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20/05/2010

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

RE: Submissions to the Chiropractic Board of Australia
Consultation Draft Code of Conduct for Chiropractors dated May 7th 2010

Chair,

I wish to express how disheartened I am that the Chiropractic Board of Australia felt that two weeks was enough time to read, consult with colleges, and generate a submission statement about the Consultation Draft Code of Conduct for Chiropractors.

Considering that a large portion of the code of conduct revolves around good communication for the appropriate and reasonable treatment of patients and the community; I feel that the code, at this time decreases and greatly restricts the ability of the chiropractor to practice what is listed as “best practice”.

My submissions for changes to the Code of Conduct are as follows, in order of appearance in the Code.

Definitions:

Patient: a client, health consumer or carer.
Comment: This includes anyone who has ever thought about health care, purchased a vitamin or had a consult with any sort of medical practitioner. It includes the entire population and is vague about who the patient actually is in this situation.
I submit that the definition more appropriately specifies what it means to be a chiropractic client.

Providing Care

In your definition you seek to label every interaction a chiropractor may have as care. All advice goes to the heart of physical or mental well being. All advice given in any situation affects the mental or physical state of the person who is receiving it.

I again find this definition vague and ask that the definition encompasses where and how “advice” and “care” is given as it pertains to chiropractors.
I submit that a more accurate definition is required

Good

I have noted that in a number of sections in this document the word good is provided as a describtion, without any definition of what good, in a legal document defines.
Comment: I submit that the word good be defined as it pertains to this document

Other definitions required:

Ethics – to which persons/philosophical ethics do you refer ?

Scope of Practice - please include a definition of chiropractic scope of practice as it pertains to this document

Diagnosis – please define

Treating Team – please define

Health Care System – please define

Person

1.1 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. I realize that by keeping it general it gives your lawyers greater latitude to penalize and prosecute
I submit that you define the “professional values that Chiropractors must base their practice, including ethical guidelines and framework mentioned in this section.

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: What are the Professional values that we as Chiropractors are expected to base our practice on? If, as a Board you wish to think for us then please state EXACTLY what it is we are meant to be thinking.
I submit that professional values be defined

1.3
"Chiropractors have critical roles in caring for people who are unwell, assisting people to recover and seeking to ensure people stay well"
Comment: how exactly do we ensure people stay "well", what is the definition of "well"? How do we ensure wellness without the potentional view from an outsider that we are violating the later mentioned "unnecessary treatment"?

To what lengths, are we required to ensure people stay "well"? Are we to stop an alcoholic from drinking? Obviously the drinking behaviour ensures that the person is not "well". We are unable to advertise that we treat any condition, we do not treat any condition, and yet we now have a legal obligation to ensure our patients stay "well".
I submit that this section be deleted.

2. Providing Good Care

2.1 Introduction
b) "Ensuring that the diagnosis is relevant, justifiable…"
Comment: Diagnosis is relevant to symptomatic treatment however it is not to asymptomatic care.
I submit diagnosis/analysis/clinical assessment or similar.

2.1 e and 2.2 a
"recognizing the limits to a chiropractors own skill and competence …" and " recognizing and working within the limits of a chiropractors confidence.."
Comment: This requires all students, and new graduates, or anyone faced with a condition that they had not previously encountered in practice is required to refer the patient. This negates the need for any new learning or skills, or to increase the qualifications of any chiropractor.
I submit that both if these subsections are 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: It is the choice of any chiropractor to deny care to anyone providing appropriate arrangements are made for their further care.
I submit that this sub-section is deleted

3.2 Partnership

Comment: This section is contradictory. If the Chiropractor is to be "honest" then they go against section 9.2 Professional boundaries "Good practice involves… d) avoiding expression of a chiropractor's personal beliefs to patients….that are likely to cause them distress" Is the Chiropractor to be Honest as in this section or dishonest (not give complete information) so as not to distress the 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 Effective communication
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.
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?
"Appropriately", by what and whose standards?

“Relevant information to other stakeholders” Who is these stakeholders, what information is considered relevant and under what conditions shall this information is shared?
I submit that you delete this sub-section

3.4 Confidentiality and privacy

e) (Regarding genetic information)
Comment: This is not a necessary for chiropractic practice
I submit that you delete this sub-section.

f) & g)
Comment: f & g are not necessary as h states your requirement.
I submit that you delete sub-sections f & g and retain h

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 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

3.15 working with multiple patients
…, Chiropractors should consider whether this mode of treatment is appropriate to the patient involved.
Comment: Why would a chiropractor place a person in a group situation if they have not already considered that this is ‘best practice’ for them?
I submit that this section is deleted

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: 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 its place b).

5.4 Coordinating care with other practitioners

a) "Communicating all relevant information in a timely way"
Comment: I repeat my comments from 5.1 (above). 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 that you delete this sub-section

b) "Ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating care of the patient"
Comment: How presumptive to take a position of telling a person that I, the chiropractor am responsible for coordinating your care. This is written from a medical gatekeeper perspective and comes nowhere near good practice for a chiropractor. Good practice is about empowering people to assume the ultimate responsibility for their care.
I submit to you that this entire section be deleted

6.3 Health Advocacy
Comment: A definition of health is needed. We should be supporting and educating the people that come to see us, **not**, using our expertise to influence (according to 9.2 we have professional boundaries that stop us from using our personal beliefs. our expertise and influence can only come from our own history and experience). This suggests to me that we are forcing them to do what we want for our own agenda and not theirs.
I submit to you that this entire section be deleted

7.2 Risk Management
a) being aware of the principles of open disclosure and non-punitive approach to incident management; a useful reference…….
Comment: If there is anything in this reference that we are expected to know, in accordance to this code then it must be disclosed here.
I submit that you copy the Australian Commissions on safety and Quality in Health Care's National Open Disclosure Standard into the Code of Conduct for Chiropractors or this section should be deleted

c) Participating in systems for surveillance and monitoring of adverse events and 'near misses'……

Comment: "Good Practice" to include surveillance by whatever means is intrusive and unnecessary. I would like a definition of a 'near misses' I find this quite laughable.
I submit to you that this sub- section be deleted

7.3 Chiropractor performance
a) Complying with statutory reporting requirements, including those under the National Law refer to……
Comment: Anything that we need to know about this Code of Conduct for Chiropractors should be included here. You have given Appendix for the Radiography, yet seem to have neglected this. Is there something hidden in there that due to it not being here we may not like and therefore knowing the lack of time given to read this one report, hoping that no one will read the others????
I submit to you that you include the Board Guidelines on Mandatory reporting in the Code of Conduct for Chiropractors.

b) Recognising and taking steps to minimise the risk of fatigue, including complying with the relevant state and Territory Occupational health and safety legislation.
Comment: Again is this neglect on your part to not include this in the appendix or is there a hidden agenda deliberately not including this??
I submit that you include the Occupational health and safety legislation as an appendix.

9.2 Professional boundaries
d) "Avoiding the expression of chiropractors personal beliefs to patients in ways that exploit their vulnerability or that are likely to cause them distress"
Comment: All communication is an expression of personal beliefs. Whether a person is vulnerable or distressed by the viewpoint that the practitioner ethically holds is something to be worked with. It is wrong that you would prohibit chiropractors having a viewpoint on any issue and expressing it in an appropriate context.
I submit to you that this preamble be deleted

10.2 Chiropractor health
a) "Attending an appropriate practitioner to meet health needs"
Comment: This is an unnecessary dictate
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. You may as well demand that chiropractors understand the Krebs cycle or any other biological process. If you mean that chiropractors should support mass vaccination then state it and don't beat around the bush with euphuisms.
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

I wish to thank you for accepting this submission. I agree with all of the statements in this document, but wish to acknowledge Samantha Culley and Mark Postles, for some of the wording and information in this document.

I wish to submit that the Code of Conduct for Chiropractors, as it stands as of the May 7, 2010 draft is deeply flawed, and requires significant revision and definition of terms to become a contract and code that most chiropractors are willing and able to adhere to.

At this point the Code is vague, and has a variety of definitions which does not enable best practice within chiropractic practices. In many cases having not defined terms, and allowing vague and frankly useless language to permeate this document allows lawyers to persecute chiropractors who may in fact believe they are interpreting the Code of Conduct in a reasonable way.

I thank you for you time and effort in putting together this documentation which has the potential to change the way chiropractic is practiced in Australia, and request that more work is undertaken to make this Code of Conduct the best possible document for practioners.

Thank you,

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