Chiropractor code of ethics: the importance of setting a good example

The purpose of a code of ethics is to define acceptable behavior for those to whom the code applies—in a healthcare setting, codes of ethics therefore play an important role in the protection of both patient and practitioner. When codes of ethics are breached, intentionally or otherwise, those contravening them may be called to account.

The chiropractic industry in New Zealand has its own ‘Code of ethics and standards of Practice’ published by the New Zealand Chiropractic Board (NZCB), which “...comprise a guide to the rules governing the professional conduct of all registered Chiropractors...”. Section 2.3 of the chiropractic code states that, “...use of the title ‘Doctor’ must be qualified, for example, John Doe, Dr of Chiropractic or Dr John Doe, Chiropractor.

Failure to qualify the use of the title ‘Doctor’ may contravene the provisions of this Code.” Interestingly, this provision appears to be a watered-down version of a recommendation made by the 1979 NZ Inquiry into Chiropractic, in which it was recommended that any chiropractor who is not a registered medical practitioner should not provide any material to the public using any of the terms, “Dr, Doctor, or Doctor of Chiropractic”.

Our concern is that when a chiropractor uses the title of doctor, members of the public might infer that a Dr John Doe holds a general medical qualification AND specialises in chiropractic. Such an inference might lead people to consult chiropractors for problems outside of the scope of care supported by high quality evidence and thus best dealt with by general medical practitioners (e.g., asthma). Indeed, in the case of asthma, delays in seeking out effective conventional treatment may even endanger lives.

If a code of ethics is to be taken seriously by practitioners, it seems reasonable that not only those are the professional voice of NZ chiropractic, the New Zealand Chiropractic Association (NZCA), and those who teach chiropractic in New Zealand, the New Zealand Chiropractic College (NZCC), would be fully compliant with its rules.

To explore what example is being set to chiropractic practitioners, a brief and non-systematic review of information provided by the New Zealand Chiropractors Association and the New Zealand College of Chiropractic was conducted. The following are indicative examples of non-compliance that were observed in the public domain:

- On their homepage, the NZCA assert that chiropractors are entitled to use the title Dr. However, as no mention is made that the title must be qualified, this information is misleading to practitioners as it is not consistent with the code of ethics. Another example of non-compliance occurs on the webpage of the executive and council members where there are nine instances of the use of the title doctor without qualification (and no examples of use with
qualification). Finally, when searching for ‘find a chiropractor,’ if your area is Auckland Central, then each of 49 names returned uses the title of Dr with no qualification.

- On the homepage of the NZCC, the president twice fails to qualify use of the title doctor.7 (Although the president is not currently a NZ registered chiropractor and does not have to comply with the code, it seems reasonable that he too should set a good example.) Similarly, the NZCC list 15 faculty members, each of whom uses the title of Dr without qualification.6

We acknowledge that it is possible some of the above examples may be NZ registered general medical practitioners, although we were unable to locate any of their names on the NZ register of medical practitioners. It is also possible that some are holders of a PhD, although there have also been calls for holders of PhDs not to use the title of Doctor in a healthcare setting.7

Our quick and somewhat informal review of the World Wide Web (www) pages of the NZCA and the NZCC suggests that those ideally placed to set an example by complying fully with the NZ chiropractor code of ethics are falling short, at least insofar as their compliance with Section 2.3. We therefore urge the NZCB to ensure that compliance with the code is effectively enforced, given its role in protecting both patient and practitioner.

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References: