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.