

**A case for ethics – enhance your practice –
by doing it right (Commentary).**
JCCA 2002; 46(2): 72–77.

To the Editor:

I would like to thank Dr. Ron Carter for noting the importance of ethics within chiropractic practice.¹ I sincerely hope Dr. Carter will not mind if I clarify a number of contentions he has made in his paper.

Perhaps the most important is to note that Dr. Carter uses the terms bioethics and ethics fairly exchangeably. They are not, however, the same thing. By and large, Dr. Carter's article addresses issues pertaining to professional ethics, i.e. business ethics. Bioethics (biomedical ethics) is more specifically how we apply what we have learned from the biological and medical sciences to the practice of chiropractic. There are, therefore, four core components to bioethics: nonmaleficence, beneficence, justice and autonomy. Summarizing these components is easily done:

- Nonmaleficence: do no harm to your patients;
- Beneficence: do good to your patients;
- Justice: the fair allocation of limited healthcare resources;
- Autonomy: informed consent and competence.

Let me pose a question: when is harm to a patient allowed? I often ask students in classes that I teach if they would let me slice open their chest with a knife. Most look at me in horror ... until I tell them that I am now a cardiac surgeon prepping them for lifesaving surgery to repair their damaged heart. A harm can sometimes be allowed!

Among the more contentious issues in bioethics these days are human cloning, abortion, stem cell research, xenotransplantation, assisted suicide, definitions of death and so on. In chiropractic, these issues are off the radar screen; instead, our own ethical issues pertain to use of radiography, nutritional supplementation, maintenance care, diagnosis versus non-diagnosis, etc. Much less dramatic but no less important in their own way.

We are very much involved in determining ethical positions on these issues. We do so by debate and by research and by legislation as well as other means.

Dr. Carter states that an ethical individual is one "whose behavior matches the values they talk about or promote." I respectfully disagree. I can think of a harsh chiropractic

critic of pediatric care whose behavior matches the values he talks about and promotes, and do I really think he is ethical? Skinheads might match this definition. So we need to take care in noting what is "ethical" behavior.

And does the ethical practice of chiropractic really involve only two things, truth in communication and putting the patient's goals before our own? I think not. I think the situation is very much more complex, but it is unfortunately well beyond the scope of this little letter to describe the ethical practice of chiropractic.

Here are some ethical questions:

- Would you provide a patient a vitamin supplement that has little research documentation simply because you believe it will help them? Would you provide them that supplement because it will not hurt them and might make you some money?
- Would you take a low-back series of radiographs on a patient who comes in complaining of what by all appearances is simply a low-back sprain because there is a tiny chance that there may instead be a tumor that mimics the pain pattern you observe?
- Do you ask for informed consent before you adjust the patient?
- Would you refer a patient with a medical condition to a medical physician or would you not, believing that since you do not diagnose you have no cause to make a medical referral?
- Do you put your own beliefs about chiropractic ahead of what might be best for the patient?

The beauty of Dr. Carter's article is that it helps to inform the strategies we can use to answer those questions, even if they fall outside the normal purview of bioethical debate. They are nonetheless important and worthy of our consideration.

Dana J. Lawrence, DC
Editor/JMPT

References

- 1 Carter R. A case for ethics – enhance your practice – by doing it right. J Can Chiropr Assoc 2002; 46:72–77.

To the Editor:

Dr. Carter sets out to pose, and presumably answer, three questions 1) should bioethics be an integral part of a chiropractic practice? 2) Can the use of bioethics increase a professional's income? and 3) What is involved in doing it right? I read the article several times, as I am really interested in the answers to those questions.

I find Dr. Carter's definition of an ethical individual as "someone whose behavior matches the values they talk about or promote" deficient. Many groups and individuals have values that are totally unacceptable to their peers, or to society at large. An extreme example would be NAMBLA, the group that believe in and promote sexual relations between adult males and children; can these people be considered ethical because they 'walk their talk'? Within chiropractic there are groups who hold values and advocate standards that are unacceptable to the profession at large, should they abide by the rules, or hold true to their own particular views to be considered ethical?

Dr. Carter also states that "the ethical practice of chiropractic requires only two things: first the highest form of truth in our communication, and secondly, a primary focus of the chiropractor's efforts towards benefiting the patient's goals before their own." We should realize that the patient's goals are often at odds with the patient's best interests or welfare. This dilemma is shared with most health care providers, for example the medical practitioner may be confronted with denying a drug abuser a prescription for narcotics, though the patient's goal was clearly to obtain these drugs. Perhaps his first requirement of "the highest form of truth in our communication" in patient relationships would include educating the patient to the point that they would have shifted their goal to coincide with that which is in their best interest?

The premise that an ethical doctor-patient relationship requires that the patient be symptomatic, as put forth in 'The act of illness,' is nonsense. To practice chiropractic, or even medicine, with this approach would be to ignore the best interests of the patient. Many of the most serious diseases and conditions treated by medication are largely asymptomatic; these would include high blood pressure, diabetes and heart disease. For any MD to deny patients with these conditions care because they are asymptomatic would be considered malpractice. Similarly many neuromusculoskeletal problems (including, if I may use the term, subluxations) may not be symptomatic. Do we have to wait until the patient's condition deteriorates to the symptom stage to be ethical? I see absolutely no ethical

compromise in offering maintenance or preventive chiropractic care to my patients. I believe that by doing so I can contribute to the function of the spine and neuromusculoskeletal system of the patient and contribute to their better health.

To hold a view that chiropractic has much more to offer than the treatment of symptomatic musculoskeletal conditions should never be considered unethical, yet this seems to be the view expressed by Dr. Carter's paper. I agree that to use scare tactics, to exaggerate benefits, or to provide over-treatment for financial gain is totally unacceptable; however I think it is equally unacceptable to offer the public much less than we are capable of providing.

To intentionally limit and downplay what we have to offer as a method of gaining easier integration and acceptance by the medical profession would be folly. I hope that our profession and our leadership continue to hold their heads up high and speak out on the benefits of chiropractic care, as, in my opinion, that is the truly ethical path for us to follow.

My thanks to Dr. Carter for sharing his views and for giving us the opportunity to consider these questions.

Bob Masse, DC
Maple Ridge, British Columbia

To the Editor in Reply:

I would like to thank both Drs Lawrence and Masse for their comments and suggestions. As both of these responses questioned my comments on what an ethical chiropractor may look like and what is required to be one, I have chosen to answer these questions together. Let me attempt to further clarify the term ethics/bioethics.

"If we enquire about the 'meaning' of a word, we find that it depends on the 'meaning' of other words used to define it, and that the eventual new relations posited between them ultimately depend on the meaning of the undefined terms, which at a given period, cannot be elucidated any further. In fact we reach an unspeakable level. The symptom at this point is similar to those seen in a schoolboy who had forgotten his lesson, which he 'knows but cannot tell'."¹ I believe most chiropractors know what we are speaking of in this paper even though we cannot frame it with the same words. It was once referred to as breaking the Eleventh Commandment: "Thou shalt not take advantage of the sick". We all know it is happening and in some offices to an extreme. Not one of us is without

some guilt: each of us is neither a saint nor a sinner. We all manage to be both at times. Professionally, this misuse of power and position should not happen.

Dr. Lawrence chooses to delineate ethics and bioethics with defined boundaries. If chiropractic as a profession ever matured to the point of developing chiropractic ethicists, this division of terms may provide a foundation for development. I started with: "This paper will introduce bioethics, that part of ethics that encompasses all aspects of Health Care".² Health Ethics may well have been a better term for this paper.

Introduction to Health Ethics – What is Ethics?

Ethics is basically about the way human beings treat each other and the natural environment: it is the systematic examination of the attitudes and behavior of people. For our purpose, ethics can be broken down into two parts: (1) it is about carefully studying the values that **actually do** guide our attitudes and behaviors in given context, and, (2) it is about exploring what values **ought to** guide our attitudes and behavior.

One could argue that all of us, no matter what our social, cultural, economic or professional backgrounds, are in the business of practicing ethics on a daily basis. We have certain values (things we think are important for their own sake) and beliefs (views about the nature of existence and the way we understand the world to be). For example, many of us think individuals should not be penalized for wrongs that are not of their doing. This suggests that justice or fairness is important to us. Many of us feel that we should reach out and help those less fortunate in our society. This may suggest that we believe human beings are somehow connected and that we cherish values such as charity and generosity. Many people are also concerned that those in need should be cared for in ways that respect and promote human dignity. This might indicate that we value compassionate and humane care for our fellow citizens.³

Health ethics provides us with loftier goal than my simplistic – truth in communication and putting the patient's goals first. These two criteria and 'walking your talk' are necessary to being an ethical chiropractor. These criteria are only three of many requirements necessary to be an ethical chiropractor. There are many other traits such as integrity, congruence, respect, compassion, concern for others, etc. I believe, however, that an individual who does not possess these three traits cannot be considered an ethical chiropractor.

Dr. Masse challenges the "Act of Illness", a universal standard for health care providers. To be a patient requires

an individual to have a concern of either a mental or physical nature. I challenge his statement that by requiring a patient to have a concern would be to ignore the best interest of the patient. Treating patients without any signs or symptoms, and claiming you are providing them with outlandish benefits, wellness and longevity to well past 120 years is very questionable. Treating patients in this manner, I suggest, is similar to the old rhetoric: "There is only one cause of disease and one cure" which hopefully no chiropractor would still accept or suggest to a patient. Offering patients maintenance care for many conditions can be supported and is quite different than treating patients without symptoms. I would further challenge his statement about medical practice. Medical physicians do not treat patients without signs and symptoms for high blood pressure, diabetes and heart disease. Pacemakers, bypass surgery, metformin, hypertension medication and life style changes are not protocols utilized with symptom free patients or recommended to be essential care for all patients.

We as a responsible profession should provide our stakeholders with answers to what we treat and how long we treat it. I did not suggest that chiropractic be limited. My goal for this paper was to encourage a more focused direction and interest in the area of 'doing it right' whether you call it ethics, bioethics, health ethics or whatever term we decide to call it. I believe that the patients we care for, and the agencies that pay for our services are entitled to the best we can provide them. We cannot remain as a health provider in isolation, hoping for exceptions and special considerations, which will allow us to continue playing a game where we want to receive the rewards without being held to the rules adhered to by all other serious players. Dr. Lawrence has provided us with some ethical questions to start with. Possibly a starting point for those interested in this topic would be a discussion group. My email is: roncarter@telus.net

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References

- 1 Korztski A. Science and Sanity-Fourth Addition, Haddon Craftsman, Scranton, Pennsylvania Company, 1958, p22.
- 2 Carter R. A case for ethics-enhance your practice-by doing it right. J Can Chiropr Assoc 2002; 46:72-77.
- 3 Bashir J. An introduction to Health Ethics Committee. PHEN-Alberta, 2001, p1-2.