



Osteopathy Council of New South Wales

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**Dr Cathy Woodward
Executive Officer
Osteopathy Board of Australia**

Dear Dr Woodward,

Re: Draft Informed Consent Guidelines for Osteopaths

The Osteopathic Council of New South Wales (OC NSW) appreciates the opportunity to comment on the proposed consent guidelines.

The OC NSW is supportive of the approach being outlined. However, it proposes that the guidelines would be greatly enhanced if the approach to consent better reflected the reality of osteopathic practice. The proposed guidelines are somewhat generic and offer little practical or salient guidance to the working osteopath on how s/he might ensure that they meet the OBA's expectations. Osteopaths are left unclear as to the expected standards in practice, and with particular reference to the remit of the OC NSW, the guidelines fail to adequately meet the imperative of public protection.

There are 2 areas in particular we find to be problematic:

- Material risk associated with osteopathic practice.
- Internal techniques and treatment of sensitive areas.

Material Risk

It is understood that osteopaths should explain the risk and benefits of a proposed technique or treatment plan, and they should contextualize that risk to each individual patient. However, there is a paucity of peer-reviewed research on adverse treatment outcomes in osteopathy. The debate has largely focused the chiropractic experience of risk or adverse outcomes from high velocity low amplitude (HVLA) thrusts to the spine; however the osteopathic armamentarium consists of a much broader range of techniques and interventions than spinal manipulation, and usual osteopathic practice is widely divergent from usual chiropractic practice.

It is the OC NSW's understanding that there is no knowledge of, or consensus on, the frequency of adverse treatment in Osteopathy. The current state of knowledge is such that is difficult to determine the frequency of adverse events or even symptoms as a result of treatment. The degree to which the association is temporal rather than

causal is unknown, and so any discussion of material risk is prohibitively problematic.

Whilst we may lament the lack of meaningful research on osteopathic treatment outcomes, in order that there is clarity and sufficient guidance with regard to expected standards, the OC NSW feels this matter needs to be addressed in the OBA guidelines. At present the guidelines merely direct osteopaths to inform patients of the risks and rewards in so far as they are known. Given the dearth of information we feel this is an impossible burden for the osteopath and a meaningless offering to the patient.

We are aware that the Osteopathy Board of Australia commissioned research in 2012 on evidence by Victoria University to support the Capabilities for Osteopathic Practice. We suggest that it would be helpful if this could be utilised. To do so would at least offer some means of identifying best practice in clinical reasoning and approaches to consent. Osteopaths could be directed to this research as a reference source, and as a consequence, this would afford some degree of public protection and allow the disciplinary process a framework from which an osteopath's performance could be assessed.

Internal techniques and treatment of sensitive areas.

Whilst the OC NSW acknowledges that internal techniques are part of the repertoire of osteopathic techniques, it is our understanding that they are used only by a very small minority of practitioners.

Internal techniques and treatment of sensitive areas have given rise to a disproportionately high number of patient complaints against osteopaths practising in New South Wales, considering the fact that the utilisation of said techniques is relatively uncommon.

We note that the OBA raises the issue of consent in internal techniques in the Draft Sexual and Professional Boundaries Guidelines:

'...conducting intimate examinations without adequate prior explanation (and thus without informed consent) is always considered a breach of sexual boundaries'

Importantly, we note that the absence of specific guidelines in regard to treatment of sensitive areas and internal techniques may subject legitimate treatment to question and as well, allow predatory osteopaths to abuse patients under the guise of valid treatment. Given the level of distress that failure to obtain informed consent for these techniques may cause patients as well as practitioners, the OC NSW feels that the guidelines as they are currently proposed fail to adequately protect the public.

In an effort to at least in part clarify the matter, the OC NSW suggests that where an osteopath is proposing the use of internal techniques it would be appropriate to issue guidance along these lines:

- The rationale for, and nature of, the technique being recommended are discussed with the patient, but not used on the day. Instead the technique is offered as an option for a subsequent consultation, so allowing the patient to consider all the treatment options available, and to discuss with family, friends and/or other health care providers.
- That the patient is made aware by the osteopath that they have the right to bring a support person or the use of a chaperone, and indeed are encouraged to do so.
- That for internal techniques, gloves are always to be used and draping utilised and the patient's modesty and dignity maintained.
- That in all cases, the osteopath should obtain signed, informed consent.