CHIROPRACTIC DRAFT CODE OF CONDUCT

On first impressions of this draft Code of Conduct there are some welcome improvements compared to the 1st draft Code of Conduct/Code of Practice documents.

Notably, I still have a number of concerns with sections of the Advertising, Mandatory Notification and Radiology Guidelines which have not been re-published by the CBA for comment.

Particular areas of the new Code of Conduct that are of further concern are:

- continued use of what inappropriate, condescending language
- no minimum standard of training required for medical doctors or physiotherapists to perform "SMT".
- 2.1 b): “diagnosis”. – Will a “diagnosis” have to be stated? Will vertebral subluxation be valid?
- 2.4 j): “taking steps to alleviate the symptoms and distress of patients” – This is the practice of medicine, not chiropractic
- 2.4 o): “clinical outcomes” – are we restricted to work only with conditions for which evidence supports clinical outcome?
- 3.4 f) covered by 3.4 h)
- 3.6 "Informed Financial Consent" - an "Informed Consent" section already exists.
- 3.7 b): “ensuring informed consent to provide care for children involves the patient’s parent and/or guardian being provided with clinically relevant information for chiropractic management of certain conditions in children” – What is clinically relevant information? The “condition” for which chiropractic “management” is provided is a vertebral subluxation and its interference to the nervous system.
- 4.2 "Use of Diagnostic Tools, Tests and Procedures" – this is restrictive and prescriptive
- 9.4 a): “medication” – This is not our domain and we do not have sufficient pharmacology training.
- 10.2 c) “immunisation” – I assume refers to vaccination. This neglects to mention any risk-benefit assessment.

Appendices

1. Spinal Screening

a) “an overview of the general state of their posture” – we assess nervous system function and its effect on the body; posture is only one means to do so

c) “should not include obtaining contact information from participants or the making of appointments at the time of the screening” – This should be permissible. It is not coercive behaviour; it enables the public to follow-on from the health issue identified

2. Radiology

this is restrictive and prescriptive

3. Duration and Frequency of Care

4. “the number of visits proposed (which should have a rationale and not be arbitrary or excessive)” – excessive as determined by whom?

6. “Should any patient elect to undergo regular chiropractic examination or treatment in the absence of symptoms it is the responsibility of the practitioner to provide the patient (parent /guardian for children) with a balanced view of the clinical justification for such procedures.” – clinical justification is in contrary to wellness care – the improvement of the health of a person beyond symptoms. A person is not “healthy” purely because there are no symptoms to identify or no “diagnosable” disease. As an example, an obese person who has an extremely imbalanced diet, does not exercise and works in a stressful job, yet does not have a crushing chest pain, indicative of a heart problem, would not be considered healthy.