Brighton Chiropractic Centre

Submission Re: Consultation Draft Code of Conduct for Chiropractors in Australia

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I am disappointed that a document of such importance has firstly been rushed through AGAIN with so little time for consultation by the profession, and not allowing ample time for a response. Secondly is so blatantly antagonistic to the profession it purports to "support".

There are still several major concerns with the revised code of conduct. I would be prepared to support the second draft provided that amendments and deletions are made to the clauses below.

My concerns are addressed in order as they appear in the document:

- **2.1 (Page 3) Introduction** (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 too nebulous. How, at the time does a chiropractor know what they don't know? This is a deterrent to gaining experience (a new graduate should refer all patients out). This will be used with the benefit of hindsight against chiropractors.
  I submit that this subsection be deleted

- **2.2 (Page 4) Good Care**

  Part (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.

  In addition, 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

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2.2 Part (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

2.2 Part (o): The words "accepted evidence base" should be removed and **replaced with the words "currently accepted by peers."** Given that there is no evidence that practitioners who utilise evidence based therapies have better outcomes than anyone else the inclusion of this clause has no basis.

Also, what is the board's definition of "accepted evidence base"? Are we referring to double blind studies? Or are we referring to evidence based medicine?

What is evidence based on? **Sackett, D.L.** defines **Evidence Based Medicine** as the following: "Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice. Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences in making clinical decisions about their care. By best available external clinical evidence we mean clinically relevant research, often from the basic sciences of medicine, but especially from patient centred clinical research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens. External clinical evidence both invalidates previously accepted diagnostic tests and treatments and replaces them with new ones that are more powerful, more accurate, more efficacious, and safer." Source: **Sackett, D.L. et al. (1996) Evidence based medicine: what it is and what it isn't. BMJ 312 (7023), 13 January, 71-72)**

In addition, "*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

As we know it, **health** is defined in **Dorland's medical dictionary** which is **endorsed by the world health organization (WHO)** as the following: " health (helth) a relative state in which one is able to function well physically, mentally, socially, and spiritually in order to express the full range of one's unique potentialities within the environment in which one is living. Current views of health and illness recognize health as more than the absence of disease. Realizing that humans are dynamic beings whose state of health can change from day to day or even from hour to hour, most authorities feel it is better to think of each person as being on a graduated scale or continuum ranging from

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obvious dire illness through the absence of evident disease to a state of optimal functioning in every aspect of one's life."

Chiropractic has never been nor will it ever be "about the treatment of symptoms". E.g. When a patient is examined, and let's say we are testing the neurological function of a muscle/myotome, and there is loss of function in the absence of symptoms (because the patient's pain threshold hasn't been reached); Does it mean the person is functioning at their full potential just because there is an absence of symptoms based on the CBA's statement above?. Ignoring a finding such as that will do the person harm and goes against our code of Conduct.

- **2.7** (Page 4) **Treatment in emergencies:** "Good practice involves offering assistance in an emergency…"

  Comment: This is worded loosely and non-specifically. Does it refer to national emergencies, traffic accidents etc. This is a huge impost to demand chiropractors to "continue to provide that assistance until services are no longer required". We are not paramedics.
  I submit to you that this section is deleted.

- **3.2 (Page 4) Partnership**

  Comment: This section is overly proscriptive and contradictory eg the chiropractor is "honest" and yet you state in 9.2 Professional boundaries "Good practice involves… d) avoiding the expression of a chiropractor's personal beliefs to patients …that are likely to cause them distress". Is the chiropractor to be honest or not say anything that would upset a person?

  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 (Page 5) Effective communication**

  i) "becoming familiar with, and using wherever necessary, qualified language interpreters…"
  Comment: Placing this responsibility on the shoulders of chiropractors is an outrageous impost. No Other profession does this. Let the patient bear the responsibility and expense of this service.
  I submit that this sub-section is deleted

- **3.5 (Page 6) 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

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"Good practice involves": 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 (Page 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 (Page 6)** **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

- **4.1 (page 8)** **Use of modalities:** 1st paragraph last sentence states that "In particular, chiropractors should note that to practice acupuncture in Victoria a chiropractor is required to be endorsed by the National Board." This is a National code and any specific Victorian idiosyncrasies should be addressed in an appendix, if at all.

- **5.1 (Page 9)** **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.

I submit to you that this sub-section be deleted and leave in it's place b).

- **6. (Page 10) 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

- **9.11 (Page 13) Conflicts of interest:** clauses d) and e): Irrelevant in this document. References to pharmaceutical marketing and marketing drugs do not belong in the chiropractic code.

  I recommend that these clauses must be removed

- **9.12 (page 13) financial and commercial dealings**: "not accepting gifts from patients other than tokens of minimal value such as flowers or chocolates and if token gifts are accepted, making a file note or informing a colleague where possible". **This is ridiculous!** Like most chiropractors, I receive more than chocolates and wine each Christmas from patients; AND I DON'T ASK/REQUEST THIS FROM PATIENTS. How offended would patients be if I rejected their act of kindness! How ridiculous is it to have to make "a file note or inform a colleague where possible". **I recommend that this clause be removed.**

- **10.2 (Page 14) Chiropractor Health:** States "Good Practice Involves **"(c) understanding the principles of immunisation against communicable diseases"".** How dare you impose your unscientific views on chiropractors! Hundreds of epidemiological studies have shown all diseases declined way before the introduction of vaccines and antibiotics, due to the introduction of sanitation. I have seen 3 normal children in my practice become autistic after the MMR vaccine; I have seen children stop talking after the chicken pox vaccine; I have seen normal babies cry endlessly after their 2month old vaccines; should I go on? Don't you dare tell me to promote it! This goes against our Chiropractic Oath "above all do no harm **"This clause DOES NOT belong in this code, and <u>I recommend that this be removed</u>.** If someone on the Chiropractic board of Australia has an agenda or conflict in this area, it must be declared.

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- **9.2 (Page 11) Professional Boundaries** clause (c): "are often" should be replaced with "may be". If a chiropractor has a sufficient cooling off period before starting a relationship with a patient after ceasing care he or she should not be under the spectre of being judged as being in an inappropriate relationship.

- **9.6 (Page 12) Advertising:**

  Good Practice involves: (d) "ensuring that business names or titles do not give the impression that the nominee is a specialist in an area of practice unless the chiropractor is recognized by the National Board, as having relevant special expertise in the form of skills, knowledge, training or qualifications"
  Comment: What does the National board deem as "special expertise in the form of skills, knowledge, training or qualifications?" The board should be more transparent in this section.

  Like all other profession, some of its members specialise in certain aspects of practice.

  This is beginning to occur in chiropractic and is being further promoted with the establishment of post-graduate specialist courses, such as Masters programmes in Paediatrics, Neurology and Sports Chiropractic.

  The areas listed below meet this criterion and should be the first areas considered for recognition as specialist programmes:
  - Animal Chiropractic
  - Neurology
  - Orthopaedics
  - Paediatrics
  - Radiology
  - Sports
  - Upper cervical specific (E.g. AO)

  It is noted that the above list is not comprehensive and that *Rehabilitation* is another area that might also be a candidate for such recognition.

  The promotion of Specialists would provide a significant benefit for both the public and the profession as it would:

  1 Lead to improved patient outcomes
  2 Provide a second tiered diagnostic option for practitioners
  3 Lead to more clinical research
  4 Increase the profession's overall body of knowledge

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Appendix 3:

Guidelines in relation to **Duration and Frequency of Care**

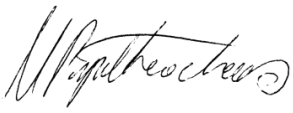
1. A program of care should be based on clinical need and be…

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.

Recommendations

That the Chiropractic Board of Australia amends the revised code to reflect the above mentioned changes.

Regards,



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