‘Attention’, Chair, Chiropractic Board of Australia
natboards@dhs.vic.gov.au

Submission to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

May 21, 2010

Chair,
Code of Conduct for Chiropractors

In reading the proposed draft of Mark Postles D.C. I was extremely impressed with his document and as a result have based this submission on this.

I am disappointed that a document of such importance has firstly been rushed through with so little time for consultation by the profession and secondly is so blatantly antagonistic to the profession it purports to “support”. I am disgusted that little information about the changes have come through in hard copy. I feel there may be individuals that are still unaware of these changes that are occurring. I feel it is imperative that each and every registered chiropractor be notified in writing of the proposed changes.

There has been improvement over the first draft but it seems there may be an underlying political agenda. This document will be used to suppress chiropractors and to change the profession into a poor duplication of the medical system. I hope that by constructing this code it removes barriers for patients to access medicare and opens the door to inclusion, acceptance and respect from practitioners in the medical model.

I wish to make comment on various aspects of this document and will take it in order of its appearance in the document.

Overview

“ within an ethical framework”
Comment : suggests the current health services are unethical.
I submit this is deleted.

“Making decisions about healthcare is the shared responsibility…..their representative).”
Comment : The wording of this sentence implies the patient has equal qualifications and training as the chiropractor.
I submit this is reworded to reflect the doctor- patient status.

“ Caring for children….responsibilities for chiropractors.”
Comment : All patients are treated with the same level of respect and concern.
I submit this is deleted.

“When adverse events occur,…”
Comment : This suggests they will occur and it is a regular occurrence. This is not the case, due to the high level of care taken and safety of chiropractic.
I submit “When” should be replaced with “If”.

“Good relationships with colleagues and other……enhance care.”
Comment : Although well meaning and sounds great. This is fantasy if dealing with health practitioners within the medical model. It has to go both ways.

Teaching, supervising…….training and students.”
Comment : The wording of this suggests this will be required as part of our registration. Is this the case? Who pays for this added service?
I submit this is clarified.

Definitions

It is odd that so few terms have been chosen to define individually. The definitions provided are far too broad.

‘Patient’ includes client, health consumer or carer”.
Comment: This equates to every person in society as being considered a “patient”. This should be limited to a person that has received or receiving care from the chiropractor within a clinical setting, with a signed informed consent on file.
I submit that you define “patient” more accurately.

“**Providing Care”**
I submit that you define this more accurately.

“Practice”
Comment: Practice, by this definition includes every application of a chiropractors’ existence as it includes “non-clinical” relationships.
I submit that you define this more accurately.

There are several other terms within the document that need to be defined accurately:
“Person”
“the Health Care System”
“Public Health”
“Health”, Health Care”
“Diagnosis”

“Treatment”
“Professional values”
“Treating Team”
“Adverse Events”
“Health Profession”
“Good Health Outcomes”
“Patient Centred Care”

Comment: In order to comply with the code these terms must be defined within a chiropractic setting.
I submit that you define the above terms.

Acknowledgements
Comment: The fact you have consulted the Australian Medical Council Code of Conduct is interesting. From experience the professionals under this Code do not show “Good Practice” especially in the fields of relationships and respect for other healthcare professionals (chiropractors), and emphasis on putting patients health is of utmost importance.

Introduction
1.1 Use of the Code
“… within an ethical framework”
Comment: This statement suggests the framework as it stands is unethical.
I submit that you define this term.

“Chiropractors have a professional responsibility to be familiar with this Code and to apply the guidance it contains”
Comment: If chiropractors are obligated to apply the guidance with the threat of deregistration or fine for non-compliance there needs to be a much clearer delineation of requirements. This code and all mentioned references to other “codes” , “laws” etc should be forwarded to all registered chiropractors in hard copy format and electronically. This should not be the sole responsibility of the individual chiropractor to search the internet for hours.
I submit when this code is finalised a hard copy with relevant appendices of supporting information is forwarded to every registered chiropractor. If any changes or amendments are made these should also be forwarded routinely and periodically.

1.2 Professional values and qualities
“While individual chiropractors have their own personal beliefs and values, there are certain professional values on which all chiropractors are expected to base their practice”.
Comment: Every individual has their own beliefs and values. This part of the sentence has no place in this document.

I submit that you remove" While individual chiropractors have their own personal beliefs and values"

1.3 Australia and Australian health care

Comment: This statement adds nothing to the "Code of Conduct".
I submit that this section be deleted

2 Providing good care

2.1 Introduction
I submit diagnosis/analysis/clinical assessment or similar.

e) "recognizing the limits to a chiropractors own skill and competence and referring a patient to another practitioner when this is in the best interests of the patients"
Comment: This is repeated in 2.2 a)
I submit that this subsection be deleted

2.2 Good care

c) "new area of practice"
Comment: Does this mean a new location of office, a different adjusting room, different technique, new adjusting table ? This must be defined.
I submit that "new area of practice" be accurately defined.

d) " patient-centred care"
Comment: see definitions

j) "taking steps to alleviate the symptoms and distress of patients, whether or not a cure is possible".
Comment: Chiropractic does not claim to "cure" anything. It simply locates and removes subluxation to allow the body to heal itself and demonstrate full expression.
I submit that "cure" 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? When dealing with the human body there will never be definitive science in relation to chiropractic or any other health profession. The human body is a complex, dynamic functioning organism, we can predict but not foresee outcomes.
I submit that this sub-section is deleted

2.6 Decisions about access to care

"A chiropractor's decision about access to care needs to be free from bias and discrimination"
Comment: This entire section is confused and contradictory. It treats chiropractors with contempt. Chiropractors should always discriminate and make decisions (bias) as to the most appropriate service for a person who consults them.
I submit to you that this section is deleted.

e) "keeping chiropractors and their staff safe.."
Comment: The safety of the chiropractor and their staff should always come first.
I submit that this sub-section is deleted

2.7 Treatment in emergencies

"Good practice involves offering assistance in an emergency…".
Comment: What constitutes an emergency? Traffic accidents, national emergencies, bombs ; few chiropractors would be trained to adequately assist in situations more complex than basic first aid. In the clinical aspect a mobile/ emergency phone number is available to all patients.
I submit to you that this section is deleted.

3.2 Partnership

Comment: 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: This has no place 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.
I submit that you delete from after g) down in Section 3.2

3.3 Effective communication
b) "including any alternative or complementary….using"
Comment: This has obviously come from a medical model reference. I feel this part of the statement is covered under "managing it"
I submit that you delete "including any alternative or complementary….using"

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. If the patient then feels the treatment is appropriate they have the right to proceed or refuse.
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?
Who are these "other stakeholders", what information is considered relevant and under what conditions shall this information be shared?
I submit that you delete this sub-section

3.4 Confidentiality and privacy

e) "genetic information"
Comment: unsure about what information the chiropractor is to gather, and what we are supposed to do with it. Are we doing DNA testing as part of an intake consultation? This has no relevance to a chiropractic setting.
I submit that you delete this sub-section

3.5 Informed consent

"Informed consent is a person's…"
Comment: If the NHMRC guidelines on informed consent to be a part of this code, the relevant points should be listed in the document. Is it part of the "Code" or nor?
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. See 3.3 d)
I submit that you delete this sub-section

g) “serious injury or death.”
Comment: I’m not sure what kind of “procedures” some chiropractors are performing, but if any are likely to result in serious injury or death, I suggest they stop. These procedures would fall under a different profession code of conduct. Chiropractic in it true form is extremely safe and effective. A person is more likely to be injured driving to their appointment.
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: I have always taken the view that each patient gets exactly as much time as needed at each visit. Should this inconvenience others, arrangements are made to accommodate.
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: The patient is ultimately in charge of their financial situation. If they choose to pre-pay it is entirely up to the patient, as it is the chiropactors’ choice to run accounts. The patient has the right to discontinue care at any time and if pre-paid the right to any unused/credit. I don’t think there should be any time limit place on the pre-payment for care. In addition private health cover is essentially paid a year in advance for services not rendered and no refund is offered if services or funds are unused.
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. Every person we see brings responsibilities. 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.
I submit that you state the age of consent.

3.8 Culturally safe and sensitive practice

Comment: The responsibilities of chiropractors is to the individual in whatever shape of form they present.
I submit that this section is deleted
3.11 Adverse events and open disclosure
Comment: Unsure of the definition of "something" going wrong.
I submit that "adverse events" and "something" is defined.

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: 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. They are not necessarily seeing all these people for the same reasons and don't need to talk to each other about each visit.
I submit to you that "when requested or necessary for the benefit of the patient" be added.

5.4 Coordinating care with other practitioners

a) "communicating all relevant information in a timely way"
Comment: See 5.1 (above).

b) "ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient"
Comment: Good practice is about empowering people to assume the ultimate responsibility for their care. This is dependant on the condition being treated or addressed.
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 Apart from assumptions that the "health care system" is effective and efficient, I would assert that we don't have a right to participate. 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”.

6.2 Wise use of health care resources
I submit that “wise” is defined, or replaced with a more appropriate word.
I submit that “health care resources” be defined.

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. To promote good health advertising must be employed. The advertising guidelines are so constrictive it would be difficult to promote health.
I submit that ‘Public Health” be defined.

7. Minimizing risk
Comment: The statutory requirements should be stated here.
I submit the “key principles” be listed.

7.2 Risk management
a)**I submit the references relevant to chiropractic be inserted from this document.**

7.3 Chiropractor Performance
a) and b**) I submit the references relevant to chiropractic be inserted from these documents.**

9.2 Professional boundaries
c) recognising that sexual.....previous patient.
Comment: With the current definition of patient it would almost be impossible to have a relationship with any person. If a relationship was to emerge the patient should be released from care, and documented in their records, from the chiropractor. The word “previous” should be replaced with a time frame from the last office visit and/or from when the patient was officially released from care.
I submit “previous” be replaced with a time frame.

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. It is practical that any supplements etc. Given or recommended by the chiropractor be accurately recorded.
I submit the records kept be confined to the clinical chiropractic visit.

h) “promptly facilitating.....by patients”

Comment: To whom?? Under what circumstances?
I submit the release of records be confined to legal request.

9.6 Advertising
c)"ensuring that when using a title,.....Guidelines in advertising."
Comment: I believe with utmost conviction the title "Doctor of Chiropractic" and "DC" be reserved to those chiropractors that can produce the degree clearly stating the achievement. It is nothing less than false advertising, misleading and deceptive, not to mention unlawful, to consumers for those chiropractors that are not in the possession of this degree to use these titles. This title identifies a particular section of the profession with a skill set that is sought by patients. It is obvious those chiropractors that do not possess this degree would like to, or they would not wish to use these titles and slide through the profession on the coat-tails of those that do.
I submit "Doctor of Chiropractic" and DC be restricted to those chiropractors that have obtained this degree.

9.11 Conflicts of Interest
d) and e)
Comment: Prescribing pharmaceuticals and drugs are no part of chiropractic.
I submit sub-sections drug and pharmaceutical and prescription references be removed from sub-sections d) and e).

h) Comment: With no definition of "health care organisation or company" this may include other chiropractic locations, offices etc.
I submit "health care organisation or company" be defined more clearly.

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 or redefined.

10.2 Chiropractor health
a) "attending an appropriate practitioner to meet health needs"
Comment: Appropriate by whose definition? Every person is responsible for their own health care.
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. Is the intent "understand" or "support"?
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

c) "encouraging a colleague …."
Comment: Whether they are a patient or not does not change the intent of this section.
I submit "(who is not a patient)" be deleted

11. Teaching, supervising, and Assessing
11.1 Comment : Is this a requirement ? If so who pays for this training?

11.2 Teaching and Supervising
d) **I submit "where possible" be added to this sub-section.**

Appendix 1:
a) "…state of their posture…"
Comment : Chiropractic is much more than simply posture. To limit the "spinal screening" to posture is far too restrictive. This is a form of advertising of chiropractic as a profession and form of health care.
I submit this sub-section be deleted.

Appendix 2:
Comment : Nowhere in this section appears the requirements or eligibility of chiropractors to be able to operate their own equipment. There are enormous differences between the states. This "code" should seek to employ national standards that allow a chiropractor to operate their own equipment.

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.

4. "(which should have a rationale and not be arbitrary or excessive)"
I submit "(which should have a rationale and not be arbitrary or excessive)" be deleted.
5. Comment : as mentioned several times before, the patient must realise they are in ultimate control of their health care and have the right to discontinue care for any reason at any time. The chiropractor can propose a schedule of care to best serve the needs of the patient to achieve favourable outcomes, but it up to the patient to agree or disagree and the chiropractor must accept and respect their decision.

Other :
I submit that all additional documents that have been referred to as helpful within the draft be attached as appendices and forwarded to each registered chiropractor in hard copy and electronically upon finalisation. It should not be the sole responsibility of the individual chiropractor to scour the internet for references and large documents. We have businesses to run. And some of us in rural and remote areas have limited access to the internet, which makes it a time consuming and difficult task.

I submit that the Chiropractic Board of Australia amends the revised code to reflect the aforementioned changes.

Yours sincerely,

Abbie Fetter D.C.
Michael Fetter D.C.
Doctors of Chiropractic
PO Box 971
Bridgetown
WA 6255