A PROPOSED BIOETHICS CURRICULUM FOR CHIROPRACTIC COLLEGES

F. Stuart Kinsinger DC, MA[1]. Dana Lawrence DC, MMed, MA[2]

[1] Associate Professor, Canadian Memorial Chiropractic College, Adjunct Professor, New York Chiropractic College

[2] Senior Director, Center for Teaching and Learning, Palmer College of Chiropractic

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ABSTRACT

Objective: The Council on Chiropractic Education (CCE) mandates that all accredited colleges teach ethics as a core part of the curriculum. Included in this mandate are professional behaviors, doctor-patient power differential, boundaries, risk management, social responsibility, committing to life-long learning, veracity and sound business practices. This paper presents an argument for enhanced content in ethics education in chiropractic colleges.

Discussion: We advocate a framework of the virtue ethics system using content most relevant to the needs of chiropractic learners including codes of conduct, moral agency, social change agency, professionalism and professionalization, ethics and virtues of care, ethics of touch, boundary setting and maintenance, resolving an ethical dilemma, conflict of interest and doctor-patient communication. Additional content options include the ethics of research, life and death issues for chiropractors and the ethics of practitioner self-care.

Conclusion: Since there is neither standardization nor congruency across chiropractic colleges in ethics curricula, our proposed curriculum offers an attempt to standardization with strong advocacy for its timeliness and utility with great adaptability for both online and on campus instruction. (Chiropr J Australia 2016;44:290-302)

Key Indexing Terms: Clinical Ethics; Professional Ethics; Chiropractic; Professional Education

INTRODUCTION

Chiropractic is practised in almost every country of the world. The profession has earned broad acceptance from the public and is well positioned in many national health care systems for the delivery of its services. It is widely regarded as the leading example of a complementary health care discipline reaching maturity and mainstream acceptance. (1,2) The World Health Organization publishes guidelines recommending standards for the regulation of chiropractic education and health care services within national health care systems. (3) The profession is seen as realizing a critical mass of cultural authority for the profession in the diagnosis, care and prevention of non-surgical neuromusculoskeletal disorders. (2)

Common international standards of education have been achieved through a network of accrediting agencies, beginning with the US Council on Chiropractic Education (CCE), recognized by the US Office of Education since 1974. These agencies are now represented by the Councils on Chiropractic Education International (CCEI). (4)

Educational entrance requirements vary according to country, but in North America a minimum of 3 years of college or university credits in qualifying subjects is required. The chiropractic college doctor of chiropractic program has a minimum of 4 full-time academic years, and results in a masters degree in many countries, with a doctoral degree earned on graduation in the US and Canada. This is followed by professional practice predicated on successful completion of licensing exams. Postgraduate specialties include orthopedics, neurology, paediatrics, radiology, rehabilitation and sports chiropractic.

Aside from the North American colleges, newer colleges have been established in Australia, Brazil, Denmark, France, Japan, Korea, Mexico, New Zealand, South Africa, Switzerland, Thailand, Spain and Malaysia. In most countries outside of North America, chiropractic education is within the university system or in private colleges.

DISCUSSION

(a) Council on Chiropractic Education

In 1935, the National Chiropractic Association created the Committee on Educational Standards to begin the process of advocating for high standards for the young profession. Over the subsequent decades the profession refined and reformed its committee focusing on academic rigor for educational institutions. The Council on Chiropractic Education was formed in 1971 and received US federal approval in 1974.

The Council on Chiropractic Education (CCE) mandates that all accredited colleges teach ethics as a core part of the curriculum. This is understood by colleges as also being concerned with the ethics of business practice. The current standards in Section 2, subsection 5 of the CCE standards set out general competency headings for the doctor-patient relationship, professional issues, ethics and integrity. (5)

Included in this mandate are professional behaviors, doctor-patient power differential, boundaries, risk management, social responsibility, commitment to life-long learning, veracity and sound business practices. The Canadian standards, also under the authority of a federal governmental regulator, the Canadian Council on Chiropractic Education, have identical requirements. While both countries' standards are general, lacking specific details of curriculum deliverables including hours of ethics instruction, specific content and teaching methodology, the colleges are required to have students demonstrate competencies and meta-competencies that show the CCE requirements are met.

(b) Current State of Ethics Instruction

In university-based medical education, attempts have been made to quantify an accepted and standardized ethics curriculum with various content objectives including basic bioethical principles, clinical dilemmas, life and death issues, interprofessional relations and resource allocation. There is an unequivocal sentiment from the medical academic establishment that ethics education for physicians is vitally essential. In a present-day society that embraces moral relativism as a defining Western value, the

significance of teaching ethical principles to primary health care providers is deemed necessary and appropriate. (6,7)

In the US, there is no specified mandated content in medical ethics education. While the American Association of Medical Colleges' *Curriculum Directory* states that all medical colleges claim to require ethics education, no regulatory authority is referenced. The Liaison Committee on Medical Education requires such content but does not specify what or how this should be done. Chiropractic education differs as per the CCE requirements. (8)

In chiropractic, a survey of all American and Canadian chiropractic colleges regarding their ethics curricula was conducted in 2009. All 19 colleges were invited to provide specific details of their ethics teaching, including specific content, goals and objectives, teaching methodology, evaluation and who was delivering this content. 16 colleges provided the requested information regarding their ethics instruction. (9)
That survey revealed there is a lack of standardization in the content as currently taught. Total time spent in contact with students on ethics instruction varied from a minimum of 2 up to 46 hours. Small group tutorials and reflective self-study were only seen in 2 colleges; while all used a didactic, lecture-based format.

Eight primary objectives were identified from the responding colleges: doctor-patient boundaries, law and jurisprudence, professionalism, basic ethical tenets and principles, ethical codes of conduct, prevention of financial and of sexual abuse and resolving an ethical dilemma. The average number of objectives per college was 4 but no single objective was seen universally throughout the sample. These findings mirror those found in the medical school and Master of Science nursing surveys. (6,7)

This attests to the broad landscape that the bioethics domain covers and further, that this disparity and lack of continuity is shared in the current state of both chiropractic and medical education.

The ethics educational needs of the chiropractic practitioner differ from those of medical providers, though both professions feature primary contact in addition to other similarities. Except for pediatric specialists, chiropractors do not typically deal directly with the beginning and end-of-life issues. It is rare for practitioners to intervene in situations involving the critically ill patient, advance directives, futility of care and resource allocation, all of which are routine for medicine and institutionalized nursing. In chiropractic, patients are most commonly ambulatory, usually independent and functional in their activities of daily living.

As a broad generalization, all the ethics of health care subsume 2 basic tenets: (i) the delivery of clinical protocols in an expert and competent manner, with (ii) the delivery of care set in a nurturing environment, providing a safe interaction between the doctor and patient, under the fiduciary covenant to honor and uphold the primacy of the patient. The ethics of care include the necessity to set and maintain a healthy and functional doctor-patient boundary. While medicine and nursing are not exempt from relationship challenges, chiropractic is recognized as a high risk profession with evidence of a higher incidence of boundary violations compared to most medical settings. (10)

Assessment and treatment protocols demand close physical proximity with the potential for inappropriate behaviors, and are of concern due to the inherent professional-client power differential.

As a means of offering a standardized approach to content taught to undergraduate chiropractic learners, we propose that ethics instruction be framed within the philosophical tenets of Virtue Ethics and that content feature a broader and deeper level of instruction than is currently being taught with this predicated on the requirements set out by the Council of Chiropractic Education and the 2009 colleges' ethics survey reporting inconsistencies among educational institutions. The CCE requirements may not offer learners an optimal ethics education.

This proposed content may be adapted to individual college requirements and may be offered over a typical academic term of 12 to 15 weeks, or offered in a short, more intense format. Consistent with trends in higher education, content may be offered and adapted to an online, e-learning format and administered through the institution's teaching and e-learning website. (11)

The content of this enhanced virtue ethics framed bioethics curriculum is predicated on three professional conventions forming the *set* that every chiropractic student must demonstrate an understanding of and competence in:

1. Professionals are held to higher standards than the general public;
2. The health practitioner holds the position of power and trust, with the patient being in the vulnerable position; and
3. The responsibility to maintain healthy and functional boundaries in all clinical encounters and uphold the principles of professionalism rests exclusively with the practitioner. (12,13)

The *setting* then follows:

1. Professionalism and ethics are key cornerstones that underscore all other content for chiropractic students acquiring basic science knowledge and clinical competence. The public demands that educators advocate for and uphold the principles of professionalism, codes of conduct, behaviors and ethics, and mentor students in the application of these tenets.
2. The *set* and *setting* support the applied learning objectives of altruism, compassion, empathy, primacy of the patient and commitment to excellence, to the more focused goals of professional ethics, setting of boundaries and the prevention of abuse of all kinds. Many published papers advocate for these foundational principles as essential outcomes for learners. (14-18)

It may be that the authors of the ethics section of the CCE intended to offer a broad landscape regarding content. There are, however, other categories of content that greatly enhance the learner's understanding of the role of a professional in society. This additional content facilitates the learner's acquisition of their own professional identity, which when grasped early in training allows for early maturation in self realization of his or her role in society.

(c) Virtue ethics and professionalism

Virtue ethics is a well defined ethical system of thought which features character traits or virtues as the basis for decision making. When applied to health care, the literature suggests a positive association between the professionalism observed in the individual practitioner, who is thus characterized as having virtuous thought and behavior. This then is understood as the individual practitioner making sound ethical decisions based on a foundation of virtuous character rather than duty to adhering to a set of rules. This is congruent with existing literature in that engaging in professional practice has been characterized as “a moral undertaking.” (19)

Virtue ethics originates from Aristotle and Plato and includes moral wisdom, excellence and doing well (as much good as possible) in one’s undertakings. In virtue ethics it is the character of the individual that predicates actions and behaviors. Thus virtue ethics contrasts with these more proscriptive approaches such as consequentialism, deontological ethics and principlism. Of significance is that these theoretical frameworks are not mutually exclusive but share much congruence in their concepts and application. (20) A rules-based approach is seen in professions’ codes of conduct, standards and ethics, with these stating minimum standards for professional behaviors, as regarding the behavior of a practitioner in terms of what should the practitioner do. This may be seen as contrasting with the character a practitioner possesses, with these virtues then forming the basis for actions.

In medicine, these character virtues and virtue ethics are seen as integral to an individual’s professionalism and in particular the character traits include fidelity (to trust), benevolence, honesty, courage and compassion. (21) There is nothing inherently unique to the practice of medicine that is not automatically shared with the practice of chiropractic.

While the CCE standards are silent on positioning, it is not the intent of this paper to recommend where the expanded ethics content be most optimally positioned in the curriculum. While an introduction of virtue ethics may be considered useful at an early stage in the learner’s education, the ability of the student in the latter portion of the program, particularly when caring for patients in the institution’s treating clinic, may offer a superior opportunity to realize the direct application of ethical concepts in the clinical milieu.

In framing the ethics content of the doctor of chiropractic curriculum within the virtue ethics model, there are key foundational aspects of content which constitute essential components in facilitating a learner’s professionalization and acquisition of their professional identity as follows (22):

(i) *Social contract*. All of the principles of professionalism find their roots in the social contract between professionals and society. A health care profession student not understanding the historical aspect of the social contract may be at increased risk for unprofessional behavior both pre and post graduation.

(ii) *Moral agency*. The learner's journey in nurturing his or her professional identity may be significantly facilitated by an early understanding of the doctor's role as a moral agent. Every professional acts as a moral agent and educators are strategically positioned to demonstrate the reality of moral agency. (23,24) Students are most influenced by teachers whose qualities they admire. These qualities include tolerance, firmness, fairness, respect, gentleness, sensitivity and responsiveness. McGill University's Department of Medicine evaluates teaching faculty on just 1 criterion: professionalism. McGill has discarded the traditional evaluations quantifying courses taught, papers published, meetings attended and such. (25)

Chiropractors, like all health professionals, act as social change agents by virtue of their work, and a student's professional identity is further enhanced by an early recognition of his or her role as a social change agent. (26,27)

(iii) *Life and death bioethics*. Excepting those chiropractors who have specialized in pediatric care, chiropractors are not typically involved in the life and death decision making that medical physicians and institutional nurses are. The trend toward integrative and multi-disciplinary clinical settings strongly suggests that the profession be fully conversant with the concepts and applications of advance directives, treatment futility, resource allocation, end-of-life care and clinical ethical consultation.

(iv) *Research ethics*. An important part of research includes an understanding of the 4 primary bioethics of research: autonomy, beneficence, nonmalificense and justice. There is much written on both small and large scale research methodologies and trials, with bioethics scholarship forming an essential part of research methods. The emergence of a strong ethic of research is predicated on the abuse of research subjects earlier in the 20th century.

(v) *Ethical theory*. Arguably the positioning and teaching of ethical theory may be difficult in offering learners relevance towards their understanding of the reality of patient care. Principlism, casuistry, impartial rule theory, deondontism, consequentialism and virtue ethics are all described in the literature as well constructed philosophical positions, and not mutually exclusive. When offered, they offer an understanding of bioethical foundations from alternative views as well as forming the basis for the application of ethical understanding with the care of the patient.

(vi) *Self care*. Burnout has been described as a 'career adversity syndrome'. Students about to embark on a career of caring for others risk their own ill health due to stress and burnout with the common *sequelae* of chemical dependence and impaired personal relationships. This raises ethical issues and directly addresses the virtue of integrity. The ethics and virtues of caring for others in no way preclude the professional from ensuring personal health and vitality.(28-30)

(vii) *eprofessionalism*. There is emerging evidence of the need to offer teaching and learning strategies regarding the prudent management of a young learner's use of social media, as they transition from a novice lay person to a member of a health care profession. Proactive educational strategies offers students guidance on creating a digital persona before graduation and licensure, with this online presence fully congruent with professionalism values. (31,32)

Expanded Content

Codes of conduct, moral agency, social change agency
Every health profession has codified standards set out from both regulatory authorities and the profession's trade associations. While proscriptive, the standards set out a practitioner's minimal requirements for licensure with duties and responsibilities. The virtuous practitioner strives for an optimal expression of his or her professionalism in the clinical encounter. The student will demonstrate knowledge of the chiropractic profession's codes of conduct and the various issues that arise including codifying standards as an essential part of being accorded the status as a profession. The concept of the practitioner acting in the role of a social change agent serves to reinforce the learner's status as a budding professional in society. (26,27)

Professions, Professionalism, Professionalization

The principles of professionalism form the foundation for chiropractic practice. The learner is challenged with those attributes that qualify a group with the designation of being a profession and why chiropractic is afforded professional designation. The student is asked to reflect on the journey a professional undertakes from novice learner to seasoned practitioner. The current concern with academic integrity is well framed from the virtue ethics position with the educational institution's proactive strategies stated in the context of ethics and professionalism. (12,13,16,17)

Ethics of Care and Virtues of Care

Quite apart from the virtue ethics system, all of the ethics and virtues of health care fall within the domain of the chiropractic profession. The hallmark ethics of care of autonomy, beneficence, non-maleficence and justice are no more significant and impactful on the practitioner working under a fiduciary constraint than other ethics and the virtues. (33)

Ethics of Touch, Boundary Setting and Maintenance

Since palpatory touch is the pre-eminent method of diagnosis and care for the practicing chiropractor, it is incumbent on educators to provide the rationale for the learner to engage with the patient in a safe and comfortable setting. The student will demonstrate knowledge of the clinical aspect of the chiropractor's privilege of touch, the ethical issues that arise for the both doctor and patient, and the basis for the necessary

boundary. Transference and countertransference are to be included as essential learning objectives for appropriate and professional doctor-patient interactions. (34)

Predicated on the ethics of how best to engage in touching the patient, the student will demonstrate knowledge of the practitioner's duty to set and then maintain a functional doctor-patient boundary. Part of boundary setting is an understanding of how a boundary is crossed and how inappropriate, non-clinical words and actions can violate a boundary. Learning outcomes include managing dual relationships, which pose risk to an optimal healing encounter due to influences that may not be clinical. (35)

Strategies to Prevent Sexual Abuse

Reports from chiropractic regulators in US states and Canadian provinces reveal some practitioners are disciplined for serious boundary violations involving doctor-patient romantic and sexual activity. This is strictly forbidden. The student will demonstrate knowledge of how a practitioner should use optimal communication to offer a safe setting to clinical care. The learner then demonstrates an understanding of the difference between safe self-disclosure and personalizing. This is delicate as patients do divulge personal and sometimes intimate details of their lives. The doctor is not to reciprocate as sharing personal details, especially of his or her intimate relationship inverts the power differential, thereby putting the patient in the caregiving role. This reversal constitutes a boundary violation, constitutes dysfunction and can easily progress to further serious violations. (36,37)

Resolving an Ethical Dilemma

Ethical and clinical disputes and challenges frequently feature an interpersonal component and usually involve multiple parties. A true ethical dilemma is based on accepted bioethical principles and by definition: a situation in which there is no obvious right choice, as 2 or more ethical principles apply, with these principles appearing to be in conflict with each other. The range is broad as there is a plethora of topics that apply including beginning and end of life care, decisional capacity, patient confidentiality, duty to report and boundary issues.

The student will demonstrate knowledge of how to use a guide to aid the practitioner in dealing with a patient and other involved parties in resolving a dilemma that has no obvious right or wrong choice. (38)

Research Ethics

While the majority of chiropractic learners are destined for clinical practice, the student will demonstrate understanding of the foundational ethics of research and how these are applied to clinical trials and interacting with their and other's patients as participants.

Life and Death Issues for Chiropractors

While chiropractors do not deal directly with difficult beginning and end of life issues, chiropractic patients do, commonly with an ill family member. The student will demonstrate understanding of the issues that involve a critically ill patient, including

advance directives, futility of care and resource allocation, palliative care and roles and responsibilities of health care professionals working in hospitals and nursing homes. Emphasis will be towards offering knowledge and empathy to chiropractic patients with a loved one in need of end-of-life care.

Integrity and Conflict of Interest

As part of the principles of professionalism, the student will demonstrate knowledge of integrity, the components of acting with integrity and why this is essential for professionals. The student will demonstrate how to best discern the various forms of conflict of interest in chiropractic practice, with this as part of preventing unprofessional behaviors.

Doctor-Patient Communication

The student will demonstrate knowledge of communicating effectively and empathetically with patients. Content includes the informed consent process and discerning decisional capacity of the patient. Of particular importance are communication strategies when faced with the unintended outcome. The Servant Leadership model of demonstrating professionalism through leadership to one's patients, profession and community is regarded as an exemplary standard that practitioners should model. The Association of Chiropractic Colleges' 2014 annual educators and researchers' conference featured its opening plenary address by world renowned authority on Servant Leadership, Jim Hunter. (39-41)

Prevention of Financial Abuse Strategies

Regulators discipline some practitioners for inappropriate business practices that are deemed infractions involving financial irregularities including irregular billing activities and outright fraud. The student will demonstrate knowledge of fraud and financially abusive behaviors, and strategies to prevent deficient office policies and procedures, with this content.

Healthy Chiropractor

Stress and burnout are elements of risk for individuals practicing as health professionals. Closely associated with burnout is a correlation with chemical use, dependence and addiction. The student will demonstrate knowledge of stress, burnout and maintaining a work-life balance facilitating optimal health. Since fitness to practice is positively linked to physician health, impairment, addiction, self-evaluation, and the role of treatment for mental illness are prudently included in this content. (42,43)

CONCLUSION

While little is known of the smaller allied professions including acupuncture, massage therapy and naturopathy, chiropractic undergraduate ethics instruction is in need of more robust content to best reflect 21st century health care and standardization across educational venues. This challenge represents a timely opportunity to more clearly

articulate the specific content of ethics teaching and learning to young chiropractic learners. Our proposal is framed from a virtue ethics system perspective with the proposed curriculum offering an attempt to standardize with strong advocacy for its timeliness and utility. All health care professionals work under an accepted social contract designed to benefit the needs of society featuring primacy of the patient and are to conduct the practice of their profession in a virtuous and ethical manner.

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