Submission to the Chiropractic Board of Australia

15th May 2010

Dear Board members.

I appreciate and acknowledge your decision to reject the first draft of the codes of conduct, which were not representative of the profession.
I have some concerns remaining for the second draft and will discuss those below.
My biggest concern however focuses on two sections of the 'General guidelines for all health care professions', passed last year ready to be ratified with part c of the act, if it goes through.
I would like to write about this first.

The first draft and General guidelines for all Healthcare professions
Specifically **Advertising (Section 1 & 5 d,e,f)**

Page 1 Definition of advertising.
This clause prohibits internal marketing when coupled with section 5 d,e,f . The result is keeping people uninformed and the principle is against the entitlement of free speech. I am totally opposed to this draconian restrictiveness. In the unlikely event that a complaint arises, each case should be judged on its merit.

For example yesterday a young lady whom has excellent results with us was contemplating stopping care because her GP, recommended "she cease care because she was pregnant". When I asked for an opinion from another nearby patient, he gave his testimonial regarding the same sort of advice he had received from a GP. He suggested that thinking beyond the GP's limited educational viewpoint was important. (This is equivalent to a testimonial.)
We also gave her research, which compared the relative effectiveness and safety of Chiropractic care on a DVD presentation and in written form. This allowed her to be more fully informed and enabled her to re-approach her GP and ask quality questions of the GP. (This action is in contrast to 5 e and f)
Thankfully, it is dealt with appropriately in section 6 but the ambiguity can be problematic.

Page 4 Item 5 d)
I believe that this restriction is anti competitive and not in the best interests of the public.
Chiropractic is an alternative health care option.
Mainstream medicine has a history of social credibility enhanced by such avenues as medical soapy's on the TV, sensational stories about 'new cures' in glossy magazines and constant advertising by pharmaceutical companies.
In short, mainstream medicine has the media creating testimonials advertising operating almost on autopilot. We feel it important to offer the public an

alternative. Many people are unaware of the benefits possible with chiropractic or other natural health care. Therefore, they never have an opportunity to seek an alternative.
We are an alternative health care option, which works to restore optimal nerve function enhancing the health of an individual. This is not to exclude medicine or be irresponsible.
Testimonials allow the public to see that for some people, the alternative option of health care has given benefit. It does not state that everyone seeking alternatives will get the same result. The people I quiz in practice are not naive to the use of testimonials. Testimonials are important suggestion that others have benefited and may be an alternative worth trying.

It is not testimonials, which are the problem. When a problem arises it is the poor procedures in a practitioners office creating a problem. Any complaint from the public can then be addressed by the relevant authorities. Eg: registration board.

e) Do not compare different regulated health professionals.
As stated, the chiropractic profession is an alternative to mainstream healthcare. An “alternative” by its nature ‘must compare’ to give the public an understanding of the differences. Eg: For years many medical practitioners have been purporting the “dangers” of chiropractic manipulation to their patients and the public. Essentially this has created an inaccurate perception in the community.
I consider that comparing the dangers of chiropractic care to similar medical care alternatives to be essential for public safety. Too many people walk blindly into the pharmaceutical choice without proper consideration. If given the opportunity to understand and realize the “relative dangers”, they can make informed decisions. This is good practice.
Most people are blissfully ignorant of the cost benefit ratios of medicine and escalating Iatrogenesis. Choice is a cornerstone of our society as is freedom of speech and informed decisions. The banning of testimonials does not sit well with this.
Everywhere through society we need information to compare choices. Our politicians compare and advertise their policy’s. This is a ridiculous clause and must be removed.

f) See above. For public safety, informing people if an alternative is safer should be mandatory, not prohibited. Likewise, if studies show that one treatment is more effective than another then we should be informed. The misuse of this should be investigated of course. In all responses above there must be accepted studies to support any comparison. As is outlined in the section 6 on Mandatory Reporting.

Consultation Draft Code of Conduct for Chiropractors

2.2 Good Care

Part a) I see the intent but the wording is overly prescriptive and unnecessary. Working within limit's of ones competence is not followed in most medical spheres. New techniques require practice for competence for surgery as well as chiropractic. It is unreasonable to expect this and would stifle growth and development of the chiropractor and the profession. Eg: Most new grads have little experience caring for babies. It would be a retrograde step to refer **all** babies to a paediatric chiropractor unless they recogised the need for referral. Most babies I have cared for over 20 years have not required referral. The best outcome is to become experienced and competent by applying primary contact status knowledge, good sense and due care.

Part C) I am a big believer in this however what one person would consider sufficient training (Eg: a weekend seminar adding to the existing knowledge and critical thinking required in practice) may differ substantially from another, whom sees a PhD as the only acceptable qualification. The presence of this sentence in this document can be abused by some elements of the profession with their own agenda. It must be removed.
Interestingly it contradicts Section 6 (Mandatory reporting) in the general codes for all health professions, thereby creating an ambiguity which may cause unnecessary reporting, overworked registration boards and undue stress to a practitioner.

Part i) ensuring that services offered are provided with the best possible skill, care and competence.
This is not required.

Part o.) practising in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes.

Most medical procedures have poor quantity and quality of random, double blind studies supporting the procedure. Other cornerstones of evidence based

procedures are “case studies” and “clinical”. How can you obtain clinical outcomes if you restrict yourselves to only those with previous clinical evidence? This should be removed and replaced with the words “currently accepted by peers.” Also I am unaware of any evidence that practitioners who utilise ‘evidence based’ therapies have better outcomes than anyone else.

c). understanding the principles of immunisation against communicable diseases

1. Page 14, 10.2 Chiropractor Health Clause c): Proscribing a specific component of public health policy in this document, except to push a specific agenda, is not necessary. The principles of good hygiene and sanitation are not proscribed here and they have infinitely more evidence backing their understanding and utilisation. This clause does not belong in this document and must be removed. If someone on the Chiropractic Board of Australia has an agenda or conflict in this area it must be declared.

Yours Sincerely,

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