

## *The International Chiropractors Association Code of Professional Ethics*

**T**his Code of Professional Conduct developed by the International Chiropractors Association was officially adopted by its Board of Directors in 1985.

### **PREAMBLE**

These canons of professional ethics are based upon fundamental principles of moral and professional behavior and recommended for all doctors of chiropractic and chiropractic assistants. The following basic principles should be guiding factors in the practice of chiropractic and upheld at all times.

- ◆ **Consider the well-being of the patient. The primary effort and ultimate goal should be for “the greatest good of the patient”**
- ◆ **Honor your profession, its history and tradition**
- ◆ **Respect your patient’s rights of confidentiality in the doctor-patient relationship**
- ◆ **Recognize chiropractic’s limitations and acknowledge the special skills of other health care professions in the prevention and care of disease**
- ◆ **Let professional responsibility, integrity and high standards of competence and skill be your guiding tenets**

The ICA Code of Ethics comprises a doctor of chiropractic’s duties and obligations to his or her patients, the public and each other. The ethical foundations upon which these principles are based are established moral obligations that ensure the dignity and integrity of the profession.

The primary duty of every doctor of chiropractic is to abide by federal, state, provincial, and local statutes establishing the privileges of practicing chiropractic as well as the basic moral obligations imposed by this Code of Ethics.

## **1. DUTIES, OBLIGATIONS AND RESPONSIBILITIES OF DOCTORS OF CHIROPRACTIC TO THEIR PATIENTS**

The overriding objective of these principles is for the doctor of chiropractic to render the greatest possible service and care to mankind.

### **Principle 1A. Availability and Accessibility**

The doctor of chiropractic should make himself/herself available, but more importantly, be accessible to patients in need of his/her professional services. The doctor of chiropractic shall, to the best of his/her ability and immediate circumstantial limitations, render all possible assistance to any patient(s) in emergency health care situations. Except in emergency situations, a doctor of chiropractic has the right to accept or reject a particular patient.

### **Principle 1B. Confidentiality**

The doctor of chiropractic is obliged to keep the trust and confidence of the patient and the patient's family. The following rules should be adhered to:

1. The doctor of chiropractic shall not discuss patient information with one patient about another patient.
2. The doctor of chiropractic shall not discuss any patient information with relatives or friends of the patient without the consent of the patient, preferably in writing.
3. The doctor of chiropractic shall not discuss any patient information with visitors to the office or hospital.
4. Patient information should not, under any circumstances, be discussed with the news media without written patient consent.
5. The doctor of chiropractic shall not discuss patient information with other employees, except in conference and/or consultation. Discussion about patients should be avoided in patient areas. A patient's privacy should be respected at all times. When consulting another doctor of chiropractic or health care provider, it should be done privately and out of the range of the patient's hearing.
6. The doctor of chiropractic shall not discuss patient information with his/her own relatives or friends.
7. The doctor of chiropractic shall not discuss any patient information over the telephone with anyone without the patient's consent, preferably in writing.

### **Medical/Health Records**

The Joint Commission on Accreditation of Hospitals (JCAH) stipulates the following minimum standards in assessing hospital accreditation compliance with medical record-taking and confidentiality of the information contained therein. The ICA endorses the JCAH standards in principle:

*Medical records are confidential, secured, current, authenticated, legible, and complete.*

*The medical record is the property of the hospital or clinic and maintained for the benefit of the patient, the medical staff, and the hospital.*

*The hospital or clinic is responsible for safeguarding both the records and its informational content against loss, defacement,, tampering, and from use by unauthorized individuals.*

*Written consent of the patient or his legally qualified representative is required for the release of medical information to persons not otherwise authorized to receive the information.*

*Where certain portions of the medical record are so confidential that extraordinary means are necessary to preserve their privacy such as in the care of some psychiatric disorders, these portions may be stored separately, provided that the complete record is readily available when required for current medical care or follow-up, review functions, or use in quality assurance activities.*

**Principle 1C.  
Release of Confidential Patient Records**

The doctor of chiropractic shall comply with a patient's written authorization to provide records or copies of records to individuals the patient designates to inspect or receive all or part of said records. Further, doctors of chiropractic shall abide by the general standards for patient records confidentiality and release promulgated by the American Medical Records Association (AMRA). The AMRA standards, listed below, are endorsed by the International Chiropractors Association and henceforth are an integral part of the ICA Code of Professional Ethics.

*All requests for health records or health information shall be referred to the health records department of a hospital or clinic.*

*Release of health information to the patient shall be carried out in accordance with all applicable legal requirements and written institutional policy. A properly completed and signed authorization is required.*

*Subject only to specific contraindications described below, and to any legal constraints such as those governing minors and those adjudicated as incomplete, a patient or his representative may have access to his own health record for review, upon written request with reasonable notice. A patient may have access to records of his/her care during or after discharge from care. A copy of the requested health information will be provided after completion and upon written request by the patient and payment of a reasonable fee.*

*The health care provider is not required to permit the patient access to his/her health record if the provider reasonably concludes that:*

*Knowledge of the health care information would be injurious to the health of the patient, or*

*Knowledge of the health care information could reasonably be expected to cause danger to the life or safety of any person.*

*If the health care provider denies a patient's request to see or copy, in whole or in part, his/her health record based on the above grounds, the provider must either:*

*Provide a summary of the health record, according to the requirements of this section. If the health care provider chooses to prepare such a summary of the record rather than allow access to the entire record, he or she shall make such a summary of the records, available to the patient within ten (10) working days from the date of the patient's request. However if more time is needed because the record is extraordinary in length or because the patient was discharged from a licensed health facility within the last ten (10) days, the health care provider shall notify the patient of this fact and the date that the summary will be completed, but in no case shall more than thirty days (30) elapse between the request by the patient and the delivery of the summary. In preparing the summary of the record, the health care provider shall not be obligated to include information which is not contained in the original record; or*

*The provider must permit inspection by, or provide copies of, the health record to another health care practitioner who is licensed to care for the same condition as the health care provider and who has been so designated, in writing, by the patient. The health care provider shall inform the patient of the provider's refusal to permit him/her to inspect or obtain copies of the requested records and inform the patient of the right to require the provider to permit inspection by, or provide copies to another health care practitioner who is licensed to care for the same condition as the health care provider and who has been so designated, in writing, by the patient.*

*In either event, the health care provider shall make a written record, to be included with the health records requested, noting the date of the request and explaining the health care provider's reason for refusing to permit inspection or provide copies thereof, including a description of the specific adverse or detrimental consequences to the patient which the provider anticipates would occur if inspection or copying were permitted.*

*In the event that the patient wishes to correct data, it shall be done as an amendment, without change to the original entry, and shall be clearly identified as an additional document appended to the original health record at the direction of the patient.*

*This document shall then be regarded as an integral part of the health record. Upon request of the patient, the provider will furnish copies of the amendment to any person to whom the disputed information has been properly released. Whenever health information is requested subsequent to the amendment, the copy sent shall include the amendment.*

*The provider will make these policies known to patients upon request.*

*Following authorized release of patient information, the signed authorization will be retained in the health record with notation of the specific information released, the date of release and the signature of the individual who released the information.*

## **Release of Primary Records**

*All requests for health records or health information, including requests for information on patients currently under care, shall be directed to the health record department.*

*Release of information from the health record shall be carried out in accordance with all applicable legal, accrediting, and regulatory agency requirements, and in accordance with written institutional policy.*

*All information contained in the health record is confidential and the release of information will be closely controlled. A properly completed and signed authorization is required for release of all health information except:*

*As required by law;*

*For release to another health care provider currently involved in the care of the patient;*

*For medical care evaluation; or*

*For research and education in accordance with conditions specified below.*

*In keeping with the tenet of informed consent, a properly completed and signed authorization to release patient information shall include at least the following data:*

*Name of institution that is to release the information;*

*Name of the individual or institution that is to receive information;*

*Patient's full name, address and date of birth;*

*Purpose or need for information;*

*Extent or nature of information to be released, with inclusive dates of care (Note: An authorization specifying "any and all information..." shall not be honored.);*

*Specific date, event or condition upon which authorization will expire unless revoked earlier;*

*Statement that authorization can be revoked but not retroactive to the release of information made in good faith;*

*Date that consent is signed (Note: Date of signature must be later than the date of information to be released.), and signature of patient or legal representative (Note: In the case of care given to a minor without parental knowledge, the institution shall refrain from releasing the portion of the record relevant to this episode of care when responding to a request for information for which the signed authorization is that of the parent or guardian. An authorization by the minor shall be required in this instance);*

*Information released to authorized individuals or agencies shall be strictly limited to that information required to fulfill the purpose stated on the authorization. Authorizations specifying “any and all information...” or other such broadly inclusive statements shall not be honored. Release of information that is not essential to the stated purpose of the request is specifically prohibited.*

*Following authorized release of patient information, the signed authorization will be retained in the health record with notation of the specific information released, the date of release and the signature of the individual who released the information.*

*Health records shall be available for use within the facility for direct patient care by all authorized personnel as specified by the chief executive officer and documented in a policy manual.*

*Direct access to health records for routine administrative functions, including billing, shall not be permitted, except where the employees are instructed in policies on confidentiality to penalties arising from violation.*

*Health records shall be available to authorized students enrolled in educational programs affiliated with the institution. Students must present proper identification and written permission of the instructor with their request. Data compiled in educational studies may not include patient identity or other information which could identify the patient.*

*Health records shall be made available for research to individuals who have obtained approval for their research projects from an institutional review board or appropriate chiropractic staff committee, administrator or other designated authority. Research projects which involve use of health records shall be conducted in accordance with institutional policies on the use of health records for research. Any research project which involves contact of the patient by the researcher must have written permission of the patient’s attending doctor and/or by the chief executive officer of the facility or his/her designee, prior to contact. Institutional policy on use of medical records in research should guide these activities.*

*If facsimiles of health records are provided to authorized internal users, the same controls will be applied for return of these facsimiles as for return of the original health record. Wherever possible, internal users will be encouraged to use the original health record rather than to obtain a facsimile.*

*The names, addresses, dates of admission or discharge of patients shall not be released to the news media or commercial organization without the express written consent of the patient or his/her authorized agent.*

*Requests for health information received via telephone will require proper identification and verification to assure that the requesting party is entitled to receive such information. A record of the request and information released will be kept.*

## **Principle 1D.**

### **Limits of Chiropractic Care**

The doctor of chiropractic shall attend to his/her patient as often as necessary according to his/her professional judgment to ensure the well-being of the patient and continued progress. However, a doctor of chiropractic shall scrupulously avoid unnecessary care.

The doctor of chiropractic shall neither exaggerate nor minimize the gravity of a patient's condition, nor offer any false hope or prognosis. It is also the doctor of chiropractic's duty to acquaint a close friend or relative of a patient who is incapable of caring for himself/herself with the patient's condition, the care being provided and the particular care needed by the patient.

Once committed to serving a patient, a doctor of chiropractic should not terminate his/her professional services without notice, allowing the patient reasonable time to obtain alternative professional services and giving the discharged patient all papers and documents as required by the Code of Professional Ethics.

## **Principle 1E.**

### **Patient's Bill of Rights Within the Health Care Setting**

A patient should expect and receive from doctors of chiropractic entrusted with the responsibility of delivering chiropractic care, consideration of their basic rights as human beings to independence of expression, decisions and actions; and concerns and respect for their personal dignity at all times.

The following patient's rights are an integral part of the ICA Code of Professional Ethics and the patient should be advised of these rights by his/her doctor of chiropractic.

1. The patient has the right to impartial access to chiropractic care without regard to race; sex; cultural, national or ethnic origins; economic, educational, religious or political affiliation; and without having to disclose the source of payment for his/her care.
2. The patient has the right to be interviewed and examined in surroundings that permit reasonable visual and auditory privacy. Individuals not directly involved in his/her care will not be present without the patient's permission. The patient has the right to be advised of the presence of any individual during consultation and/or care and the reason of their presence.
3. The patient has the right to have a person of his/her sex present during certain physical examinations by a doctor of chiropractic of the opposite sex and the right not to remain disrobed any longer than is required for accomplishing the examination for which the patient was asked to disrobe.
4. The patient should know the identity and professional status of individual(s) providing service to him/her and to know who has the primary responsibility for coordinating his/her care. This includes the right to know the professional relationships among individuals who are caring for him/her as well as the relationship to any other health care or educational institution involved in his/her care.

5. The patient has the right to expect information from the doctor of chiropractic coordinating his/her care concerning the diagnosis/analysis, prognosis and the planned course of care in terms that the patient is able to understand. When it is not clinically advisable to give such information to the patient, the information should be made available to a legally authorized representative of the patient.
6. The patient has the right to actively participate in any and all decisions regarding his/her care. To the extent permissible by applicable law, this will include the right to refuse care even after being informed of possible adverse consequences of his/her decision. When a patient or his/her legally authorized representative refuse procedures which prevent the doctor of chiropractic from providing care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice.
7. The patient has the right not to be subjected to any procedure(s) without voluntary consent or the consent of his/her legally authorized representative. When alternatives to chiropractic care exist, the patient can be expected to be informed of these alternatives.
8. The patient has the right to expect confidential care of all communications and records pertaining to his/her care. The patient also has the right to have his/her health care record read only by individuals directly involved in his/her care or in monitoring of its quality and by other individuals only on the patient's written authorization or that of his/her legally authorized representative. Written permission shall be obtained before health care records are made available to anyone not directly concerned with the patient's care.
9. The patient has the right to leave or voluntarily be discharged from chiropractic care even against the best advice of the attending doctor of chiropractic.
10. A patient can expect reasonable continuity of care. He/she shall be informed in advance of the time(s) and location(s) of appointments as well as the name and capacity of the doctor of chiropractic/health practitioner who will be providing care.
11. A patient has the right to be advised if the doctor of chiropractic and/or other attending physicians or other concomitant health care personnel propose to engage in or otherwise perform human experimentation affecting his/her care. The patient has the privilege and right of refusing to participate in any research project. Participation by patient in clinical training programs or in the gathering of data for research purposes should always and everywhere be voluntary.
12. The patient has the right to be informed of continuing health care requirements following discharge from care in the out-patient or in-patient setting.
13. The patient has the right, upon request, to receive an itemized, detailed and thorough explanation of total charges billed for services rendered, regardless of the source of payment. The patient has the right to timely notice prior to termination of his/her eligibility for reimbursement by any third-party payer for the cost of his/her care.



14. The patient shall be advised of his/her rights and shall be instructed as to the rules and policies which apply to his/her conduct as a patient in the out-patient and/or in-patient setting.
15. The patient shall have all his/her rights also applied to the person or persons who may assume the legal responsibility to make decisions on the patient's behalf regarding the care of the patient should the patient be a legal minor or otherwise incapacitated.
16. The patient has the right to expect reasonable safety insofar as the health care environment is concerned.
17. The patient at his/her own request and expense, has the right to consult with another health care practitioner.

## **Patient's Responsibilities**

### **1. Provision of Information**

A patient has the responsibility to provide, to the best of his/her ability and knowledge, accurate and complete information about present complaints, past illnesses, accidents, hospitalizations, medications, and other matters relating to his/her health. It is the patient's responsibility to report any new episode of trauma or any unexpected changes in his/her health condition to the practitioner. The patient is responsible for letting the doctor of chiropractic know if he/she does not fully comprehend the practitioner's contemplated course of care.

### **2. Compliance with Instructions**

A patient is responsible for following the care plan recommended by the practitioner primarily responsible for his/her care. The patient is responsible for keeping appointments and, when unable to do so, for notifying the practitioner or his/her office.

### **3. Refusal of Care**

The patient is responsible for the consequences if he/she refuses care or does not follow the practitioner's instructions.

### **4. Charges**

The patient is responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

### **5. Office/Hospital Rules and Regulations**

The patient is responsible for following office/hospital rules and regulations affecting patient care and conduct.

### **6. Respect and Consideration**

The patient is responsible for being considerate of the rights of other patients. He/she is also responsible for being respectful of the property of other persons and of the offices and environment in which care is rendered.

**Principle 1F.**  
**Freedom of Choice**

The doctor of chiropractic shall recognize the right of the patient to select his/her own method of health care. The doctor of chiropractic shall also respect the patient's right to change his/her choice of providers at will. This may be separate, concomitant or complementary to chiropractic care where cooperation with another provider may be required and concurrent procedures do not conflict.

The doctor of chiropractic should ensure that patients possess enough information to enable the patient to make an informed intelligent decision with regard to any proposed chiropractic care.

**Principle 1G.**  
**Consultation and Referral**

In difficult or protracted cases, consultation(s) with other health care providers are recommended and advisable. Having requested the opinion, the doctor of chiropractic shall make available any relevant information and indicate clearly whether he/she wishes the colleague to continue care of the patient.

The doctor of chiropractic shall be ready to act upon a patient's expressed desire for a consultation with another doctor of chiropractic or provider even though he/she may not feel the need for consultation.

The doctor of chiropractic shall, when his/her opinion has been requested by a colleague, report in detail his/her findings and recommendations to the colleague and may outline his/her opinion to the patient. He/she will continue with the care of the patient only at the specific request of the attending doctor of chiropractic or health care provider, and with the consent of the patient.

The doctor of chiropractic shall make available at a patient's request a report of his/her findings and a description of his/her care of the patient.

**Principle 1H.**  
**Remuneration**

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 service rendered to the patient.

The doctor of chiropractic is entitled to receive proper and reasonable compensation for his/her professional services rendered compared to the fees commonly assessed in the community by other members of the profession based on usual and customary practices, experience, time, reputation, the nature of the patient's condition and the patient's ability to pay.

The doctor of chiropractic should be prepared to discuss his/her fees with individual patients and should initiate discussion when fees are expected to exceed usual and customary charges.

The doctor of chiropractic should support proper activities designed to enable access to necessary chiropractic care on behalf of individuals who are unable to pay reasonable chiropractic fees or who are otherwise legally destitute.

**Principle 1I.  
Termination of Patients**

Since patients have the right to dismiss providers at will for reasons satisfactory to themselves, likewise, a doctor of chiropractic may decline to attend to a patient if professional ethics and personal self-respect and dignity are compromised. The doctor of chiropractic is encouraged to terminate a doctor-patient relationship when it becomes reasonably clear that the patient is not benefiting from chiropractic care.

Having accepted a patient, a doctor of chiropractic shall give the patient the best chiropractic care possible within the confines of his or her expertise. If a doctor of chiropractic decides to withdraw from a particular case, the patient or the patient's legal representative shall be given sufficient notice to enable him/her to obtain another health care provider.

**Principle 1J.  
Guarantees**

The doctor of chiropractic shall not offer or guarantee a cure to any patient, either verbally or in writing.

The doctor of chiropractic may 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 should scrupulously avoid protracted or unnecessary care without some favorable remission of the patient's complaint(s).

**Principle 1K.  
Practices or Questionable Propriety**

The doctor of chiropractic shall avoid participating or assisting in all practices of questionable propriety either with his/her patients, colleagues, family or other business associates.

The doctor of chiropractic shall conduct his/her practice in surroundings which will not compromise the quality of patient care. The doctor of chiropractic shall not initiate or otherwise knowingly participate in any illegal or fraudulent action. He/she should maintain the highest standards of professional conduct so the practice is above reproach.

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

**Principle 1L.  
Diagnostic Procedures**

The doctor of chiropractic shall recommend and use only those diagnostic and analytical procedures, laboratory and imaging techniques allowable by applicable state and/or provincial law that are in the best interests of the patient, will assist in the patient's diagnosis/analysis and care, and are necessary for the well-being of the patient. Furthermore, a doctor of chiropractic shall recognize his/her responsibility in advising patients of diagnostic/analytic findings and any attendant recommendations therefrom.

The doctor of chiropractic shall ensure that a patient is adequately prepared for examination and care and is suitably attired for such purposes.

**Principle 1M.  
Patient Benefits**

The doctor of chiropractic shall be required to assist patients in securing any benefits due the patient by supplying the information required, if possible, in response to a patient's request for assistance.

When acting at the request of a third or other party, the doctor of chiropractic will ensure that the patient understands the doctor of chiropractic's legal responsibility before conducting any examination and/or care procedures.

**Principle 1N.  
Equality**

The doctor of chiropractic shall render responsible chiropractic care to any and all individuals regardless of race; sex; cultural, national or ethnic origins; religion; political persuasions or ability to recompense.

**Principle 1O.  
Practice Aims**

The doctor of chiropractic shall conduct his/her practice with courtesy, honesty, and a high-degree of professional competence in the proper care of the patients with due regard and respect for the patient's unequivocal rights and personal dignity. The ultimate end is the greatest good of the patient.

**2. DUTIES, OBLIGATIONS AND RESPONSIBILITIES OF THE DOCTOR OF CHIROPRACTIC TO THE PUBLIC**

**Principle 2A.  
Demands Upon the Profession**

The doctor of chiropractic shall recognize that, with respect to licensed professionals dedicated to the promotion of health, prevention of illness and alleviation of suffering, the public demands the highest standard of integrity and dedication from the practitioner and that the practitioner should act accordingly.

The doctor of chiropractic shall recognize that the practice of chiropractic is a privilege and that he/she must merit and retain the respect of the public for this privilege.

The doctor of chiropractic who is also a public official, either elected or appointed, full or part-time, should not engage in activities which are, or may be perceived to be, in conflict with their professional duties.

**Principle 2B.**  
**Observance of Law and Codes**

The doctor of chiropractic shall observe the appropriate laws, decisions and regulations of federal, state and local governmental agencies and cooperate with the pertinent activities and policies of associations legally authorized to regulate or assist in the regulation of the chiropractic profession. The doctor of chiropractic should be actively concerned with improvements in licensing procedures consistent with the development of the profession and of relevant advances in science.

The International Chiropractors Association holds that the best interest of both the public and the chiropractic profession are served by maintaining chiropractic as a separate and distinct, drugless, non-surgical alternative form of health care. To this end, it is the doctor of chiropractic's duty to provide chiropractic care. It is the responsibility of any licensed health care practitioner not to practice within the field of any other licensed health practitioner unless properly qualified by education, degree and licensing by proper respective authorities.

**Principle 2C.**  
**Participation in Community Affairs**

The doctor of chiropractic shall be a responsible citizen and participate in the public affairs of his/her state and/or local community in order to improve law, administrative procedures and public policies that pertain to chiropractic and the health care delivery system.

The doctor of chiropractic shall be ready to take the initiative in the proposal and development of measures to benefit the general public health and well-being and should cooperate in the administration and enforcement of such measures and programs to the extent consistent with the law and with chiropractic principles.

**Principle 2D.**  
**Advertising**

The doctor of chiropractic may advertise, but advertising should be accurate, truthful, and in good taste. Advertisements should not be misleading or deceptive and should accurately represent the doctor of chiropractic's professional status and area of special competence.

Advertising should not appeal primarily to an individual's anxiety or create unjustified expectations or claim cures or absolute results.

The doctor of chiropractic should conform to all applicable state laws, regulations and judicial decisions in connection with professional advertising.

The doctor of chiropractic should avoid advocacy of any product if he/she is identified as a member of the chiropractic profession, except in certain situations where advocacy of the product will reflect on chiropractic's health care specialty and is in the best interest of the consumers' health. Under no circumstances should advocacy of a product be undertaken to promote the doctor of chiropractic's personal practice.

**Principle 2E.**  
**Depositions**

The doctor of chiropractic may testify either as an expert or when his/her patients are involved in legal proceedings, workers' compensation cases, or in other similar administrative proceedings in personal injury or related cases.

**3. DUTIES, OBLIGATIONS AND RESPONSIBILITIES OF THE DOCTOR OF CHIROPRACTIC TO THE PROFESSION**

The doctor of chiropractic shall maintain the integrity, competency and high standards of the chiropractic profession by continuously striving to improve his/her skills and competency by keeping abreast of current developments contained in chiropractic, health and scientific literature, and by participating in continuing chiropractic educational programs.

The doctor of chiropractic should, at all times, avoid the appearance of professional impropriety and should recognize that his/her behavior may have an impact on the profession's ability to serve the public. He/she should endeavor to promote the public's confidence in the chiropractic profession.

The doctor of chiropractic shall avoid impugning the reputation of his/her colleagues.

The doctor of chiropractic shall promote and maintain cordial relationships with other members of his/her profession and other professions for the exchange of information advantageous to the public's health and well-being.

**Principle 3A.**  
**Contractual Agreements**

The doctor of chiropractic shall, when aligning himself/herself in practice with other doctors of chiropractic, insist that they maintain the standards enunciated in this Code of Professional Ethics and the provisions of their respective Chiropractic Act.

The doctor of chiropractic shall enter into a contract with an organization only if it will allow him/her to maintain his/her professional integrity.

**Principle 3B.**  
**Research and Study**

The doctor of chiropractic shall endeavor to maintain the highest standards of accuracy in the dissemination of information and ideas. The doctor of chiropractic shall recognize that he/she has a responsibility to the profession and the public when interpreting scientific knowledge for the public. He/she should do so objectively and not be guided by personal philosophy or personal aggrandizement.

*Excerpted from the ICA Policy Handbook & Code of Ethics 5<sup>th</sup> Edition, May 1999.*

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**Presented as a Public Information Service from the International Chiropractors Association**

*The International Chiropractors Association is the oldest continuously active international chiropractic organization in the world. Established in 1926 by Dr. B.J. Palmer (son of Dr. D.D. Palmer, the founder of chiropractic) the ICA represents thousands of practitioners, educators, students and lay persons dedicated to the chiropractic profession. The ICA has traditionally been and continues to be recognized as representing the moderate voice of the chiropractic profession. The ICA represents and promotes the interests of chiropractic, chiropractors and the patients they serve through advocacy, research, communication, and education.*

*Throughout its long history, the International Chiropractors Association has sought to educate and inform the public, other health care professions and health policy makers on the principles and definitions of chiropractic in order to foster a broader understanding and acceptance of the profession. The ICA has also established standards of ethical, technical and professional excellence as guideposts for the Doctor of Chiropractic. For further information or a copy of the ICA Policy Handbook & Code of Ethics including a description of the Practice of Chiropractic, contact the International Chiropractors Association.*

*For More Information on Chiropractic, call or write:*

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