
DRAFT HEALTH CARE CLAIMS IN ADVERTISING, WEBSITES AND SOCIAL MEDIA



Draft Standard of Practice S-???
Quality Assurance Committee

**Draft Standard of Practice Approved for Distribution and Feedback: August 12,
2020**

Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

INTENT AND OBJECTIVES

- To identify diseases, disorders and conditions that a member may not diagnose within the chiropractic scope of practice and therefore may not claim to diagnose, prevent or treat with chiropractic care in members' advertising, websites or social media¹.
- To outline CCO's expectations that health care claims related to the benefits of chiropractic care in members' advertising, websites and social media are:
 - within the chiropractic scope of practice,
 - accurate, factual, verifiable and objective,
 - supported by generally acceptable evidence; and
 - otherwise compliant with CCO standards of practice, policies and guidelines.
- To create cohesiveness between Standard of Practice S-001: Chiropractic Scope of Practice and Standard of Practice S-016: Advertising.

DESCRIPTION OF STANDARD

Health Care Claims in Advertising, Websites and Social Media

A member must give consideration to the following factors when making health care claims as to the benefit of chiropractic care in advertising, websites and social media:

- Does the claim fall within the chiropractic scope of practice?
- Is the claim based on accurate, factual, verifiable, and objective information?
- Is the claim supported by generally acceptable evidence?
- Is the claim otherwise complaint with CCO standards of practice, policies and guidelines?

¹ Any electronic platform accessible by the public.

A member is authorized to make and/or communicate a diagnosis or clinical impression within the chiropractic scope of practice, as described in the *Chiropractic Act, 1991*, as follows:

The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

- (a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and
- (b) dysfunctions or disorders arising from the structures or functions of the joints.

A member may not make and/or communicate a diagnosis that is outside of the chiropractic scope of practice or claim to diagnose, prevent or treat diseases, disorders or conditions that have been diagnosed and are outside of the chiropractic scope of practice. As such, a member may not claim in their advertising, websites or social media, including in patient testimonials, that chiropractic can be used to diagnosis, prevent or treat diseases, disorders or conditions, such as:

- Allergies
- Alzheimer's disease and/or dementia
- Asperger's syndrome
- Asthma
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity (ADHD)
- Autism or autism-spectrum related disorders including Asperger syndrome
- Cancer
- Cerebral Palsy
- Cognitive impairment
- Developmental and speech disorders
- Diabetes
- Down Syndrome
- Family Planning
- Fertility
- Fetal alcohol syndrome
- Flu
- Immunity, including information about vaccination/immunization
- Infantile Colic
- Infections
- Infertility
- Multiple Sclerosis/MS

- Nocturnal Enuresis (bedwetting)
- Otitis Media (ear infection)
- Parkinson’s Disease
- Tourette’s syndrome

The above list of diseases, disorders or conditions is not exhaustive, final or conclusive. Absent acceptable evidence, members may not make claims in advertising about the effectiveness of chiropractic care in diagnosis, prevention and treatment of a disorder, disease or condition simply because it is not included in this list.

CCO will review this list on a periodic basis with consideration to how emerging research and evidence will affect this standard of practice.

Acceptable Evidence

When assessing whether there is acceptable evidence for making health care claims in advertising, websites and social media and communication to patients and members of the public, a member must consider the following:

- Is the evidence relied on objective and based on accepted principles of good research? Is the evidence from a reputable source, for example, a properly peer-reviewed journal?
- Do the studies used provide clear evidence for the therapeutic claims made or are they one of a number of possible explanations for treatment outcomes?
- Have the results of the study been replicated? Results consistent across multiple studies, replicated on independent populations, are more likely to be sound.
- Has the evidence been contradicted by more objective, higher quality studies? (For example, evidence from a single study would not be acceptable evidence if it is contradicted by a systematic review).
- Statements and claims in marketing that are contrary to a higher-level evidence are not acceptable. What is the level of evidence?

The following types of studies may not be considered sufficient acceptable evidence for advertising claims:

- Studies involving no appropriate subjects;
- Before and after studies with little or no control or reference group (e.g., case studies);
- Self-assessment studies;
- Anecdotal evidence based on observation in practice; and
- Outcome studies or audits, unless bias or other factors that may influence the results are carefully controlled.

LEGISLATIVE CONTEXT

Regulation 852/93: Professional Misconduct

The following are acts of professional misconduct for the purposes of clause 51.1(c) of the Health Professions Procedural Code:

2. Contravening a standard of practice of the profession or failing to maintain the standard of practice expected of members of the profession.
14. Providing a diagnostic or therapeutic service that is not necessary
33. Engaging in conduct or performing an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

This standard of practice should be read in conjunction with:

- Standard of Practice S-001: Chiropractic Scope of Practice
- Standard of Practice S-016: Advertising
- Guideline G-012: Use of Social Media
- Guideline G-016: Advertising
- Guideline G-???: Health Care Claims in Advertising, Websites and Social Media