Dear Chair of the CBA and the Board

First of all I would like to thankyou for your consideration of the previous submissions to the board and the opportunity to comment on this one. \

I still find this document to be very demeaning and the language very negative towards my professional, it still smells of one brush to paint all following the actions of a very few.

I would like to comment on the advertising guide lines.

Introduction (paragraph 2)
In particular.s. 133 of the National Law states that "person must not advertise a regulated health service, or a business that provides regulated health services, in a way that-
c)uses testimonials or purported testimonials about the service or business

This say that all use of testimonials by all regulated health professionals is not permitted. Medicine has been doing this for years, there are many examples on television alone, RPA or any show that shows peoples medical cases and outcomes, these are forms of testimonial, and there fore are illegal. Then there are the fictional dramas, and pharmaceutical adverts, Panadol its my choice, testimonials, all of them. Don't forget books publishing testimonials, Chicken soup for the soul, etc.

Chiropractics is one of the most discriminated against professions in the world, we have people judging us based on what other tell them (often other health care professionals) more than any other health care profession, often these people have no direct experience themselves. Why limit our ability to use an example of some one who gained benefit from what we do, to enlighten people to a greater possibility of health. Besides if I am obligated to tell someone about the risks and have to show balance between risk and benefit, how can that be done without using all available information.

Please don't forget about the biggest organisation that discriminates against chiropractors, who should provide an equal opportunity to all health professions, simply because our paradigm is different, the government. You don't see them building any DC super clinics, our raising large political campaigns promoting spinal health, as they do with vaccination.

Definition of advertising (last paragraph, last sentence)
Also, this definition is not intended to apply to materials issued by a person or organisation for the purpose of public health information or as part of a public health program.

There is no definition in the guide lines of public health program or information. Historically all public health programs, have been based on the medical paradigm, there fore giving medicine an unfair advertising advantage; as well as government funding to advertise.

Therapeutic goods legislation

The advertising of therapeutic goods (including medicines and appliances) is regulated by the Commonwealth Therapeutic Goods Act of 1989.

Most advertised therapeutic goods are medicines, and they use testimonials, in fact they use testimonials without ever mentioning that there can be adverse affects or risks, and if they do it is in such small print that it can not be read in the time that it is present on television.

Substantiation of claims (first paragraph)
Unless there is accepted scientific evidence…..

Define accepted scientific evidence, is it all peer reviewed journal articles, is it just certain journals, is it just medical journals, or just chiropractic journals.

Substantiation of claims (first paragraph)
An advertisement for services should alert the public to the fact that there are associated health risks.

Does this mean to say if I or a medical practice has a yellow pages add stating our location and phone number we need to have bellow and warning statement that adverse side affects have been associated with some of the services we provide. These policies are all about interpretation; Lawyers will interpret and likely will in the manner provided above.

Authorising the content of advertising (third paragraph: all)

Practitioners should not allow the services they provide to be advertised or make themselves available to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content and have had a reasonable time to ensure that the published version of the advertorial or article adheres to these guidelines.

This stops all health care practitioners from all health care services from doing any news type interview or open discussion forum as these do not allow the participant to adhere to the clause above. This also includes people being held up as industry or field experts, because there conversation is promoting one field of health care.

5 What is unacceptable advertising
j) fail to disclose that there are health risks associated with treatment

Again this relates to yellow page adds right up to any other form of advertising, if we let some one know we are here and available to provide a service, are we required to the place a health risk warning. It can be interpreted this way, and please don't say use your common sense because lawyers don't they assume there client has none. Judges job is to enforce the law not interpret it.

6 specific requirements
6.1 Use of graphics or visual representations
If photographs of people are used in advertising, the photograph must only depict patients or clients who have actually undergone the advertised treatment and who have provided consent for publication of the photograph.

Why should we have to uses patients, it requires you to hire a professional photographer, in order to get the same quality of photo as you can from a stock photo company. Pharmaceutical can use anybody, and have them say anything. Besides if we use patients then we are now advertising using testimonials which is not permitted.

6.3 Use of comparative advertising
It is difficult to include all required information to avoid a false or inaccurate comparison…..

This becomes a problem when ever some one is asked why they should choose there service over another by a group of people, as talking to a group would be considered advertising. As this person would not be able to show the evidence that they speak of to this group of people in most cases.

6.7 Use of scientific information in advertising (Point 4)
Be from a reputable and verifiable source.

Define, Can this be peer reviewed journals, personal conversations with industry/field experts, news paper articles, television interviews or news reports. What defines reputable?

Consultation draft Code of Conduct for Chiropractors

9.12 Financial and commercial dealing
c) not accepting gifts from patients other than tokens of minimal value such as flowers or chocolates and if gifts are accepted, making a file note or informing a colleague where possible.

Not accepting gifts (large or small) can be disrespectful of certain cultures, can be rude, and may be hurtful of patient's feelings. In many cases I do not know that I have received gifts from patient till the end of shift, as they often leave them with my CA's at the front desk. Further more why should I discourage the generosity of others, as one can not give without receiving, as the act of giving makes most people feel good, and therefore could be seen as beneficial to their care. Gifts of large value do warrant a file note, but gifts of minimal value are often the result of the level of service, caring sincerity and connection made with a patient; however a file note for every small gift I feel is not warranted.

d) not becoming financially involved with patients; through loans or investment schemes.

This unfairly limits where and how a chiropractor can invest his or her money, if they can do so without it adversely affecting the care of the patient, they should have the ability to do so.

Section 3.6 Informed financial consent

I understand many of the complaints that have come before boards in the past have been fee related; hence you felt this clause was necessary.

You are the only professional board that has put such forward. I have seen many medical specialist and doctors, they all fail to disclose their fees as openly as 99% of chiropractors do.

If prepaid agreements is the problem; simply have a clause that says if prepay agreements are the refund policy must be the pre-pay amount minus the fee for an individual adjustment multiplied by the number of adjustments in that prepaid agreement, unless the period has ended. And there must be an option to pay as you go.

Section 3.7Children and Young people

b) ensuring informed consent to provide care for children involves the patient's parent or guardian being provided clinically relevant information for chiropractic management of certain conditions in children.

Certain conditions is not defined, clinically relevant information is not defined. Evidence based practice is the use of the scientific information, clinical judgement and patient expectations; there may be no scientific evidence to support the care that I or my colleague propose, how ever lack of evidence is not evidence of lack. I may have seen similar children respond in the past with similar presentations (it's not published), and I will not know for sure if chiropractic can help unless we try (that is exactly the same for adults, there is no guarantee).

This is a very negative clause that has no relevance or definition. It fails to follow the evidence based practice model.

Appendix 1: Guideline in relation to Public Spinal Screening
c) Providing participant with a business card at their request, but should not include obtaining contact information from participants or making of appointments at the time of the screening.

I feel that this clause is unethical, if I have just informed someone that their posture is poor and could be affecting their health, however without a full consultation and examination the extent of which if any I can not determine, I feel ethically bound to provide them with the opportunity to have this consultation and exam, either with myself or a chiropractor in their area.

This clause in my opinion should read collection of participants contact information or the making of appointments, is only permissible if they would like the opportunity to have this further investigated.

I can not tell you how many people have told me that they are so grateful for the service of the screen and the ability to give their contact details so that they know we

will contact them and make an appointment at their convenience. This also allows them time to consider what was said and decline the appointment when contacted, without the pressure of a face to face contact.

f) no fee being charged for the screening, however participants may make a donation to a charitable organisation nominated by the chiropractor.

Chiropractors should be allowed to charge fees for what ever service they provide, as long as the fee is known up front. If I go to my GP for a blood test to screen for elevated cholesterol levels or anything for that matter I still get charged for my appointment, I go to molescan, they charge me to screen for skin cancer, why should we be any different.

Personally I choose not to charge for the screening service, but that is my choice.

Appendix 3: Guideline in relation to duration and frequency of care
4. review/reassessment should be periodic and include:

- *The number of visits proposed (which should have a rationale and not be arbitrary or excessive)*

A person who chooses to have elective or supportive care, the number of visits purposed can only equal the number of visits or time before the next re-evaluation, and may be seen by some professions as excessive. I personally feel it should be defined with a number of visits or time period without care, which ever is the least. I.E. 12 visits (regular care) or 6 months (without care) which ever is less.

6) Should a patient elect to undergo regular chiropractic examinations 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.

This statement is mute, evidence based practice requires the practitioner to consider the scientific evidence, clinical judgement and **patient expectations.** If a patient chooses elective or supportive care their expectation are that it will be beneficial and they are experiencing said benefit, and any ethical partitioner will not continue care without benefit to the patient.

Section 10.2 Chiropractor Health

This entire section is a waste: if you feel it is necessary, then a simple statement like it is the responsibility of the chiropractor to maintain ones health to a level such that they are not compromising patient care or putting patients at risk due to ill health or disease.

As the CBA your charge is to protect the public; in attempt to do so you wrote this document, however you have failed in one area. You have failed to lobby to have a minimum requirement of training for SMT for all professions (Medical, Physio, Osteo, massage, etc). As you know any stroke or adverse event following SMT is used to calculated the level of risk for SMT, there fore their should be a minimum training levels. My suggestion is a minimum of 3 yrs university level training, with at least one technique training course participated in (CPD) in a 5 year period.

I feel this would reduce the number of adverse reactions and the number of events being attributed to chiropractic. I would also support that any adverse event reported be reported with the practitioners profession and certificate of currency in SMT. This would give the scientist and researchers a better grasp of the professions and that are related to the adverse events.