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

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