

## Purpose, Authority, Accountability

This Code of Ethics (the Code) is established in pursuant to section 133 of the *Health Professions Act* (HPA) as a set of principles of professional conduct, which guides all chiropractors and establishes the expectations for chiropractors in fulfilling their ethical duties to patients, the public, the profession and society as a whole. The Code affirms and clarifies principles that are definitive to professional and ethical chiropractic care.

The Code identifies the basic moral and ethical commitments of the chiropractic profession and will serve as a source for education and reflection. For those within the profession, the Code provides direction for ethical practice; and in so doing, it also serves as a basis for self-evaluation. For those outside the profession, the Code provides public identification of the profession's ethical expectations of its members. Therefore, the Code is educational.

The Code guides behaviour and expresses to the larger community the values and ideals that are espoused by the chiropractic profession by reason of public trust and commitment to this trust. The Code is an important part of the way in which the College of Chiropractors of Alberta (CCOA) fulfills its obligation to protect the public interest.

The Code is binding on all chiropractors and violations may result in disciplinary action. The Code, by its very nature cannot be a complete articulation of all ethical obligations. In resolving ethical issues, chiropractors must consider all applicable laws, the Code and other applicable ethical principles, and the patient's needs and interests.

The Code that follows sets forth the ethical duties that, along with the CCOA Standards of Practice, are binding on Alberta chiropractors. Any member of the public who believes that a chiropractor has acted unethically or in an unskilled manner may bring the matter to the attention of the Complaints Director, to be dealt with in accordance with the provisions of the *Health Professions Act*.

## Common Terms

**CCOA:** College of Chiropractors of Alberta

**HPA:** *Health Professions Act*

**Chiropractor:** a doctor of chiropractic who is registered with the CCOA and holds an active practice permit (a regulated member)

**Patient:** the patient or patient's legal guardian/substitute decision maker, where applicable

**Chiropractic treatment:** any treatment provided by a chiropractor within the practice of chiropractic

**Professional products:** items recommended in support of a patient's treatment plan including but not limited to orthotics, back supports, ice packs and nutritional supplements



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## Principles

Five fundamental principles form the foundation for the Code. These principles express the shared values of the chiropractic profession in Alberta. The practice of every chiropractor must be guided by these fundamental principles:

### 1. Patient Autonomy and Informed Choice

Chiropractors have a duty to inform the patient of their treatment options including the benefits, advantages and disadvantages; significant risks and cost; and whether it is appropriate to consider referral to another health care professional. The patient makes the final decision to proceed with treatment, or to consult with another chiropractor or other health professional.

### 2. Nonmaleficence (do no harm)

Chiropractic treatment, in all circumstances and situations, must be expressly intended not to leave the patient in a worse state than if no treatment had been performed.

### 3. Beneficence

Chiropractic treatment, in all circumstances and situations, must be expressly intended to result in an improvement in the patient's condition. The ultimate goal of treatment must be optimum function and/or resolution for the patient. The achievement of this goal will be influenced by variables such as the patient's age, general health, underlying anatomy and general physical condition. Chiropractors have a responsibility to provide a high standard of professional services and are accountable for the intended benefit and outcome of any treatment.

### 4. Competence

The chiropractor's primary obligation is to provide service to patients through the delivery of quality care in a competent fashion. Chiropractors have a duty to apply the knowledge, skills and judgments necessary to perform competently in all patient assessments and services, in accordance with current CCOA professional standards.

### 5. Veracity

Chiropractors must be truthful and forthright in all professional matters by fully disclosing and not misrepresenting information in dealings with patients, public at large, other professionals and the CCOA.

## A. Responsibilities to Patients

### Article A1: Service

As a primary health care provider, a chiropractor's first responsibility is the health and safety of the patient. The competent and timely delivery of appropriate care given the clinical circumstances presented and services sought by the patient, must be the most important aspect of that responsibility.

Chiropractors have a duty to refuse to provide treatment that is not generally recognized or accepted by the profession. A chiropractor who misrepresents unnecessary chiropractic care as necessary and recommends or performs unnecessary services on this basis are engaged in unethical conduct.

### Article A2: Current/Continued Competence

The privilege of chiropractors to be accorded professional status rests primarily in the knowledge, skill, attitude and judgment with which they serve their patients and society; therefore, all chiropractors must keep their knowledge of chiropractic current and provide treatment in accordance with current professional standards. Chiropractors have an obligation to maintain competence throughout their career and comply with the CCOA's Continuing Competence program under the *Health Professions Act*.

### Article A3: Fitness to Practice/Incapacity

A chiropractor must inform the CCOA when a serious injury; mental, behavioural or physical condition; 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 impaired for any reason, including being under the influence of controlled substances, alcohol or other chemical agents.

A chiropractor has an ethical obligation to urge impaired colleagues to seek treatment. A chiropractor with first-hand knowledge that a colleague is practicing chiropractic when so impaired also has an ethical responsibility to report such information to the CCOA.

### Article A4: Competence, Consultation and Referral

Chiropractors must provide treatment only when currently competent to do so by reason of their education and training, experience or demonstrated continued competence; otherwise, the chiropractor should consult with another chiropractor and/or refer the patient to another appropriate professional.

### Article A5: Informed Choice of and Consent for Treatment

A chiropractor must discuss with the patient all treatment recommendations including benefits; prognosis; significant risks of performing or not performing treatment; reasonable alternatives; and associated costs to allow the patient to make an informed choice.

Written informed consent must be obtained once a chiropractor has fully advised the patient of the above (taking into account any barrier issues, such as cultural diversity and literacy).

## Article A6: Provision of Full and Accurate Information

A chiropractor is obligated to provide the patient with complete and accurate comment and opinion concerning their presenting health issues. When giving a second opinion, chiropractors must ensure that they have the necessary information to give an opinion that can fully inform patient choice.

Chiropractors must fully inform the patient of their opinion of assessment and treatment options, even if that opinion differs from or disagrees with an opinion given by another chiropractor.

If a chiropractor becomes aware that the patient has suffered harm in the course of receiving care, the chiropractor is obligated to inform the patient.

## Article A7: Confidentiality and Release of Patient Information

Patient information acquired verbally, in writing or electronically, and kept by the chiropractor must be held in strict confidence as per the *Health Information Act* and any other applicable privacy legislation; except as required by law or as authorized by the patient. The information in chiropractic records or reports must be released to the patient or to whomever the patient directs, including other professionals and insurance carriers, when authorized by the patient and regardless of the state of the patient's account.

An authorization by a patient allowing a chiropractor to provide information to a health plan carrier or another third party is acceptable. A separate authorization is not required for each release of information, provided the information is shared for the purposes described in the authorization and the authorization allows the release of information on an ongoing basis.

## Article A8: Guarantees and Expectations

A chiropractor must not, either by statement or implication, make unsupportable statements as to the likely success of treatments, supports or professional products. Chiropractors must discuss with patients what appropriate expectations might be, regarding treatment they provide, fees, or products and supports used in their services.

## Article A9: Non-discrimination

A chiropractor must not discriminate against or refuse to treat patients in a manner that is contrary to applicable human rights laws. A chiropractor has the right to decline to accept an individual as a patient if, in their professional judgement, there is an inability to provide the appropriate treatment, meet the expectations of the patient, or develop an effective patient/practitioner relationship.

## Article A10: Arrangements for Continuity of Chiropractic Care

A chiropractor, having undertaken the care of a patient, must not discontinue that care without first having given sufficient notice of that intention to the patient. In the event of a referral, both referring and consulting chiropractors should ensure the patient understands the importance of continuing care with either or both of the respective chiropractors. The responsibility for transfer of patient records remains with the chiropractor who initiates the referral.

## Article A11: Business Relationships

A chiropractor who enters into a business relationship that is commercial or financial in nature with a patient has created a dual relationship. The business relationship can challenge the trust and dependency upon which the doctor-patient relationship is built, and conflict of interest or exploitation can occur. Patient participation in business relationships can lead to a concern about the commitment to individual quality of care or the belief that the doctor-patient relationship is reliant upon the success of the business relationship.

Chiropractors who initiate any form of business relationship with their patients must ensure that this engagement is voluntary on the part of their patient, not dependent upon the doctor-patient relationship and that a method of disengagement from the business relationship is readily available to the patient. Disengagement from such a relationship should in no way impede the continued delivery of quality care to the patient.

## Article A12: Product Marketing in the Chiropractic Office

A chiropractor who sells or markets professional products to their patients must

- ensure that they do not exploit the trust inherent in the doctor-patient relationship
- not misrepresent or exaggerate the value of the products
- prior to the sale of the product, have thoroughly evaluated the information related to the product and be satisfied that the therapeutic value is represented
- make available to patients all information necessary for the patients to make an informed choice about purchasing the product

## Article A13: Disclosure of Potential Conflict of Interest

A chiropractor who refers patients to laboratory, radiological, diagnostic or other professional service facilities apart from the chiropractor's office must disclose to patient if there is a financial interest in such facilities or products.

## Article A14: Doctor-patient Boundaries

Due to the inherent inequality of power in the doctor-patient relationship, chiropractors must maintain the clear separation between professional and inappropriate personal relationships.



## B. Responsibilities to the Public

### Article B1: Representation of Qualifications, Experience and Registration

A chiropractor must, in all circumstances, represent themselves in a manner that contributes to the public's trust and confidence in the profession, and is within the CCOA Standards of Practice. A chiropractor must not represent their education, qualifications or competence in any way that would be false or misleading.

### Article B2: Reporting Suspected Child Abuse

A chiropractor should become familiar with the signs of child abuse in order to appropriately recognize potential instances of this crime. A chiropractor is obliged to report suspected child abuse to the proper authorities, in compliance with Alberta laws.

### Article B3: Contractual Services/Practice Arrangements

A chiropractor must retain all responsibilities to their patient and the public regardless of contractual agreements with an organization or other party involving the practice of chiropractic. Clinic or practice arrangements neither reduces personal and/or professional responsibilities to patients and the public nor transfers any part of those ethical or legal responsibilities to that organization or other party.

### Article B4: Choice of Chiropractor

A chiropractor must at all times respect and support the patient's right to choose their own chiropractor.

### Article B5: Advertising and Promotional Activities

A chiropractor must conduct any advertising and promotional activity in accordance with applicable Standards of Practice, legislation and Code of Ethics. Chiropractors must not engage in advertising or any sort of promotional activities that harm the dignity and honour of the profession.

A chiropractor may not make statements that are subjective and not objectively verifiable. Subjective statements about the quality of chiropractic services, professional products and/or patient care may raise ethical concerns. Objectively verifiable statements are capable of being proven by facts; independent of personal feelings, beliefs, opinions or interpretations.

### Article B6: Fees and Compensation for Service

A chiropractor is responsible for establishing usual and customary fees for professional services performed in their own practice. A chiropractor is responsible for clearly displaying and/or identifying fees for services to patients, the public and any associated third-party payers prior to the provision of service and levying of said fees.

Claim forms submitted to a third party must report correct treatment dates, procedure codes and/or fees. A chiropractor must not report incorrect treatment dates for the purpose of assisting a patient to obtain benefits under a health care plan.

## C. Responsibilities to the Profession

### Article C1: Support of Self-regulation of the Profession

The Government of Alberta has granted the chiropractic profession the privilege of self-regulation for the purpose of protecting the public and promoting the public interest. This responsibility is borne by all chiropractors, and governed on their behalf by the Council of the CCOA and its delegates (officers and committees). A chiropractor has an obligation to participate in the protection of the public and act in the public interest with the CCOA, thereby increasing the public trust of chiropractors and strengthening the profession.

### Article C2: Co-operation with the CCOA

All chiropractors must co-operate with the requests and directions of the CCOA, its staff, officials and committees, to enable the fulfillment of legislated responsibilities.

### Article C3: Duty to Report

If a chiropractor has reasonable grounds to believe that another chiropractor has engaged in unprofessional conduct, including breach of the Code or the CCOA Standards of Practice, the chiropractor must report the conduct to the CCOA Complaints Director.

### Article C4: CCOA Official Spokespersons

The President, Council, Chief Executive Officer and Registrar; or designates of theirs are the official spokespersons for the organization. As such, they are the only individuals authorized to communicate with the press and broadcasting media on legal, policy, organizational and all other matters relating to the CCOA.

### Article C5: Interprofessional Behaviour

Chiropractors will maintain professional behaviour and be respectful of their responsibility to reflect the high standards of the chiropractic profession in their interactions with members of all health care professions. Chiropractors will not be derogatory of other professions and will be respectful of the ethical activities of their health care colleagues.

### Article C6: Intra-professional Behaviour

Chiropractors will maintain professional behaviour and be respectful of their responsibility to reflect the high standards of the chiropractic profession in their interactions with their chiropractic colleagues.





## D. Responsibilities to Society

### Article D1: Recognition of Responsibilities to Society

Chiropractors will recognize that, as health care professionals, a responsibility to society is an integral part of professional obligations. As professionals, chiropractors have an obligation to recognize that community, society and the environment are important factors in the health of individual patients. Chiropractors will recognize their responsibility to use health care resources prudently, and to promote equitable access to these resources.