‘Attention’, Chair, Chiropractic Board of Australia

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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

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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,

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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.