

COMMENTARY

“What About the Next 100 years?”

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As the Chiropractic profession celebrates its 100th birthday this year there is no question that the profession has progressed a long way since the time of D.D. Palmer and that first “adjustment”. Although the Australian Chiropractic profession still has a way to go to celebrate its centenary this country can proudly boast of its own advancements and achievements, particularly in relation to undergraduate and post graduate training.

To gain an appreciation of what the future holds for our profession and to identify some of the factors which may assist our future progress we asked some selected members of our Editorial Board the question:

“What single change would advance the chiropractic profession most in the next 100 years?”

The Reviewers were limited in the answers to 200-300 words and their responses were:

BRUCE F. WALKER D.C., M.P.H.

There are many changes which would advance the chiropractic profession in the next 100 years. I found it very difficult to select one such change in isolation, and I was very tempted to choose “the total integration of chiropractors into Australia’s hospital system” as my selection.

However, I have chosen instead a more profound structural change within the profession itself. That is, the inclusion of clinical epidemiology into undergraduate and post-graduate programs.

Clinical epidemiology can be defined for our purposes as the application by a chiropractor of epidemiologic and biostatistical methods to the study of diagnostic and therapeutic processes in order to effect an improvement in health (adapted from Sackett DL.).

Currently, there are some seminal programs in our undergraduate courses, but its total integration throughout the courses is required for this new way of critical thinking to actually take effect.

The advantages of its inclusion are:

a practitioner who is better able to:

1. Perform a clinical examination.
2. Select the most appropriate diagnostic tests.
3. Interpret the information from those tests.
4. Understand the natural history of disease and the usefulness or otherwise of screening tests.
5. Make an accurate prognosis.
6. Decide on the best therapy.
7. Assist patients with therapy compliance.
8. Review their own performance.
9. Use the literature correctly to obtain evidence to solve clinical problems.
10. Keep up to date.
11. Critically appraise information generally.

Such a change would gradually bring about profound and far reaching effects not only for the profession but also and more importantly the public. Unsubstantiated claims would virtually disappear and a chiropractic professional would emerge who would be superior in critical thinking than many other health professionals. In this way chiropractors would in my view be asked to enter the Australian hospital system and not have to demand their entrance. We would be a highly regarded and indispensable part of the total health team.

PETER D. WERTH B.App.Sc.(Chiro).

Ultimately, the further advancement of the chiropractic profession is dependent on two vital elements;

- continued research validation and
- positive legislative changes.

Without these scientific and administrative advancements chiropractic will become “dead in the water”. Other professions that have inclusion within organised healthcare will eventually replicate, and in turn supersede chiropractic, if the profession fails to make its mark in these arenas.

The recent surge in chiropractic research, particularly with regard to the effects of spinal manipulation on the course of lower back pain, has opened the door for the profession to conduct research into other conditions in which manipulation maybe of benefit.

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The positive impact of a “low technology” intervention on such a costly problem as back pain, augers well for the political and in turn legislative embracement of the profession. For the profession to obtain substantial political and legislative support in the face of such powerful and influential opposition it must have the supportive evidence and cost-effective benefit to overwhelm the opponents of the profession. In other words the weight of evidence of the benefits of chiropractic must be so great that the profession’s opponents have no case, and are seen as vindictive and petty in their opposition to chiropractic’s advancement.

With many groups and professions vying for the same “trough” funds for chiropractic research and funding of services would appear to be limited, despite validation via research. It then requires some significant political support to overcome these obstacles.

Legislative changes will see the advancement of the chiropractic profession over the next 100 years. The ground-work via research validation of what chiropractic does well, namely management of uncomplicated back pain, will provide the foot in the door, but how the profession makes use of its opportunities will determine whether the profession will successfully advance to see its bicentenary.

JENNIFER R. JAMISON MB.,BCh.,B.Sc., PhD., Ed.D.

Mutual interprofessional recognition of referral criteria, I would suggest, is the single change that would most advance the chiropractic profession over the next century. There is currently failure of chiropractic and medical practitioners to agree on the clinical findings which suggest that the patient may benefit from referral or team patient management. While discrepancies between medical and chiropractic practitioners with respect to clinical indications for patient referral have been documented (1,2), the extent to which this phenomenon pervades the Australian health care system is unknown.

The repercussions of failure for health professionals to recognize when a patient may benefit from the therapeutic skills of another are widespread and potentially include:

- delays in the diagnosis of progressive disorders, the natural history of which may be altered by early intervention.
- patients relying on a lay referral system when ‘shopping’ for satisfactory clinical care.
- prolongation of the sick role through a delay in initiating appropriate therapy.

- depriving patients of the most effective management currently available.

The benefits of mutual recognition of appropriate referral criteria include:

- better patient care.
- improved health outcomes for the health, including workcare, system.
- enhanced appreciation and respect for the knowledge and skills of professions and professionals within the referral system.

Chiropractic has achieved legal and popular recognition over the last 100 years, mutual recognition of referral criteria in the next 100 years will bring it the professional credibility it deserves.

Reference:

1. Jamison JR. Chiropractic referral: the views of a group of conventional medical practitioners with an interest in unconventional therapies. *J Manip Physiol Ther*, 1995; 18: 302-7.
2. Jamison JR. Chiropractic referral: in search of criteria upon which medical practitioners agree to refer for chiropractic care. *Chiropr J Aust*, 1995; 25: 13-8.

ANTHONY HATTON B.Sc., M.Sc., B.App.Sc (Chiro).

For quite some considerable time the chiropractic profession has enjoyed an enviable position in the health care provider market. Its members have been granted the privilege of primary contact health care practitioner status. With such a role however, there comes considerable responsibility, which is ignored at the expense of both the patient and the profession. Such is the case with chiropractic in Australia, in 1995. The single most positive act the profession could take as a whole is to appreciate and accept the responsibilities of primary contact practitioner status.

The chiropractic profession, in Australia at least, is permeated with insecurity, due initially perhaps to substandard clinical training, but maintained by a lack of commitment to continuing health care education and a paucity of professional research. A vast majority of it’s members feel the need to constantly defend themselves, their philosophy and actions at the slightest provocation, however they do so by holding steadfastly onto archaic principles which are indefensible on scientific grounds or even simple logic. Chiropractic cannot be justified by anecdotal evidence and empiricism and it is unacceptable to adopt a head-in-the-sand attitude. The profession must cast aside its cloak of indifference, improving

disciplinary standards, developing more meaningful research, and strengthening interprofessional relationships. Only then, when chiropractors begin behaving like doctors, shall we be recognized as such, and only then shall we deserve the title.

COLIN M. CRAWFORD B.App.Sc. (Chiro), FCCS(C),
Grad.Dip.Neurosciences.

A change in the consciousness of chiropractors towards that of a real health oriented clinical science, and away from the ill conceived notion that the profession will disappear as a unique profession, with a unique contribution to health care/wellness by integrating fully into the orthodox health care arena, and keeping up with developments in 'Osteology, Neurology and Tone-bones, nerves and manifestations of impulses' (1). Inherent in this concept is the need for medicine to also undergo a shift in its underlying biophysical model and embrace a more wellness/biopsychosocial oriented model of health care.

With this chiropractic paradigm shift comes the integration of all the good attributes of science and wholistic health care which includes research into outcomes of chiropractic care not only for defined diagnoses but also in chiropractic's contribution to wellness. Nothing is lost except the use of so called 'traditional chiropractic philosophy' as a cop-out for real wholistic clinical competence. Nothing is lost of the weird and wonderful, observationally-based chiropractic techniques; they are merely investigated and those withstanding [new] scientific scrutiny applied clinically, with known and understood clinical indications.

We just gain: Faith in what we do clinically and in the body's ability to utilise the interventions we perform, for clinically rational and justifiable reasons; Confidence in doing what is naturally right in conjunction with other health care professionals or independently; and belief or knowledge that we are contributing to wellness/well being/wholistic health of our patients.

By adopting this shift we do not take on board and accept all that is wrong with orthodox medicine. We learn to contribute to generic medicine or health care from within our new paradigm which recognises our unique art. Science and our philosophy.

In order to achieve this shift and attain chiropractic's rightful place in health care, the primary weapons (2) are **research** [our profession has a poor record of doing legitimate research about the principles of

chiropractic], **educational standards** [our courses look good on paper but do not measure up on close scrutiny especially in integrating basic sciences with clinical practice, and clinical training], **logical theories** [sections of the profession persist in telling the world - their patients - that they are suffering from 'misaligned vertebrae and pinched nerves' which in most cases is against known neurophysiology, upon which chiropractic is based, and clinical observation] and **ethical practice**.

References:

1. Palmer DD. The science, art and philosophy of chiropractic. Portland: Portland Printing House Company, 1910: 17.
2. Haldeman S. The role of chiropractic in an integrated health care system. J Am Chiropractic Assoc., 1995; 32(6): 58-9.

PETER TUCHIN B.Sc., Grad.Dip. (Chiro).

In my opinion the single change which would advance the chiropractic profession most in the next 100 years is increasing public exposure to current research activities involving chiropractic.

By this I mean a public education campaign discussing the results of recent research and highlighting the current research activities of individuals and the institutions.

I firmly believe that there are numerous opportunities or avenues to open that would greatly improve the public perception regarding chiropractic, that our profession is not utilising as it should!

For example, any musculo-skeletal research finding appearing in the media, should have a statement following from a chiropractor, stating our professions perspective. In the majority of situations, these comments would be made public and this is completely FREE "advertising" of our profession.

An extract from a letter to the editor of the Sydney Morning Herald shows one possibility:

A recent article in the Sydney Morning Herald discussed a small neck muscle as being a likely cause of neck tension. However, the article incorrectly stated that "certain manipulative procedures" had not been studied. Professor Bonello stated that "a number of people with neck tension or migraines could get benefit from chiropractic treatment". He also stated "I could be horrified if a treatment of

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cutting muscles in the neck was used to treat neck tension where safe manipulation could be used instead”.

Most of the public are concerned about perceived “dangers” of cervical manipulation. Yet published studies have established manipulation as a safe procedure in comparison to other medical procedures. Unfortunately, the public is not necessarily privy to this information. A well-presented, well read, professional, with either affiliation with a journal or a tertiary institution, could present a balanced opinion on many issues, to allow the public to make their own judgments.

This would also give recognition to people contributing to the advancement of the profession through research projects and may also aid in attracting funding to allow new projects to commence or others to continue.



JOHN DRINKWATER B.App.Sc. (Chiro).

It is sacrosanct to some, but I see the dogged pursuit of Palmer ‘philosophy’ as being the greatest obstacle to advancement and growth of the profession. The truth is that chiropractic has much to offer those in need of health care generally, including many with musculoskeletal complaints and may be even some with complaints due to disordered physiology (the infamous ‘Type O’).

The undergraduate chiropractic curriculum should continue to teach and examine the Palmer concepts, but they should be conveyed as early chiropractic **theory** which describes more closely what they really are. Some of it remains significant to chiropractic theory and practice in the 1990’s, but large slices of it are outdated metaphysical gobbledygook and should be recognised as such.

Placing Chiropractic ‘philosophy’ in the history compartment will allow for improved dialogue with other health professions and professionals, enhanced relations with government health departments and third party payers and better communications with private health insurance funds. All this will open the doors for more people to have the option of chiropractic care if that be their need. The astute communities of the 1990’s want results not philosophies.

Placing chiropractic ‘philosophy’ in the history file may also reduce the ‘scams’ which unfortunately still characterise chiropractic practice around the world. The Palmers themselves would puke at the money

grubbing, immoral, unprofessional, unethical, dishonest practices which are employed in the name of chiropractic ‘philosophy’ as some kind of sacred holy cow.

Chiropractic philosophy was a necessary strut to support the growth and development of this profession. It may now be a millstone around our necks. If it is seen for what it is we may survive. If we continue to wear it as a collar of the past, we may drown. All of us! Whether we drown or not, if we continue to cling to the gobbledygook we will be forever performing at rates which will not match our capacities - and that would be a sad scenario. Are we servants to chiropractic ‘philosophy’ or are we servants to those in need of our care?