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Attention: Chair
Chiropractic Board of Australia

Dear Dr Donato,

It is good to see that the Chiropractic Board of Australia has taken positive action after consideration of so many submissions to the initial draft Code of Conduct.

However, there are still some changes that I believe need to be made to the current second draft. As such, I have numbered my concerns below.

9. Professional Behaviour

(9.7c) Legal, Insurance and Other Assessments – "anticipating" misunderstandings? The Third Party is the initiator of this, and as such, they should be the ones trying to figure things out. Expecting Chiropractors to 'anticipate' misunderstandings is asking for trouble. As it is, I think I can safely say that I have ALWAYS had a problem, be it small or large, with Insurance companies when dealing with 3rd party issues. And usually it's because the third party is oblivious to the patient's real problems/needs! I think the Third Party needs to take more responsibility here, not the Chiropractor, and anyway, as Chiropractors, we do usually understand the situation because we actually care about our patients, they're not just another number. However, I think this clause is not appropriate and should be removed.

9. Conflicts of Interest

(9.11c) If someone wishes to be paid for meeting sales representative, that is their prerogative, and they are more than entitled to do so. Just because I don't doesn't mean no-one else should.

(9.11d, e, f, g & h) This all seems to be related to marketing affecting practitioner choices towards the patient. The idea of marketing is that it actually tries to affect the business owner! As utopian as it might seem to not want any marketing to affect a Chiropractor's clinical judgment, I think we have all been guilty of this at some point, however minor. There are many companies out there that have so many offers, such as "sell 5 pairs of orthotics this month, and get a free pair for yourself" or "write 50 prescriptions of statins for patients this month and we'll give you a trip to Honolulu" etc etc.

The only difference is, can one argue their way into suggesting that things are still 'of benefit' to the patient? Eg is having orthotics beneficial, will there be side-effects from a drug, how many treatments are too many treatments? I stand by my previous statement that if Chiropractors are having this clause in here, you better make sure it's highlighted in yellow in the Medical Profession's "guidelines".

Perhaps it would be better to have just one or two clauses stating that practitioners should be aware of marketing ploys and not let their business judgment affect their clinical judgment.

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Appendix 2 "Guideline in relation to radiology/radiography"

I find it abysmal that as Chiropractors, we are now only able to send patients off for one (1) full spine X-ray paid for by Medicare per patient per calendar year. This Guideline suggests that we should always aim for ALARA, which I, and I'm sure most of my Canberra colleagues, always have. However, the number of patients I have that bring in loads of CT scans, MRIs and the like, most of which are unnecessary based on their history, suggests that the Medical Profession is NOT going about this the right way!

I like that the Guideline only 'recommends' or asks us to take into 'consideration' other Codes of Practice, which is all very well in theory. My problem is that what is the point of having our Chiropractic Code of Conduct, having us adhere to it, when the Medical profession quite obviously doesn't…??

Appendix 3 "Guideline in relation to Duration and Frequency of Care"

The general tenor of this Guideline seems to be rather negative, and makes it seem that ongoing Chiropractic care is unnecessary, and must have the patient's informed consent and must state the number of visits proposed, among other things. I do not do this visit proposal in writing all the time, per se, as I assess the patient each time they come in as to whether I need to see them again, so it's more a verbal proposal. The Guideline does not state in which form (written, verbal etc) these proposals need to be; perhaps this has been omitted for this very reason? Also, perhaps the Board has not considered that some people look at Chiropractic as a 'way of life', and that patients may see the Chiropractor for health reasons of their own accord. People see GPs if they're not well, not necessarily if they have an appointment pre-booked, or are seeing their doctor based on a proposal of care. This whole Guideline seems rather poor, and I think has not been thought out very clearly. Perhaps some other submissions as well may help the Board to re-write this section.

In anticipation of some more changes ahead, yours sincerely,

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