‘Attention’, Chair, Chiropractic Board of Australia
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I would like to reiterate the sentiments offered by Dr Postles in his response to the proposed codes and guidelines, a copy is attached for your convenience.(1). I would like to add further comment.

In the AHPRA web site, (www.ahpra.gov.au) there can be found the sentence “…, Australia is simplifying its professional regulatory system and strengthening public protection.”

It is evident the authors of the ‘codes and guidelines’ document, and its revised version, are seeking to pursue their political agendas, and force their personal opinions onto the chiropractic profession under the guise of standards or codes of the board. The documents are rife with vagueness, restrictions to practice that are unsubstantiated in the published literature, and arbitrary limits that are scientifically invalid and potentially damaging to the public. There are seemingly irrelevant statements, of which the true purpose of, are being hidden or deliberately left obtuse by the authors. The documents are clearly not in the spirit of ‘simplifying the professional regulatory system and strengthening public protection’.

The authors seek to create dramatic changes to the practice of chiropractic that are without precedent. Seeking to enshrine personal opinion and pushing hidden political agendas is not ‘development of chiropractic profession standards, codes and guidelines’ (see the CBA’s website under ‘functions’), so I contend that the offending authors have deliberately exceeded their mandate, and should be removed from office.

Further, for the board to engender the spirit of ‘simplifying’, and ‘professional standards’, it would be congruent to be clear, precise and un-ambiguous, as well as honest and respectful. The authors of these documents, by being unclear, ambiguous and vague, as well as disrespectful, are damaging the integrity of the board, and again should be removed from office.

Specific examples include:

Overview
“Chiropractors have ethical and legal obligations to protect the privacy…unless information is required to be released by law or **public interest considerations**.”
What ‘public interest considerations’ are the authors referring to? By being ambiguous, is this designed to allow government departments ready access to patient information, by calling themselves ‘a public interest’? Is any Joe Blogg’s a public interest consideration? The deliberate vagueness of the authors is potentially damaging to patients and the public.

“Caring for children and young people brings **additional responsibilities** for chiropractors.”
What are they? By deliberately leaving these ‘additional responsibilities’ undefined, it is paving the way for the authors to restrict chiropractic practice, based on their personal opinion alone. Hawk et al, (2009) state, “There is not yet sufficient research evidence related specifically to children to definitely identify indications for spinal manipulation and other procedures within the chiropractic scope of practice.” They further state “The research community has just begun to investigate the effectiveness of chiropractic care for many pediatric conditions; however, lack of research evidence does not imply ineffectiveness.” (2). It appears the desires of the authors’ is to prevent chiropractic care for children, (as evidenced from the first draft) so by being purposefully obtuse in what these responsibilities are, it enables them to ignore published articles in favor of their political agendas. This is potentially harmful to children.

“Chiropractors have a responsibility to contribute to the effectiveness and efficacy of **the health care system**.”, and “…understanding and applying the **key principles** of risk minimization and management to practice.” .
By the authors failure to define “the health care system” they are holding chiropractors responsible to an unknown entity, and by not defining key principles, again chiropractors are being held accountable to principles unknown. This is unacceptable in a document that is relating to standards and guidelines of a profession.

Definitions
Refer to 1.

1.Introduction
1.1 Use of the code.

Refer to 1.

Plus “as an additional resource for a range of uses that contribute to **enhancing the culture of professionalism** in the Australian health system”
By the document appearing to be obtuse, unclear, disrespectful and scientifically invalid, it would appear to be inconsistent with its purported range of uses.

1.2 Professional values and qualities
Refer to 1
Plus, “**Good communication** underpins every aspect of good practice.” It would appear that this sentence does not apply to the authors of this document.

1.3 Australia and Australian health care
Refer to 1.
Plus
This is an example of ‘seemingly irrelevant’ that I refer to. What is it’s purpose here? Also “ …but the underpinning principles will still apply”. What ‘principles’ (I suggest ‘political opinions’ is more truthful), does this refer to?

1.4 Substitute decision makers
Refer to 1.

2 Providing good care
2.1 Introduction
Refer to 1
Plus
“Ensuring that the diagnosis is relevant, justifiable and based on clinical reasoning”. Gleberzon (2001) states “while the literature indicates that older patients initially seek out chiropractic care for spinal pain, there is evidence that patients continue with chiropractic care for reasons other than symptom relief”… “Maintenance care can be defined as periodic visits that seek to prevent disease, prolong life, promote health and enhance the quality of life”…” Maintenance care is provided to a patient irrespective of clinical symptomatology”. (3)
It would seem this document will prohibit what is commonly referred to as maintenance care for diagnosis is not a requirement. Jamieson (2001) further states “Maintenance care is believed to benefit all age groups and should be continued for life.” “Indications for maintenance care ranges from “being alive” to “condition recurrences” and maintenance care is an integral part of chiropractic practice.” (4) Evans (2003), states “The nature of chiropractic as a science that promotes prevention visits….the chiropractic physician is well suited for the delivery of health promotion and disease prevention efforts in a general format. Follow-up or supportive care visits may serve as a foundation for the assessment of needs, delivery of health education messages and other prevention strategies…”(5) In the face of published evidence, the authors are trying to limit the scope of chiropractic and deny the public benefit, and potentially cause harm.
Here is an example of an attempt to radically change the practice of chiropractic without precedent, and apparently based on biased opinion.

2.2 Good Care
Refer to 1
Plus
This entire section is laced with undefined and open-ended terms and phrases, providing cause for breach based on opinion of the undefined terms or phrases. For example: a). “working within the limits of a chiropractors competence and scope of practice”. b). “adequate knowledge and skill. c). “undertaking sufficient training and/or qualifications.” h). “based on the best available information.” o). “practicing in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes.”

Point j). is another example of ‘seemingly irrelevent’ comment. How is this point going to be used to trip up practitioners practicing good chiropractic?

2.3 and 2.4 I don’t have a problem with these guidelines.

2.6
Refer to 1

Plus
This is contrary to the spirit of “simplifying”.

2.7
Refer to 1

3.2 Partnership
Refer to 1
Plus
c) “release of information is required by …public interest considerations”. Concerns about this comment have already been raised.

3.3
Refer to 1

3.4
“Public Interest Consideration” again! Also Refer to 1

3.5
Refer to 1

3.6
Refer to 1
Point g). This is contrary to 3.2 b). If a patient asks for a financial agreement beyond three months or twelve visits, the chiropractor stands to breach the guidelines if they say yes or no. What is a chiropractor to do?

3.7
Refer to 1
Plus
Point b). “…of certain conditions in children” What are these conditions? Also, what can be inferred by not stipulating what they are?
Point e). “This may include where a parent is refusing treatment for his or her child or young person and this decision may not be in the best interests of the child or young person.” This sentence is so open ended because one persons opinion of the best interests of the child differ from another persons opinion of the best interests of the child.

3.8
Refer to 1

4.2
a) “…Necessary to form a diagnosis **and** to determine necessary care …” The ‘and’ needs to be changed to ‘or’ so that the asymptomatic patient is not discriminated against needlessly.
c). “… relevant diagnosis is formed **and** that appropriate necessary care is provided …” Again, ‘and’ needs to be changed to ‘or’ so that the asymptomatic patient is not discriminated against needlessly.
d). “… demonstrated acceptable levels of reliability and validity.” Leaving this undefined is another tool for restriction of practice by the politically motivated, opinionated authors.

5.1
Refer to 1

5.3 Teamwork
“…as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other’s health professions.” This places an onus of responsibility that is unrealistic for anybody who hasn’t studied every health profession.
f). This point is totally redundant; designed to waste space, time and paper.

5.4
Refer to 1

5.5
b). “ensuring that the delegate has adequate skills, training, expertise or proficiency in the activity” How is this to be achieved? Without stipulating it is open to opinion as to what is or isn’t adequate.

6.1
Refer to 1
6.2
The entire section is full of “seemingly irrelevant”.

6.4
Refer to 1

7.2
Refer to 1

9.2
This entire section is derogatory and irrelevant. You need merely state “chiropractors conduct themselves in a professional manner”.

9.4
Refer to 1

9.8
a). “being honest and not misleading…” Not misleading is inherent in being honest.

b)” …not omitting relevant information deliberately” It’s inherent in being honest

9.9
Could just write ‘being honest’!

9.11
d) “…being aware of ways in which practice may be influenced.”
Pharmaceutical companies are geniuses at inventing new and exciting ways to influence practice. Burton and Rowell (2003) inform us of “third party techniques” (6). The PLoS Medicine Editors (2009) tell us of the pharmaceutical tactic of “ghostwriting”(7), and Lexchin and Light (2006) warn us of “commercial influence and the content of medical journals” (8). Even CPD has been used by pharmaceutical opportunism to expand influence, Lichter (2008) (9). Spurgeon (2004) informs us that junior doctors are ignorant of drug companies’ tactics (10), so much to the point that the American Medical Student Association has started a “PharmFree” campaign, Moghini (2006)(11). In light of every evolving tactics, if a chiropractor is unaware, do they run foul of the board? Is this just another way for chiropractors to be prosecuted?

The whole section ‘Conflicts of interest” is full of ‘seemingly irrelevant’ comments. Eg “…interest in a hospital…” ???

9.12
Refer to 1

10.2
Refer to 1.
Plus
c) “Understanding the principals of immunization against communicable diseases”.
Immunization, (vaccination) is a medical procedure. The principles relating to a medical procedure have no relevance in a document pertaining to the practice of chiropractic. Another example of pushing a hidden agenda.

10.3
Refer to 1

Appendix 1

a) "… overview of the general state of their posture"
A spinal screening is not limited to just the participant's posture. For example, performing an Adam's test to screen for a scoliosis. This would not come under general state of posture. This should be stated as "an overview of the state of health of a person's spine" What hidden agenda do the authors have by wording it as just posture?

b) "…elicits unwarranted fear in the mind of the participant"
How can we control what is elicited in a participant's mind? This is completely unreasonable.

Appendix 3
Refer to 1
Plus

1. "should be consistent with accepted standards of chiropractic care by the profession and where possible in conjunction with the best available evidence."
I agree with this statement however these standards would need to be specified.

3. "expected measurable outcomes of care"
How does this relate to the asymptomatic patient wanting maintenance care? Is this another means for the board to restrict the practice of chiropractic to not include maintenance care?

"estimated reasonable time-frame for achieving the outcomes"
Again, this is not relevant to lifetime maintenance care.

4. "validated objective and subjective outcome measures"
What is the board's definition of validated? Define validated. In fact just remove it from the sentence, as it can be another hidden tool to restrict practice based on opinion.

"the number of visits proposed (which should have a rationale and should not be arbitrary or excessive)"
Included should be "or insufficient". Also what rationale is the board referring to?

5. "…options available"
How can a chiropractor be held accountable for not knowing all options available? Is this another means to run foul of the board?

Please be aware that the references listed are by no means a comprehensive literature search, as clearly there is insufficient time. They represent a desire on my behalf to validate my complaints to this document.

Yours sincerely
Gordon Benz.
Chiropractor
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