‘Attention’, Chair, Chiropractic Board of Australia
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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,

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