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