Dr Clinton McCauley (Chiropractor)

I wish to reply to the recent guidelines as they are currently being presented to the profession by the National Chiropractic Board.

Again, I am writing with such disappointment that the supposed gatekeepers of the Chiropractic profession have chosen to use guidelines that are so out of line with the beliefs of the broader Chiropractic community.

I acknowledge the effort they have made in creating a document that is a vast improvement on the first, yet there are still many issues that remain unclear, ambiguous and completely disrespectful to the broader Chiropractic community.

I believe that there are still restrictions that these laws and guidelines will impose on the profession and will continue to be a restriction of freedom that prevents me from actually practicing chiropractic as I have in the last fifteen years. I am not going to stand idle and let these laws pass without a fight.

It really disappoints me that the profession has very little time to actually ponder these proposed changes and it still mystifies me why, like all the other medical professions the Chiropractors Bord of Australia can’t adopt the general guidelines for professionals without all the extra guidelines that continue to cause such uproar. Again I believe these guidelines DO NOT represent the beliefs of the general chiropractic population. The document is still antagonistic and derogatory of a profession it is supposed to support.

It is evident the authors of the ‘codes and guidelines’ document, and its revised version, are seeking to pursue their political agendas, and force their personal opinions onto the chiropractic profession under the guise of standards or codes of the board. The documents are rife with vagueness, restrictions to practice that are unsubstantiated in the published literature, and arbitrary limits that are scientifically invalid and potentially damaging to the public. There are seemingly irrelevant statements, of which the true purpose of, are being

hidden or deliberately left obtuse by the authors. The documents are clearly not in the spirit of ‘simplifying the professional regulatory system and strengthening public protection’.

There is definitely a lack of clarity on definitions of many words throughout the entire document and as such creating ambiguity. With this comes a distinct lack of direction and meaning and as such can lead to any interpretation, causing potentially a lot of confusion. I refer to the points made by Drs Culley, Postles and Cowie in their submissions. I also completely agree with all their points, along with those of Dr McCibbin and Dr Gordon Benz.

I refer to my first submission “The Registration Board expects the chiropractic profession to believe they can be trusted to create these guidelines, and then they attempt to inhibit the practice of chiropractic through them. I believe the Board is attempting to impose massive restrictions on the profession itself. I feel strongly that the process that has created the guidelines is faulty and it therefore is not possible to accept them as they have compromised the integrity of what the Board stands for.”

In the introduction, you state “within an ethical framework”, yet there is no definition of what an ethical framework is and who has defined it, if we don’t know whose framework or their beliefs we are meant to be following then we are in trouble. The ethical framework of medicine would be, in some areas, vastly different from the chiropractic perspective. As I said in my first letter, we can’t trust the CBA to create guidelines with no clarity. Please don’t be ambiguous on values either. CLEARLY STATE the professional values you wish us to use and define them or don’t put it in there. There is so much scope, it is potentially opening us to major problems.

I understand when I am given the responsibility to practice chiropractic, I need to have the power and freedom to be self determined. I can only relate to the patients when I can freely communicate my message from my specialized knowledge and experience, not only applying evidence based science, as all other professions are permitted to do.
Again I am being restricted to practicing medical type “treatment”. “Taking steps to alleviate the symptoms and distress of patients, whether or not a cure is possible”.

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. This is completely contradictory within the code itself.

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 and the opposite is true also. This section should be deleted.

“Ensuring that the diagnosis is relevant, justifiable and based on sound clinical reasoning.” For decades limited exclusions under the medical Act restricted the practise of chiropractic. Diagnosing and/or claiming to treat named disorders raised the spectre of the possibility of chiropractors being charged with practicing medicine without a license. There needs to be more specifics or it needs to be deleted.

There is a need for clarification with regard to the outer perimeters of what the codes/regulations will require registrants to be able to diagnose and equally importantly, what diagnoses are we precluded from making? The codes/regulations need to include that clarification for the protection of the patients and chiropractors. Where do we fit into the scope of practice and more importantly, with the lack of clarity, it is also opening us up to being severely restricted in how we practice from a legal perspective.

“Practicing 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

If practice is always in “accordance with”, where is the opportunity for the growth and development of the profession? You suggest that every time a chiropractor performs an adjustment that is not published he/she is in breach of the ethics of the profession! I see the call to confine chiropractic for only ‘evidence based’ chiropractic as a massive threat to patient and practice well being. **Who decides what is accepted, I certainly hope it is not the Board.**

“ …. and not providing unnecessary services.” There is a very grave need to clearly define ‘unnecessary services’, what is the criteria for deciding that and who decides what is or is not; ‘unnecessary service’?. 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.

“Good practice involves offering assistance in an emergency…”
What does emergency mean? Is that in our offices? Is it at a road traffic accident? This is a huge impost to demand chiropractors to “continue to provide that assistance until services are no longer required”. We are not paramedics. The codes/regulations should not legally compel chiropractors to treat patients in emergencies

How another person handles his or herself in any context can not call into question the “conduct” of the chiropractor. It is ridiculous to entertain this demand in a document entitled “Code of Conduct for Chiropractors”. This is outside of the control of the chiropractor and is an abuse of your power to make this a condition of registration.

“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”.

This is a ridiculous sub-section. To even make suggestion that a Chiropractor does not give full care to everyone they see is demeaning. **I don't use pre-paid agreements and that comment angers me!**

"becoming familiar with, and using wherever necessary, qualified language interpreters and cultural interpreters .." who pays for this service? What about using non-qualified members of their own families as language interpreters and cultural interpreters? What are those arrangements for solo chiropractic practices where the norm is seeing a diverse range of patients speaking different languages? Does that mean we need to hire a language interpreter and of course that means many as there are many languages spoken in Australia.

"Caring for children and young people brings additional responsibilities for chiropractors"
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, athletes, elderly, pregnant women.

"Good practice recognises that providing care to close friends, work colleagues and family members can be inappropriate because of a lack of objectivity, possible discontinuity of care and risks to the chiropractor or patient."

In my experience, such claims are utterly unfounded. Wouldn't it be more likely that we would take as much care, professionalism and knowledge as any other member of the public?

Maybe that is what the writers of this document do, I surely don't.

Where is the chiropractic evidence underwriting this claim? Which profession's "good practice" recognises that?

"Ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient"
Good practice is about empowering people to assume the ultimate responsibility for their care.

"a) Complying with statutory reporting requirements, including those under the National Law refer to……"
Anything that we need to know about this Code of Conduct for Chiropractors should be included here.
I submit to you that you include the Board Guidelines on Mandatory reporting in the Code of Conduct for Chiropractors and any other document you refer to, so it is in one document.

"b) …. If token gifts (flowers and chocolates) are accepted making a file note or informing a colleague. This exemplifies overly stringent regulation, its inclusion contrasts to no inclusion of more urgent matters.

c) not pressuring patients or their families to make donations to other people of organisations. This comment is demeaning.
Please delete b) and c)

c) “Understanding the principles of immunization against communicable diseases”
I agree with Dr Mar Postles “There is no need or relevance for this requirement here. You may as well demand that chiropractors understand the Krebs cycle or any other biological process. If you mean that chiropractors should support mass vaccination then state it and don’t beat around the bush with euphuisms”.
Please delete this section.

d) “For chiropractors who are able to prescribe…”
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.

The Code of Conduct for Registered Health Professionals is well written, articulate, open and positive in its framing and a chance to further our professional standards across all the health professions.

The Code of Professional Conduct for Chiropractors is improved yet still poorly written, restrictive, insular and negative in it framework and as such should not be accepted in its current proposal. There needs to be **even** more discussion and deliberation over the proposed changes and I protest to the guidelines as they are. These need to be changed before legislation comes in as I believe once implemented, it will be extremely difficult for any changes to be made at all.

Again this quote sums it up **“Don’t let the negative few overpower the positive many”**
And that is what this is, fear mongering at its best! Its inclusion, as it is, will only hamper the proper development of new and necessary guidelines as the challenges to the new act become apparent.

I would respectfully suggest that the Code of Professional Conduct for Chiropractors be reviewed again as it will only cause confusion and place an unnecessary regulatory burden for little to no effect. With necessary discussion and debate with everyone involved, then a newer draft for chiropractic conduct can be written.

Wouldn't it be great if the benefits of chiropractic were told en mass instead of the alternative? Wouldn't it also be great if for once the truth was told that chiropractic is safer than the medical alternative?
The rate of harm arising from chiropractic care pales when compared to iatrogenic risk.

Recognition by researchers state the medical system is as a, or, the leading cause of death and injury in society today. This obliges the architects of the codes/regulations to ensure registrants minimise risk to patients by informing them about the iatrogenic epidemic.

For the protection of the patients and chiropractors the codes/regulations must recognise and respond to rather than ignore the extent of medical harm within the health care system.

Again, I ponder these questions as I look at potentially the most damaging legislation to come about in the chiropractic profession. I am still completely disheartened by the so called experts attempting to choke the profession with their belligerence.

I submit that the Chiropractic Board of Australia amends the revised code to reflect the aforementioned changes

Yours sincerely,

Clinton McCauley
B.App.Sc. (Clinical)
B.C.Sc. (Chiro) R.M.I.T.

Submission to the Chiropractic Board of Australia

Regarding the Consultation Draft Code of Conduct for Chiropractors

Attention', Chair, Chiropractic Board of Australia natboards@dhs.vic.gov.au

PREAMBLE

Registration Travesties.

Registration is about ensuring the delivery of safe treatment.

Implying that a principle aim of registration is protecting patients from harm is a dangerous and cruel deception. During the five decades since Illiche's warned about iatrogenesis published articles have warned of the iatrogenic epidemic.

The true extent of iatrogenesis should be common knowledge within health related government departments, yet internationally, no governments collect and publish data about the entire extent of the full spectrum of iatrogenesis. That is why researchers use medicine's own the medical literature to guesstimate rates of medical permanent harm or death.

John Archer's 1995 book, *Bad Medicine is* based upon **some** of the medical data about iatrogenesis. I phoned John and suggested that his estimates of about 50,000 iatrogenic deaths and 750,000 permanent injuries per year in Australia[i] were excessive. He told me he stood by his interpretation of the medical data.

US researchers, including three MDs and a PhD, used a framework of categories of iatrogenesis in which to sort **all** of the available jumbled medical data into an orderly way of portraying the full picture of the entire spectrum of their iatrogenic epidemic. "The most stunning statistic, however, is that the total number of deaths caused by conventional medicine is an astounding 783,936 per year. It is now evident that the American medical system is the leading cause of death and injury in the US."[ii]

According to the BMJ July 17 1999 "Studies in Australia, Israel, the United Kingdom and elsewhere suggest levels of error and hazard in patient care that are no lower than in America."

If interpretations of the medical literature are close to being correct, over decades registered and licensed medical providers appear to have initiated an iatrogenic epidemic whose collective magnitude dwarfs all of the fatalities incurred by serving men and women in Australia's defence forces in all of the wars in which Australia has been a combatant, without any adequate public forewarning from medical or chiropractic registration Boards, medical and chiropractic associations, the mainstream media or the government.

The sponsors of Australia's medical system Australia's Government can be trusted to adequately forewarn potential victims of iatrogenic harm.

My correspondence to various government departments established that no government department, including the Australian Bureau of Statistics accurately defines the number of victims of the total spectrum of iatrogenesis. The spokeswoman for the federal Minister for health echoed the Australian Bureau of Statistics (ABS) data suggesting **259** deaths a year. Prime Minister Rudd's government inquiry into public health stated that there are **4550** in-hospital deaths due to medical mistakes in Australia annually, a difference of 1756.76% from the ABS figure of **259** deaths a year. Australia's true total iatrogenic toll is unknown and unknowable

I know that governments remain ignorant of the true magnitude of iatrogenesis and that they fail to forewarn and so protect a vast number of future potential victims of iatrogenic harm. Seen in a worldwide context over decades, this is an incomprehensible level of wrongdoing. It would please me greatly if the reader can disprove that position.

Registration is about ensuring the delivery of effective treatment.

Australia's 1977 Webb Report noted the following sequence of events; the majority of new patients attending chiropractors shared a history of failed medical treatment, later they sought chiropractic care for the same disorder. Quoting Webb ", the majority of whom report high levels of satisfaction with treatment they received."

Over decades millions of public patients have shifted to chiropractic care, by 2010, majority refers to millions of patients. Currently, some half of Australia's 22 million population use public health and so are denied direct access to Medicare funded chiropractic care. It is probable that a similar number of public patients as compared to private patients share subluxation related disorders for which Chiropractic is, and Medicine is not the appropriate care.

Within public health, and with regard to subluxation related disorders, registration serves as an anticompetitive device permitting the substitution of ineffective, potentially dangerous medical services for comparatively safe and effective chiropractic care.

The codes/regulations need to recognise that chiropractors who locate and adjust subluxations share a professional obligation to oppose the continuing containment of chiropractic so that those public patients who have subluxation related disorders may have direct access to Medicare funded chiropractic care.

Regarding chiropractic philosophy, why many chiropractors do what we do.

Belief systems may lose currency, truths are everlasting. My truths include both Universal intelligence and Innate intelligence. I am proud to be a chiropractor, I use its terminology and subscribe to its philosophy.

Allopathically inclined chiropractors abandon both chiropractic philosophy and its the terminology.

That is their free choice, but they should not misuse their authority of the Board to exclude chiropractic philosophy and its the terminology while imposing upon all chiropractors medical thinking, terminology and procedures in a perilous hybrid between chiropractic and medicine.

The code of conduct should be about ensuring patients receive safe, effective and cost effective care. Instead the code is unnecessarily cluttered with relatively low priority motherhood statements while ignoring two crucial key issues
1)Probably millions of public patients who have subluxation related disorders are denied direct access to Medicare funded chiropractic care by government imposed anti-competitive trading arrangements; i.e. containment.
2) Ignoring and not incorporating the public domain recognition that there is an iatrogenic epidemic.

The architects of the codes/regulations rightly propose that: "Chiropractors have a duty to make the care of patients their first concern.' Chiropractors have a responsibility to contribute to the effectiveness and efficacy (repeat of words with the same meaning) of the health care system. Minimising risk to patients is a fundamental component to practice.

Chiropractors share a duty to make the care of patients their first concern, to contribute to the effectiveness and safety of health care system and to minimise risk. How are we to do that if we are expected to ignore what authors refer to as an iatrogenic 'epidemic'?

Because of containment chiropractors cannot contribute toward the safety and success of Australia's public "health care system". The Board needs to define the term "health care system".

Page 3 Chiropractors have a responsibility to recognise and work within the limits of their competence and scope of practice.
The meaning of the term 'chiropractic' seems to some degree to be whatever the chiropractor decides her/his area of interest is. Without criticism; my highly regarded neighbouring colleagues use a poultice and manipulate using a ball. I visited 2 chiropractors, neither examined or manipulated/adjusted my spine, one prescribed massage, the other prescribed minerals and vitamins.

With no uniform national legislated chiropractic scope of practice academics have redefined 'chiropractic' to a degree that there is no recognisable way that anyone can define when a chiropractor is practising or is not practising "chiropractic, there is no legally defined scope of practice.

Page 3 Chiropractors should be committed to safety and quality in health care. (The Australian Commission of Safety and Quality in Health Care etc. According to my inquiries with the Australian Commission of Safety and Quality in Health Care they have no idea of the number of patients who are either permanently harmed or died due to medical treatment as distinct from their disorder or what Australia's annual iatrogenic toll is. They use the term "sentinel event" whose definition and subsequent figures bear no relationship even to media figures about segments of the iatrogenic toll which point to, 18,000 5,000 and 4,500 iatrogenic deaths per year.

In relationship to both the iatrogenic epidemic and containment of chiropractic the code needs to define how chiropractors should be committed to safety and quality in health care.

Page 3 2.1 b) ensuring that the diagnosis is relevant, justifiable and based on sound clinical reasoning.
For decades limited exclusions under the medical Act restricted the practise of chiropractic. Diagnosing and/or claiming to treat named disorders raised the spectre of the possibility of chiropractors being charged with practicing medicine without a license. In response chiropractors developed modes of practise which do not include diagnosing. Registered chiropractors of that era have practised for decades without any formal tertiary level training in clinical diagnosis. The codes/regulations must accommodate to that segment of the profession.

Both for the protection of the patients and the new legal obligations imposed upon chiropractors by this section of the code the outer perimeter of what disorders all registrants must be able to diagnose and equally importantly, what disorders all registrants must not diagnose must be defined.

Page 4 o) practising in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes. I see the call to confine chiropractic for only 'evidence based' chiropractic as a massive threat to patient and practice well being.

See a sample of two cases unlikely to be ever evidence based
http://www.youtube.com/watch?v=PDHHFFNbAlQ&feature=channel
http://www.youtube.com/watch?v=D4DcoJ3SWqI

This regulation would give the Sceptics great opportunity to use our literature as a basis for legal complaints against chiropractors. A page of advertising for the current spine care week includes *flattening of the skull, poor sleep, unexplained crying, frequent colds, colic, inability to settle, middle ear infections, reflux, constipation wind flatulence, eczema, scoliosis, poor posture, bed wetting, migraine, recurrent infections, growing pains, ADHD/ADD asthma* etc etc. How many of those publically implied/claimed clinic outcomes are evidence based?

Page 4 2.6 d) …. and not providing unnecessary services." Who is qualified to arbitrarily define "necessary service" and 'unnecessary service'? Some chiropractors do not subscribe to maintenance programs, while some get adjusted frequently throughout our careers.

Page 4 2.6 e) …. if a patient poses a risk to health and safety, the patient should not be denied care, if reasonable steps can be taken to keep chiropractors and their staff safe. Registration should **not** legally compel chiropractors to adjust patients who pose 'a risk to health and safety".

Page 4 2.7 Treating patients in emergencies.
The codes/regulations should not legally compel chiropractors to treat patients in emergencies.

I am a chiropractor who locates and adjusts subluxations, I can perform basic first aid. I am not qualified to treat many/most medical emergencies. If chiropractors are to be legally obliged to treat emergencies, then the codes/regulations should clearly define the terms 'treat' and 'emergency'.

Page 4 3.2 Partnership e) too long to type ; providing information and advice to the best of the chiropractors ability and according to the stated needs of the patient. Once again; under page 4 of the Guidelines for advertising 5 e) we are not allowed to compare different regulated health professions. F) claim that the services provided by a particular regulated health profession are better or safer than others.

In our day to day practice, there are occasions when we need to compare the safety of chiropractic to the risk of medical harm. For example when the stated needs of the patient have been 1) medically to have spinal surgery 2) from the chiropractor's viewpoint, locating and

adjusting subluxations may make surgery unnecessary. The code/regulations need to clarify if registrants do or do not share a legal duty of care to explain iatrogenic risks to patients.

Page 5 Effective Communication

Both the following h). and i) seem to be quotes from a big institution's rule book and should be removed.

h). Making sure, where ever possible, that arrangements are made to meet the specific language, cultural and communication needs of patients and being aware of how these needs effect understanding.

"..arrangements are made to meet the specific language, cultural and communication needs of patients .." What are those arrangements for solo chiropractic practices where the norm is seeing a diverse range of patients speaking different languages?

i). "becoming familiar with, and using wherever necessary, qualified language interpreters and cultural interpreters .." who pays for this service? What is wrong with the time honoured practice of using non-qualified members of their own families as language interpreters and cultural interpreters?

Confidentiality and privacy

e). where relevant, being aware that there are complex issues relating to genetic information and seeking appropriate advice about disclosure of such information. This appears to impose information from a medical setting upon a chiropractic setting. It should be removed.

Page 6

Informed Consent

b). an explanation of the current treatment recommended, its likely direction, expected benefits and cost, any alternative (s) to the proposed care and their relative risks/benefits as well as the likely consequences of no care. That happens in a typical report of findings visit, except that this code obliges the chiropractor to detail expected relative risk/benefits of **any** alternative (s) etc: massage, yoga, physiotherapy, drugs, surgery and on and on; "as well as the likely consequences".

Yet under page 4 of the Guidelines for advertising 5 e) we are not allowed to compare different regulated health professions. F) claim that the services provided by a particular regulated health profession are better or safer than others.

Page 8

3.13 Ending a professional relationship.

The code should not mandate that the chiropractor must facilitate arrangements for the continuing care of the patient, including passing on relevant clinical information. In over forty years thousands of patients have come and gone without me facilitating arrangements for the continuing care of those patients, including passing on relevant clinical information.

In the normal flow of practice, patients want to know if theirs is a subluxation related disorder, chiropractors provide a trial period to find that out. Occasionally, if theirs proves not to be a subluxation related disorder, chiropractic care is terminated. It is then up to the patient to choose and pursue what other option (s) the patient subsequently follows.

3.14 Personal relationships.

Good practice recognises that providing care to close friends, work colleagues and family members can be inappropriate because of a lack of objectivity, possible discontinuity of care and risks to the chiropractor or patient.

Which profession's "good practice" recognises that? This paragraph sounds as if it has a medical origin. Where is the chiropractic evidence underwriting this claim? In my experience, such claims are utterly unfounded.

What research proved that providing care to close friends, work colleagues and family members can be inappropriate because of:

A lack of objectivity, My objective, locate and adjust the subluxations is the same for every one.

Discontinuity of care.
As mentioned above, during the decades of a chiropractor's practice of the thousands of patients she/he will see most will discontinue care, long term continuity of care such as lifetime chiropractic care is an exception.

What is the basis for the claim that the provision of chiropractic care to "close friends, work colleagues and family members can be inappropriate because of risks to the chiropractor or patient"? What unique risks does this rule apply to?

4.2 Use of diagnostic tools, test, and procedures

As mentioned above, Board members should know that some/many chiropractors are not qualified to diagnose, do not claim to do so and judging by their decades of satisfactory practise, do not need to do so. The proposed code places a legal requirement that all chiropractors must perform:

a) a full and thorough assessment of patients using tools, tests and procedures that are appropriate for the gathering of information necessary to form a diagnosis etc.

Requiring that, without very explicit strict guidelines may well endanger both patient and chiropractor.

That requirement should be deleted.

Two must answer questions arise:

1) What medical conditions are all of Australia's practising chiropractors going to be legally required to diagnose?
2) What medical conditions are all of Australia's practising chiropractors not going to be legally required to diagnose?

5 Working with other practitioners

A medical referral may take the patient from comparatively low level risk chiropractic to the risk of being a victim in the iatrogenic epidemic. Whose liability is it when a chiropractor's referral to a medical practitioner exposes a patient to iatrogenic harm?

6 Working within the health care system.

The wording of this section is very poor, it would have greater relationship to the profession's reality to word it as follows.

Good practice involves:

a) fully understanding the anticompetitive structure and function of public health, its various trade barriers and their adverse effects upon those who should be chiropractic patients.
b) Upholding the right of public patients to gain direct Medicare funded access to chiropractic care.
c) Opposing the current biased allocation of health resources and supporting their equitable allocation.
d) Understanding that denial of those public patients who have subluxation related disorders to appropriate chiropractic care while exposing them to the risks of inappropriate medical treatment betrays patient and public interests.

For a) see http://www.attadalechiropractic.com/News-And-Views/Articles-of-Interest/Pages/Do%20You%20Sense%20that%20Something%20is%20Amiss.aspx

Minimising risk
Risk is inherent to health care. True, iatrogenesis appears to be a or the leading cause of permanent harm and death. Iatrogenic harm is evidenced in our practices far more often than any harm from chiropractic.

If it is the intent of the codes/regulations to minimise risk they should at this point give recognition to a chiropractor's responsibility to be on the lookout for iatrogenesis such as the report of bleeding from the rectum due to anti-inflamatories, or muscle wasting coincidental to the patient taking cholesterol lowering medication.

9.4 Health records
a) keeping accurate records that report relevant details of …. medication … What medications must a chiropractor record? This requirement needs to be exquisitely specific.

9.12 Financial and commercial dealings

b) …. If token gifts (flowers and chocolates) are accepted making a file note or informing a colleague. When one reflects upon the codes fatal flaws, such as the

recognition of iatrogenic harm, this requirement exemplifies overly stringent regulation about relative trivia. c) not pressuring patients or their families to make donations to other people of organisations. ASRF?

Please delete b) and c)

Ensuring chiropractor health

d) understanding the principles of immunisation against communicable diseases.

Patient safety may be best served if the codes/regulations require registrants to understanding the principles of immunisation against communicable diseases as well as understanding vaccination risks.

Medicine, government and the media do not provide adequate clear unbiased information regarding the risk-benefit ratio of repeated vaccinations. Growing distrust causes patients to ask advice from chiropractors.

Along with the foregoing I remain seriously concerned about the areas in the codes/regulations that are still in effect and that were mentioned in my previous submission.

Michael McKibbin DC

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[i] Archer, John. Bad Medicine: How Safe Is Modern Medicine. Simon and Schuster Australia, East Roseville, NSW. 1995. P184

ii Le Magazine March 2004; As We See It, Dangerous Medicine http://www.lef.org/magazine/mag2004/mar2004_awsi_01.htmii

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. “Best” will provide a platform where the Board will be selective as to which information it accepts.

I submit that “treatment be changed to treatment/care and that “best” be deleted”

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.
I submit that this sub-section is 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: Where is the evidence that evidence based practice is more effective, efficient and safer? If practice is always in “accordance with”, where is the opportunity for the growth and development of the profession? You suggest that every time a chiropractor performs an adjustment that is not published he/she is in breach of the ethics of the profession!
I submit that this sub-section is deleted

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 in society. Every person who we see brings additional responsibilities so why single out children? Every point that you

make under this section could be equally applied to any other group of the population.
I submit that you delete this entire section with the exception of 3.7 d) as amended below

Appendix 3:
Guidelines in relation to Duration and Frequency of Care

1. A program of care should be based on clinical need and be…

Comment: I suggest that this wording is limited to low level, needs/condition based care.
I submit that this preamble be changed to include the statement "A program of care should be based on "outcomes and clinical indicators" and be tailored" etc.

I submit that the Chiropractic Board of Australia amends the revised code to reflect the aforementioned changes.

‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

May 20, 2010

Chair,
Code of Conduct for Chiropractors

I thank you for the opportunity of responding to the proposed Code of Conduct for Chiropractors. I note some minor changes to the initial proposal and I welcome them, however there is still a long way to go.

I wish to state plainly that I share the Boards concern and regard for protecting the safety of the public, however I am disheartened to see that the CBA has strayed wildly from this objective and is seeking to limit and re-define the practice and profession of Chiropractic.

It is manifestly evident from the tone, content and over proscriptive nature of the document that the document has been covertly intended to limit, damage and irreversibly change the nature of the chiropractic profession. It is not the function of the CBA to re-invent the chiropractic profession and any document produced with such an agenda must and will be rejected by the profession.

If the CBA assumes the role of limiting, damaging and irreversibly changing the nature of the chiropractic profession, then it must be prepared to have a very open transparent dialogue in the public arena, and be prepared listen and respond to concerns raised.

It is arrogant of the CBA to consider it can propose such radical changes upon the chiropractic landscape without a major uproar from not only within the profession but more importantly from the Boards most significant stakeholders, the general public. To think this will not happen is folly.

Given its importance, I am disappointed with the lack of time to consider the unnecessarily complex document. The rushing of this document makes a mockery of the consultation process and unfortunately appears to be a deliberate attempt to shut the process down.

Given the tight timeframe surely it is encumbered upon the Board to adopt a simple and clear document albeit leaving scope for it to be revised, but only as warranted by future experience and need.

My proposal is simple; the CBA needs to adopt a broadly generic document, in keeping with the other national registration boards (especially in line with Osteopaths and Physiotherapists) giving allowance for minor alteration concerning the very few issues that are specific to the chiropractic profession.

After reviewing the proposed Code of Conduct for Chiropractors ***there remain several very serious concerns which will <u>no doubt come to the attention of the Minister and indeed the general public should the guidelines proceed</u> without radical and significant simplification and revision.*** These very serious concerns are as follows:

1. The proposed guidelines are completely out of step with guidelines for similar professions such as Physiotherapy or Osteopathy, being both over proscriptive and antagonistic to the chiropractic profession.

2. The guidelines have gravely overstepped the mark of being a Code of Conduct for Chiropractors and have plainly been written by a minority, unrepresentative sector of the profession with the intention of changing the very nature of the profession. The CBA has failed to produce a simple Code of Conduct and instead has produced an over proscriptive document that serves to re-define the profession it purports to regulate.

3. By comparison to other national boards the CBA appears to lack even the competence required to produce a basic guideline. How can the Minister, the general public or the profession be expected to have confidence in the CBA if it so spectacularly fails to produce an acceptable Code of Conduct for Chiropractors?

4. The CBA has NOT published all the submissions as it stated it would. WHY NOT?

5. The board has NO ROLE in defining the profession and has erroneously overstepped its mandate to protect the public. It is not mandated to intrude into issues of professional contention and debate. The CBA is not qualified or competent to make determinations as to evidence based practice and prevailing best practice.

6. Considering the overwhelming majority of Chiropractors are in support of having a Code of Conduct for the profession, it is remarkable that the CBA has been able to produce a document that is so widely unpopular with the profession it sets out to regulate? How has this possibly occurred? Why has it NOT occurred among other National Boards?

7. Other health professionals are able to refer patients for diagnostic imaging yet there is no mention of radiology guidelines in their regulations. Why does our Board see fit to discriminate against the chiropractic profession in contrast to other professions?

I wish to convey further remarks on various aspects of this document and will take it in order of its appearance in the document.

Definitions

You have chosen to offer your own definitions. This flies in the face of all reason and knowledge of the English language.
Comment: If you are to provide definitions, please make them accurate and please define all of the terms that you use.

'Patient' includes client, health consumer or carer".
Comment: Please tell me how you can define Patient as a client or health consumer or carer. What is your reference for such a definition? This equates to every person in society as being considered a "patient". In the context of chiropractic services there are many roles assumed ranging from patient (sick) to client, customer, consumer etc at higher levels of lifestyle care.
I submit that you define the recipients of chiropractic care more accurately.

"**Providing Care"**
Comment: By this statement you are casting the net of "care" to every interaction that a chiropractor may have with others
I submit that you define this more accurately.

"Practice"
Comment: Practice, by this definition includes every application of a chiropractors existence as it includes "non-clinical" relationships
I submit that you define this more accurately.

You have not attempted to define numerous areas of this document, which are ambiguous at best. For example, there is no definition for;
"Person"
"the Health Care System"
"Public Health"
"Health"

“Diagnosis”
“Treatment”
“Professional values”
“Treating Team”
Comment: So that people can understand and comply with the contents of this code it is imperative that the terms are defined.
I submit that you define the above terms.

Acknowledgements
Comment: You have omitted to give acknowledgement to the General Chiropractic Council (GCC) (UK) from which you have drawn heavily for this document.

Introduction
1.1 Use of the Code
“… within an ethical framework”
Comment: You decline to state upon whose or what ethics you are referring. Seeing that you refer to “ethics” frequently wouldn’t it be useful to understand which philosophy the “ethics” you refer to is related.
I submit that you define this term.

“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. I realize that by keeping it general it gives your lawyers greater latitude to penalize and prosecute.

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”.
Comment: You are stating here that personal beliefs and values must acquiesce to an un-stated set of “Professional” values. What are these values? As the regulatory body, if you want to dictate what chiropractors think you must state what it is that they are to think. (See my request for a definition of “Professional values”).
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.
I submit that “the community” be deleted

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
I submit that this section be deleted

1.4 Substitute decision makers

Comment: This section is redundant
I submit that this section be deleted

2 Providing good care

2.1 Introduction

a) and b) 'relevant'

Comment: If the patient has a problem that a chiropractor unearths by case history, observation, examination, imaging or other modes, then it is relevant regardless of the symptom presentation or the patient's desires. This may be a patient health/safety issue. It is certainly something that the patient would need to know, It matters not if the patient had this as a part of the presenting symptom picture or not. Not all problems originate at the site of symptoms. Chiropractors need to be encouraged to unearth the cause of symptoms and not arbitrarily limited to the region of pain. This imposed limit is potentially dangerous to the patient!
I submit that the term 'relevant' be defined clearly and to include findings both related and UNRELATED to symptomatic presentation.

b) "ensuring that the diagnosis is relevant, justifiable…"
Comment: Diagnosis is relevant to symptomatic treatment however it is not to asymptomatic care.
I submit diagnosis/analysis/clinical assessment or similar.

e) "recognizing 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 too nebulous. How, at the time does a chiropractor know what they don't know. 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.
I submit that this subsection be deleted

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. “Best” will provide a platform where the Board will be selective as to which information it accepts.
I submit that “treatment be changed to treatment/care and that “best” be deleted”

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.
I submit that this sub-section is 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: Where is the evidence that evidence based practice is more effective, efficient and safer? If practice is always in “accordance with”, where is the opportunity for the growth and development of the profession? You suggest that every time a chiropractor performs an adjustment that is not published he/she is in breach of the ethics of the profession!
I submit that this sub-section is deleted

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.
I submit to you that this section is deleted.

2.6 d) not providing unnecessary services

Comment: Non symptomatic care and unnecessary care are not the same thing.

I would think that provided the patient is made aware of the need/value and agrees to that care then all is good.
I submit to you that 'unnecessary services' be defined clearly with careful differentiation between unnecessary care and non-symptomatic care.

e) "keeping chiropractors and their staff safe.."
Comment: It is the choice of any chiropractor to deny care to anyone providing appropriate arrangements are made for their further care.
I submit that this sub-section is deleted

2.7 Treatment in emergencies

"Good practice involves offering assistance in an emergency…".
Comment: This is worded loosely and non-specifically. Does it refer to national emergencies, traffic accidents etc. This is a huge impost to demand chiropractors to "continue to provide that assistance until services are no longer required". We are not paramedics.
I submit to you that this section is deleted.

3.2 Partnership

Comment: This section is overly proscriptive and contradictory eg the chiropractor is "honest" and yet you state in 9.2 Professional boundaries "Good practice involves… d) avoiding the expression of a chiropractor's personal beliefs to patients …that are likely to cause them distress". Is the chiropractor to be honest or not say anything that would upset a person?

The second part of this section "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: It is ridiculous to entertain this demand in a document entitled "Code of Conduct for Chiropractors". How another person handles his or herself in any context can not call into question the "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.
I submit that you delete from after g) down in Section 3.2

3.3 Effective communication
d) discussing with patients…."
Comment: chiropractors (nor any other health care practitioner) are not qualified to discuss "available health care options, including their nature, purpose, possible positive and adverse consequences, limitations…". Chiropractors can discuss the chiropractic options.
I submit that you delete this sub-section

f) "ensuring that patients are informed…"
Comment: This is a duplication of the informed consent section
I submit that this sub-section be deleted

i) "becoming familiar with, and using wherever necessary, qualified language interpreters…"
Comment: Placing this responsibility on the shoulders of chiropractors is an outrageous impost. Let the patient bear the responsibility and expense of this service.
I submit that this sub-section is deleted

j) "communicating appropriately…"
Comment: what is the "treating team" that you refer to?
"Appropriately", by what and whose standards?
"Relevant information to other stakeholders" Who are these stakeholders, what information is considered relevant and under what conditions shall this information be shared?
I submit that you delete this sub-section

3.4 Confidentiality and privacy

e) (regarding genetic information)
Comment: In my opinion there is no need for this item. Where is the relevance to chiropractic practice?
I submit that you delete this sub-section

f) & g)
Comment: f & g are not necessary as h states your requirement.
I submit that you delete sub-sections f & g and retain h

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

b) "an explanation of …"
Comment: chiropractors (nor any registered health care provider) are not qualified to be responsible for explaining "alternatives to the proposed care and their relative risk/benefits". There is a diverse range of health care options available for any given person or situation.

To enforce a health practitioner to entertain the likely consequences of no care is to open a pandora's box of speculation not to mention fear induction.
I submit that you delete this sub-section

3.6 Informed financial consent – fees

f) "ensuring the amount, time and quality of care delivered does not differ for those patients (with similar conditions) on a pre paid financial agreement to those who are not".
Comment: Exactly how do you propose chiropractors are to ***ensure*** compliance with this request? Do Chiropractors employ a time keeper to ***ensure*** that everyone gets precisely the same based on similar (but not the same) conditions? Or is the word '***ensuring'*** to be interpreted loosely? If so, what other words or parts of this document are to be interpreted loosely?
I submit that this sub-section is deleted

g) "ensuring that the agreement is reviewed every 3 months or 12 visits whichever is the greatest"
Comment: Where is the stipulation in common law that requires financial agreements between consenting parties to be reviewed at this frequency – this requirement is an unnecessary impost on a business. As far as the visit number of 12 goes – where did this come from, where is the evidence that a review every 12 visits is "good practice"?
I submit that you delete this sub-section

3.7 Children and young people

"caring for children and young people brings additional responsibilities for chiropractors"
Comment: This is highly questionable as 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.

I submit that you delete this entire section with the exception of 3.7 d) as amended below and 3.7 to remain unchanged.

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.
I submit that you state the age of consent

3.8 Culturally safe and sensitive practice
Comment: This is a hodge-podge of politically correct waffle. The responsibilities of chiropractors is to the individual in whatever shape of form they present.
I submit that this section is deleted

3.15 Working with multiple patients
Comment: This is a duplication of the Confidentiality and Privacy section.
I submit that this section is deleted

4.2 Acceptable levels of reliability and validity

Comment: "What is "acceptable"? By what criteria are these determined? Is acceptability overseas good enough to be acceptable here? If not, why not? How many papers are needed to indicate reliability and validity? If the tool is new how many are needed then? If I am trained to use a test but my neighbour chiropractor is not, why am I prevented from using a test because of my neighbour's ignorance? Where are the guidelines for acceptable levels of reliability and validity and the necessity for training in the use of these examination tools?"
As for the reference to 'necessary', on their own very few tests, procedures and diagnostic tools could be deemed "necessary". But put together they all go to form a picture of patient function/dysfunction and contribute to a more accurate diagnosis/analysis. All of the attempts at safeguards mentioned in the various sub-clauses of 4.2 are already covered in the finger waving clauses that say that chiropractors better act ethically. As if the vast majority wouldn't anyhow. Those that don't have the Common Law to face.
I submit that this section is deleted

5 Working with other practitioners

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: This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor

bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit to you that this sub-section be deleted and leave in it's place b).

5.4 Coordinating care with other practitioners

a) "communicating all relevant information in a timely way"
Comment: I repeat my comments from 5.1 (above). This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit that you delete this sub-section

b) "ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient"
Comment: How presumptive to take a position of telling a person that I, the chiropractor are responsible for coordinating your care. 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.
I submit to you that this entire section be deleted

6. Working within the health care system

6.4 Public Health
Comment: Without a definition of "Public Health" it is improper to have this as a requirement for chiropractor's good practice.
I submit that this sub-section is deleted

7. Minimizing risk
Comment: The statutory requirements should be stated here.

7.2 Risk management

c) "participating in systems for surveillance…".
Comment: for "Good Practice" to include surveillance by whatever means is intrusive and unnecessary.
I submit to you that this sub-section be deleted

9.2 Professional boundaries

d) “avoiding the expression of a 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.
I submit to you that this preamble be deleted

9.3 a) “the Board’s guideline on mandatory reporting at: www.chiropracticboard.gov.au”
Comment: Where is it? I couldn't find it. Is this a circular reference? Where are these? It is unreasonable for the profession to comment and commit on the totality of these guidelines if all of the documents referenced are not made available.
I submit to you that you make the documentation available in time for comments to be made or this section needs re-wording or deleting.

9.4 Health records
a) “keeping up-to-date and legible records that report relevant details of clinical history, clinical findings and determinations, investigations, information given to patients, medication and other management”
Comment: This is impractical for a chiropractor to constantly record (up-to-date) details of all information and medication given to a person from any source. Any information and medication that a patient has received that the chiropractor doesn’t know about or hasn’t recorded will be grounds for board action against the chiropractor.

f) “where a health record is to be changed…”
Comment: This sub-section does not allow for electronic records
I submit to you that this sub-section be changed to accommodate electronic records.

9. 6 a) Advertising
Comment: Where are “the Board’s Guidelines on Advertising which can be found at: www.chiropracticboard.gov.au” as stated? It is unreasonable for the profession to comment on the totality of these guidelines if all of the documents referenced are not made available.
I submit to you that you make the documentation available in time for comments to be made or this section needs re-wording or deleting.

9.10
Comment: The *responsibilities* are well defined but the *rights* are not. What “rights” does a chiropractor have in these situations?
I submit that you please inform me so that I may give an informed consent to this guideline.

9.12 Financial and commercial dealings
c) "not accepting gifts…"
Comment: Notifying a colleague of the receipt of a gift is an unnecessary impost
I submit to you that this sub-section be deleted

d) "not becoming involved financially with patients…"
Comment: This is totally unacceptable. By your definition of "patient" this would include every person in one's sphere of influence. So, a chiropractor can't have financial dealings with family including spouse/partner - hmm
I submit to you that this sub-section be deleted

10.2 Chiropractor health
a) "attending an appropriate practitioner to meet health needs"
Comment: This is an unnecessary dictate
I submit to you that this sub-section be deleted

c) "understanding the principles of immunization against communicable diseases"
Comment: There is no need or relevance for this requirement here. You may as well demand that chiropractors understand the Krebs cycle or any other biological process. If you mean that chiropractors should support mass vaccination then state it and don't beat around the bush with euphuisms.
I submit to you that this sub-section be deleted

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 to you that this sub-section be deleted

10.3 Other practitioners health
a) "providing practitioners who are patients with the same quality of care provided to other patients"
Comment: This is overly prescriptive and states the obvious. Why would a chiropractor not give a peer a quality adjustment?
I submit to you that this sub-section be deleted

Appendix 3:
Guidelines in relation to Duration and Frequency of Care

1. A program of care should be based on clinical need and be…

Comment: I suggest that this wording is limited to low level, needs/condition based care.
I submit that this preamble be changed to include the statement "A program of care should be based on "outcomes and clinical indicators" and be tailored" etc.

Finally I submit that the Chiropractic Board of Australia amends the revised code to reflect the aforementioned changes.

Thank you for the opportunity to make comments on the "*Revised Code of Conduct Guideline*", I look forward to my concerns being addressed and reflected in the final Guideline.

Yours sincerely,

Norman C Nelson
Chiropractor
2/33 Dava Drive
Mornington VIC 3931

Fw: Consultation Paper on Codes and Guidleines
Southern Spinal Care
to:
chair
11/05/2010 03:51 PM
Show Details

Dr Phillip Donato
Chair
Chiropractic Board of Australia

Dear Dr Donato,

RE : Consultation Document 2nd Draft

I noticed some changes in 2nd draft, however, specifically the guidlines on SPINAL SCREENING still have anomalies according to the Australian Consumer and Competition Commission (ACCC).

The problem arises specifically in the areas c), d), e) and f) of "Appendix 1: Guidelines in relation to Public Spinal Screening".

In c) it states that you may hand out a business card but not make an appointment. Not making an appointment contravenes the Trade Practices Act. If a member of the public wishes to make an appointment it is their free choice to do so.

In d) it states "that unsolicited contact is not made with participants after a screening". This also contravenes the Trade Practices Act. If a participant wishes for the chiropractor to contact them after the screening then it is their free choice for you to do so.

In e) it has already been tested in NSW by the NSW Registration Board that a screening is just a screening and not a diagnosis and does not need to be done by a registered pratitioner or student. Please refer to the "NSW Chiropractors Code of Professional Conduct, Section 19 Chiropractors Act 2001, Impact Satetment 17 June 2002".

In f) it is obvious that it contravenes the Trade Practice Act in that a fee may be charged or discounted or at no charge. That needs no explanation.

The Registration Boards are in existence for the safety of the public and not for the professions opinions on how to practice. It seems that some of these opinions are filtering through into the new National Guidlines. The ACCC is aware of Professions desires to influence guidlines and would not be happy to see these in place. The ACCC has analysed the Spinal Screening Procedures over 10 years ago in NSW and covered section c), d), e) and f) of the new guidelines and it is an area your board needs to familiarise itself with. A precedent has been set on Spinal Screening Guidelines by the ACCC. I have all of these papers and Regulations and to save time if you wish I can make it available to you. I hope that the board sees this view because the ACCC does take a literal and hard line on these matters.

My reccomendation is for the board to remove c), d), e) and f) from the "Guidelines in relation to Public Spinal Screening". The Board should be concerned only if the Spinal Screening has been misleading, false or fraudulent. This is also in Trade Practice Law in this country and making registered practitioners aware of this is all you need to do. The registered chiropractors should be aware of Trade Practice Law anyhow.

If any further clarification is required please do so by return email.

Regards
Terry Notaras
Doctor of Chiropractic
Member Chiropractors Association of Australia
Suite 1, 104 Railway Pde
Kogarah NSW 2217

----- Original Message -----
From: Southern Spinal Care
To: chair@chiropracticboard.gov.au
Sent: Saturday, March 27, 2010 9:19 AM
Subject: Consultation Paper on Codes and Guidleines

Dr Phillip Donato
Chair
Chiropractic Board of Australia

Dear Dr Donato,

RE: Consultation Paper on Codes and Guidlines

I note that some of the Advertising guidelines in the Consultation paper on Codes and Guidlines are inconsistent with current National Legislation and refer you to :

1 Subordinate Legislation Act 1989 in 1997
2 NSW Chiropractors Code of Professional Conduct, Section 19 Chiropractors Act 2001, Impact Satetment 17 June 2002

The detailed submission that entails submissions to and responses by the Australian Competiton and Consumer Commission needs to be analysed by the Chiropractic Board of Australia so that it falls in line with National Guidlines. I would prefer Chiropractic Board of Australia take the initiative to make the necessary changes rather than an outside government body.

I can forward the submissions and responses to you if you require clarification.

I hope this email meets with your approval and also congratulate the new Board on its large task of standardising nationally Chiropractic professional standards for public safety and benefit.

Regards,

Terry Notaras
Doctor of Chiropractic
Member Chiropractors Association of Australia
Suite 1, 104 Railway Pde
Kogarah NSW 2217

Brighton Chiropractic Centre

Submission Re: Consultation Draft Code of Conduct for Chiropractors in Australia

Mary Papatheocharous B.Sc (Anat, UNSW), M.Chiro (Macq), MACC

Chiropractor (Prov. No. 2280053L)

Member of the Chiropractors' Association of Australia (CAA)

Member of the Australian Spinal Research Foundation (ASRF)

20th May 2010

I am disappointed that a document of such importance has firstly been rushed through AGAIN with so little time for consultation by the profession, and not allowing ample time for a response. Secondly is so blatantly antagonistic to the profession it purports to "support".

There are still several major concerns with the revised code of conduct. I would be prepared to support the second draft provided that amendments and deletions are made to the clauses below.

My concerns are addressed in order as they appear in the document:

- **2.1 (Page 3) Introduction** (e) "recognizing 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 too nebulous. How, at the time does a chiropractor know what they don't know? 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.
  I submit that this subsection be deleted

- **2.2 (Page 4) Good Care**

  Part (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.

  In addition, the mention of "cure" flies in the face of your prohibition of this word in the context of chiropractic via the advertising guidelines.
  I submit that this sub-section is deleted

17 Chuter Avenue, MONTERY 2217

Phone: (02) 9588 4059 Fax: (02) 9558 4159

Email: m.chiro@bigpond.net.au

2.2 Part (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

2.2 Part (o): 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.

Also, what is the board's definition of "accepted evidence base"? Are we referring to double blind studies? Or are we referring to evidence based medicine?

What is evidence based on? **Sackett, D.L.** defines **Evidence Based Medicine** as the following: "Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice. Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences in making clinical decisions about their care. By best available external clinical evidence we mean clinically relevant research, often from the basic sciences of medicine, but especially from patient centred clinical research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens. External clinical evidence both invalidates previously accepted diagnostic tests and treatments and replaces them with new ones that are more powerful, more accurate, more efficacious, and safer." Source: **Sackett, D.L. et al. (1996) Evidence based medicine: what it is and what it isn't. BMJ 312 (7023), 13 January, 71-72)**

In addition, "*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

As we know it, **health** is defined in **Dorland's medical dictionary** which is **endorsed by the world health organization (WHO)** as the following: " health (helth) a relative state in which one is able to function well physically, mentally, socially, and spiritually in order to express the full range of one's unique potentialities within the environment in which one is living. Current views of health and illness recognize health as more than the absence of disease. Realizing that humans are dynamic beings whose state of health can change from day to day or even from hour to hour, most authorities feel it is better to think of each person as being on a graduated scale or continuum ranging from

17 Chuter Avenue MONTERY 2217
Phone: (02) 9588 4059 Fax: (02) 9558 4159
Email: m.chiro@bigpond.net.au

obvious dire illness through the absence of evident disease to a state of optimal functioning in every aspect of one's life."

Chiropractic has never been nor will it ever be "about the treatment of symptoms". E.g. When a patient is examined, and let's say we are testing the neurological function of a muscle/myotome, and there is loss of function in the absence of symptoms (because the patient's pain threshold hasn't been reached); Does it mean the person is functioning at their full potential just because there is an absence of symptoms based on the CBA's statement above?. Ignoring a finding such as that will do the person harm and goes against our code of Conduct.

- **2.7** (Page 4) **Treatment in emergencies:** "Good practice involves offering assistance in an emergency…"

  Comment: This is worded loosely and non-specifically. Does it refer to national emergencies, traffic accidents etc. This is a huge impost to demand chiropractors to "continue to provide that assistance until services are no longer required". We are not paramedics.
  I submit to you that this section is deleted.

- **3.2 (Page 4) Partnership**

  Comment: This section is overly proscriptive and contradictory eg the chiropractor is "honest" and yet you state in 9.2 Professional boundaries "Good practice involves… d) avoiding the expression of a chiropractor's personal beliefs to patients …that are likely to cause them distress". Is the chiropractor to be honest or not say anything that would upset a person?

  The second part of this section "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: It is ridiculous to entertain this demand in a document entitled "Code of Conduct for Chiropractors". How another person handles his or herself in any context can not call into question the "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.
  I submit that you delete from after g) down in Section 3.2

- **3.3 (Page 5) 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 impost. No Other profession does this. Let the patient bear the responsibility and expense of this service.
  I submit that this sub-section is deleted

- **3.5 (Page 6) 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

17 Chuter Avenue MONTERY 2217
Phone: (02) 9588 4059 Fax: (02) 9558 4159
Email: m.chiro@bigpond.net.au

"Good practice involves": b) "an explanation of …"
Comment: chiropractors (nor any registered health care provider) are not qualified to be responsible for explaining "alternatives to the proposed care and their relative risk/benefits". There is a diverse range of health care options available for any given person or situation.

To enforce a health practitioner to entertain the likely consequences of no care is to open a pandora's box of speculation not to mention fear induction.
I submit that you delete this sub-section

- **3.6 (Page 6)** **Informed financial consent – fees**

f) "ensuring the amount, time and quality of care delivered does not differ for those patients (with similar conditions) on a pre paid financial agreement to those who are not".
Comment: This is a ridiculous demand. So chiropractors are to employ a time keeper to ensure that everyone gets exactly the same based on similar (but not the same) conditions.
I submit that this sub-section is deleted

g) "ensuring that the agreement is reviewed every 3 months or 12 visits whichever is the greatest"
Comment: Where is the stipulation in common law that requires financial agreements between consenting parties to be reviewed at this frequency – this requirement is an unnecessary impost on a business. As far as the visit number of 12 goes – where did this come from, where is the evidence that a review every 12 visits is "good practice"?
I submit that you delete this sub-section

- **3.7 (Page 6)** **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 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.
I submit that you delete this entire section with the exception of 3.7 d) as amended below

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.
I submit that you state the age of consent

- **4.1 (page 8)** **Use of modalities:** 1st paragraph last sentence states that "In particular, chiropractors should note that to practice acupuncture in Victoria a chiropractor is required to be endorsed by the National Board." This is a National code and any specific Victorian idiosyncrasies should be addressed in an appendix, if at all.

- **5.1 (Page 9)** **Respect for colleagues and other practitioners**
a) "communicating clearly, effectively, respectfully and promptly with colleagues and other practitioners caring for the patient". **Comment:** This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they

GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.

I submit to you that this sub-section be deleted and leave in it's place b).

- **6. (Page 10) 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: Given the fact that you have decided not to define the term "health care system" I am assuming common usage (as this is what you will instruct your lawyers to use when you have a chiropractor up on charges under this section). Apart from your inaccurate assumptions that the "health care system" is effective and efficient I would assert that we don't have a right to participate and neither should we. Chiropractors are not working "within the health care system". The health care system in Australia has not included chiropractic. It is false and misleading to pretend that chiropractic is working within the "health care system" and a breech of the author's scope of "practice" as per the definition in this document.
  If you mean that it is irresponsible unprofessional and not good practice for a chiropractor to disagree with the "health care system" and all that the system does and stands for then this document is a sham.
  I submit to you that this entire section be deleted

- **9.11 (Page 13) Conflicts of interest:** clauses d) and e): Irrelevant in this document. References to pharmaceutical marketing and marketing drugs do not belong in the chiropractic code.

  I recommend that these clauses must be removed

- **9.12 (page 13) financial and commercial dealings**: "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 ridiculous!** Like most chiropractors, I receive more than chocolates and wine each Christmas from patients; AND I DON'T ASK/REQUEST THIS FROM PATIENTS. How offended would patients be if I rejected their act of kindness! How ridiculous is it to have to make "a file note or inform a colleague where possible". **I recommend that this clause be removed.**

- **10.2 (Page 14) Chiropractor Health:** States "Good Practice Involves **"(c) understanding the principles of immunisation against communicable diseases"".** How dare you impose your unscientific views on chiropractors! Hundreds of epidemiological studies have shown all diseases declined way before the introduction of vaccines and antibiotics, due to the introduction of sanitation. I have seen 3 normal children in my practice become autistic after the MMR vaccine; I have seen children stop talking after the chicken pox vaccine; I have seen normal babies cry endlessly after their 2month old vaccines; should I go on? Don't you dare tell me to promote it! This goes against our Chiropractic Oath "above all do no harm **"This clause DOES NOT belong in this code, and <u>I recommend that this be removed</u>.** If someone on the Chiropractic board of Australia has an agenda or conflict in this area, it must be declared.

17 Chuter Avenue MONTERY 2217
Phone: (02) 9588 4059 Fax: (02) 9558 4159
Email: m.chiro@bigpond.net.au

- **9.2 (Page 11) Professional Boundaries** clause (c): "are often" should be replaced with "may be". If a chiropractor has a sufficient cooling off period before starting a relationship with a patient after ceasing care he or she should not be under the spectre of being judged as being in an inappropriate relationship.

- **9.6 (Page 12) Advertising:**

  Good Practice involves: (d) "ensuring that business names or titles do not give the impression that the nominee is a specialist in an area of practice unless the chiropractor is recognized by the National Board, as having relevant special expertise in the form of skills, knowledge, training or qualifications"
  Comment: What does the National board deem as "special expertise in the form of skills, knowledge, training or qualifications?" The board should be more transparent in this section.

  Like all other profession, some of its members specialise in certain aspects of practice.

  This is beginning to occur in chiropractic and is being further promoted with the establishment of post-graduate specialist courses, such as Masters programmes in Paediatrics, Neurology and Sports Chiropractic.

  The areas listed below meet this criterion and should be the first areas considered for recognition as specialist programmes:
  - Animal Chiropractic
  - Neurology
  - Orthopaedics
  - Paediatrics
  - Radiology
  - Sports
  - Upper cervical specific (E.g. AO)

  It is noted that the above list is not comprehensive and that *Rehabilitation* is another area that might also be a candidate for such recognition.

  The promotion of Specialists would provide a significant benefit for both the public and the profession as it would:

  1 Lead to improved patient outcomes
  2 Provide a second tiered diagnostic option for practitioners
  3 Lead to more clinical research
  4 Increase the profession's overall body of knowledge

17 Chuter Avenue MONTERY 2217
Phone: (02) 9588 4059 Fax: (02) 9558 4159
Email: m.chiro@bigpond.net.au

Appendix 3:

Guidelines in relation to **Duration and Frequency of Care**

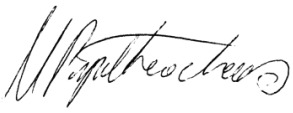
1. A program of care should be based on clinical need and be…

Comment: I suggest that this wording is limited to low level, needs/condition based care.
I submit that this preamble be changed to include the statement "A program of care should be based on "outcomes and clinical indicators" and be tailored" etc.

Recommendations

That the Chiropractic Board of Australia amends the revised code to reflect the above mentioned changes.

Regards,



Mary Papatheocharous B.Sc (Anat, UNSW), M.Chiro (Macq), MACC, (ICPA student)
Chiropractor

17 Chuter Avenue MONTERY 2217
Phone: (02) 9588 4059 Fax: (02) 9558 4159
Email: m.chiro@bigpond.net.au

Submission to the Chiropractic Board of Australia

Regarding the Consultation Draft Code of Conduct for Chiropractors

Released by the Chiropractic Board of Australia on 7th May 2010

From: Andrew Paul DC,DO, MACC

Thank you for the opportunity to offer some input into the process of formulating the Chiropractic Board of Australia's Code of Conduct for Chiropractors

There is still a lot of ambiguity in the document as regards definitions and the document still is very demeaning to the Chiropractic profession in areas of language and intent.

In consultation with colleagues and drawing upon the opinions of my peers and mentors I submit this document in the hope that the Board can further simplify the code of Conduct to a workable document

My concerns, in detail, are grouped in the categories listed above:

Clauses that are demeaning to chiropractors

1. Page 1 Overview: first paragraph, second line: "within an ethical framework" is demeaning and unnecessary. It implies that all chiropractors need guidance because they are intrinsically unethical.
2. Introduction 1.1: first paragraph is a repeat of concern 1.
3. Page 4, 2.6 Decisions about access to care paragraph d): The last words "and not providing unnecessary services" is demeaning, unnecessary and should be removed. Its inclusion implies that all chiropractors need guidance because they all provide unnecessary services..
4. Page 12, 9.8 Reports etc Clauses a) and b): demeaning again: The inclusion of these clauses implies that all chiropractors need guidance because they all mislead and omit relevant information deliberately. Removing "not misleading" and "and not omitting relevant information deliberately" removes the demeaning direction and does not alter the meaning or spirit of the clauses.

Clauses that are inappropriate, irrelevant or unnecessary

5. Page 3 second column 1.2 Professional values and qualities: 1st paragraph, second sentence: This has no part in a chiropractic document. It is an unnecessary and proscriptive repetition of the first sentence. It must be removed
6. Page 5, 3.4 Confidentiality and privacy clause e): Irrelevant and has no place in this document. It must be removed
7. Page 8. 4.1 Use of modalities, 1st paragraph last sentence: This is a National code and any specific Victorian idiosyncrasies should be addressed in an appendix, if at all.

8. Page 13, 9.11 Conflicts of interest, clauses d) and e): Irrelevant in this document. References to pharmaceutical marketing and marketing drugs do not belong in the chiropractic code. These clauses must be removed
9. Page 13, 9.12 Financial and commercial dealings Clause c): Flowers and chocolates. This is extremely proscriptive and unnecessary. A requirement to make a file note or to tell a colleague about every box of chocolates or bottle of wine a chiropractor receives from patients at Christmas is silly. By being so proscriptive the Board removes the broad brush approach that would permit it to address all variations of a theme that some chiropractors or manipulative patients might use to get around the spirit of the key element of the clause.
10. Page 14, 10.2 Chiropractor Health Clause c): Proscribing a specific component of public health policy in this document, except to push a specific agenda, is not necessary. The principles of good hygiene and sanitation are not proscribed here and they have infinitely more evidence backing their understanding and utilisation. This clause does not belong in this document and must be removed. If someone on the Chiropractic Board of Australia has an agenda or conflict in this area it must be declared.

Clauses that cause substantive concern

11. Page 2 Introduction 1.1, 3rd paragraph: 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.

    There may be a reason for a chiropractors conduct departing significantly from the code. For example; a chiropractor is developing a new technique or diagnostic tool that does not currently have the support of the profession. In this instance repeated failure to meet the code would be acceptable “with justification”.

    The words “without justification” must be inserted after “repeated failure”

12. Page 4, 2.2 Good Care part o.): 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.
13. Page 11, 9.2 Professional Boundaries clause c): “are often” should be replaced with “may be”. If a chiropractor has a sufficient cooling off period before starting a relationship with a patient after ceasing care he or she should not be under the spectre of being judged as being in an inappropriate relationship.
14. Page 13, 9.10 Investigations Clause b): There must be a definition of “anyone entitled to ask”. This is an example oft poor drafting and leaves a chiropractor open to all sorts of legal issues, particularly in relation to privacy.

Clauses that are unclear, difficult to understand or poorly worded

15. Page 1 Overview: second column, Definitions third paragraph, third sentence: Practice: “it also includes using professional knowledge in a direct nonclinical (sic) relationship with patients”. If the relationship is non-clinical with a patient how is it

included in practice? The intention of this clause is unclear. Its wording should be revised or it should be removed.

16. Page 4, 2.6 Decisions about access to care paragraph e): Awkward sentence structure in the first two lines. It is difficult to read and does not make sense. It needs re-wording if it is to be included at all..
17. Page 4, 2.6 Decisions about access to care, second column paragraph g): This clause does not appear to make sense as it is written.
18. Page 5, 3.4 Confidentiality and privacy clause b): This clause does not appear to make sense. Disclosing information to whom? What does this clause say that is not said in clause d)?
19. Page 7, 3.11 Adverse events and open disclosure, 1st paragraph last line: "When something goes wrong" should be replaced with "when an adverse event occurs". The casual language is not consistent with the remainder of the document

A clause that contains obsolete language.

20. Page 1 Overview: second column, Definitions second paragraph, last five words. "…whether renumerated or pro bono" This is an Australian document and the use of a foreign and obsolete language should not be tolerated. It is much better described in the next sentence as: "whether renumerated or not."

Paragraghs

1.1 Use of the Code

"… within an ethical framework"

Comment: You decline to state upon whose or what ethics you are referring. Seeing that you refer to "ethics" frequently wouldn't it be useful to understand which philosophy the "ethics" you refer to is related.

I submit that you define this term.

"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. I realize that by keeping it general it gives your lawyers greater latitude to penalize and prosecute.

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".

Comment: What are the Professional values that we as Chiropractors are expected to base our practice on? If, as a Board you wish to think for us then please state EXACTLY what it is we are ment to be thinking.

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.

I submit that "the community" be deleted

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

I submit that this section be deleted

1.4 Substitute decision makers

Comment: This section is redundant

I submit that this section 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.

I submit diagnosis/analysis/clinical assessment or similar.

e) “Recognizing 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 too nebulous. How, at the time does a chiropractor know what they don’t know? 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.

I submit that this subsection be deleted

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. “Best” will provide a platform where the Board will be selective as to which information it accepts.

I submit that “treatment is changed to treatment/care and that “best” be deleted”

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.

I submit that this sub-section is 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: Where is the evidence that evidence based practice is more effective, efficient and safer? If practice is always in “accordance with”, where is the opportunity for the growth and development of the profession? You suggest that every time a chiropractor performs an adjustment that is not published he/she is in breach of the ethics of the profession!

I submit that this sub-section is deleted

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.

I submit to you that this section is deleted.

e) “Keeping chiropractors and their staff safe...”

Comment: It is the choice of any chiropractor to deny care to anyone providing appropriate arrangements are made for their further care.

I submit that this sub-section is deleted

2.7. Treatment in emergencies

“Good practice involves offering assistance in an emergency…”

Comment: What does emergency mean? Is that in our offices? Is it at a road traffic accident? This is a huge impost to demand chiropractors to “continue to provide that assistance until services are no longer required”. We are not paramedics.

I submit to you that this section is deleted.

3.2 Partnership

Comment: This section is contradictory. If the Chiropractor is to be "honest" then they go against section 9.2 Professional boundaries "Good practice involves… d) avoiding expression of a chiropractor's personal beliefs to patients….that are likely to cause them distress" Is the Chiropractor to be Honest as in this section or dishonest (not give complete information) so as not to distress the person?

The second part of this section "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: It is ridiculous to entertain this demand in a document entitled "Code of Conduct for Chiropractors". How another person handles his or herself in any context can not call into question the "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.

I submit that you delete from after g) down in Section 3.2

3.3 Effective communication

d) Discussing with patients…."

Comment: chiropractors (nor any other health care practitioner) are not qualified to discuss "available health care options, including their nature, purpose, possible positive and adverse consequences, limitations…" Chiropractors can discuss the chiropractic options.

I submit that you delete this sub-section

f) "Ensuring that patients are informed…"

Comment: This is a duplication of the informed consent section

I submit that this sub-section be deleted

i) "Becoming familiar with, and using wherever necessary, qualified language interpreters…"

Comment: Placing this responsibility on the shoulders of chiropractors is an outrageous impost. Let the patient bear the responsibility and expense of this service.

I submit that this sub-section is deleted

j) “Communicating appropriately…”

Comment: what is the “treating team” that you refer to?

“Appropriately”, by what and whose standards?

“Relevant information to other stakeholders” Who is these stakeholders, what information is considered relevant and under what conditions shall this information is shared?

I submit that you delete this sub-section

3.4 Confidentiality and privacy

e) (Regarding genetic information)

Comment: This is not a necessary for chiropractic practice

I submit that you delete this sub-section.

f) & g)

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

I submit that you delete sub-sections f & g and retain h

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

b) “An explanation of …”

Comment: chiropractors (nor any registered health care provider) are not qualified to be responsible for explaining “alternatives to the proposed care and their relative risk/benefits”. There is a diverse range of health care options available for any given person or situation.

To enforce a health practitioner to entertain the likely consequences of no care is speculation not to mention fear induction.

I submit that you delete this sub-section

3.6 Informed financial consent – fees

d) “Offering a ‘pay as you go’ alternative

Comment: This defeats the object of an office preferring to offer ‘pre-financial agreements’ There may be a reason a Chiropractor like to have their finances in this manner and as long as the other agreements are in place. The board has no right to dictate how we handle our finances.

I submit that this sub-section is deleted

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 a ridiculous sub-section. To even make suggestion that a Chiropractor does not give full care to everyone they see is demining.

I submit that this sub-section is deleted

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 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.

I submit that you delete this entire section with the exception of 3.7 d) as amended below

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.

I submit that you state the age of consent

3.8 Culturally safe and sensitive practice

Comment: This is Political non-sense. The responsibilities of chiropractors are to the individual in whatever shape of form they present.

I submit that this section is deleted

3.15 working with multiple patients

…, Chiropractors should consider whether this mode of treatment is appropriate to the patient involved.

Comment: Why would a chiropractor place a person in a group situation if they have not already considered that this is 'best practice' for them?

I submit that this section is deleted

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: This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.

I submit to you that this sub-section be deleted and leave in its place b).

5.4 Coordinating care with other practitioners

a) “Communicating all relevant information in a timely way”

Comment: I repeat my comments from 5.1 (above). This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP’s, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.

I submit that you delete this sub-section

b) “Ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient”

Comment: How presumptive to take a position of telling a person that I, the chiropractor am responsible for coordinating your care. 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.

I submit to you that this entire section be deleted

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”

Comment: Firstly, Chiropractors have a responsibility to the people that come and see them and not the people that don’t. Secondly, there is still no definition of ‘Health Care system’ described, therefore, one can assume it is the common usage. Thirdly there is the incorrect assumptions that the ‘health care system in Australia is effective and efficient’

Chiropractors are not working within the ‘health care system’ and never have. This is false and misleading, unless of course that is your direction for our profession??

I submit to you that this entire section be deleted

6.2. Wise use of healthcare resources

Comment: This needs to be defined. Chiropractors do not use healthcare resources. A person should be referred back to their GP if any other resources are necessary for their care.

I submit to you that this entire section be deleted

6.3 Health Advocacy

Comment: A definition of health is needed. We should be supporting and educating the people that come to see us, **not**, using our expertise to influence (according to 9.2 we have professional boundaries that stop us from using our personal beliefs. our expertise and influence can only come from our own history and experience). This suggests to me that we are forcing them to do what we want for our own agenda and not theirs.

I submit to you that this entire section be deleted

6.4 Public Health

Comment: Without a definition of "Public Health" it is improper to have this as a requirement for chiropractor's good practice.

I submit that this sub-section is deleted

7. Minimizing risk

Comment: The statutory requirements should be stated here.

7.2 Risk Management

a) being aware of the principles of open disclosure and non-punitive approach to incident management; a useful reference…….

Comment: If there is anything in this reference that we are expected to know, in accordance to this code then it must be disclosed here.

I submit that you copy the Australian Commissions on safety and Quality in Health Care's National Open Disclosure Standard into the Code of Conduct for Chiropractors or this section should be deleted

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' I find this quite laughable.

I submit to you that this sub- section be deleted

7.3 Chiropractor performance

a) Complying with statutory reporting requirements, including those under the National Law refer to……

Comment: Anything that we need to know about this Code of Conduct for Chiropractors should be included here. You have given Appendix for the Radiography, yet seem to have neglected this. Is there something hidden in there that due to it not being here we may not like and therefore knowing the lack of time given to read this one report, hoping that no one will read the others????

I submit to you that you include the Board Guidelines on Mandatory reporting in the Code of Conduct for Chiropractors.

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: Again is this neglect on your part to not include this in the appendix or is there a hidden agenda deliberately not including this??

I submit that you include the Occupational health and safety legislation as an appendix.

8.2 Continuing Professional development (CPD)

Comment: This is a repetition again. This should be included in the Code of Conduct, as an appendix.

I submit that you include the Registration Standard and guideline regarding CPD in the Code of Conduct for Chiropractors.

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.

I submit to you that this preamble be deleted

10.2 Chiropractor health

a) "Attending an appropriate practitioner to meet health needs"

Comment: This is an unnecessary dictate

I submit to you that this sub-section be deleted

c) “Understanding the principles of immunization against communicable diseases”

Comment: There is no need or relevance for this requirement here. You may as well demand that chiropractors understand the Krebs cycle or any other biological process. If you mean that chiropractors should support mass vaccination then state it and don’t beat around the bush with euphuisms.

I submit to you that this sub-section be deleted

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 to you that this sub-section be deleted

Appendix 3:

Guidelines in relation to Duration and Frequency of Care

1. A program of care should be based on clinical need and be…

Comment: I suggest that this wording is limited to low level, needs/condition based care.

I submit that this preamble be changed to include the statement “A program of care should be based on “outcomes and clinical indicators” and be tailored” etc.

I respectfully submit that the Chiropractic Board of Australia amends the revised code to reflect the changes I have suggested.

Yours sincerely,

Andrew Paul
Suite 8, 2nd Floor, Royal Arcade
175 Oxford St,
Bondi Junction 2022
NSW Australia
Phon: 02 9389 7800
Email: hiro@healthodyssey.com.au

Submission number 2 to the Chiropractors Board of Australia

Dr Mark Pickford
Graduated 1981 from the now RMIT, has previously served as federal delegate, state president of Qld, as Board chair of the Qld Chiropractic Board and practiced for 29years as a chiropractor.

Please find additional comments on the draft code of Conduct for Chiropractors.

I submit that the draft code not be passed in its current form and that the act changes necessary to proceed toward National registration go ahead with the board to ratify a draft code at a latter time when the code is acceptable to the majority of the profession.
I apologize for any errors, the haste of the closing dates has meant a hasty submission with no time for proof reading.

The whole context of this code is derogatory and insulting to the chiropractic profession.

It has sections that are simple impossible or unnecessary to comply with some example are:
Section 1.2 . "This includes cultural awareness" suggesting that a chiropractor shall be responsible for any and all cultural sensitivity of a patient
Has a paragraph on self reflection is this a code or a life style document.

Scope of practice has identified over the counter, medicines, herbs and vitamins which suggests that Chiropractors don't have the necessary skills to include these in his scope of practice. Lack of knowledge has never stopped a medical doctor from interfering with chiropractics scope of practice.

1.3 Indigenous culture: what has that got to do with a code of conduct for chiropractors.

Section 2
Providing Good care is not what a code of conduct is about a code of conduct is there to regulate poor or bad practices, trying to set out what is 'good care' is so variable depending on the circumstance that it is impossible to be exhaustive and is generally considered ridiculous to try.

2.2 (a) repetitive and covered by 2.1 (e) the whole section is just fluffing out 2.1

What are section 2.3 and 2.4

2.5 Is repeat of section 1.4 and who the patient wants to involve, has nothing to do with the chiropractor.

2.6 (b) what a load of crock, you get a 200 kilo person with sore knees and you cannot tell them to go away and lose weight because you could be perceived to be prejudicing against fat people

2.6(c) is part of the anti discrimination act so get it out of here.
Again this code has tried to be exhaustive and explain good practice which is silly.

2.7 WHY what purpose does it serve in protecting the public.

3.1 I found one I like simple and effective.

3.2 a & b Trying to explain principles that we should have taught in primary school.

3.2 e & f Just more feel good fluff.

3.2 g Should be part of the professional standards act or what ever is going to replace it.

3.3 Could have been said in a couple of paragraghs.

3.6 g & f has to be deleted as being prescriptive will not be appropriate in every circumstance especially with regards wellness or maintenance care which is an accepted part of chiropractic practice.

3.7 Children and Young people are patients and should not be discriminated against in a code of conduct. There guardian/parents are responsible. What has the writer intended with this section that will result in protecting the public.

3.8 Again basically waffle and feel good stuff that we should have learnt either from our parents, primary, secondary or tertiary education but if it needs to be repeated then at least it does no harm just treats chiropractor as a profession as children.

3.14 I don’t agree with the premise that it is inappropriate at all. It has been part of the medical boards code for a long time and I believe it may be specialty specific.

3.16 What a statement of the obvious how are you going to stay in business.

4.2 Are we the only profession with these clauses if so WHY

6.1 This has the basic flaw that assumes the system as it stands is efficient and effective.

6.2 This would be pertinent if we had medicare, as we don’t I find that the patients that pay me out of their own pockets are very mindful of the costs.

6.3 Another feel good passage of little value in a code of ethic for chiropractors.

6.4 This is a joke I have absolutely no intention of following the flawed allopathic system that masquerades as public health. Needs to be removed or no responsible chiropractor should register.

12.2 Possible just refer to the NHMRC guidelines instead of wasting paper.

Appendix 1 Should be removed as chiropractors should have the ability to promote themselves anyway that they see fit. The Board should have the necessary powers to deal with people that do the wrong thing when it happens and to labour the entire profession with rubbish like this is unnecessary.

Appendix 2
Is again unnecessary and treat chiropractors with contempt, of course we have to abide by the conditions of Australian acts but to use as references American laws and advice is simply wrong and inappropriate.

Appendix 3
I don’t believe the function of a board is to teach or suggest guideline in duration and frequency of care and this should be removed as it is repetitive and petty.

‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

May 13, 2010

Chair,
Code of Conduct for Chiropractors

I am disappointed that a document of such importance has firstly been rushed through with so little time for consultation by the profession and secondly is so blatantly antagonistic to the profession it purports to “support”.

This document is tainted with mal-intent, it is overly proscriptive and treats the profession with disdain. There has been some improvement over the first drat but the same underlying political agenda remains. This document will be used to suppress chiropractors and to change the profession into a poor duplication of the medical system.

I wish to make comment on various aspects of this document and will take it in order of its appearance in the document.

Definitions

You have chosen to offer your own definitions. This flies in the face of all reason and knowledge of the English language.
Comment: If you are to provide definitions, please make them accurate and please define all of the terms that you use.

‘Patient’ includes client, health consumer or carer”.
Comment: Please tell me how you can define Patient as a client or health consumer or carer. What is your reference for such a definition? This equates to every person in society as being considered a “patient”. In the context of chiropractic services there are many roles assumed ranging from patient (sick) to client, customer, consumer etc at higher levels of lifestyle care.
I submit that you define the recipients of chiropractic care more accurately.

“**Providing Care”**
Comment: By this statement you are casting the net of “care” to every interaction that a chiropractor may have with others
I submit that you define this more accurately.

“Practice”

Comment: Practice, by this definition includes every application of a chiropractors existence as it includes “non-clinical” relationships
I submit that you define this more accurately.

You have not attempted to define numerous areas of this document, which are ambiguous at best. For example, there is no definition for;
“Person”
“the Health Care System”
“Public Health”
“Health”
“Diagnosis”
“Treatment”
“Professional values”
“Treating Team”
Comment: So that people can understand and comply with the contents of this code it is imperative that the terms are defined.
I submit that you define the above terms.

Acknowledgements
Comment: You have omitted to give acknowledgement to the General Chiropractic Council (GCC) (UK) from which you have drawn heavily for this document.

Introduction
1.1 Use of the Code
“… within an ethical framework”
Comment: You decline to state upon whose or what ethics you are referring. Seeing that you refer to “ethics” frequently wouldn’t it be useful to understand which philosophy the “ethics” you refer to is related.
I submit that you define this term.

“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. I realize that by keeping it general it gives your lawyers greater latitude to penalize and prosecute.

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”.
Comment: You are stating here that personal beliefs and values must acquiesce to an un-stated set of “Professional” values. What are these values? As the regulatory body, if you want to dictate what chiropractors think you must state

what it is that they are to think. (See my request for a definition of “Professional values”).
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.
I submit that “the community” be deleted

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
I submit that this section be deleted

1.4 Substitute decision makers
Comment: This section is redundant
I submit that this section 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.
I submit diagnosis/analysis/clinical assessment or similar.

e) “recognizing 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 too nebulous. How, at the time does a chiropractor know what they don’t know. 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.
I submit that this subsection be deleted

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. “Best” will provide a platform where the Board will be selective as to which information it accepts.

I submit that "treatment be changed to treatment/care and that "best" be deleted"

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.
I submit that this sub-section is 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: Where is the evidence that evidence based practice is more effective, efficient and safer? If practice is always in "accordance with", where is the opportunity for the growth and development of the profession? You suggest that every time a chiropractor performs an adjustment that is not published he/she is in breach of the ethics of the profession!
I submit that this sub-section is deleted

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.
I submit to you that this section is deleted.

e) "keeping chiropractors and their staff safe.."
Comment: It is the choice of any chiropractor to deny care to anyone providing appropriate arrangements are made for their further care.

I submit that this sub-section is deleted

2.7 Treatment in emergencies

"Good practice involves offering assistance in an emergency…".
Comment: This is worded loosely and non-specifically. Does it refer to national emergencies, traffic accidents etc. This is a huge impost to demand chiropractors to "continue to provide that assistance until services are no longer required". We are not paramedics.
I submit to you that this section is deleted.

3.2 Partnership

Comment: This section is overly proscriptive and contradictory eg the chiropractor is "honest" and yet you state in 9.2 Professional boundaries "Good practice involves… d) avoiding the expression of a chiropractor's personal beliefs to patients …that are likely to cause them distress". Is the chiropractor to be honest or not say anything that would upset a person?

The second part of this section "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: It is ridiculous to entertain this demand in a document entitled "Code of Conduct for Chiropractors". How another person handles his or herself in any context can not call into question the "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.
I submit that you delete from after g) down in Section 3.2

3.3 Effective communication
d) discussing with patients…."
Comment: chiropractors (nor any other health care practitioner) are not qualified to discuss "available health care options, including their nature, purpose, possible positive and adverse consequences, limitations…". Chiropractors can discuss the chiropractic options.
I submit that you delete this sub-section

f) "ensuring that patients are informed…"
Comment: This is a duplication of the informed consent section
I submit that this sub-section be deleted

i) "becoming familiar with, and using wherever necessary, qualified language interpreters…"
Comment: Placing this responsibility on the shoulders of chiropractors is an outrageous impost. Let the patient bear the responsibility and expense of this service.

I submit that this sub-section is deleted

j) “communicating appropriately…”
Comment: what is the “treating team” that you refer to?
“Appropriately”, by what and whose standards?
“Relevant information to other stakeholders” Who are these stakeholders, what information is considered relevant and under what conditions shall this information be shared?
I submit that you delete this sub-section

3.4 Confidentiality and privacy

e) (regarding genetic information)
Comment: In my opinion there is no need for this item. Where is the relevance to chiropractic practice?
I submit that you delete this sub-section

f) & g)
Comment: f & g are not necessary as h states your requirement.
I submit that you delete sub-sections f & g and retain h

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

b) “an explanation of …”
Comment: chiropractors (nor any registered health care provider) are not qualified to be responsible for explaining “alternatives to the proposed care and their relative risk/benefits”. There is a diverse range of health care options available for any given person or situation.

To enforce a health practitioner to entertain the likely consequences of no care is to open a pandora’s box of speculation not to mention fear induction.
I submit that you delete this sub-section

3.6 Informed financial consent – fees

f) “ensuring the amount, time and quality of care delivered does not differ for those patients (with similar conditions) on a pre paid financial agreement to those who are not”.

Comment: This is a ridiculous demand. So chiropractors are to employ a time keeper to ensure that everyone gets exactly the same based on similar (but not the same) conditions.
I submit that this sub-section is deleted

g) “ensuring that the agreement is reviewed every 3 months or 12 visits whichever is the greatest”
Comment: Where is the stipulation in common law that requires financial agreements between consenting parties to be reviewed at this frequency – this requirement is an unnecessary impost on a business. As far as the visit number of 12 goes – where did this come from, where is the evidence that a review every 12 visits is “good practice”?
I submit that you delete this sub-section

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 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.
I submit that you delete this entire section with the exception of 3.7 d) as amended below

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.
I submit that you state the age of consent

3.8 Culturally safe and sensitive practice
Comment: This is a hodge-podge of politically correct waffle. The responsibilities of chiropractors is to the individual in whatever shape of form they present.
I submit that this section is deleted

3.15 Working with multiple patients
Comment: This is a duplication of the Confidentiality and Privacy section.
I submit that this section is deleted

5 Working with other practitioners

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: This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit to you that this sub-section be deleted and leave in it's place b).

5.4 Coordinating care with other practitioners

a) "communicating all relevant information in a timely way"
Comment: I repeat my comments from 5.1 (above). This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit that you delete this sub-section

b) "ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient"
Comment: How presumptive to take a position of telling a person that I, the chiropractor are responsible for coordinating your care. 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.
I submit to you that this entire section be deleted

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"

Comment: Given the fact that you have decided not to define the term "health care system" I am assuming common usage (as this is what you will instruct your lawyers to use when you have a chiropractor up on charges under this section). Apart from your inaccurate assumptions that the "health care system" is effective and efficient I would assert that we don't have a right to participate and neither should we. Chiropractors are not working "within the health care system". The health care system in Australia has not included chiropractic. It is false and misleading to pretend that chiropractic is working within the "health care system" and a breech of the author's scope of "practice" as per the definition in this document.
If you mean that it is irresponsible unprofessional and not good practice for a chiropractor to disagree with the "health care system" and all that the system does and stands for then this document is a sham.

I submit to you that this entire section be deleted

6.4 Public Health
Comment: Without a definition of “Public Health” it is improper to have this as a requirement for chiropractor’s good practice.
I submit that this sub-section is deleted

7. Minimizing risk
Comment: The statutory requirements should be stated here.

7.2 Risk management

c) “participating in systems for surveillance…”.
Comment: for “Good Practice” to include surveillance by whatever means is intrusive and unnecessary.
I submit to you that this sub-section be deleted

9.2 Professional boundaries
d) “avoiding the expression of a 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.
I submit to you that this preamble be deleted

9.4 Health records
a) “keeping up-to-date and legible records that report relevant details of clinical history, clinical findings and determinations, investigations, information given to patients, medication and other management”
Comment: This is impractical for a chiropractor to constantly record (up-to-date) details of all information and medication given to a person from any source. Any information and medication that a patient has received that the chiropractor doesn’t know about or hasn’t recorded will be grounds for board action against the chiropractor.

f) “where a health record is to be changed…”
Comment: This sub-section does not allow for electronic records
I submit to you that this sub-section be changed to accommodate electronic records.

9.12 Financial and commercial dealings
c) “not accepting gifts…”
Comment: Notifying a colleague of the receipt of a gift is an unnecessary impost
I submit to you that this sub-section be deleted

d) “not becoming involved financially with patients…”
Comment: This is totally unacceptable. By your definition of “patient” this would include every person in one’s sphere of influence. So, a chiropractor can’t have financial dealings with family including spouse/partner - hmm
I submit to you that this sub-section be deleted

10.2 Chiropractor health
a) “attending an appropriate practitioner to meet health needs”
Comment: This is an unnecessary dictate
I submit to you that this sub-section be deleted

c) “understanding the principles of immunization against communicable diseases”
Comment: There is no need or relevance for this requirement here. You may as well demand that chiropractors understand the Krebs cycle or any other biological process. If you mean that chiropractors should support mass vaccination then state it and don’t beat around the bush with euphuisms.
I submit to you that this sub-section be deleted

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 to you that this sub-section be deleted

10.3 Other practitioners health
a) “providing practitioners who are patients with the same quality of care provided to other patients”
Comment: This is overly prescriptive and states the obvious. Why would a chiropractor not give a peer a quality adjustment?
I submit to you that this sub-section be deleted

Appendix 3:
Guidelines in relation to Duration and Frequency of Care

1. A program of care should be based on clinical need and be…

Comment: I suggest that this wording is limited to low level, needs/condition based care.
I submit that this preamble be changed to include the statement “A program of care should be based on “outcomes and clinical indicators” and be tailored” etc.

I submit that the Chiropractic Board of Australia amends the revised code to reflect the aforementioned changes.

Yours sincerely,

Mark Postles D.C.
Chiropractor
PO Box 745
Buddina
QLD 4575

Dear Chiropractic Board of Australia,

Thank you for the opportunity to respond to the draft guidelines. Thanks also for your efforts in producing guidelines for chiropractors in the best interest of the Australian public. We do have some concerns about these guidelines, which we wish to bring to your attention.

1. We are concerned about the 'spirit' of the proposed guidelines. In particular, they seem overly prescriptive. Instead they should be a general guide only and consistent in nature with guidelines issued for other registered health care professions. We consider much of the draft guidelines to be disrespectful of the chiropractic profession, and if published as is, imply to the public that the majority of chiropractors lack common sense, are unintelligent, unscientific and unprofessional since they need guidelines of this type to 'keep them in line'. The Board does not need to utilise an apparent 'stick' approach to 'bring the chiropractic profession into line', as the draft guidelines imply. Published as is, these guidelines would also serve to limit practitioners' abilities to properly assist patients, resulting in an increased burden on the health care system. How does this serve the Australian public? The Board has sufficient powers to bring to account individual practitioners engaging in unprofessional conduct, on a case-by-case basis. If further powers are needed to administer the Act, the Board has not provided evidence that its overly prescriptive guidelines are necessary to achieve this.

Actually, we would suggest that while practice styles may vary, most chiropractors would consider themselves to be patient-centred, science based practitioners. Hence, to have the Board impose overly prescriptive guidelines on Australian chiropractors supposedly on scientific grounds serves to offend those of us who respect the scientific process. Unfortunately, these draft guidelines are likely to alienate many science-based, patient-centred chiropractors. Instead the Board should be aiming to foster a positive chiropractic profession culture, by producing guidelines that the majority of the profession respects.

2. In the radiology/radiography section of the draft guidelines, we are concerned that the Board's decision to rely heavily on the Australian Radiation Protection and Nuclear Safety Agency codes of practice relating to ionizing radiation is misguided in light of the principles of evidence-based health care. As you'd know, evidence-based health care has three components: consideration of the best available evidence, practitioner experience, and patient values. When evidence is conflicting, inconclusive or absent; practitioners must then make clinical decisions based on their experience along with patient values. Evidence exists (1-5), that brings into question the concept of the 'As Low As Reasonably Achievable' (ALARA) ionizing radiation principle of no threshold before harm occurs. This adds further weight to our view of the Board's heavy handed approach to radiation safety. It has been demonstrated (6,7) that the chiropractic radiographic imaging protocol, as taught to undergraduate chiropractic students at RMIT, exceeds the safety margins required by state radiation safety boards. Since the current evidence concerning the ALARA principle is sufficiently inconclusive, the Board should acknowledge this in the guidelines document. Rather than the Board unnecessarily worrying the public, and even some chiropractors about alleged dangers of low dose ionizing radiation that chiropractors typically use (6-9), the Board would be serving the public better if they show leadership in communicating to the public that they are guiding chiropractors to perform best practice chiropractic radiography. Accordingly, the Board would be better off detailing strategies that make overall doses lower in any diagnostic imaging series rather than emphasising limiting the number of views taken. If the Board is serious about effective limitation of ionizing radiation, the following should be inserted in the guidelines document: "The following radiographic methodology is required: (a) Use of Nolan and/or Bauer filters; (b) extended focal-film-distance (FFD) to take advantage of the inverse square law; (c) soft

tissue compression where possible: (d) gonadal shielding; (e) collimation; (f) additional filtration on the external tube housing to harden the beam."

Furthermore, where is the evidence, other than anecdotal, of chiropractors abusing the diagnostic imaging tool? Our concern is that a financial rather than public safety agenda is behind the Government's overall push to limit use of ionizing radiation in health care in Australia. The Board would be wise to take heed of this.

We'd appreciate the Board's response to the following clinical scenario regarding its view of routine biomechanical analysis:

> In the clinical assessment of kinesiological development, radiography is an important tool to evaluate biomechanical parameters, since development of neuromotor patterns depend on geometry of structure and vice versa, ie: structure versus function and vice versa. These biomechanical parameters include local, regional and global aspects. Understanding these parameters are particularly important to help facilitate optimum management of chronic, recurring and complex locomotor system related disorders. These types of parameters are taught in the undergraduate chiropractic program at RMIT within the orthopaedic radiographic analysis unit. A local parameter example such as for the hip includes angle of inclination, angle of torsion, depth of the labrum. Some regional parameter examples include the sacral angle, pelvic inclination angle, lumbosacral angle. Global parameter examples include measurements of degree of balance between all segments in all planes, centre of gravity measurements. Furthermore, some non chiropractor experts in rehabilitation of locomotor system related disorders emphasise the importance of performing plain film radiography to measure these parameters to help determine management pathways and prognosis.

Our concern is that chiropractors will be guilty of unprofessional conduct if they use a legitimate diagnostic assessment tool in this way.

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DR PETER A. ROBB
Doctor of Chiropractic (Palmer, Iowa

14 Cards Lane
Olinda Vic. 3788
Telephone (03) 9751 0321
Facsimile (03) 9751 0321
robb.pa@gmail.com

17th May 2010

Dr Phillip Donato
Attention: Dr Donato, (Chair)
Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Dear Dr Donato

Re: Necessary changes required to the *Revised Code of Conduct Guideline*

I commend the Chiropractic Board of Australia and its staff for the effort put in making changes to its initial Code of Conduct Guidelines.

There are however many issues still to be resolved. I have listed these in table form to make it easier to discern.

Other issues not addressed in the Revised Code of Conduct Guidelines include:

A) Why is it necessary to have a Board/Tribunal to safeguard the public. The public is well served with Common Law precedents to right any wrongs and make suitable punishments for all wrong doing.

If someone is to accuse anyone else of wrong doing then that person should stand before the accused and act directly in their own cause. The Board could act as an "expert witness" or community sounding board. I doubt very much that the members of the Board with the possible exception of a legal professional member would have the expertises at law to act as prosecution, jury and penalty imposer based on the professional qualifications that Board members presently hold.

To state that the Board is merely making the legal process easier/smoother/less costly is understating the legal expenses incurred either by the accused or their insurer as well as the angst experienced. It is my opinion that as soon as a case is to be answered for, the matter should go before a magistrate or judge.

B) Throughout the Revised Guideline, reference is made to state and territory statutes or guidelines or similar regulation. I was under the impression that all healthcare matters were to be brought under Federal jurisdiction. If that is the case it is the Board's job to write the law/regulation it wishes to have the chiropractic profession follow. Stop passing the buck to the states and territories to do the regulating. Stop making it necessary to lookup 6 laws rather than one to get a notion of what is required to practice chiropractic in Australia. After all the profession was sold the notion that a federally based law would

smooth the legal idiosyncrasies and bring all of the profession under one legal umbrella. It is bad enough to have to make sense of what the Chiropractic Board of Australia wants.

C) As mentioned in the table below, in a number of places in the Revised Code of Conduct Guidelines, reference is made to the existence of guidelines such as the Advertising Guidelines, The Board's Mandatory Reporting Guidelines. A careful scrutiny of the Board's web site, http://www.chiropracticboard.gov.au/index.php#, especially under Codes and Guidelines did not manage to locate these stated Guidelines anywhere.

It is totally unacceptable for the Board to state in its "*Revised Code of Conduct Guideline*" that a matter is dealt with in a Guideline on its site and then not make that document available for comment.

When is the Board going to make these 2 Guidelines available? And what provision is the Board going to make for comment by the profession prior to implementation/enforcement.?
The matters of concern in the "*Revised Code of Conduct Guideline*" are":

1.2 Whole first paragraph	Superfluous, adds nothing to the intent of this clause it is demeaning and chastising in tone and needs to be removed
2.1 a) and b) "relevant"	If the patient has a problem that a chiropractor unearths by case history, observation, examination, imaging or other modes, then it is relevant regardless of the symptom presentation or the patient's desires. This may be a patient health/safety issue. It is certainly something that the patient would need to know, It matters not if the patient had this as a part of the presenting symptom picture or not. Not all problems originate at the site of symptoms. Chiropractors need to be encouraged to unearth the cause of symptoms and not arbitrarily limited to the region of pain. This imposed limit is dangerous to the patient!
2.2 o). practising in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes.	This limits the use of one's training and intellect to only "evidence based" (peer reviewed, published etc.) does not allow for applying one's knowledge of anatomy, physiology and logic. It limits patient outcomes to the published. There are some very effective chiropractic techniques that don't have lots of "published evidence". That does not make them faulty or fraudulent and of no practical clinical use. Remember a peer in these circumstances is one who has intimate knowledge of the practice method in

	question. A person who does not have that training and practical skill is not a peer and should not therefore sit in judgement. As Isaac Newton is reported to have said of of such 'scientists', *"Sir sit down. On this matter you have no opinion".* This clause also puts the blinders on science and the furthering of knowledge. This clause should be deleted as is is counter the the best interests of any particular patient and the community as a whole.
Numbering of clauses not consistent	You jump form 2.2 to 2.5 etc.
2.6 d) not providing unnecessary services	Non symptomatic care and unnecessary care are not the same thing. I would think that provided the patient is made aware of the need/value and agrees to that care then all is good.
2.6 f) if relevant, colleagues of the objection,	Colleagues have nothing to do with this patient. Informing them is out of order. This violates the Laws relating to privacy. Information in a letter of referral however is another matter.
3.3 b) including any alternative or complementary therapies they are using.	Delete. This is redundant as this is part of how they are managing "it". It is more relevant to the medical practitioners.
3.3 f)	Delete. This clause is redundant as it is covered in 3.3 d)
3.4 c)	Is redundant since this is now a federal matter not a state or territory matter. If the Board is writing regulations for the profession, then do so and know the jurisdiction you hold and don't abrogate responsibilities.
3.6 h) 3 months or 12 visits	Arbitrary numbers - seem to be plucked out of thin air.
3.7 a)	Already covered in 2.2
3.7	Delete all except 3.7 e) bullet point which states: *"remain alert to children and young people who may be at risk and notify appropriate child protection authorities as required by law. This may include where a parent is refusing treatment for his or her child or young person and this decision may not be in the best interests of the child or young person"*

	All other clauses are covered elsewhere (1.4 and general clause 2) in the general topic of patients. Children are patients like all other patients they just lack judgement and experience hence the need for clause 1.4. the rest this clause is padding. Omitted is the notion of a "emancipated minor" if anything needed to be included it is this. It should be stated that "emancipated minors" should be able to be adjusted on their authority and agreement on the understanding that parents shall be informed of the event.
3.8	These items are for educators in Chiropractic Schools not in a regulatory guideline.
3.9	As for 3.8
3.10 a)	As for 3.8
3.10 b)	Should read: Prior to divulging information to relatives, carers or partners, patient consent should be obtained and recorded.
3.11	Much of what I read in this clause and its various sub-clauses, I feel were lifted from another profession's guidelines and seem more appropriate for drug reactions etc. This whole clause and its parts needs re-wording to make it pertinent to chiropractic practice.
3.12 e)	Does this clause give tacit approval to the Board taking over the role of the court system as prosecutor, jury and judge. There seem to be no "natural justice" safeguards for the practitioner. Patients can complain to the courts if need be. Current experience from various states to date indicates there is very little cost saving in this process and very little arms length non – emotion ridden justice.
4.1 Use of modalities in chiropractic practice	These "non-chiropractic" modalities are just that, NON-chiropractic. They have no place in a chiropractic guideline. State law may indeed apply. That is a state matter not

	a federal chiropractic one. Clause 4.1 should be deleted.
4.2	On their own very few tests, procedures and diagnostic tools could be deemed "necessary". But put together they all go to form a picture of patient function/dysfunction and does contribute to a more accurate diagnosis. All of the attempts at safeguards mentioned in the various sub-clauses of 4.2 are already covered in the finger waving clauses that say that chiropractors better act ethically. As if the vast majority wouldn't anyhow. Those that don't have the Common Law to face.
4.2 d) acceptable levels of reliability and validity	Acceptable to whom? As mentioned in my previous submission: *"What is "acceptable"? By what criteria are these determined?* *Is acceptability overseas good enough to be acceptable here. If not why not?* *How many papers are needed to indicate reliability and validity?* *If the tool is new how many are needed then?* *If I am trained to use a test but my neighbour chiropractor is not, why am I prevented from using a test because of my neighbour's ignorance? Where are the guidelines for acceptable levels of reliability and validity and the necessity for training in the use of these examination tools?"* None of these concerns have been satisfactorily dealt with.
4.2 e)	Delete. Covered in 4.2 above.
5.1	Delete. The content described belongs in the class room not in a professional registration guideline.
5.3	Delete. The content described belongs in the class room not in a professional registration guideline.
5.4	Delete. The content described belongs in the class room not in a professional registration guideline.
6.2	Delete as irrelevant to a Chiropractic Guideline. The best place for this clause in the *Guidelines for Medical Practitioners*. We are not the gate keepers we do not allocate services they do. Those chiropractors who are consultants to insurance or statutory authorities will have their own guidelines to follow and this clause

	will generally be ignored by them in their view of "the greater good" that they get paid by.
7.2 b)	Delete. This would be a voluntary participation based on personal interest and expertise. It is hence irrelevant here.
7.2 c)	Seems like this was lifted from a *medical guideline.* Just how relevant is it for chiropractors?
7.3 a) the Board's guideline on mandatory reporting at: www.chiropracticboard.gov.au	I had a look in all of the obvious places for further clarification. **I couldn't find any**. This seems to be a circular reference. Needs re-wording or deleting.
7.3 b)	References to State /Territory jurisdictions are superfluous. Either refer to a federal statute or just delete the references that are not Federal. Or write what it is you really want to say on this matter without referring to "inferior" jurisdictions.
7.3 c)	What ever do you wish to say here. This needs major rewording.
7.3 e) and f)	Better suited to inclusion in Clause 10
8.2 " The National Law requires that chiropractors (and all of the regulated health professions)"	Better to re state as: *Chiropractors are required to.....*
9.2 b), c) and d)	These are all sub-clauses of a)
9.3 "the Board's guideline on mandatory reporting at: www.chiropracticboard.gov.au."	Where are these? It is unreasonable for the profession to comment and commit on the totality of these guidelines if all of the documents referenced are not made available. Make the documentation available in time for comments to be made.
9.4 a) "medication"	? I thought our profession was a <u>drug free</u> one. Does the Board know something the rest of us don't know? Delete all reference/s to medication.
9.6 a) Advertising	Looks good as far as it goes. But the Board has side stepped the issue of defining a "testimonial" for the Board's purposes. No doubt the Board will form a view of what are or are not "*testimonials or purported testimonials about the service or business*" when it finds it must "regulate" with regard to a member of the profession. It is reasonable for the Board to make these declarations. See Clause 133 (3) of the *Health Practitioner Regulation*

	National Law Bill 2009 and section 39 *Codes and Guidelines* of the same Bill. It would be in the interests of the profession to have the distinction between a "*testimonial*" and a "*case example*" defined. Since it is likely that it is the Board that would instigate proceedings based on its judgement of whether what is written is a "*testimonials or purported testimonials*". I still have yet to be convinced that a testimonial is any different to a personal recommendation of a patient to a friend, except for the fact that one is written and the other is verbal. Furthermore, where are *"the Board's Guidelines on Advertising which can be found at: www.chiropracticboard.gov.au"* as stated. It is unreasonable for the profession to comment on the totality of these guidelines if all of the documents referenced are not made available.
9.6.c) using a title	Is the Board going to write to the Medical Board and insist that "medical doctors" also designate themselves as *Dr. J. Smith (Medical Practitioner)*? I think it only fair that the public not confuse a medical practitioner for a Doctor of Chiropractic or Dentistry.
9.10 "responsibilities and rights"	The *responsibilities* are well defined but the *rights* are not. What "rights" does a chiropractor have in these situations? Please inform me so that I may give an informed consent to this guideline.
9.11 e) "sell or market drugs"	Delete these words. Chiropractic is a "drug free" profession.
9.12 c)	You are still on about "flowers and chocolates". Remember it is a <u>token</u>, nothing else. If there is more to this clause? Maybe the Board needs to educate the profession as to the reason the "flowers and chocolates" may be such an important issue. The words "other than" could be place before "flowers and chocolates" and "the like" place after.

9.12 d) "not becoming involved financially with patients; for example, through loans and investment schemes	The Board here is still insisting interfering with the an inalienable right that all living, adult, free, men and women have. That is too chose to do what they want, so long as it does no harm to others. Who is it that the Board feels compelled to save from a commercial transaction that may have nothing to do with chiropractic practice what so ever. This is a Right I shall not be giving up even though for the most part I will chose not to exercise that right. I shall reserve that right regardless. This clause presupposes that such agreements and transactions will be unfavourable to the patient, whereas it may provide better than generally available commercial rates of loans This clause also contravenes the following articles of the "*Declaration of Human Rights (UN)*" (emphasis added): Article 2 *"Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth <u>or other status</u>. …....* Article 3 *"Everyone has the right to life, <u>liberty</u> and security of person."* Liberty also means free to do what is desired. Article 17 (1) *"Everyone has the right to own property alone <u>as well as in association with others</u>."* Article 30: *"Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act <u>aimed at the destruction of any of the rights and freedoms set forth herein</u>."* Australia is a signatory to this Declaration. Everyone has the right to own property alone as well as in association with others. The right to liberty which includes the freedom to do what pleases the individual. Hence all Laws made by Australia, State or Federal must comply with this Declaration. Clause 9.2 a) could cover all that could possibly ever happen between a practitioner and patient. Singling

	out financial arrangements/investments goes far beyond the role the Board would "naturally" be expected to have. While writing a regulatory document, the Board must keep in mind the Declaration of Human Rights (UN) and not negate any Rights while trying to defend some possible patient who may at some point in time be hurt. All the while hurting chiropractors and their patients without cause by limiting the Rights of chiropractors do have by virtue of being a living man or woman.
9.12 f)	I can understand the "directly" in this clause but how "indirect" does it have to be before it is OK to share/agree to share fees? This clause needs rewording before it is clear as to what its intent is.
10.2 c). understanding the principles of immunisation against communicable diseases	Why single our vaccination from all of the other health promoting modalities in existence. To do so pushes the barrow of CSL. Is there a vested interest that the Board has in this matter? Does the Board have something to disclose? (joke) If not, then just (no joke) delete this clause .
10.3. a)	Totally demeaning to all practising chiropractors to even think of having to write this into a guideline of this sort. Do us all the courtesy of deleting this clause.
10.3 b) boards?	Which boards. It would be helpful to have the "boards" named so that chiropractors can know which boards they have an obligation towards. Better yet just delete this clause as the definition is too vague to have anyone agree to it in its present form.
10.3 c)	If you are NOT the treating/examining practitioner, making a snap judgement as to the ability of another chiropractor is a legal minefield that most will not cross easily. There has to be some intervening steps introduced in this "best practice Guideline" before a report should be made. These extra steps need to be stated for clarity and fairness to the practitioner concerned as well. It is <u>not only</u> the public that has rights here.
12.3 a)	Delete. Already covered in 12.2 k)
Appendix 2: Guideline in relation to Radiology/Radiography	All could be removed except: Justification – No practice involving exposure to radiation should be adopted unless it produces sufficient benefit to the exposed

	individuals. The procedure must be justified for that patient. 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, as well as documentation for legal purposes. All other wordage is redundant and would be covered elsewhere, as in x-ray licence limits.

I encourage the Board to take these concerns I have with the "*Revised Code of Conduct Guideline*" and make changes as suggested to make for a better working document and a better working relationship with practitioners without diminishing any concerns the Board may have for the public's safety.

Much of the "*Revised Code of Conduct Guideline*"is full of motherhood statements and much of its contents is worded as though one were sitting in Ethics 101 class, which I might add is really the place for the vast majority of what is written in this Guideline. This probably accounts for most of the comments I have read about the document being demeaning to the profession.

I look forward to my remaining concerns being rectified before implementation of a final Guideline.

Thank you for the opportunity to make comments on the "*Revised Code of Conduct Guideline*".

Yours faithfully,

Peter Robb D.C.

To:
Cc:
Bcc:
Subject: Fw: Attention: Chair, Chiropractic Board of Australia REVISED

Attention: Chair, Chiropractic Board of Australia

I have read the complete copy of the second consultation document and feel its wording is not yet satisfactory.

I have also read and support the submission of

Peter Cowie B.App. Sci. (Chiropractic) FACC FICC

11th May 2010

and his suggested amendments to the second consultation document.

I would also like to comment on appendix 1

"providing the participant with a business card at their request, but should not include obtaining contact information from participants or the making of appointments at the time of the screening"

In my opinion this clause is unnecessary. The principle here should be the practitioners ability to offer a more comprehensive evaluation that would be of value to the public at a reasonable price, and the publics right to choose whether to use that service or not.

Furthermore, not only would it be unreasonable constraint to not allow a practitioner to take bookings on the day, but it would also be unreasonable constraint to not allow practitioners to collect payment for this booking in advance. From my experience doing screenings, only those who genuinely want a further follow up will book and pay on the day. These clients are almost always very appreciative of the chance to gain access to your professional services at a special rate.

This part of appendix 1 assumes the publics inability to say 'no', and should therefore be removed.

And appendix 3...

"Should any patient elect to undergo regular chiropractic examination or treatment in the absence of symptoms..."

I would prefer the use of 'adjustment' rather than the use of 'treatment'

And i propose that the word 'sign' be used in conjunction with symptom. Eg., someone may be pain free, but still be showing a loss of neurophysiological integrity that can be measured with appropriate instrumentation and other relevant outcome measures.

So this may therefore read,
"Should any patient elect to undergo regular
chiropractic examination or adjustment in the absence
of clinically relevant signs or symptoms,
it is the responsibility of the practitioner
to provide the patient (parent /guardian for children)
with a balanced view of the clinical justification for
such procedures..."

Thankyou for allowing me the chance to contribute my thoughts and ideas in this submission, and I look forward to reading the third consultation document, with appropriate amendments.

Kind regards,

Alex Rodwell

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20/05/10

Chiropractic Association Of Australia

Re: Chiropractic Board of Australia Code of Conduct

Please incorporate these principles into the Code's laws.

- "Scientific" and "medical" are not interchangeable terms. As chiropractors we must have the right to use any scientific information available, whether it conforms with current medical opinion or not. As alternative practitioners the public expect us to have alternative techniques, science and views. We serve the public, not officialdom.

  For example:
  1) Many journals compare different modalities; why can't we quote them?
  2) Many journals give opposing views to current medical opinion; why should we withhold this information from patients?

- The medical system constantly withholds opposing information from patients. Chiropractors should not be forced to follow medical views especially when patients ask for alternatives. Many patients try years of medicine prior to finding success with chiropractic.

- Chiropractors now need reassurance they can practice their particular technique and improve it, research it and master it without recriminations from a pack of incapable people holding a sham(e) code in their hands.

- Drop the rubbish about cooperation in the Health Care System. There is very little. Maybe the medical code now states doctors must work with chiropractors. That wouldn't work either, as they are ignorant of what we do.

- Each rule must be logical, cost effective, practical and possible. Much of what I have read is illogical, cost prohibitive, impractical and impossible.

  Basically it is an academic viewpoint which will not work in a practical setting.

- Please prove the level of training in SMT held by medical doctors or physiotherapists comes close to that of a chiropractor or osteopath. If not, the Code must restrict physiotherapists and medical doctors.

- If the above is not possible, then the following is imperative.

- This Code of Corruption the CBA has been influenced to write, needs to be taken head on by the CAA, chiropractors and patients Australia wide. Legal action and raised public awareness need to be undertaken to prevent a gross injustice.

Yours sincerely,

John Rogers

1. **GENERAL COMMENT**

Concern is expressed at the marked inconsistencies and discrepancies between this Board's requirements for chiropractors and those of Boards of other professions. More particularly, I note the somewhat onerous requirements of the CBA which place unfair restrictions on professional primary contact practitioners whose role it is to heal, educate, and inform patients when requested and where necessary and which are out of step and peculiar to this proposed Code.

2. ADEQUATE ACCESS TO ENSURE EXPECTED STANDARD DIAGNOSIS

The new Code states that a primary role and responsibility of chiropractors is "ensuring that the diagnosis is relevant, justifiable, and based in sound clinical reasoning" (Page 3 2.1 be) While diagnosis is essential, it is acutely handicapped by the fact that chiropractors are strictly limited in their ability to access legitimate diagnostic services. This includes radiological (MRI, UP/SO, CT) and specialists. Such restraints severely limit the diagnostic acuity, ability and accuracy, akin to having one hand tied behind one's back. Yet the new National Code demands the highest diagnostic standards. It is incumbent upon the Board to ensure that chiropractors have appropriate access to such diagnostic facilities to ensure the highest possible standards of patient care.

I note that under the Code's clause *4.2 Use of diagnostic tools, test and procedures...* it is required that practitioners employ

***"(a) full and thorough assessment of patients using tools, tests and procedures that are appropriate for the gathering of information necessary to form a diagnosis etc.."* As such, it is critical for the Board to ensure that registrants under its jurisdiction have access to all appropriate diagnostic facilities.**

3. UNQUALIFIED/UNDERQUALIFIED PRACTISE

The primary contradiction and weakness for all the professions' requirements under the new legislation, in that *any* person may conduct medical or chiropractic (or other) procedures even if not registered, as long as they do not claim to be a member of one of the registered professions. Such a situation defies the legislated purpose of registration.

It should be fundamental that all medical practitioners and other professionals who practise spinal manipulation (SMUT) be required to be trained in the science and technique of SMUT to the same level of proficiency as those professions who specialise in-depth in the field of the manipulative sciences.

4. SPECIALISTS LISTINGS

- Specialist registration for some areas of chiropractic where formal extended qualifications have been obtained, is one which should be addressed and accepted for those recognised specialties. I submit that this is another weakness in the proposed Code.

Such a move would encourage higher standards.

Such recognition is consistent with medicine and dentistry.

5 TITLE 'Dr'

5. Use of the title 'Dr' with professional nomination, has been recognised and accepted by, and to, the chiropractic profession for over 100 years. [1,2] The Victorian Branch of the AMAX has accepted this situation in a letter to the CAA(Vic).

NSW and Queensland have been out-of-step with world-wide acceptance of this title.

6. <u>INFORMED CONSENT</u>

To imply that chiropractors perform high risk skeletal manipulation procedures is inconsistent with the scientific evidence[3] – a requirement in other parts of the Code.

This comment both outrageous and ill-informed.

While the medical literature is somewhat creative with such claims, the papers ignore the true situation which is substantiated in the published literature, including the medical literature.

The chiropractic profession has always been concerned that such claims may be seen as adverse events and a danger to patients, despite the millions of manipulative procedures performed daily without incident. However the claim has been proven to not be plausible. Proper studies have now been conducted and an analysis of the literature undermines what can only be classed as prejudicial, uninformed and ignorance in such claims which grossly distort the true picture.

Attention is drawn to a number of relatively recent papers that have researched the topic.[3-7] A population-based case-control and case-crossover study of the risk of vertebrobasilar stroke and chiropractic care, it appears that any relationship could be temporal, and no more prevalent that for patients attending medical practitioners.[3]

Cassidy J et al.[3] – *"The authors also documented only a handful of stroke cases following chiropractic cervical manipulation in a massive study population spanning nearly 100,000,000 person-years. Even more impressive, the data suggest that while spinal manipulation may increase the risk of an embolism in those with a VAD in progress, which can then lead to a stroke,* ***the association between the stroke and the office visit was no higher in patients who seek the care of a chiropractor than in patients who seek the care of a general physician****."*

Terrett AGJ.[4] – Points out the false accusations made against chiropractors when other professions had been associated with apparent incidents. This paper in particular shows the prejudicial bias and distortion created in the medical literature.

Licht PB, et al.[5] Concluded *"It appears that the risk of cerebrovascular accidents after cervical manipulation is low, considering the enormous number of treatments given each year, and very much lower than the risk of serious complications associated with generally accepted surgery. Provided there is a solid indication for cervical manipulation, we believe that the risk involved is acceptably low and that the fear of serious complications is greatly exaggerated."*

The AMA statement assumes that all medical procedures and drugs are safer.[8,11] While medical iatrogenic figures in Australia are strangely and severely inconsistent with those from overseas (US, UK), greater significance and accuracy would place such claims in perspective.

There is supportive evidence in the literature questioning the distortion of any risk factor associated with SMT. Other comments, including those of medical doctors

It is noted that other professions who employ SMT do not have the same obligation to utilise Informed Consent.

7. EVIDENCED BASED PRACTICE.

In relation to evidence based chiropractic, I would like to draw your attention to some of the *medical* evidence which supports the role of SMT in areas apart from musculoskeletal conditions.[17,18] The attached appendix cites primarily European medical papers where attitudes appear to be different and somewhat contradictory to papers published in English.

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ADDENDUM

In their paper, Dabbs and Lauretti found that the relative risk of non-steroidal anti-inflammatory drugs (NSAIDS) have a risk factor of several hundred times more than spinal manipulative therapy.(3) They found that the rate of death from gastrointestinal bleeding (including bleeding abdominal ulcers) is 0.04% - 160-times greater than neck manipulation (.04% -v- .00025%). The risk of a non-fatal stroke from manipulation is 0.001%, and from NSAIDS 0.4% - a difference of 400-times. [8]

"Even if risk estimates are better quantified, however, the fundamental issue remains not consent for risk but demonstration of benefit: in the absence of randomised controlled trial evidence demonstrating the efficacy of cervical manipulation, the best current evidence suggests that the small risk of dissection and stroke outweighs the benefit of this treatment modality for patients with acute neck pain."[12] (Williams)

Myler calculated the rate of fatal stroke after cervical manipulation at 0.00025%, while the rate of deaths from stroke in the general population was 0.00057% - more than double the rate of the manipulated patients.[13]

Each year some 37,000 Australians suffer a stroke, that is more than 100 on each day of the year. Of these patients, 12,000 die, while another 12,000 are permanently disabled. This is a mortality rate of 70 per 100,000 population. Some 20% of stroke patients - 7,400, have diabetes, which can be a predisposing factor.[14,15]
Each day, some 25 Australians experience a spontaneous transient ischaemic attack.[16] Based on a population of 19,000,000 this is a rate of 1:760,000.[9]

MANOEUVRES ASSOCIATED WITH CVA'S

FOR WHICH SIGNED CONSENT IS GENERALLY NOT REQUIRED.

Calisthenics
Yoga
Overhead work
Neck extension during radiography
Neck extension for a bleeding nose
Turning the head while driving a vehicle
Archery
Wrestling
Emergency resuscitation
Star gazing
Sleeping position
Swimming
Rap dancing
Fitness exercise
Beauty parlour stroke
Tai Chi

OTHER
Childbirth/Pregnancy
Surgeon or anaesthetist during surgery

Source: Terrett AGJ. Malpractice avoidance for chiropractors 1. Vertebrobasilar stroke following manipulation. Des Moines, IA: National Chiropractic Mutual Insurance Company, 1996.

VOLUNTARY RISKS

Voluntary Risk	RISK OF DEATH /PERSON/YEAR
Smoking: 20 cigarettes/day	1 in 200
Drinking: 1 bottle of wine/day	1 in 13,300
Soccer, football	1 in 25,500
Automobile racing	1 in 1,000
Automobile driving (United Kingdom)	1 in 5,900
Motorcycling	1 in 50
Rock climbing	1 in 7,150
Taking contraceptive pills	1 in 5,000
Power boating	1 in 5,900
Canoeing	1 in 100,000
Horse racing	1 in 740
Amateur boxing	1 in 2 million
Professional boxing	1 in 14,300
Skiing	1 in 4,350
Pregnancy (United Kingdom)	1 in 4,350
Abortion: legal <12 wk	1 in 50,000
Abortion: legal >14 wk	1 in 5,000

Source: Dinman BD. The reality and acceptance of risk. *Journal of the American Medical Association* 1980; 244 (11): 1226-1228.

Respectfully submitted,

Peter L Rome DC

Submission to the Chiropractic Board of Australia

Regarding the Consultation Draft Code of Conduct for Chiropractors
Released by the Chiropractic Board of Australia on 7th May 2010

Comments from Dr Ben Schutte, Chiropractor
Canberra

This draft is greatly improved. I am no word smith and would concur with much of Peter Cowie's concerns. Non the less some of mine are high lighted below

Page 4, 2.2 Good Care part o). practising in accordance with the current and
accepted evidence base of the chiropractic profession, including clinical outcomes. Techniques may be empirical and yet effective. It is only recently for example that Neuro-emotional technique has published papers in peer reviewed journals. I have been using NET for 10 years. Lack of published evidence did not stop me using this technique

Page 6 3.7 b). ensuring informed consent to provide care for children
involves the patient's parent and/or guardian being provided with clinically relevant information for chiropractic management of certain conditions in children What is clinically relevant information. Subluxations in infants and children can present as very subtle entities.

Page 7 3.7 f). ensuring that X-rays of children are obtained only
where there are clinical indications for the procedure
(see also Appendix 2 - Guideline Radiology/
Some techniques require X-ray analysis. Dr Beiderman (a Reknown Belgian medical practitioner) uses x-ray analysis. Upper cervical techniques require radiological analysis also. There may not be any overt clinical indicators for x-rays, yet radiological analysis points out to the practitioner what to adjust and what to avoid.

Page 8 3.12 b). working with the person to resolve the issue where
possible
My experience is that insurance companies may not cover you for professional indemnity if the practitioner gets involved as you suggest

c). providing a prompt, open and constructive response
including an explanation and if appropriate an apology
My experience is that insurance companies advise against this

Page 12 9.6 a). complying with the Board's Guidelines on Advertising
which can be found at: www.chiropracticboard.gov.au
and relevant State and Territory legislation
Why don't you include that here?

Ben Schutte

Dear Chair of the CBA and the Board

First of all I would like to thankyou for your consideration of the previous submissions to the board and the opportunity to comment on this one. \

I still find this document to be very demeaning and the language very negative towards my professional, it still smells of one brush to paint all following the actions of a very few.

I would like to comment on the advertising guide lines.

Introduction (paragraph 2)
In particular.s. 133 of the National Law states that "person must not advertise a regulated health service, or a business that provides regulated health services, in a way that-
c)uses testimonials or purported testimonials about the service or business

This say that all use of testimonials by all regulated health professionals is not permitted. Medicine has been doing this for years, there are many examples on television alone, RPA or any show that shows peoples medical cases and outcomes, these are forms of testimonial, and there fore are illegal. Then there are the fictional dramas, and pharmaceutical adverts, Panadol its my choice, testimonials, all of them. Don't forget books publishing testimonials, Chicken soup for the soul, etc.

Chiropractics is one of the most discriminated against professions in the world, we have people judging us based on what other tell them (often other health care professionals) more than any other health care profession, often these people have no direct experience themselves. Why limit our ability to use an example of some one who gained benefit from what we do, to enlighten people to a greater possibility of health. Besides if I am obligated to tell someone about the risks and have to show balance between risk and benefit, how can that be done without using all available information.

Please don't forget about the biggest organisation that discriminates against chiropractors, who should provide an equal opportunity to all health professions, simply because our paradigm is different, the government. You don't see them building any DC super clinics, our raising large political campaigns promoting spinal health, as they do with vaccination.

Definition of advertising (last paragraph, last sentence)
Also, this definition is not intended to apply to materials issued by a person or organisation for the purpose of public health information or as part of a public health program.

There is no definition in the guide lines of public health program or information. Historically all public health programs, have been based on the medical paradigm, there fore giving medicine an unfair advertising advantage; as well as government funding to advertise.

Therapeutic goods legislation

The advertising of therapeutic goods (including medicines and appliances) is regulated by the Commonwealth Therapeutic Goods Act of 1989.

Most advertised therapeutic goods are medicines, and they use testimonials, in fact they use testimonials without ever mentioning that there can be adverse affects or risks, and if they do it is in such small print that it can not be read in the time that it is present on television.

Substantiation of claims (first paragraph)
Unless there is accepted scientific evidence…..

Define accepted scientific evidence, is it all peer reviewed journal articles, is it just certain journals, is it just medical journals, or just chiropractic journals.

Substantiation of claims (first paragraph)
An advertisement for services should alert the public to the fact that there are associated health risks.

Does this mean to say if I or a medical practice has a yellow pages add stating our location and phone number we need to have bellow and warning statement that adverse side affects have been associated with some of the services we provide. These policies are all about interpretation; Lawyers will interpret and likely will in the manner provided above.

Authorising the content of advertising (third paragraph: all)

Practitioners should not allow the services they provide to be advertised or make themselves available to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content and have had a reasonable time to ensure that the published version of the advertorial or article adheres to these guidelines.

This stops all health care practitioners from all health care services from doing any news type interview or open discussion forum as these do not allow the participant to adhere to the clause above. This also includes people being held up as industry or field experts, because there conversation is promoting one field of health care.

5 What is unacceptable advertising
j) fail to disclose that there are health risks associated with treatment

Again this relates to yellow page adds right up to any other form of advertising, if we let some one know we are here and available to provide a service, are we required to the place a health risk warning. It can be interpreted this way, and please don't say use your common sense because lawyers don't they assume there client has none. Judges job is to enforce the law not interpret it.

6 specific requirements
6.1 Use of graphics or visual representations
If photographs of people are used in advertising, the photograph must only depict patients or clients who have actually undergone the advertised treatment and who have provided consent for publication of the photograph.

Why should we have to uses patients, it requires you to hire a professional photographer, in order to get the same quality of photo as you can from a stock photo company. Pharmaceutical can use anybody, and have them say anything. Besides if we use patients then we are now advertising using testimonials which is not permitted.

6.3 Use of comparative advertising
It is difficult to include all required information to avoid a false or inaccurate comparison…..

This becomes a problem when ever some one is asked why they should choose there service over another by a group of people, as talking to a group would be considered advertising. As this person would not be able to show the evidence that they speak of to this group of people in most cases.

6.7 Use of scientific information in advertising (Point 4)
Be from a reputable and verifiable source.

Define, Can this be peer reviewed journals, personal conversations with industry/field experts, news paper articles, television interviews or news reports. What defines reputable?

Consultation draft Code of Conduct for Chiropractors

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

Not accepting gifts (large or small) can be disrespectful of certain cultures, can be rude, and may be hurtful of patient's feelings. In many cases I do not know that I have received gifts from patient till the end of shift, as they often leave them with my CA's at the front desk. Further more why should I discourage the generosity of others, as one can not give without receiving, as the act of giving makes most people feel good, and therefore could be seen as beneficial to their care. Gifts of large value do warrant a file note, but gifts of minimal value are often the result of the level of service, caring sincerity and connection made with a patient; however a file note for every small gift I feel is not warranted.

d) not becoming financially involved with patients; through loans or investment schemes.

This unfairly limits where and how a chiropractor can invest his or her money, if they can do so without it adversely affecting the care of the patient, they should have the ability to do so.

Section 3.6 Informed financial consent

I understand many of the complaints that have come before boards in the past have been fee related; hence you felt this clause was necessary.

You are the only professional board that has put such forward. I have seen many medical specialist and doctors, they all fail to disclose their fees as openly as 99% of chiropractors do.

If prepaid agreements is the problem; simply have a clause that says if prepay agreements are the refund policy must be the pre-pay amount minus the fee for an individual adjustment multiplied by the number of adjustments in that prepaid agreement, unless the period has ended. And there must be an option to pay as you go.

Section 3.7Children and Young people

b) ensuring informed consent to provide care for children involves the patient's parent or guardian being provided clinically relevant information for chiropractic management of certain conditions in children.

Certain conditions is not defined, clinically relevant information is not defined. Evidence based practice is the use of the scientific information, clinical judgement and patient expectations; there may be no scientific evidence to support the care that I or my colleague propose, how ever lack of evidence is not evidence of lack. I may have seen similar children respond in the past with similar presentations (it's not published), and I will not know for sure if chiropractic can help unless we try (that is exactly the same for adults, there is no guarantee).

This is a very negative clause that has no relevance or definition. It fails to follow the evidence based practice model.

Appendix 1: Guideline in relation to Public Spinal Screening
c) Providing participant with a business card at their request, but should not include obtaining contact information from participants or making of appointments at the time of the screening.

I feel that this clause is unethical, if I have just informed someone that their posture is poor and could be affecting their health, however without a full consultation and examination the extent of which if any I can not determine, I feel ethically bound to provide them with the opportunity to have this consultation and exam, either with myself or a chiropractor in their area.

This clause in my opinion should read collection of participants contact information or the making of appointments, is only permissible if they would like the opportunity to have this further investigated.

I can not tell you how many people have told me that they are so grateful for the service of the screen and the ability to give their contact details so that they know we

will contact them and make an appointment at their convenience. This also allows them time to consider what was said and decline the appointment when contacted, without the pressure of a face to face contact.

f) no fee being charged for the screening, however participants may make a donation to a charitable organisation nominated by the chiropractor.

Chiropractors should be allowed to charge fees for what ever service they provide, as long as the fee is known up front. If I go to my GP for a blood test to screen for elevated cholesterol levels or anything for that matter I still get charged for my appointment, I go to molescan, they charge me to screen for skin cancer, why should we be any different.

Personally I choose not to charge for the screening service, but that is my choice.

Appendix 3: Guideline in relation to duration and frequency of care
4. review/reassessment should be periodic and include:

- *The number of visits proposed (which should have a rationale and not be arbitrary or excessive)*

A person who chooses to have elective or supportive care, the number of visits purposed can only equal the number of visits or time before the next re-evaluation, and may be seen by some professions as excessive. I personally feel it should be defined with a number of visits or time period without care, which ever is the least. I.E. 12 visits (regular care) or 6 months (without care) which ever is less.

6) Should a patient elect to undergo regular chiropractic examinations or treatment in the absence of symptoms it is the responsibility of the practitioner to provide the patient (parent/guardian for children) with a balanced view of the clinical justification for such procedures.

This statement is mute, evidence based practice requires the practitioner to consider the scientific evidence, clinical judgement and **patient expectations.** If a patient chooses elective or supportive care their expectation are that it will be beneficial and they are experiencing said benefit, and any ethical partitioner will not continue care without benefit to the patient.

Section 10.2 Chiropractor Health

This entire section is a waste: if you feel it is necessary, then a simple statement like it is the responsibility of the chiropractor to maintain ones health to a level such that they are not compromising patient care or putting patients at risk due to ill health or disease.

As the CBA your charge is to protect the public; in attempt to do so you wrote this document, however you have failed in one area. You have failed to lobby to have a minimum requirement of training for SMT for all professions (Medical, Physio, Osteo, massage, etc). As you know any stroke or adverse event following SMT is used to calculated the level of risk for SMT, there fore their should be a minimum training levels. My suggestion is a minimum of 3 yrs university level training, with at least one technique training course participated in (CPD) in a 5 year period.

I feel this would reduce the number of adverse reactions and the number of events being attributed to chiropractic. I would also support that any adverse event reported be reported with the practitioners profession and certificate of currency in SMT. This would give the scientist and researchers a better grasp of the professions and that are related to the adverse events.

chiropractic national registration submission
John Seisun
to:
natboards
20/05/2010 05:09 PM
Show Details

History: This message has been forwarded.
It appears that the registration controls are still to complexed and do not adequately address the concerns of the professional membership. To point out the floors is too onerous a task considering the scope of dissappointment. Suffice to say that a more generalised document along the guidlines of the Osteopaths and Physiotherapists requirements is more suitable.

regards
John Seisun
chiropractor

Submission to the Chiropractic Board of Australia

Re: Consultation Draft Code of Conduct for Chiropractors

Wednesday 19.5.10

Attention: Chair, Chiropractic Board of Australia

I would like to begin by taking this opportunity to thank the Chiropractic Board of Australia for the opportunity to participate in this process.

I have made myself familiar with both drafts of the proposed Code of Conduct, and whilst I believe the second draft is an improvement on the original I still have deeply held concerns about this document in its current form being put forward as the basis for legislation.

The Chiropractic profession has come a long way in 115 years and that is nowhere more apparent than it is right here in Australia. As such the Chiropractic profession in this country deserves a Code of Conduct that both respects and reflects the maturity and dignity that we have striven for so diligently over a number of generations. In this way the Code of Conduct will play a vital part in supporting the Chiropractic profession in Australia in continuing to cement its position as a sophisticated, vibrant, and confident member of the Australian health care community.

As it reads at the moment the proposed draft Code of Conduct will not, in my opinion, fulfil this role. In fact, I believe it will undermine the confidence of many very capable practitioners and instil a sense of morbid paranoia that will leave many of us constantly glancing over our shoulders in fear rather than reaching out confidently to our communities through Chiropractic.

Whilst I acknowledge that the members of the Board have no doubt approached this task with great earnestness and commitment, often times we can get so close to something we have put so much effort into that we are unable to see the forest for all the trees, as it were. As a practicing Chiropractor, when I read the current draft it leaves me with a sense that it implies that the Chiropractic profession must be immature, lacking in self confidence and maybe even populated by a great many people with a tendency to ADHD. Much of this draft is couched in what I can only describe as 'weasel-ly' kind of language that creates the sense not even so much of trying to please, but rather, living in fear of drawing the disapproval and ire of some perceived higher authority. And as I said previously, the Chiropractic profession in Australia deserves better than this.

I have had the benefit of seeing the submission prepared by Peter Cowie, and rather than take up the Board's time by repeating much of what he has said, suffice to say that I agree with the points Peter has made and the changes he has proposed, and as such I would like to throw my weight behind his submission. Further, there are several points not addressed in Peter's submission that I would also like to raise.

A noteworthy omission from the draft Code of Conduct, and one that I believe would speak to the growing maturity and sophistication of our profession, is any mention or acknowledgment of claims to specialisation. We have a growing body of members who

have legitimate claim(s) to specialist status or specialist areas of interest within practice, who currently are not only not recognised appropriately, but are in fact prevented, by legislation, from making the wider community aware of their status and/or interests. I realise there is more to rectifying this situation than simply incorporating it into the Code of Conduct, however, I believe that doing so will send a message both to the profession itself and to those outside the profession who have some interest or role in our conduct and administration, that we take this matter seriously. As any mature, confident profession should.

Several other issues that I have great concern about fall under a common umbrella, that being the practice of medicine. I have been given to understand the Board has had a submission on behalf of the AMA in which the author has used the opportunity to once again raise the issue of the use of the title 'Dr', referencing concerns about creating confusion in the minds of members of the public about whether in fact any particular Chiropractor may or may not be a medical practitioner. I find it difficult to regard these alleged concerns with any credulity for several reasons, not the least of which is that if the medical profession was sincere they ought to be more concerned about how we conduct ourselves in practice than how we title ourselves. I will argue the case strongly that the practice of medicine cannot be defined by methodology, and must be defined by intent. That intent being centred around the treatment of disease or infirmity, and this is at odds with the intent of the practice of Chiropractic. The public are not stupid, and if they walk into the office of a health care practitioner and their experience there is that it looks like a medical office, smells like a medical office, sounds like a medical office, and feels like a medical office, they are much more likely to conclude the practitioner must be a medical practitioner than they will be simply on the basis of whether or not the practitioner refers to themselves as 'Dr' or not. To that end, diagnosis is inherent to the practice of medicine and plays an integral role in how a medical practitioner rightly conducts themselves in practice. It has no place in the practice of Chiropractic. And to my final concern, immunisation is not a Chiropractic issue and as such has no place in a Code of Conduct pertaining to the Chiropractic profession. The choice to seek immunisation or not is a very personal one, and there are strong arguments on both sides that no matter which way you go you are potentially exposing yourself (or your dependents as the case may be) to great risk. The role of a Chiropractor here is no different to any other situation we deal with on a daily basis. That being to assist the client in being as free from subluxation as possible, so their own innate intelligence has maximum resources and opportunity to deal with whatever challenges come.

It is with great humility that I suggest to the Chiropractic Board of Australia that the concerns I have referenced via Peter Cowie's submission and those I have raised here are of substantial concern to many in the Chiropractic profession. Given that the creation of this new Code of Conduct has such enormous implications for the profession into the future, I believe it behoves the Board to give very careful consideration to the points I have raised and I would respectfully suggest that amending the proposed Code of Conduct in accordance with the concerns raised will make it a more acceptable, more workable tool that will support good Chiropractic practice and the aspirations of the profession within the greater health care community.

Yours Sincerely

Stuart J. Shadwell B.App.Sc.(Chiro)
Chiropractor

‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

I would like to reiterate the sentiments offered by Dr Postles, and Dr. Benz in their responses to the proposed codes and guidelines. In addition, I would like to add further comment.

The formulation of the guidelines appears to have been captured by a minority, unrepresentative sector of the profession focused on setting the parameters governing the majority.
It is evident the authors are seeking to pursue their political agendas, and force their personal opinions onto the chiropractic profession under the guise of standards or codes of the board.

The documents are rife with vagueness, restrictions to practice that are unsubstantiated in the published literature, and arbitrary limits that are scientifically invalid and potentially damaging to the public. There are seemingly irrelevant statements, of which the true purpose of, are being hidden or deliberately left obtuse by the authors.

In the AHPRA web site, (www.ahpra.gov.au) there can be found the sentence “…, Australia is simplifying its professional regulatory system and strengthening public protection.” The documents are clearly not in the spirit of ‘simplifying the professional regulatory system and strengthening public protection’.

The authors seek to create dramatic changes to the practice of chiropractic that are without precedent. Seeking to enshrine personal opinion and pushing hidden political agendas is not ‘development of chiropractic profession standards, codes and guidelines’ (see the CBA’s website under ‘functions’), so I contend that the offending authors have deliberately exceeded their mandate, and should be removed from office.

The board has demonstrably overstepped its mandate, namely the protection of the public. It is not mandated to intrude into issues of professional contention and debate. It is not equipped or able to make determinations as to evidence-based practice and prevailing best practice. These, by definition are evolutionary. Why has our board, uniquely among the national boards taken a course so unpopular with the profession it sets out to regulate?

It was been indicated that the CBA has not published all the submissions as it stated it would. Specifically, additional guidelines pertaining to advertising and mandatory reporting. In the name of transparency, democracy and fairness, how is this allowed to

happen? As a chiropractor I feel disenfranchising and cynical regarding my own profession.

Further, for the board to engender the spirit of ‘simplifying’, and ‘professional standards’, it would be congruent to be clear, precise and un-ambiguous, as well as honest and respectful. The authors of these documents, by being unclear, ambiguous and vague, as well as disrespectful, are damaging the integrity of the board, and again should be removed from office.

Through both submissions, the board itself has been at pains to point out the tight timeline. Given this reality, would it not be appropriate to adopt a ‘minimalist’ document, which can be revised *as dictated by future necessity and experience.*

My proposal is simply that the CBA adopt a document broadly generic, in common with the other national registration boards (especially Osteopaths and Physiotherapists) with minor alteration concerning sector specific applications.

Kind Regards,

Dr. Jody Shawn DC

Mira Sola
Level 2, 738 Princes Hwy
Sutherland NSW
20th May, 2010

CHAIR
Chiropractic Board of Australia

Re: Discussion Paper on the Consultation Draft
Code of Conduct for Chiropractors in Australia

Dear Board Members,

I am writing to you to express an opinion regarding the Consultation Draft, Code of Conduct for Chiropractors in Australia

The Consultation Draft, Code of Conduct for Chiropractors in Australia is a much improved document. I truly appreciate the board's efforts in its compilation.

And again it is appreciated that chiropractors are given the opportunity to input into this consultation draft, Code of Conduct.

Yours in Chiropractic
Mira Sola

SUBMISSION: Consultation Draft, Code of Conduct for Chiropractors in Australia

General Comments:

In the opinion of the writer, there is still repetition (minimal) in the document that could be fine tuned.

Specific comments:

9.11
(d)
(e)
(h)
These points appear to be unrelated to chiropractic practice in Australia at present and therefore, would recommend that they be excluded. Perhaps in the future these sections may become relevant when Chiropractic is accepted into the Government Hospitals and Clinics.

10.2
(c) understanding the principles of immunization against communicable diseases
I have changed my opinion in regard to keeping this point as it seems to stand out and does not appear to fit in to this section on Chiropractic Health. There are hundreds of other treatments for various diseases that are not mentioned at all so probably is best to omit this one also, especially because in section 6.4 Public Health (a) (b) already covers this point.

‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

May 20, 2010

Chair,
Dr Phil Donato

RE: Code of Conduct for Chiropractors

I acknowledge the hefty role you have been given to develop a code of conduct for our profession, I am sure it is not an easy task. However, upon reading this second draft I still share many concerns about it accuracy and appropriateness on certain aspects as you will see detailed below. I am aware that many of my colleagues feel similarly and have gone to great length to review and critique the document.

The spirit of this document still seems to be one of imply that the majority of chiropractors will not conduct themselves professionally or put members of the public in undue danger. It is high prescriptive and the language used at times is ambiguous and could be manipulated to construe conducting unbecoming of members of my profession.

It is imperative that such an important document be again revised and proper and timely consultation given as it has far reaching implications for myself and my colleagues.

My comment echo others that may have me been brought to your attention by our National association and I implore you to take note especially with those point made by Dr Mark Postles as laid out below, to which I have added a few comments of my own.

I wish to make comment on various aspects of this document and will take it in order of its appearance in the document.

Definitions

You have chosen to offer your own definitions. This flies in the face of all reason and knowledge of the English language.
Comment: If you are to provide definitions, please make them accurate and please define all of the terms that you use.

‘Patient’ includes client, health consumer or carer”.
Comment: Please tell me how you can define Patient as a client or health consumer or carer. What is your reference for such a definition? This equates to every person in society as being considered a “patient”. In the context of chiropractic services there are many roles assumed ranging from patient (sick) to client, customer, consumer etc at higher levels of lifestyle care.
I submit that you define the recipients of chiropractic care more accurately.

“**Providing Care”**
Comment: By this statement you are casting the net of “care” to every interaction that a chiropractor may have with others
I submit that you define this more accurately.

“Practice”
Comment: Practice, by this definition includes every application of a chiropractors existence as it includes “non-clinical” relationships
I submit that you define this more accurately.

You have not attempted to define numerous areas of this document, which are ambiguous at best. For example, there is no definition for;
“Person”
“the Health Care System”
“Public Health”
“Health”
“Diagnosis”
“Treatment”
“Professional values”
“Treating Team”
Comment: So that people can understand and comply with the contents of this code it is imperative that the terms are defined.
I submit that you define the above terms.

Acknowledgements
Comment: You have omitted to give acknowledgement to the General Chiropractic Council (GCC) (UK) from which you have drawn heavily for this document.

Introduction
1.1 Use of the Code
“… within an ethical framework”
Comment: You decline to state upon whose or what ethics you are referring. Seeing that you refer to “ethics” frequently wouldn’t it be useful to understand which philosophy the “ethics” you refer to is related.
I submit that you define this term.

“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. I realize that by keeping it general it gives your lawyers greater latitude to penalize and prosecute.

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”.
Comment: You are stating here that personal beliefs and values must acquiesce to an un-stated set of “Professional” values. What are these values? As the regulatory body, if you want to dictate what chiropractors think you must state what it is that they are to think. (See my request for a definition of “Professional values”). I believe there is a diversity of values within our profession and you a s a board need to try to encompass those in any such definition
I submit that you define the “professional values” upon which 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.
I submit that “the community” be deleted

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
I submit that this section be deleted

1.4 Substitute decision makers
Comment: This section is redundant
I submit that this section 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. Patients do come to chiropractors without symptoms for spinal check-ups just like they do to dentists for dental check-ups. This clause does not allow for such a possibility/
I submit diagnosis/analysis/clinical assessment or similar.

e) “recognizing 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 too nebulous. How, at the time does a chiropractor know what they don’t know. 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.
What the chiropractic thinks it best for the patient may be different to what another health professional thinks.
I submit that this subsection be deleted

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. “Best” will provide a platform where the Board will be selective as to which information it accepts.
I submit that “treatment be changed to treatment/care and that “best” be deleted”

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.. Cure is a dangerous word to use here and you are being hypocritical when to want to ban using it the advertising guidelines.
I submit that this sub-section is 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: Where is the evidence that evidence based practice is more effective, efficient and safer? If practice is always in "accordance with", where is the opportunity for the growth and development of the profession? You suggest that every time a chiropractor performs an adjustment that is not published he/she is in breach of the ethics of the profession!
I submit that this sub-section is deleted

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.
I submit to you that this section is deleted.

e) "keeping chiropractors and their staff safe.."
Comment: It is the choice of any chiropractor to deny care to anyone providing appropriate arrangements are made for their further care.
I submit that this sub-section is deleted

2.7 Treatment in emergencies

"Good practice involves offering assistance in an emergency…".
Comment: This is worded loosely and non-specifically. Does it refer to national emergencies, traffic accidents etc. This is a huge impost to demand chiropractors to "continue to provide that assistance until services are no longer required". We are not paramedics.
I submit to you that this section is deleted.

3.2 Partnership

Comment: This section is overly proscriptive and contradictory eg the chiropractor is "honest" and yet you state in 9.2 Professional boundaries "Good practice involves… d) avoiding the expression of a chiropractor's personal beliefs to patients …that are likely to cause them distress". Is the chiropractor to be honest or not say anything that would upset a person?

The second part of this section "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: It is ridiculous to entertain this demand in a document entitled "Code of Conduct for Chiropractors". How another person handles his or herself in any context can not call into question the "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.
I submit that you delete from after g) down in Section 3.2

3.3 Effective communication
d) discussing with patients….”
Comment: chiropractors (nor any other health care practitioner) are not qualified to discuss “available health care options, including their nature, purpose, possible positive and adverse consequences, limitations…”. Chiropractors can discuss the chiropractic options.
I submit that you delete this sub-section

f) “ensuring that patients are informed…”
Comment: This is a duplication of the informed consent section
I submit that this sub-section be deleted

i) “becoming familiar with, and using wherever necessary, qualified language interpreters…”
Comment: Placing this responsibility on the shoulders of chiropractors is an outrageous impost. Let the patient bear the responsibility and expense of this service.
I submit that this sub-section is deleted

j) “communicating appropriately…”
Comment: what is the “treating team” that you refer to?
“Appropriately”, by what and whose standards?
“Relevant information to other stakeholders” Who are these stakeholders, what information is considered relevant and under what conditions shall this information be shared?
I submit that you delete this sub-section

3.4 Confidentiality and privacy

e) (regarding genetic information)
Comment: In my opinion there is no need for this item. Where is the relevance to chiropractic practice?
I submit that you delete this sub-section

f) & g)
Comment: f & g are not necessary as h states your requirement.
I submit that you delete sub-sections f & g and retain h

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

b) "an explanation of …"
Comment: chiropractors (nor any registered health care provider) are not qualified to be responsible for explaining "alternatives to the proposed care and their relative risk/benefits". There is a diverse range of health care options available for any given person or situation.

To enforce a health practitioner to entertain the likely consequences of no care is to open a pandora's box of speculation not to mention fear induction.
I submit that you delete this sub-section

3.6 Informed financial consent – fees

f) "ensuring the amount, time and quality of care delivered does not differ for those patients (with similar conditions) on a pre paid financial agreement to those who are not".
Comment: This is a ridiculous demand. So chiropractors are to employ a time keeper to ensure that everyone gets exactly the same based on similar (but not the same) conditions.
I submit that this sub-section is deleted

g) "ensuring that the agreement is reviewed every 3 months or 12 visits whichever is the greatest"
Comment: Where is the stipulation in common law that requires financial agreements between consenting parties to be reviewed at this frequency – this requirement is an unnecessary impost on a business. As far as the visit number of 12 goes – where did this come from, where is the evidence that a review every 12 visits is "good practice"?
I submit that you delete this sub-section

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 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.
I submit that you delete this entire section with the exception of 3.7 d) as amended below

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.
I submit that you state the age of consent

3.8 Culturally safe and sensitive practice
Comment: This is a hodge-podge of politically correct waffle. The responsibilities of chiropractors is to the individual in whatever shape of form they present.
I submit that this section is deleted

3.15 Working with multiple patients
Comment: This is a duplication of the Confidentiality and Privacy section.
I submit that this section is deleted

5 Working with other practitioners

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: This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit to you that this sub-section be deleted and leave in it's place b).

5.4 Coordinating care with other practitioners

a) "communicating all relevant information in a timely way"
Comment: I repeat my comments from 5.1 (above). This is a huge impost on a chiropractor. The majority of people who a chiropractor sees on a daily basis have other health care advisors, be they GP's, Specialists and other Allied health providers. This requirement will see a chiropractor bound up in paper-work and phone calls as they attempt to comply with this ridiculous demand.
I submit that you delete this sub-section

b) "ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient"
Comment: How presumptive to take a position of telling a person that I, the chiropractor are responsible for coordinating your care. 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.
I submit to you that this entire section be deleted

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”

Comment: Given the fact that you have decided not to define the term “health care system” I am assuming common usage (as this is what you will instruct your lawyers to use when you have a chiropractor up on charges under this section). Apart from your inaccurate assumptions that the “health care system” is effective and efficient I would assert that we don’t have a right to participate and neither should we. Chiropractors are not working “within the health care system”. The health care system in Australia has not included chiropractic. It is false and misleading to pretend that chiropractic is working within the “health care system” and a breech of the author’s scope of “practice” as per the definition in this document.
If you mean that it is irresponsible unprofessional and not good practice for a chiropractor to disagree with the “health care system” and all that the system does and stands for then this document is a sham.
I submit to you that this entire section be deleted

6.4 Public Health
Comment: Without a definition of “Public Health” it is improper to have this as a requirement for chiropractor’s good practice.
I submit that this sub-section is deleted

7. Minimizing risk
Comment: The statutory requirements should be stated here.

7.2 Risk management

c) “participating in systems for surveillance…”.
Comment: for “Good Practice” to include surveillance by whatever means is intrusive and unnecessary.
I submit to you that this sub-section be deleted

9.2 Professional boundaries
d) “avoiding the expression of a 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.
I submit to you that this preamble be deleted

9.4 Health records
a) “keeping up-to-date and legible records that report relevant details of clinical history, clinical findings and determinations, investigations, information given to patients, medication and other management”
Comment: This is impractical for a chiropractor to constantly record (up-to-date) details of all information and medication given to a person from any source. Any information and medication that a patient has received that the chiropractor doesn’t know about or hasn’t recorded will be grounds for board action against the chiropractor.

f) “where a health record is to be changed…”
Comment: This sub-section does not allow for electronic records
I submit to you that this sub-section be changed to accommodate electronic records.

9.12 Financial and commercial dealings
c) “not accepting gifts…”
Comment: Notifying a colleague of the receipt of a gift is an unnecessary impost
I submit to you that this sub-section be deleted

d) “not becoming involved financially with patients…”
Comment: This is totally unacceptable. By your definition of “patient” this would include every person in one’s sphere of influence. So, a chiropractor can’t have financial dealings with family including spouse/partner - hmm
I submit to you that this sub-section be deleted

10.2 Chiropractor health
a) “attending an appropriate practitioner to meet health needs”
Comment: This is an unnecessary dictate
I submit to you that this sub-section be deleted

c) “understanding the principles of immunization against communicable diseases”
Comment: There is no need or relevance for this requirement here. You may as well demand that chiropractors understand the Krebs cycle or any other biological process. If you mean that chiropractors should support mass vaccination then state it and don’t beat around the bush with euphuisms.
I submit to you that this sub-section be deleted

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 to you that this sub-section be deleted

10.3 Other practitioners health

a) “providing practitioners who are patients with the same quality of care provided to other patients”
Comment: This is overly prescriptive and states the obvious. Why would a chiropractor not give a peer a quality adjustment?
I submit to you that this sub-section be deleted

Appendix 3:
Guidelines in relation to Duration and Frequency of Care

1. A program of care should be based on clinical need and be…

Comment: I suggest that this wording is limited to low level, needs/condition based care.
I submit that this preamble be changed to include the statement “A program of care should be based on “outcomes and clinical indicators” and be tailored” etc.

I submit that the Chiropractic Board of Australia amends the revised code to reflect the aforementioned changes.

Yours sincerely,

Dr Paula Stacey-Thomas
B.SC. M. Chiropractic
PO box 311
Goodwood SA 5045

Robyn Stephenson
BChiroSc, MChiro
Chiropractor
Provider No. 2732043H
ABN 13 241 505 142

YASS

chiropractic

41 Comur Street
PO Box 884
Yass NSW 2582
Ph/Fx. 02 6226 5110
info@yasschiro.com.au

Friday 21st May 2010

Attention: Chair
Chiropractic Board of Australia

Dear Dr Donato,

It is good to see that the Chiropractic Board of Australia has taken positive action after consideration of so many submissions to the initial draft Code of Conduct.

However, there are still some changes that I believe need to be made to the current second draft. As such, I have numbered my concerns below.

9. Professional Behaviour

(9.7c) Legal, Insurance and Other Assessments – "anticipating" misunderstandings? The Third Party is the initiator of this, and as such, they should be the ones trying to figure things out. Expecting Chiropractors to 'anticipate' misunderstandings is asking for trouble. As it is, I think I can safely say that I have ALWAYS had a problem, be it small or large, with Insurance companies when dealing with 3rd party issues. And usually it's because the third party is oblivious to the patient's real problems/needs! I think the Third Party needs to take more responsibility here, not the Chiropractor, and anyway, as Chiropractors, we do usually understand the situation because we actually care about our patients, they're not just another number. However, I think this clause is not appropriate and should be removed.

9. Conflicts of Interest

(9.11c) 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.

(9.11d, e, f, g & h) This all seems to be related to marketing affecting practitioner choices towards the patient. The idea of marketing is that it actually tries 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. There are many companies out there that have so many offers, such as "sell 5 pairs of orthotics this month, and get a free pair for yourself" or "write 50 prescriptions of statins for patients this month and we'll give you a trip to Honolulu" etc etc.

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? I stand by my previous statement that if Chiropractors are having this clause in here, you better make sure it's highlighted in yellow in the Medical Profession's "guidelines".

Perhaps it would be better to have just one or two clauses stating that practitioners should be aware of marketing ploys and not let their business judgment affect their clinical judgment.

Robyn Stephenson
BChiroSc, MChiro
Chiropractor
Provider No. 2732043H
ABN 13 241 505 142

YASS
chiropractic

41 Comur Street
PO Box 884
Yass NSW 2582
Ph/Fx. 02 6226 5110
info@yasschiro.com.au

Appendix 2 "Guideline in relation to radiology/radiography"

I find it abysmal that as Chiropractors, we are now only able to send patients off for one (1) full spine X-ray paid for by Medicare per patient per calendar year. This Guideline suggests that we should always aim for ALARA, which I, and I'm sure most of my Canberra colleagues, always have. However, the number of patients I have that bring in loads of CT scans, MRIs and the like, most of which are unnecessary based on their history, suggests that the Medical Profession is NOT going about this the right way!

I like that the Guideline only 'recommends' or asks us to take into 'consideration' other Codes of Practice, which is all very well in theory. My problem is that what is the point of having our Chiropractic Code of Conduct, having us adhere to it, when the Medical profession quite obviously doesn't…??

Appendix 3 "Guideline in relation to Duration and Frequency of Care"

The general tenor of this Guideline seems to be rather negative, and makes it seem that ongoing Chiropractic care is unnecessary, and must have the patient's informed consent and must state the number of visits proposed, among other things. I do not do this visit proposal in writing all the time, per se, as I assess the patient each time they come in as to whether I need to see them again, so it's more a verbal proposal. The Guideline does not state in which form (written, verbal etc) these proposals need to be; perhaps this has been omitted for this very reason? Also, perhaps the Board has not considered that some people look at Chiropractic as a 'way of life', and that patients may see the Chiropractor for health reasons of their own accord. People see GPs if they're not well, not necessarily if they have an appointment pre-booked, or are seeing their doctor based on a proposal of care. This whole Guideline seems rather poor, and I think has not been thought out very clearly. Perhaps some other submissions as well may help the Board to re-write this section.

In anticipation of some more changes ahead, yours sincerely,

Robyn Stephenson
Chiropractor
BChiroSc, MChiro (Macquarie)

Yass Chiropractic
41 Comur Street
PO Box 884
Yass NSW 2582
Ph/Fx 02 6226 5110
robyn@yasschiro.com.au
www.yasschiro.com.au

CAA MEMBER

Dr Ken Stewart
Melton Chiropractic Centre
PO Box 1480
Melton Vic. 3337
20 May, 2010

Dr. P. Donato
President
Chiropractic Board of Australia

Dear Dr. Donato,

Revised Draft Code of Conduct for Chiropractors

Thank you for the opportunity to make a submission to the Chiropractic Board of Australia (CBA) in relation to the revised draft Code of Conduct.

As a basic requirement for any such code, the CBA has provided an opportunity for the profession to have input into its development. I believe that the time frames the Board has provided for the profession to digest and comment on this Code are so short that the integrity of the Code is compromised.

There have been positive changes to the first draft of the Code. I believe that there are still many places in this revised Code which, by its language and contents, reflect poorly on the professionalism of the CBA and express an attempt to mold the practice of Chiropractic into something which is not representative of the way many chiropractors currently practice. I think that if there are members of the Board that have an agenda to change the practice of chiropractic then they should be required to reveal their position.

The CBA, in producing a Code which contains unclear wording, patronising language and inappropriate clauses, shows it fails to understand that the Chiropractic Profession has a history of a relatively low level of complaints and is a very safe and responsible profession. Further, this Code will become a legal document that will become the basis of possible legal action against chiropractors. The Board has a responsibility to provide clear guidance to the profession. The Board also must ensure that the Code does not provide restrictions to aspects of the practice of chiropractic that do not apply to other professions registered under the Health Practitioner Regulation National Law Act 2009.

Much of this draft Code includes sections and clauses which maybe satisfying from a bureaucratic viewpoint but cause the document to be unnecessarily long and in many parts irrelevant to a practicing chiropractor.

Examples of the above appear in the Overview:

"*This code seeks to assist and support Chiropractors …….. within an ethical framework*." Whose ethical framework?
"*Chiropractors have a duty to make the care of patients their first concern ……..*"
No, a chiropractor (as with everyone) has the duty to make their own health (in the broadest sense of this word) their first concern. All else follows.
"In some circumstances the relationship between a chiropractor and a patient may become ineffective or compromised and may need to end." Yes???

Section 1.2, 3rd paragraph that chiropractors have a role to not only promote health but to protect the health of the community.
What should Chiropractors should being doing to protect the community's health?

Clause (e) of section 2.6 states that the patient should not be denied care if reasonable steps can be taken to keep Chiropractors and their staff safe.
A chiropractor could reasonably choose not to continue to provide care to a patient for many of reasons, provided the patient did not require any immediate care and they took appropriate steps to make recommendations for referral to another practitioner.

Section 3.3 is patronising and inappropriate in the Code.
This section should either be deleted or at least rewritten in a less patronising manner.

Clause (b) of section 3.4 about seeking consent from patients before disclosing information "*where practicable*".
To my knowledge a practitioner is required to obtain the patient's consent before disclosing any patient information unless compelled by a subpoena.

Clause (e) of section 3.4 is irrelevant to chiropractic practice
Should be deleted.

Clause (e) of section 3.6 which states that there can be no financial disadvantage for early termination of an agreement.
Patients may receive a discount if they pay for visits in advance. Is the CBA suggesting that if the patient elects not to proceed with the care, that they should not forego the discount, even though they are electing to break the agreement?
If a patient accepts a discount as part of an agreement, then surely it is quite appropriate for that discount to be removed when a refund is to be provided, so long as the method of calculating any refund is well laid and clearly understood out before the agreement is entered into.

Clause (c) of section 3.7 duplicates clause (b),

The very definition of obtaining informed consent involves explaining risks of care and alternatives.

Section 6.2 and 6.3 are political statements that have no relevance to a professional code of conduct and should be deleted.

Section 8.1 is duplicated by 8.2.
This should be reworded into one clause.

Section 10.1 and 10.2 promotes the concept of Chiropractors taking care of their health.
It is not appropriate for a code of conduct to preach to practitioners about taking care of themselves, unless it can be shown to be unprofessional not to do so. Why in 10.2 (c) is knowledge of immunization included? Whose agenda is this Code working to? If this is going to be included why not include more relevant aspects of health such as eating well or exercising appropriately?

Appendix 1 clause (c) appears to preclude obtaining any contact information.
It is appropriate from a risk management point of view that anyone conducting a spinal screening should at the very least keep a list of the names of people they have screened and/or spoken to, in order to protect themselves from any subsequent claims.
Also people being screened will often want and request more information and should have the right to provide contact details in order to receive such information.

Thank you once again for the opportunity to provide input into this important document.

Yours sincerely

Dr Ken Stewart
Chiropractor

To:
Cc:
Bcc:
Subject: Fw: Attention: Chair, Chiropractic Board of Australia

Dear Chairman of the Chiropractic Board of Australia,

Yesterday, I had the privilege to read through Peter Cowie's submission and wish to add my encouragement to heed his suggestions.

Yours Sincerely,

Andrew Taylor
Chiropractor

40A Wharf St

Tweed Heads

NSW 2485

natboards@dhs.vic.gov.au

Attention: Chair, Chiropractic Board of Australia

Submission to the Chiropractic Board of Australia

May 18, 2010

Chair, Code of Conduct for Chiropractors

I find it extraordinary that such an important change to our registration should have been assembled and seemingly forced on the profession with such indecent haste. The apparent lack of consultation with existing state boards, professional associations and individual chiropractors could be interpreted as an attempt to rush through an ill-advised document for ulterior motives not necessarily those of the profession at large.

I consider it of great importance that we move towards national registration. This new legislation must lead to the advancement of chiropractic and not a document to constrain chiropractic. We must be vigilant in protecting the essence of chiropractic and its unique position as a healing art, the very things that have enabled chiropractic to thrive as a distinct profession, as opposed to a watered down therapy to be utilised at the discretion of other professionals who have limited if any knowledge of the practice and potential of chiropractic who may well have a desire to absorb or contain us.

Definitions must be those already in common usage within the chiropractic profession. Do we really need new ones that are not necessarily in our best interest? They must also cover the various aspects of chiropractic care ie initial, corrective/rehabilitative and wellness care.

The CAA undertook extensive research to determine the “Core Values” of the profession, these findings should be included. Their use would cover many of the confused and unnecessary sections of this document.

Limiting our scope to evidence based is limiting and dangerous. Where will development come from?

Common law provides the foundation of what constitutes good practice. Do we have to reinvent the wheel?

2.6 Decisions about access to care - Appears unnecessary and is extremely confusing

2.7 Treatment in emergencies – totally irrelevant

3.3 Effective communication – we have no training to advise of non chiropractic health options. English is a universal language, non English speakers must accept responsibility for communication, not the chiropractor.

3.6 Informed financial consent – fees - Existing law covers this.

3.7 Children and young people – As in 3.6 all covered and therefore redundant.

3.8 Culturally safe and sensitive practice - Same as 3.6 3.7

5.4 Coordinating care with other practitioners – what does “relevant” mean.

6.4 Public health – Delete whole section not our area.

7.2 c) Too vague, what is surveillance?

9.2 d) Too vague and unnecessary.

9.4 Health records – a) impossible to comply, we have no training in medicine.

9.12 Financial and commercial dealings – does this mean we can't take care of a business partner outside of chiropractic. This is way too vague.

10.2 Chiropractor health – this has no place in the document.

Please consider the above comments when revising the code.

Yours sincerely

Graham J Tripp DC

To:
Cc:
Bcc:
Subject: Fw: Revised Consultation Draft Code of Conduct

16th May, 2010

Attention: Chair, Chiropractic Board of Australia

natboards@dhs.vic.gov.au

Revised Consultation Draft Code of Conduct

Dear Dr Donato and Board,

Thank you for the opportunity to comment on the revised draft of the Code of Conduct.
My overall first impression is very positive. It is obvious that The Board has responded to the initial submissions and has strived to present a balanced and workable document.
I do have some suggestions that I feel would benefit the final document and I will list these below.

- Overview: In the first sentence the words "within an ethical framework" seem to signal a theme that, to me, goes overboard in this document. The point that the Code contains standards pertaining to ethics is mentioned in the second paragraph, bullet point 7 "professional behavior and ethical conduct" and also in many other places throughout the document.
- There is a concern amongst a lot of the Chiropractors I have spoken to that the majority of practitioners who go about their business in an ethical and professional manner are worried that the actions of a few unethical practitioners are damaging their reputations and that the Code seems to be supporting the (incorrect) impression that Chiropractors act unethically.
- On reading the proposed Code of Conduct for the other Health Boards I can see that much of the wording of the Code of Conduct for Chiropractors is simply the same as other Boards with the word Chiropractor inserted to replace the more generic "health professionals" and "practitioners" . I suggest that you take a more general tact and use the words "health professionals" and "practitioners" instead of specifically nominating Chiropractors. This, I believe, would make The Code more palatable to Chiropractors who feel that The Board is implying that Chiropractors act unethically while still maintaining the intended message.
- 3.4 (e) Genetics is a broad field and not something that Chiropractors come into contact with in daily practice. I feel that this clause is a strange inclusion in this Code. I don't understand where a Chiropractor would disclose, specifically, genetic information and to who. This seems unnecessary.
- 3.6 (g) & (h) I feel that the prescribed time of 3 months for a pre-paid plan in unrealistic. I whole-heartedly agree that all care plans need to be reviewed and modified as indicated by the results of the review. However, if a practice follows section 3.6 - points (a)to (f) then each practitioner should be able to determine the length of time that they offer this arrangement and each patient should then be able to decide if they wish to enter into this agreement with the practitioner or not. I feel that these points should be removed.
- 4.1 As this is a national document I feel it is inappropriate to mention Victorian Chiropractors who wish to practice acupuncture. It is wrong to specify conditions that apply to a small number of registrants.
- 9.11 (d) - (h) These points are not appropriate for Chiropractors. This seems to be left over from he other board's codes.
- 9.12 (c) This would mean that The Board wants a Chiropractor to keep a list of every christmas, birthday, gratitude gift that they are given. This is not realistic. If a Chiropractor was to receive an inappropriate gift, and a complaint was lodged with The Board, then I am confident that The Board will be able to decide this and act accordingly.
- 10.2 (c) I agree with Dr Peter Cowie's sentiments here "Proscribing a specific component of public health policy in this document, except to push a specific agenda, is not necessary. The principles of good hygiene and sanitation are not proscribed here and they have infinitely more evidence backing their understanding and utilisation. This clause does not belong in this document and must be removed. If someone on the Chiropractic Board of Australia has an agenda or conflict in this area it must be declared."

I thank The Board for it hard work in preparing us all for national registration.
Yours Sincerely,

Tim Wade-Ferrell
Doctor of Chiropractic

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Dr. Pauline Walsh
Chiropractor
B.App.Sci/B. Clinical Sci.
56 Manchester Rd.,
Mooroolbark 3138

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)

CHIROPRACTIC DRAFT CODE OF CONDUCT

On first impressions of this draft Code of Conduct there are some welcome improvements compared to the 1st draft Code of Conduct/Code of Practice documents.

Notably, I still have a number of concerns with sections of the Advertising, Mandatory Notification and Radiology Guidelines which have not been re-published by the CBA for comment.

Particular areas of the new Code of Conduct that are of further concern are:

- continued use of what inappropriate, condescending language
- no minimum standard of training required for medical doctors or physiotherapists to perform "SMT".
- 2.1 b): “diagnosis”. – Will a “diagnosis” have to be stated? Will vertebral subluxation be valid?
- 2.4 j): “taking steps to alleviate the symptoms and distress of patients” – This is the practice of medicine, not chiropractic
- 2.4 o): “clinical outcomes” – are we restricted to work only with conditions for which evidence supports clinical outcome?
- 3.4 f) covered by 3.4 h)
- 3.6 "Informed Financial Consent" - an "Informed Consent" section already exists.
- 3.7 b): “ensuring informed consent to provide care for children involves the patient’s parent and/or guardian being provided with clinically relevant information for chiropractic management of certain conditions in children” – What is clinically relevant information? The “condition” for which chiropractic “management” is provided is a vertebral subluxation and its interference to the nervous system.
- 4.2 "Use of Diagnostic Tools, Tests and Procedures" – this is restrictive and prescriptive
- 9.4 a): “medication” – This is not our domain and we do not have sufficient pharmacology training.
- 10.2 c) “immunisation” – I assume refers to vaccination. This neglects to mention any risk-benefit assessment.

Appendices

1. Spinal Screening

a) “an overview of the general state of their posture” – we assess nervous system function and its effect on the body; posture is only one means to do so

c) “should not include obtaining contact information from participants or the making of appointments at the time of the screening” – This should be permissible. It is not coercive behaviour; it enables the public to follow-on from the health issue identified

2. Radiology

this is restrictive and prescriptive

3. Duration and Frequency of Care

4. “the number of visits proposed (which should have a rationale and not be arbitrary or excessive)” – excessive as determined by whom?

6. “Should any patient elect to undergo regular chiropractic examination or treatment in the absence of symptoms it is the responsibility of the practitioner to provide the patient (parent /guardian for children) with a balanced view of the clinical justification for such procedures.” – clinical justification is in contrary to wellness care – the improvement of the health of a person beyond symptoms. A person is not “healthy” purely because there are no symptoms to identify or no “diagnosable” disease. As an example, an obese person who has an extremely imbalanced diet, does not exercise and works in a stressful job, yet does not have a crushing chest pain, indicative of a heart problem, would not be considered healthy.

Dr. Beau Woods
B.Sc(Chiro), B.(Chiro)
32 Southwestern Hwy
ARMADALE, WA 6112

T (08) 94977000
F 93999919

chirobeau@gmail.com

21 May 2010

Dr Phillip Donato
Chair
Chiropractic Board of Australia
PO Box 16085
Collins Street West
Melbourne, Victoria 8007

RE: Proposed National Registration Guidelines

Dear Dr Donato,

I wish to make submission regarding the revised 'Consultation paper on codes and guidelines' circulated for public comment by the CBA.

1. Time Frame and lack of transparency.

The CBA stated that all submissions made pertaining to the first proposed draft would be published on its website. This has not happened. In fact, only twelve submissions made some time ago were published. This is unacceptable. This submission along with all others made for this draft and the preceding draft must be made publicly available. The fact that this simple step has not been undertaken demonstrates the lack of transparency and a stifling of debate.

As with the original guidelines, the time frame allowed for comment on the revised draft is patently insufficient for such an important document. Given that the Board itself has specifically highlighted the short time frame, I would submit that this alone is sufficient for the Board to adopt a 'minimalist' position such as has been adopted by the most analogous profession to chiropractic - osteopathy. In other words, the guidelines adopted should follow as closely as possible the generic template adopted by the other professions being nationally registered, primarily the Osteopathic Board of Australia. The guidelines should only diverge from the other guidelines to adopt sector specific terminology and minor unique issues.

2. Differences Between Professions.

The Health Practitioner Regulation National Law Act 2009 contains sentiment to the effect that professions 'competing' in the same health care 'market' must have a 'level playing field'. In fact, practitioners are effectively prohibited from making comparisons. The ACCC also is mandated to ensure 'competition' is fair. It is simply anti-competitive for our profession to be regulated in ways different to others competing in the same health care market. In fact, chiropractors have historically experienced organised opposition from political medicine, so this new regime should be a step

forward. However, it appears that the CBA is attempting to create an UN-level playing field through over-regulation and arbitrary requirements.

3. Role of the Board.

The guidelines proposed by the board demonstrably overstep its mandate, namely the protection of the public. The board is not mandated to intrude into issues of professional contention and debate. It is not equipped or able to make determinations as to evidence based practice and prevailing best practice. These, by definition, are evolutionary. The board is not mandated to protect the public from chiropractic 'per se', this is unnecessary since the evidence in the wider literature supports the contention that the profession is safe and cost-effective(Bishop 2007). The evidence is compelling that the public is better served with more, rather than less utilization of chiropractic services(Metz 2007 and Sarnat 2008). Rather, the public needs protection from unethical, criminal or unscrupulous individuals. This false impression however is the tenor of the guidelines, particularly those on radiology, advertising, children and spinal screenings.

4. Radiology Guidelines.

Other health professionals have equal or greater referral privileges for diagnostic imaging under medicare yet no mention of radiology guidelines in their equivalent guidelines. Matters of radiology standards for those practitioners performing their own imaging are still dealt with by state radiological councils and medicare and are thus outside the mandate of the CBA. Many physiotherapists use in office diagnostic ultrasound, yet Physiotherapy Board of Australia (PBA) has taken a *laissez-faire* approach rather than trying to regulate every foreseeable aspect of clinical practice. This whole section is superfluous and must be deleted in its entirety.

5. Frequency of care.

Possibly one of the most absurd sections in the entire document is section 3.6 Informed financial consent - fees items g and h along with Appendix 3 regarding frequency of care. The proposition that pre-paid agreements should not extend beyond twelve visits is not based on any evidence or best practice guidelines. I ask, why not thirteen visits, twenty visits or thirty six? This is an impost that unfairly affects patients who have chosen to see a chiropractor for rehabilitation. It is common place for physiotherapists to see a patient three to four visits per week for many months, sometimes years, when utilising rehabilitative protocols. THERE IS NO EQUIVALENT SECTION IN THE PHYSIOTHERAPY BOARD PROPOSED GUIDELINES. As such we are not facilitating a level playing field and in breach of mandate laid down by the government. So all chiropractors must be trained in physiotherapeutic techniques, are able to under further post-graduate study in rehabilitation but are not allowed to have a patient pre-pay for more than twelve visits. This is a non sequitur.

There is also an implied opposition to maintenance care within Appendix 3 of the proposed guidelines. *6. Should any patient elect to undergo regular chiropractic examination or treatment in the absence of symptoms it is the responsibility of the practitioner to provide the patient (parent /guardian for children) with a balanced view of the clinical justification for such procedures.* The board is supposed to be representative of the profession it regulates. Australian research has shown that two thirds of the australian chiropractic profession support asymptomatic maintenance care (Jamison, 2001). If the authors of the guidelines do not support maintenance care then that is their prerogative but as part of a minority group within the wider profession they should not be seeking to change clinical practice of the rest of the profession by stealth. These arbitrary regulations must be deleted.

6. Spinal Screenings.

Specific references to spinal screenings are also unnecessary and lacking in references from the peer reviewed scientific literature. In fact recent research from New Zealand indicates the public benefits and is broadly supportive of the role of spinal screenings. The wording of the guideline in appendix one of the proposed document is non-sensical. Many 'spinal screenings' do not even involve a chiropractor touching the patient or 'provide an overview of the general state of their posture' but merely make themselves available to answer questions or misconceptions regarding chiropractic whilst also legitimately promoting their local business. The guidelines should delete all references to spinal screenings from the document.

7. References to Paediatric Patients.

There is a recurrent theme in both the first and second drafts of the proposed guidelines of items that specifically refer to working with children etc. As this constitutes a significant part of guidelines, it would be reasonable for both the profession and AHPRA to have an expert on the sub-committee making such important guidelines for the profession. On the contrary, there was an over representation on the subcommittee of individuals who were responsible for attempting to implement radical changes pertaining to chiropractic and children in Victoria. Interestingly, an unprecedented vote of no confidence motion was passed by the profession in that state against the state board and yet the same individuals were parachuted into the subcommittee charged with developing appropriate guidelines for the whole nation. It is unsurprising that similar themes emerged which are just as unacceptable to the rest of the australian profession as they were to the Victorian chiropractors. None of these members have any qualifications that are accepted within the profession such as a Masters in Chiropractic Paediatrics or even a diplomate of any relevant organisations such as the DICCP from the International Chiropractic Association or DICPA from International Chiropractic Pediatric Association. As such these members of the subcommittee are not qualified to make any such guidelines relating to chiropractic paediatrics. The board must appoint a member from the profession who possesses a relevant qualification limited to those aforementioned.

General Comments

Why has our board, uniquely among the national boards, taken a course so patently unpopular with the profession it sets out to regulate?

The board must be aware of the pluralistic nature of the chiropractic profession. This is a strength, as there is no one-size fits all approach. The spirit of innovation, free market operation and the imperative of the public good is under threat by the second draft of the proposed guidelines. The board should also by now be mindful of the militant mood within the profession toward many deeply unpopular aspects of the proposed guidelines. It should also be cognizant of the fact that it has a responsibility to represent the views of the majority and not those of a minority, even if individual board members happen to share such a minority professional paradigm or 'world view'. The guidelines can evolve in the future to reflect issues as they arise. The role of the board is to protect the public from dangerous practice and unethical behavior of individuals on a case by case basis. It is not the role of the board to re-invent the chiropractic profession and force a style of pain based relief care as advocated by the authors of these proposed guideline, at least one of whom has very little experience in the actual clinical practice of chiropractic beyond academia.

Summary proposal:

1. That the members of the sub-committee charged with drafting the proposed guidelines be changed as there is an over-representation of Victorians and a chiropractor who has specific post graduate qualifications in chiropractic paediatrics be appointed since a recurrent theme of the guidelines relates to children.

2. The regulations governing the practice of chiropractic in Australia be drafted so as to reflect guidelines and regulations governing the Osteopathic and Physiotherapy professions in Australia with minor alterations that reflect chiropractic sector specific issues. Anything less than this stipulation will contravene the mandate laid down to the board to create a 'level playing field'.

3. I also hold grave concerns about sections in the guidelines that reflect aspects of the Health Practitioner Regulation National Law Act 2009. Whist I recognise the scope of the proposed guidelines does not extend to changing the above Act, I would like to go on record as voicing concern as to aspects of guidelines that reflect that Act.

A. Advertising and comparisons are part of any healthy democracy and capitalist system and the act and its implementation in these guidelines will stifle the right of individual chiropractors to make the public aware of their services.

B. The provisions of mandatory notification and complaints have the potential to overload the system due to mischievous, vexatious, and outright jealousy issues between practitioners and also the public and other professionals. The recent events in the UK bear testimony of this. The guidelines could contain 'common sense' provisions.

Thank you for consideration of my submission, I look forward to its inclusion of the CBA web-site along with the previous submission regarding the first draft.

Sincerely yours,

Dr. Beau Woods B.Sc(Chiro), B.(Chiro)

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Submission to the Registration board in relation to the Draft Code of Conduct for Chiropractors.

Victoria Wright B.AppSc (Chiropractic) M.ClinChiro

21st May 2010

I wish to submit my disagreements with the draft code of conduct for chiropractors. There are several points that I disagree with and in the following document I will outline which ones they are and why.

1.1 Use of the Code

"… within an ethical framework"

Comment: This needs to be defined as to what ethics this is referred to. This phrase is demeaning.

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".

Comment: What are these "values"??

2.1

e) "recognizing 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"

I submit that this subsection be deleted

2.2

o). "practicing in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes"

I submit that this sub-section is deleted

2.6

"A chiropractor's decision about access to care needs to be free from bias and discrimination"

3.3 Effective communication

d) discussing with patients…."

Comment: chiropractors (nor any other health care practitioner) are not qualified to discuss "available health care options, including their nature, purpose, possible positive and adverse consequences, limitations…". Chiropractors can discuss the chiropractic options.

I submit that you delete this sub-section

3.6 Informed financial consent – fees

f) “ensuring the amount, time and quality of care delivered does not differ for those patients (with similar conditions) on a pre paid financial agreement to those who are not”.

Comment: This is unnessecary and cannot be tracked. We cannot keep a record of how long we spend with every patient down to the last second.

I submit that this sub-section is deleted

3.7 Children and young people

“caring for children and young people brings additional responsibilities for chiropractors”

Comment: This is un just and un fare. Children are no extra responsibility and we should this should be removed.

I submit that you delete this entire section with the exception of 3.7 d) as amended below

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.

I submit that you state the age of consent

3.15 Working with multiple patients

Comment: This is a duplication of the Confidentiality and Privacy section.

I submit that this section is deleted

6.1 Introduction

“chiropractors have a responsibility to contribute to the effectiveness and efficiency of the health care system”

I submit that this section is deleted

9.12 Financial and commercial dealings

c) “not accepting gifts…”

I submit to you that this sub-section be deleted

I submit that the Chiropractic Board of Australia amends the revised code to reflect the aforementioned changes.

Tori Wright B.AppSc (chiropractic) M.ClinChiro

Chiropractor