

MANITOBA CHIROPRACTORS' ASSOCIATION

CODE OF ETHICS

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I. PURPOSE:

This Code of Ethics (the “Code”) is a set of principles of professional conduct which establishes the requirements and expectations for chiropractors in fulfilling duties to their patients, to the public, to the profession, and to their colleagues.

This Code affirms and/or clarifies principles that are definitive to professional and ethical chiropractic care. For those about to enter the profession, this Code identifies the basic moral and ethical commitments of chiropractic and will serve as a source for education and reflection.

For those within the profession, this Code provides direction for ethical practice; in so doing, it also serves as a basis for self-evaluation. For those outside the profession, this Code provides public identification of the profession’s ethical expectations of its members.

Therefore, this Code is educational, guides behavior and expresses to the larger Community the values and ideals that are espoused by the chiropractic profession by reason of trust and commitment.

This Code is not a comprehensive listing for the practice of chiropractic and is superseded by the Chiropractic Act, Regulations and By-laws. This Code is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations. Simply because a duty or right may not be specifically considered in the Code does not preclude its existence, or the possibility that it might be enforced by an Inquiry Panel.

Additional information and clarification may be found within Manitoba Chiropractors’ Association (“MCA”) Policies, Guidelines, Standards of Practice and Regulatory Reports.

II. PRINCIPLES:

This Code contains the guidelines for and expresses the values of the chiropractic profession of Manitoba.

The Principles of Ethics are the goals to which every member of the profession must aspire.

There are five principles that form the foundation of the Code. These are:

1. Patient autonomy and informed consent

Members of the public have the right to choose their own chiropractor. Chiropractors, in serving the public may also exercise reasonable discretion in selecting patients for their practice.

A chiropractor shall respect the patient's right to participate in treatment decisions, to be informed of the potential risks and benefits of treatment options and venue, and to accept or refuse such treatment.

2. Nonmaleficence (to do no harm)

A chiropractor, in all manner of examination and treatment, shall strive to do no harm. The application of this principle will vary as the state of scientific knowledge changes with time and new research. It is understood that in some conditions deterioration or exacerbation may occur despite appropriate care.

3. Beneficence

Chiropractic treatment shall endeavor to elicit improvement in the patient's condition. The ultimate goal of treatment shall be optimum function, health and wellness for the patient. The achievement of this goal will be influenced by variables such as the patient's age, general health, underlying anatomy, and compliance with instruction for health care. Chiropractors have a responsibility to provide a high standard of professional services and are accountable for treatment rendered.

4. Competence

A Chiropractors primary obligation is to provide service to the public through the delivery of quality care in a competent and timely fashion.

5. Veracity

Chiropractors must be truthful and forthright in all professional matters.

III. Responsibilities and Accountability

A. RESPONSIBILITY TO PATIENTS

Article 1 Service

(a) This Code is an important part of the way in which the MCA fulfills its obligation to promote and protect the public interest. This Code is binding on all members with respect to their conduct and violation may result in disciplinary action.

(b) This Code is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations. In resolving any ethical problems explicitly covered by the Code, chiropractors shall consider ethical principles, the patient's needs and interests, and all other applicable laws. Although ethics and the law are closely related, they are not the same. Ethical obligations may and often do exceed legal duties.

(c) As primary health care providers, a chiropractor's first responsibility is a duty of care to his or her patients. As such, the competent and timely delivery of appropriate care within the bounds of clinical circumstances presented by patients, shall be the most important aspect of that responsibility.

Article 2 Competency

The privilege of chiropractors to be accorded professional status rests primarily in the knowledge, skill and expertise with which they serve their patients and society. All chiropractors, therefore, must keep their knowledge of chiropractic contemporary and must provide treatment in accordance with currently accepted professional standards. Competence has been described as the combined knowledge, skills, attitudes and judgment required for providing professional services. Chiropractors have an obligation to maintain competence throughout their career.

Article 3 Fitness/incapacity to practice

(a) Chiropractors shall inform the MCA when a serious injury, health condition, infection or any other condition has either immediately affected, or may affect over time, their ability to practice safely and competently. It is unethical for a chiropractor to practice while abusing controlled substances, alcohol or chemical agents that impair their ability to practice. Chiropractors shall refrain from practice when so compromised.

(b) Chiropractors have an ethical obligation to urge impaired colleagues to seek treatment.

- (c) Chiropractors with first-hand knowledge of colleagues who are practicing chiropractic when so impaired have an ethical responsibility to report such evidence to the MCA.

Article 4 Informed Consent to Treatment

- (a) Chiropractors must discuss with patients treatment recommendations including benefits, prognosis and significant risks, as well as reasonable alternatives and associated costs to enable patients to make an informed decision with regard to any proposed chiropractic care.

Article 5 Consultation and Referral

- (a) Chiropractors will recognize professional limitations and, when indicated, will provide the appropriate referral.

- (b) When requested by a health practitioner and with the written permission of the patient, the chiropractor shall make available any relevant information. A reasonable and customary fee may be charged for file review/retrieval/duplication.

Article 6 Provision of Accurate Information

Chiropractors are obligated to provide to patients a full and accurate comment and opinion concerning their chiropractic health. A chiropractor shall neither exaggerate nor minimize the gravity of a patient's condition, nor offer any false hope or prognosis and will ensure that the patient, or the person(s) responsible for the patient, has sufficient knowledge of that condition to make decisions regarding the patient's best interests.

Article 7 Confidentiality and Release of Patient Information

- (a) A chiropractor will keep a patient file for each patient, showing name and address, the dates seen, and adequate history and particulars of physical examinations, radiographic examinations, investigations ordered and the results of same, the diagnosis made, and the treatment prescribed.

- (b) Patient information, verbally, written, or electronically acquired and held in the custody by chiropractors, shall be kept in strict confidence except as required by law or as authorized by the patient.

- (c) Upon request from a patient, or consent from a patient, the chiropractor shall within a reasonable amount of time provide a copy of the patient file/record notes. The chiropractor may charge an appropriate administrative fee for the duplication of this file.

- (d) Information may also be released when necessary to safeguard society, or when required by law.

(e) Records are to be maintained in custody for a minimum of six (6) years. Destruction of files, when it takes place, must be thorough to ensure that there is no chance for the breach in confidentiality.

Article 8 Guarantees

Chiropractors shall not guarantee a cure to any patient either verbally or in writing.

Article 9 Emergencies

(a) An emergency exists if professional judgment determines that a person needs immediate attention. Chiropractors have an obligation to consult and to provide treatment in an emergency, or if unavailable, to suggest alternative arrangements.

(b) Chiropractors should have alternative emergency care arranged when the office is closed, when unavailable, or when away from the office for a period of time.

Article 10 Provision of Care

(a) Chiropractors shall not discriminate against or refuse to treat patients when this is contrary to applicable human rights laws.

(b) Chiropractors shall recognize the right of the patient to select his/her own method of health care. The chiropractor shall also respect the patient's right to change his/her own choice of providers. Chiropractic care may be separate, concomitant or complementary to other forms of healthcare.

(c) Patient preparation for chiropractic examination requires that the area to be examined be adequately exposed to allow for examination. Exposure must not be excessive and the patient's dignity must be preserved throughout the clinical encounter.

(d) Before initial chiropractic treatment, a chiropractor must conduct an intake, history and examination of the patient, and will advise the patient of findings and recommendations in a professional and responsible manner.

(e) The chiropractor shall give a patient a reasonable estimate regarding the length of time/number of visits that may be required to favorably address a particular condition, but he/she must scrupulously avoid protracted or unnecessary care without some favorable outcome.

(f) The doctor of chiropractic shall not take physical, emotional or financial advantage of the public or any patient he/she serves.

(g) A chiropractor will ensure that patients enjoy the benefits of a clean and professional office with equipment that meets minimum office requirements as identified by the Board.

(h) A chiropractor may utilize a single “open-concept” treatment room provided all patients are advised that, at any time, they may choose to be examined and treated in private. Chiropractors who utilize “open-concept” treatment in their practice will maintain a separate room within their office where patients can be examined and treated with visual and reasonable auditory privacy.

(i) Where the specific consent of the patient is obtained, observers may view all aspects of patient care.

(j) Patient care may only be conducted by a licensed chiropractor in good standing with the MCA. Patient care includes consultation, examination, diagnosis, treatment, and follow-up.

(k) In terms of direct contact with patients, chiropractic office staff may:

- a. be present in the treatment room for the purpose of providing comfort to patients or ensuring the propriety of treatment; and
- b. interview patients for the purpose of completing a printed questionnaire approved or created by the chiropractor covering routine personal background information of the patient such as address, employment, insurance, and other treating practitioners.
- c. if trained, may perform those diagnostic tests and modalities approved by the MCA Board, under the direct supervision of the chiropractor.

Chiropractic office assistants may not take any type of radiographic study unless they are certified as a Radiological Technician. Furthermore, they may not perform a physical examination, nor establish or communicate a diagnosis.

(l) A chiropractor will not require an employee to be a patient as a condition of employment.

Article 11 Limits of Chiropractic Care

(a) The chiropractor shall attend to his/her patient as often as is necessary according to his/her judgement to ensure the well-being of the patient and continued progress.

(b) Chiropractors having undertaken the care of patients shall not discontinue that care without first having given notice of that intention and shall endeavor to arrange for continuity of care with another chiropractor.

Article 12 Best Practice in Chiropractic

The MCA recognizes there are a variety of techniques and modalities available to chiropractors for treatment of patients. Chiropractors in a clinical setting integrate current research with clinical expertise and experience, individual patient needs and available resources to achieve best results for their patients.

Article 13 Reporting of Sexual/ Physical Abuse

(a) Chiropractors are obliged to become familiar with the signs of abuse and to report suspected cases to the proper authorities in compliance with Manitoba laws.

Article 14 Sexual Conduct/Sexual Ethics Policy

- (a) Sexual conduct between a chiropractor and a patient is prohibited. Chiropractors are ethically obligated and shall abide by the MCA Sexual Ethics Policy.
- (b) Sexual conduct between a chiropractor and a former patient is unethical unless it is clear that the doctor-patient relationship no longer exists. This means:
 - i) the chiropractor/patient relationship has ended, as evidenced by both parties having signed a dated statement to that effect which becomes part of the patient file; and
 - ii) the patient is capable of consenting, is over the age of consent, and does not suffer from a mental disorder or emotional dependency that may impair the ability to consent.
- (c) Nothing in this article precludes a chiropractor from providing treatment to his or her significant other.

B. RESPONSIBILITY TO THE PUBLIC

Article 1 Representation

Chiropractors shall represent themselves in a manner that contributes to the public's trust and confidence in the profession. Chiropractors shall not represent their education, qualifications or competence in any way that would be false or misleading.

Article 2 Contractual Services

When chiropractors enter into contracts with other parties related to the practice of chiropractic, the professional, ethical, and legal responsibilities of the chiropractors are not reduced or transferred in any way to those other parties.

Article 3 Choice of Chiropractor

Chiropractors shall at all times respect and support the public's right to a free choice of chiropractor. Chiropractors shall not participate in any plan, scheme or arrangement which would limit or interfere with any person's freedom or ability to choose a chiropractor.

Article 4 Advertising and Promotional Activities

(a) Chiropractors shall build their reputation on their professional competence and integrity. Chiropractors shall conduct all advertising and promotional activity in accordance with applicable legislation and this Code. Chiropractors may advertise, provided the advertising:

- i. is demonstrably true and accurate;
- ii. is not misleading or deceptive or likely to mislead or deceive;
- iii. is of dignified nature and otherwise such as not to bring the profession into disrepute;
- iv. does not claim or imply any superiority of the advertising chiropractor or clinic over any other member of the association.

False, Misleading or Deceptive

(b) Statements must be avoided which:

- i. contain misrepresentations of fact;
- ii. omit facts which, if included, would contradict the statement.

(c) Statements will be evaluated on a case by case basis.

Objective Verification

(d) Chiropractors are not to make representation which are not objectively verifiable. “Objectively verifiable” means capable of being proven by facts independent of personal feelings, beliefs, opinions or interpretations. The onus is on the chiropractor to be able to provide, upon request, objective verification of any statements in advertising or promotional activities.

Name of Practice and Trade Names

(e) Since the name under which chiropractors conduct their practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is misleading or which may create unreasonable expectations is prohibited. For example, trade names such as the following may create unrealistic expectations in patients:

- Gentle, Caring Chiropractic
- Painless Chiropractic

Other trade names may not be objectively verifiable, for example, “Best Chiropractic”. The examples above are intended to be illustrative and are not exhaustive.

Use of Titles and Announcement of Specialization

(f) This section is designed to help the public make an informed selection between practitioners who have achieved specialty status and general practitioners. All members of the MCA may use the titles Doctor, Dr. or Chiropractor. However, only those chiropractors who are expressly authorized by the MCA may use any of the following titles for specialty areas of chiropractic practice:

- a) Chiropractic College of Radiologists
- b) College of Chiropractic Sports Sciences
- c) College of Chiropractic Orthopedists
- d) College of Chiropractic Rehabilitation Sciences
- e) College of Chiropractic Sciences

(g) Other than fellowships in specialties recognized by the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB) and by the MCA, chiropractors using the attainment of non-academic fellowships in direct advertisements to the public may be making representations which are misleading or deceptive. Such use of a fellowship status may be misleading because of the likelihood that it will indicate to chiropractic consumers the attainment of a specialty status.

(h) To practice acupuncture within a chiropractic office, the chiropractor must abide by all conditions and requirements set forth by the MCA.

Article 5 Fees and Compensation for Service

(a) The health and welfare of the patient should always be paramount and expectation of remuneration or lack thereof shall not in any way affect the quality of services rendered to the patient.

(b) The chiropractor is entitled to receive proper and reasonable compensation for professional services rendered, based on usual and customary practices, experience, the nature of the patient's condition and patient's ability to pay. The chiropractor or his designate will disclose fees for services with the patient.

(c) Chiropractors shall not enter into an arrangement with another chiropractor or person whereby he/she receives part of the fee paid to the other, or by way of commission or discount for the referral of patients. This does not refer to the practice of Locum services in which another chiropractor is temporarily retained within a practice for a short term.

(d) Payment agreements may be used in conjunction with Patient Care Plans, but patient care plans and payment agreements must remain as separate documents. A chiropractor may not use a patient management contract which binds the patient to a care plan and related payment for care. Any payment agreement must allow the patient to terminate care without penalty.

Insurance/Third Party Benefits

(e) Chiropractors may offer a lesser fee for same-day or prompt payment but may not charge insurance companies an additional administrative or processing fee above the stated service fee.

Article 6 Community Activities

Chiropractors by virtue of their education and role in society, are encouraged to support and participate in community affairs, particularly when these activities promote the health and well being of the public.

C. RESPONSIBILITIES TO THE PROFESSION

Article 1 Support of the Profession

The Legislature of Manitoba has granted to the profession the privilege of self-regulation for the purpose of protecting the public and promoting the public interest. This responsibility is borne and implemented by the MCA, its Board of Directors, Officers, committees and each licensed member. Chiropractors have an obligation to participate in the advancement of the profession and to support its professional organizations. A strong profession assists the MCA in promoting and protecting the public interest.

Article 2 Co-operation with the MCA

(a) It is the duty of chiropractors to comply with reasonable requests of the MCA, its officials, committees, and other bodies to enable them to fulfill their responsibilities.

(b) Chiropractors are ethically obligated and shall abide by the Standards of Practice as approved by the MCA.

Article 3 Reporting of Inappropriate Conduct

If chiropractors have reasonable grounds to believe that other chiropractors are engaged in unprofessional conduct, then chiropractors have an obligation to report such conduct to the MCA.

Article 4 Conflict of Interest

Each chiropractor will protect his/her professional reputation by avoiding all situations that could lead to a conflict of interest as defined in the Conflict of Interest Policy of the MCA. Any real or perceived conflict of interest must be disclosed.

Article 5 MCA Spokesperson and the Media

(a) The President of the MCA is the official spokesperson of the MCA. Communications with the press and broadcasting media, on matters relating to MCA policies and legislative matters may only be made by spokespersons designated for that role by the President.

- ii. Information appearing in the press and broadcast media, from individual members of the MCA must be accompanied by a disclaimer that indicates that this is the personal opinion of the author and not the MCA's official position.

D RESPONSIBILITIES TO COLLEAGUES

Article 1 Consultation and Referral

When patients are referred to another chiropractor for consultation and/or treatment, or are seen by another chiropractor on an emergency or substitute basis, chiropractors, upon completion of the care, shall refer the patient back to the original chiropractor. An exception is where the patient initiates and chooses to stay with the interim chiropractor.

Article 2 Judgements In Peer Relations: Justifiable Criticism

(a) Before making comments to patients about other chiropractors' treatment, chiropractors shall take reasonable steps to ensure that they are fully informed about any patient's health and specific treatments provided by previous chiropractors. With the patient's consent, chiropractors are encouraged to consult with any previous chiropractor.

(b) Chiropractors shall not make statements about other chiropractors' treatment which are not reasonable or supportable.

Article 3 Practice Associations

(a) It is expected that chiropractors who enter into practice associations have taken the necessary care and independent legal review to ensure that the structure protects the professional integrity of all parties, especially in the case of a future dissolution.

(b) When one chiropractor ceases to practice in association with another chiropractor(s), either as associate or partner, there is a duty upon both to inform patients of their right to choose who will continue to treat them.

Article 4 Duty to Report

Anyone who believes that member chiropractors have acted unethically or in an unskilled manner should bring the matter to the attention of the MCA, to be dealt with in accordance with the provisions of *The Chiropractic Act*. The chiropractor will ensure that his/her concerns are based on fact.

DECLARATION OF ETHICAL COMMITMENT

The foregoing Code sets forth the ethical duties and standards of practice that are binding on members of the MCA.

At the time of application for membership in the Association or upon initial enactment of this Code, each applicant/member shall be required to make the following declaration:

DECLARATION OF ETHICAL COMMITMENT

I, _____,

Do solemnly declare that I have read this document and will uphold the dignity of the profession through the Code of Ethics adopted by the Manitoba Chiropractors' Association. I further understand that I could be disciplined in a manner prescribed in the Act and the By-laws of the Association for failing to do so.

Signed: _____

Date: _____

Witness: _____