



Ontario  
Chiropractic  
Association

**BY EMAIL**

October 30, 2020

College of Chiropractors of Ontario  
89 Hayden St, Suite 800  
Toronto, ON, M4Y 0E7

Attn:

Dr. Dennis Mizel, CCO President and Chair, Executive Committee  
Ms. Jo-Ann Willson, Registrar & General Counsel

Dear Dr. Mizel and Ms. Willson:

**Re: Ontario Chiropractic Association (OCA) feedback to CCO on:**

**1) Draft Proposed Standard of Practice and Guideline on Health Care Claims in Advertising, Websites and Social Media**

This letter confirms and expands upon the OCA's online submission on the proposed new standards and guidelines for health care claims.

***Draft Proposed Standard of Practice on Health Care Claims in Advertising, Websites and Social Media***

OCA appreciates the importance of CCO modernizing guidelines and standards of practice by undertaking a review of the profession's regulations and expectations regarding health care claims in advertising, websites, and social media.

False and misleading health claims are not only unethical, they have the potential to cause serious harm to patients and undermine public trust. There is increasing research evidence that demonstrates that such messages may lead patients to refuse or delay (or exhaust their resources to acquire) appropriate and effective treatments and care.<sup>2</sup>

The American Medical Association's Journal of Ethics® determined "*Broad dissemination and consumption of false or misleading health information, amplified by the internet, poses risks to public health and problems for both the health care enterprise and the government.*"<sup>1</sup>

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<sup>2</sup> <https://journalofethics.ama-assn.org/article/why-health-professionals-should-speak-out-against-false-beliefs-internet/2018-11>



Additionally, in a review in 2014 by the *Pharmacy & Therapeutics (peer-reviewed journal)*, titled, *Social Media and Health Care Professionals: Benefits, Risks, and Best Practices* states, “Many social media tools are available for health care professionals (HCPs), including social networking platforms, blogs, microblogs, wikis, media-sharing sites, and virtual reality and gaming environments. . . These tools can be used to improve or enhance professional networking and education, organizational promotion, patient care, patient education, and public health programs. . . However, they also present potential risks to patients and HCPs regarding the distribution of poor-quality information, damage to professional image, breaches of patient privacy, violation of personal–professional boundaries, and licensing or legal issues. . . Many health care institutions and professional organizations have issued guidelines to prevent these risks.”<sup>2</sup>

OCA recognizes the impact on public trust and patient outcomes of misleading claims. That was reflected in feedback submitted in August 2019 and we reiterate again in this submission.

### **OCA Recommendations**

OCA supports the proposed Standard and the stated expectations will help the profession to better communicate the benefits of chiropractic care to patients and members of the public.

The proposed Standard identifies a list of diseases, disorders and conditions for which a chiropractor must not claim to diagnose, prevent or treat. We understand this list is similar to one published by the College of Chiropractors of British Columbia. The OCA recognizes the benefit of some regulatory harmonization regarding advertising claims in those provinces where there is also comparability in scopes of practice.

The draft Standard states that “CCO will review the list on a periodic basis with consideration to how emerging research and evidence will affect this Standard of Practice.”

**Recommendation 1)** The chiropractic profession has a significantly evolved research agenda, including many international and interprofessional research projects examining the mechanisms and benefits of chiropractic care. The speed with which new knowledge needs to be integrated into practice is ever increasing so that patients can have the benefit of the most up-to-date care. In modernizing this Standard, it is imperative that this portion of the Standard be strengthened by CCO by committing to a transparent schedule for reviewing the research to ensure the list is current, rather than on a periodic basis. The process for this review should be clarified.

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4103576/>



**Recommendation 2)** OCA recommends the establishment of an advisory council of researchers and practitioners to conduct this review and make recommendations to CCO in a dynamic way as new research emerges. This will enable chiropractors' advertising to reflect the latest research.

**Recommendation 3)** The wording on page 1 (bullet 1) implies that chiropractors may only make a therapeutic claim for diseases, disorders, and conditions that they can diagnose.

As such, this provision has the potential to restrict members from advertising regarding the treatment of patients that have been diagnosed by other health professionals (e.g., medical doctor or nurse practitioner) for which a patient may be referred to a chiropractor for co-management of related nMSK conditions.

For example, while chiropractors cannot diagnose asthma, chiropractors receive referrals from other health professionals or patients self-refer, for care to optimize function. OCA recommends it is reasonable for chiropractors to advertise that they can, for example, assess, and develop a plan of care to improve function (i.e. the biomechanics of thoracic and costovertebral joints using manual therapy, or a rehabilitation plan) for asthmatic patients even though they cannot diagnose asthma.

As currently proposed, the Standard may serve to limit the public's understanding of chiropractors' training, skills and scope of practice.

### ***Draft Guideline on Health Care Claims in Advertising, Websites and Social Media***

**Recommendation 4)** OCA supports the enforcement procedures outlined in the proposed Guideline and strongly supports the proactive and ongoing review of members' advertising, websites and social media. This shift to a proactive focus aligns well with modernized regulatory practice to protect the public. However, there should be greater clarity regarding several aspects of the enforcement program. It is unclear when and how CCO will undertake its proactive reviews. Will members be selected at random? Will digital software, aided by artificial intelligence or other types of algorithms, be utilized to review members' content? We recommend the use of such technology. In an evaluation, published May 2020, of the use of digital scanning technology by the College of Chiropractors of British Columbia (CCBC), researchers found that the software facilitated monitoring, assessing, and remediating health claims posted to practitioners' websites, and social media, and served to improve regulatory compliance.<sup>3</sup>

**Recommendation 5)** OCA recommends additional clarification regarding members' ongoing obligations to comply with the Guideline. Specifically, the draft Guideline states that "*Members are required to take regular steps to confirm all their advertising, websites and social media are in compliance with the CCO Standard of Practice.*"



<sup>3</sup> [Kawchuk G, Hartvigsen J, Innes S, Simpson JK, Gushaty B. The use of internet analytics by a Canadian provincial chiropractic regulator to monitor, evaluate and remediate misleading claims regarding specific health conditions, pregnancy, and COVID -19. Chiropr Man Therap. 2020;28\(1\):24. Published 2020 May 11.](#)

The term “regular” is open to interpretation (e.g., monthly, biannually, or annually). OCA recommends CCO establish specific timelines for members to review and confirm that all their advertising, websites and social media are in compliance with the proposed CCO Standard of Practice.

**Recommendation 6)** In the spirit of regulatory robustness, OCA recommends that the Guideline should more explicitly cross-reference relevant sections of related CCO policies and Guidelines on advertising. For example, members may have questions regarding:

- What process the Advertising Committee will undertake when reviewing complaints (or allegations) that may be levied in respect of either the Advertising Guideline (G-016) or the proposed draft Guideline on health care claims.
- What constitutes an allegation, how allegations can be brought forward and identified, and the difference between making a complaint or allegation. (The OCA previously posed these questions to CCO in its submission dated August 23, 2019).

**Recommendation 7)** Finally, OCA recommends that an adequate transition period (between CCO approval and enactment) be provided to permit members sufficient time to comply with the new Standard and Guideline.

OCA welcomes an opportunity to discuss its recommendations with you and/or CCO Council and we look forward to your response.

Sincerely,

Dr. Ken Brough  
Board Chair

Caroline Brereton  
Chief Executive Officer