

# Ian Douglass Coulter, PhD CMCC'S adventurous president

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*This paper focuses on Dr. Ian Coulter's accomplishments from the time he became Executive Vice-President of CMCC in 1981, until he ended his presidency with a year's administrative leave in 1990. Annual planning initiatives, pedagogy, scholarship, conflicts, and the quest for university affiliation are discussed as well as his legacy to the College and the chiropractic profession. The term "adventurous" was first attributed to Coulter by Oswald Hall, PhD, Professor Emeritus, University of Toronto who had worked closely with Coulter in a major investigation of the chiropractic profession from 1976 to 1979. Throughout this article the author tries to capture the spirit of daring, innovation and intellect that permeated Coulter's presidency, enthraling his advocates and confounding his detractors. (JCCA 2004; 48(1):36-55)*

KEY WORDS: Coulter, CMCC, president.

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## Introduction

This paper focuses on Dr. Ian Coulter's accomplishments from the time he became Executive Vice-President of CMCC in 1981, until he ended his presidency with a year's administrative leave in 1990. It does this primarily by looking at his annual planning initiatives, his pedagogy, his scholarship and the conflicts he faced. It just touches on Coulter's quest for university affiliation because this is examined more fully in other articles<sup>1,2</sup> and

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*Cet article met en lumière les accomplissements du Dr Ian Coulter à partir du moment où il est devenu vice-président exécutif du CMCC en 1981 jusqu'à ce qu'il quitte la présidence en 1990, incluant une absence administrative d'un an. On y parle des initiatives de planification annuelle, de la pédagogie, des bourses d'études, des conflits et des demandes d'affiliation aux universités, de même que de sa contribution au Collège et à la profession chiropratique. Oswald Hall, Ph.D., professeur émérite de l'Université de Toronto, a été le premier à qualifier Dr Coulter d'« aventureux ». Il avait travaillé en étroite collaboration avec Dr Coulter lors d'une investigation majeure sur la profession de chiropraxie de 1976 à 1979. Dans cet article, l'auteur tente de saisir l'audace, l'innovation et l'intelligence qui se dégage de la présidence du Dr Coulter et qui ont captivé ses défenseurs et confondu ses détracteurs. (JACC 2004; 48(1):36-55)*

MOTS CLÉS : Dr Coulter, CMCC, président.

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concludes with an assessment of his legacy to the College and the chiropractic profession.

The term "adventurous" was first attributed to Coulter by Oswald Hall, PhD, Professor Emeritus, University of Toronto (UofT). [Letter Hall to Brown, Feb. 24, 2001] Dr. Hall possessed inside knowledge. He had worked closely with Coulter in a major investigation of the chiropractic profession from 1976 to 1979 and again during the first eight years of his admirable service as a Public

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**Ian Douglass Coulter, PhD**

Member on the CMCC Board of Governors, from 1982 to 1998. Throughout this article the author tries to capture the spirit of daring, innovation and intellect that permeated Coulter's presidency, enthraling his advocates and confounding his detractors.

### **Background**

Ian Coulter came to CMCC by a circuitous route. Born and raised in the small town of Timaru, on the South Island of New Zealand, he entered the University of Canterbury, New Zealand in 1964, intending to become a palaeontologist. During his studies of geology he became fascinated with social issues and added sociology to his second year courses. He received his BA in sociology with a minor in psychology from the University of Canterbury in 1968 and his MA (Honours) in 1971. In October 1969, immediately after completing his masters thesis and with no job prospects, Coulter and his wife Adelaide immigrated to Canada. Arriving at Laurentian University in Sudbury, Ontario, to visit two of his ex-professors, he

was warmly received and hired as a tutor and researcher. Shortly after, he was named Assistant Professor of Sociology and pioneered a novel, extra-mural, first year course in sociology, "Understanding Society," which was offered via closed circuit television to twenty-one centres in Northern Ontario. In 1973 he was granted two years leave of absence to take his PhD at the London School of Economics, England. He returned to Laurentian in 1975, became a tenured Associate Professor in 1976, finished his thesis there and was granted his PhD in 1977. [Interview, Coulter by Brown, Nov. 4, 1998]

In 1976 Coulter was recruited by Peter New, PhD, Merrijoy Kelner, PhD and Dr. Oswald Hall, as an Associate Professor, Research Series, Faculty of Medicine, University of Toronto (UofT), to serve as project director of the first federally funded study of chiropractic in Canada. Although his decision to leave the security of Laurentian was seen by some of his colleagues as a temporary loss of sanity, Coulter viewed it as a chance to broaden his horizons and advance his career. Hall credits Coulter with "being the backbone of research planning" for this work, which resulted in the book, "Chiropractors, Do They Help?"<sup>3</sup> When the project was completed in 1979, Coulter accepted the position of Executive Assistant to the Vice Provost, Health Sciences, UofT, with a continuing appointment as Adjunct Professor, Faculty of Medicine. Here he was responsible for the administration of all the University's health sciences which included medicine, dentistry, pharmacy, nursing, health and physical education. "This gave me a tremendous overview of health science education ..." [Interview, Coulter by Melinda Astridge, Jan. 1989]

Coulter began his involvement with CMCC during the six months he spent there in 1978, observing and interviewing students as part of his chiropractic research. In 1981 Alan H. Adams, DC, Academic Dean, asked him to consider applying for the job of Vice-President at CMCC, explaining that besides being essential for accreditation, someone was needed who understood the Canadian university system. For his part, Coulter's research convinced him that the chiropractic profession was being treated badly and realized this was a rare opportunity for him to assist the College and the profession.

On October 1, 1981, Donald C. Sutherland, DC, President, CMCC, determined that Coulter was the most qualified person to help him revitalize the College's

administration and named him Executive Vice-President. "Given his background and his experience of administration of other health sciences it was clear that Dr. Coulter could bring to our institution an objectivity and comparative sense about our efforts in administration."<sup>4</sup> When Dr. Sutherland resigned in February 1983, Coulter was named Interim President and later signed a five year contract as CMCC's President and Chief Executive Officer, effective August 1, 1983.

Coulter brought a unique blend of four distinct academic talents and experiences to the College: he held two graduate degrees from internationally acclaimed universities; he had been a respected educator since his first appointment as a Teaching Fellow in 1968, rising to the rank of Tenured Associate professor in 1976; he was a scholar and published researcher, producing original papers since 1969; and he was a seasoned administrator whose post in the UofT Provost's Office, 1979–81, gave him insight into the workings of Canada's largest and most prestigious health sciences complex.

The first thing Coulter did as Vice-President was to individually invite all the directors and administrators into his office to describe what they did, what their tasks were, what prevented them from doing these jobs, and what resources they felt they might need in the future. [E-mail, Coulter to Brown, Oct. 11, 2001] Coulter quickly discovered that CMCC's chief problems lay in the areas of central administration, clinics and financial control, while his managerial experience told him that a tactical approach would be necessary to solve them. He addressed these issues by generating and implementing a series of annual strategic plans.

### **Planning Initiatives 1981–82**

Dr. Coulter came forward with his first formal plan in October 1981.<sup>5</sup> It called for an administrative review, the development of an institutional budgetary process, external divisional reviews and a space allocation analysis.

The purpose of the administrative review was to identify strengths and weaknesses in the College's management and to recommend specific changes to make it more effective and compatible with Canadian universities. In January 1982 Dr. Sutherland released, "Administration at CMCC-A Plan for Change," which was based on the results of Coulter's analysis and included a new organizational chart to reflect those alterations.<sup>6</sup> Extensive administrative re-

forms were completed the following year.

The Budget Development Group (BDG) was formed to generate the College's blueprint for financial control. It was composed of individuals from various areas of CMCC who served as citizens of the College rather than representatives of a constituency. The BDG used zero based budgeting to achieve its goals. Whereas incremental budgeting uses the previous year's budget as a starting point and inflates those figures by some percentage to arrive at next year's budget, zero based budgeting begins the process anew. This meant that every year, each division of CMCC had to identify its core activities, prioritize them and defend their costs.<sup>7</sup> This system, introduced by Coulter to resolve the College's deficit financial situation by cutting administrative costs, produced dramatic results. By July 31, 1983, despite unexpected expenses of \$316,000, CMCC ended the fiscal year with an operating surplus of \$109,000, compared to losses of \$94,000 and \$135,000 in 1981 and 1982 respectfully.<sup>8</sup> It should be noted that the deficit of \$135,000 for July 31, 1982 was much less than the expected operating deficit of \$305,000 and the projected bank loan of \$920,000 only reached \$650,000.<sup>9</sup> On July 31, 1984, excess of revenue over expenditures pinnacled at \$370,000.

External reviews were first proposed by Coulter in 1981 as a means of assessing the quality of the College's divisions. The President usually called for these reviews, selecting committee members from divisions not being studied, the faculty at large and persons outside the institution. They began with the Division of Chiropractic Sciences in May 1982,<sup>10</sup> and ended with the Library in September 1985.

The CMCC Board of Governors' external review was conducted in December 1982. Dr. Coulter saw this as "Potentially ... the most consequential of the initiatives of 1982–83."<sup>11</sup> The College Board had seen the need for change in 1976 when it started to investigate the complexities of accreditation and began the process in October 1977 by amending its by-laws to allow it to hire a president. However, in 1982 the Board was still struggling with the standards of accreditation and this review was a necessary response to concerns expressed by CCE (Canada) regarding Board involvement in the internal affairs of the College and its inadequate policies.<sup>12,13</sup>

The Board's review generated a detailed report listing its positive and negative aspects and a number of recom-

mendations for improving its structure, functions and relationships with CMCC and other external organizations.<sup>14</sup> The Board examined these findings and realized that in order to determine their appropriateness it would first have to develop the skills to define its own mission, goals and objectives. Sutherland had encouraged the Board's self-education in 1980 by urging it to join the Association of Governing Boards of Universities and Colleges, in Washington, DC. In April 1982 Dr. Coulter became actively involved, launching a series of educational seminars and annual retreats. In August 1982 the Board held its first retreat at the University of Waterloo, Ontario, to study the intricacies of strategic planning. In May 1983 the Officers of the Board drafted a set of goals and objectives and at the August 1983 retreat they were reviewed by the full Board and used as a basis for writing its mission statement.<sup>15</sup> Then, the external review's recommendations were analysed in relation to the Board's mission and a 1984–86 proposal for renovating the Board was approved.<sup>16</sup> By May 1986 most of this plan had been completed. Now the Board was no longer enmeshed in daily College activities but was concentrating instead on policy formation, accountability and fund raising.<sup>17</sup>

### **Planning Initiatives 1983–84**

Dr. Coulter's agenda for 1983–84 focused on three external areas: university affiliation; fund raising; and public relations. He listed five disadvantages caused by our exclusion from the university system: CMCC lacked degree-granting privileges; it received no government funding; our tuition fees were the highest of any Canadian health profession; the families of our students were in the perverse position of supporting through their taxes the education of medical doctors, dentists, etc., while receiving no assistance for their own children; and the chiropractic profession had to tax its members to ensure CMCC's survival.<sup>18</sup>

Coulter also understood the political significance of university affiliation, arguing that within the Commonwealth countries "there is really no choice in chiropractic education; it either becomes university based or it will continue to be a second class health profession both in perception and in fact." He was convinced "that the future of chiropractic is now dependant on establishing itself as a discipline" and asserted that we would be unable to produce the scholarship necessary to achieve this with-

out the intellectual and economic resources available within the university system. [Coulter ID. The Political Implications of University Based Chiropractic Education. Unpublished paper presented to the International Chiropractic Congress, June 1988, Sydney Australia]

In October 1982 Coulter reconstituted the Board's University Affiliation Committee to include the President and Vice-President as well as three distinguished educators from outside the profession: Oswald Hall, PhD, Professor Emeritus, Department of Sociology, UofT; Donald G. Ivey, PhD, Vice-President University Relations, UofT; and David Steinhauer, Lecturer and Author.<sup>19</sup> These men gave the Committee guidance, impetus and credibility.

Because fund raising and public relations are interrelated they were placed together within a new body, the Office of Alumni Affairs. This contained a development officer, a public relations officer, a director of postgraduate affairs, an alumni affairs committee chairman and a secretary/coordinator. A five year fund raising scheme was formed to target in sequential years the following donor groups: CMCC alumni; the Canadian chiropractic profession; chiropractic patients; the general public; and foundations and corporations.

The Public Relation Officer's main duties were to work in concert with fund raising and to devise the first annual Runs for Chiropractic Education. These were held on September 25, 1983, in Toronto, ON and Victoria, BC, grossing \$46,000.<sup>20</sup> Coulter wanted to expand these Runs across Canada, seeing them as a way to raise CMCC's profile while opening the door to financial support by chiropractic patients and the general public. In 1985 CMCC and its alumni organized eight Runs with total income over \$80,000. These events peaked in 1987 when nine Runs were produced in Vancouver, BC, Calgary, AB, Saskatoon, SK, Winnipeg, MB, Toronto, Thunder Bay and Ottawa, ON, Montreal, PQ, and Moncton NB.

### **Planning Initiatives 1984–85**

For this period Dr. Coulter's objectives were: to conduct a major appraisal of the curriculum; direct an external review of the Division of Postgraduate Education; and to begin the development of an overall institutional plan.<sup>21</sup>

The Curriculum Development Group (CDG), chaired by Bruce D. Fligg, DC, was formed to do for the academic program what the BDG had already done for finances. The CDG's first chore was to create a procedure for cur-

riculum review and change. Then it had to assist each department and division of the College to return to basics by justifying each hour of instruction. This process commenced in October 1985 with an internal review of the Division of Chiropractic Sciences. Two years later all the internal reviews had been held and the CDG started to work on the chiropractic paradigm. For this purpose an external committee called the Paradigm Development Group was struck chaired by Adrian S. Grice, DC. It was composed of respected field practitioners whose first job was to agree on key principles of the chiropractic model. Then it examined CMCC's total curriculum to determine whether those principles were expressed throughout all its divisions. Important developments in other health sciences were also reviewed and CMCC compared to them in terms of its performance. Once the paradigm was completed work could begin on the difficult, lengthy task of producing an integrated curriculum. Dr. Grice's committee completed its initial work on the chiropractic paradigm in 1987.<sup>22</sup> An integrative curriculum, uniting chiropractic and biological sciences with clinical education and principles, was finally introduced at CMCC in the 1999–2000 academic year.<sup>23</sup>

Coulter has said that he had little impact on the College's curriculum [Interview, Coulter by Herbert K. Lee, DC, Mar. 29, 1998]. That is not the case. He was aware of CMCC's need for a cohesive course of study as early as 1978 and in 1981 published, "The Chiropractic Curriculum: A Problem of Integration," outlining the difficulties in achieving integration and suggesting several solutions.<sup>24</sup> Coulter established the CDG as the first step in rectifying this situation and provided it with encouragement, guidance and a fertile environment in which to work. At the same time faculty members were launching innovative methods of instruction and by 1984 CMCC was using problem based learning to teach clinical diagnosis and became the first chiropractic college to develop portable, patient problem solving packs (P4 Decks). The College also instituted competency based learning in the clinic entrance and exit examinations and the technique department. As well, through simulated learning, using a variety of techniques including live patient simulation, CMCC entered a new era of education.

In his April 27, 1984, Report to the CMCC Board, Coulter warned that a crisis was looming in the area of Canadian chiropractic postgraduate education that the Col-

lege had failed to address. An external review of Postgraduate Education took place in June 1984, resulting in major restructuring of this Division into three areas; Postgraduate, Continuing and Extension Education.<sup>25</sup> Postgraduate Education consisted of chiropractic specialty courses in clinical sciences, radiology and sports sciences. This included CMCC's Residency Programs in clinical sciences and radiology as well as one sponsored by the College at the University of Saskatchewan in Saskatoon.<sup>26</sup> Continuing Education was aimed at the requirements of field practitioners and lectures were offered at CMCC and across Canada. Although Extension Education was available to practitioners and the public, its main thrust was to train chiropractic health assistants and courses were taught in Toronto and Thunder Bay, Ontario.

Since the creation of an institutional plan hinged on the results of the external reviews, this extensive project could not be initiated until these studies were complete. This occurred in September 1985 when external reviews of the Residency Programs, the Division of Clinical Sciences and the Library were finalized.

### **Planning Initiatives 1985–86**

This year Dr. Coulter set two priorities: completion of the institutional plan; and the establishment of a "Centre for Graduate Studies in Education." He handed a detailed prospectus for this idea to the CMCC Board, April 18, 1986, noting that while such centres, "produce the bulk of scholarship within the system of higher education ... not one ... exists in chiropractic anywhere in the world." Coulter saw his proposal as essential for the profession to establish itself as a distinct health discipline and comply with the criteria for self-regulation in Ontario. Because he realized that the purpose of graduate programs is to prepare students for membership in the community of scholars as well as advancing practical knowledge, he suggested a "graduate centre whose primary focus is service, but with a very strong secondary focus on research." Therefore, these courses would not lead to doctoral studies but would prepare students for fellowships in bodies such as the College of Chiropractic Sciences (Canada).

The core program would include courses in x-ray, clinical sciences, sport sciences, nutrition, orthopaedics, occupational health, geriatrics and paediatrics. Four criteria would be used in the appointment of faculty: exemplary

practice; innovative practice; peer acknowledgement; and public impact. Although research would not be the prime function of the Centre, Coulter felt that productive researchers needed “prerequisite knowledge of the area, skills in research methodology, academic values and attitudes, a supportive environment, and advisors/mentors with specific responsibility for monitoring the students’ progress.” Possibly, CMCC’s Postgraduate and Research Divisions would be housed within the Graduate Centre.

CMCC already had most of the basic elements in place to begin a graduate centre. What it lacked was space. Coulter recommended constructing a two storied wing along the front of the College property because it required a minimum of excavation and could be erected with less disruption to the present facilities, at a cost of between one and two million dollars. He was aware that this Graduate Centre would be a step into the unknown, requiring an act of faith from the profession similar to those made in 1945, establishing the first College, the move to Bayview Avenue in 1968, or the launching of accreditation in 1978. He also knew that people are moved more by a vision of what can be achieved rather than what has been achieved. Coulter buttressed his plea for a Graduate Centre by publishing two editorials on the subject. In, “The Role of the Entrepreneur in Post Graduate Education,”<sup>27</sup> Coulter admits that “chiropractic colleges share a very similar and, therefore, perhaps collective paranoia about the entrepreneurial element in our profession.” He describes the nature of this fear and suggests that while there is a role for entrepreneurs in continuing education, chiropractic colleges should not try to emulate them but focus instead on genuine post graduate education with standards that exceed those of the undergraduate programs. His second editorial, “Professional Graduate Studies in Chiropractic,” was a reprise of the prospectus he issued to the CMCC Board, April 18, 1986.<sup>28</sup>

By April 1987, Coulter’s hopes for a boom in CMCC’s postgraduate programs were fading. Despite increased effort and expenditure, the Division lost \$60,000 in 1985–86. He was convinced that compulsory continuing education in Ontario was necessary for the College to prosper in this area.<sup>29</sup> In October 1987 Coulter was still investigating the feasibility of building an addition to the College and also looking into the possibility of selling the present site and purchasing a new campus but both these scenarios were problematic.<sup>30</sup>

Because this was the last year of his first contract Dr. Coulter did not plan any new initiatives for 1987–88. Instead he concentrated on university affiliation and campus development and submitted a report on these matters to the CMCC Board in April 1988.<sup>31</sup> This document described two options; to remain an independent college or to become part of a university. The first option contained three proposals: to stay at the present site and remodel/extend the current building; to remodel the existing building and construct another facility on the rear of the present site; or to move to a new site and either build a new facility or renovate an existing structure. The third proposal considered moving to York University and either purchasing or renting a building there. The second option was to unite with the University of Victoria (UVic) in British Columbia. The push for union with UVic was undoubtedly the most arduous and disappointing chapter of Coulter’s presidency. It began with high hopes on February 29, 1988, when Stanley B. Hagan, Minister of Advanced Education and Job Training, British Columbia, wrote to Coulter stating he was in favour of a meeting between Coulter and Howard Petch, PhD, President of UVic, to discuss that possibility of CMCC moving to Victoria. It ended dismally for Coulter on June 30, 1990, when he began a year of administrative leave from CMCC, and Dr. Petch retired from UVic.<sup>32</sup>

### **Pedagogy**

When Dr. Coulter first arrived at CMCC he was an occasional lecturer but by 1986 he was teaching twelve hours in the Principles program to first year students on: “The Chiropractic Paradigm; The Chiropractic Health Encounter; The Chiropractic Curriculum; The Wellness Practitioner; The Role of the Chiropractor in the Health Care System; and Professionalism.” The fourth year class also received two hours on “Professionalism,” in the Jurisprudence course.<sup>33</sup> This lecture stressed the difference between professions and businesses. Whereas the principle of commerce is “Caveat Emptor;” let the buyer beware, the principle of professions is “Credat Emptor;” the buyer can believe in us. Customers have wants but patients have needs. Health professionals should know the difference between wants and needs and have the courage to explain the disparity to their patients. Being a primary contact health practitioner is a privilege, not a right. It is a social mandate given on trust. Coulter stressed the obli-

gations necessary for chiropractors to claim the mantle of designated health professionals. One of the prime demands is that they be literate about matters of health. Another duty is to develop and articulate an intelligent policy on health issues. Professions also have considerable autonomy including political power. The struggle for political control creates inter-professional conflict, necessitating eternal vigilance and support of our professional associations. During this period Coulter maintained his position on the UofT Faculty of Medicine, Division of Community of Health, teaching "Issue and Policy Analysis," one morning a week.

Coulter was a mobile, accessible and visible President. He crossed Canada annually, representing the College at national and provincial conventions, speaking at dozens of formal and informal meetings, hearings, receptions, conferences and dinners, appearing before legislatures, press, radio and television. To illustrate, from April 1986 to April 1987 he participated in eighty-two separate functions. Coulter addressed the graduating classes at their convocations in May and each year's theme was unique. In 1987 his talk centred on what the graduates had learned during their four years at CMCC. Besides their chiropractic education, Coulter hoped they had developed the capacity for giving, caring, joy, wonderment and humility. He told them he was more concerned with their character than their intellect and closed with these words: "We wish you well in your chosen career but more importantly, we wish you well in life." In 1988 Coulter's subject was respect: self respect; peer respect; and public respect. He cautioned the class that while "public respect is an honour bestowed ... it can ... be completely destroyed in a single moment by a judgement in error." Coulter was also convocation speaker at the Los Angeles, Northwestern, Anglo-European and Palmer West, Colleges of Chiropractic.

Somehow, from 1982 to 1989, he found time to write and deliver nineteen briefs to a variety of government agencies, including five briefs on behalf of CMCC to the Ontario Health Professions Legislative Review. The summary of Coulter's 1984 brief to the Task Force on Allocation of Health Care Resources assumes the future of health care to be: consumer oriented; focused on health care, rather than illness care; and characterized by a team of interrelated health care providers. It postulates that the two features of the present system which must be modi-

fied in order to effect these changes are: its structure, which perpetuates inequality in decision making and resource allocation; and professional protectionism, "which leads to costly duplication and practices detrimental to patient care." Coulter ends with these pointed remarks. "While we congratulate the Canadian Medical Association on establishing this Task Force, it is clear that if it is genuinely committed to responding to the needs of the future and, in particular, the needs of the consumer, it must alter fundamentally the structural problems outlined above and, perhaps more importantly, its own political stance vis-à-vis consumers' choice of alternative or supplemental forms of health care."

Coulter made numerous attempts to enunciate the chiropractic profession's role in the health care system. In a 1988 unpublished paper, he asks the Canadian College of Health Services Executives the provocative question, "Are there any more rooms in the Inn?" The "Inn" Coulter refers to is the hospital and he asserts that in Canada, "chiropractic has been denied access not only to the hospital but to any of the array of associated services, facilities, programs, etc." He explains that while chiropractic has no wish to become hospital based, it feels entitled to use those diagnostic facilities that would enhance patient care and, where appropriate, chiropractic therapy should be utilized within the hospitals themselves. "The question that remains unanswered for us is not whether there is room for us in the inn but whether in your professional hearts, you will ever allow room for our consideration." In April 1990 Coulter delivered, "A reasoned Approach to the Evaluation of Chiropractic Technique," at the Consensus Conference on Validation of Chiropractic Methods, Seattle, Washington. His paper attempts to clarify the type of reasoning involved in decision making and argues that inductive, rather than deductive reasoning, characterizes clinical decisions more closely. He examines the various levels at which reason and logic can be used to evaluate procedures and suggests "that below the formal level of science and law, there is a level of reasonableness that can be formulated analytically to give a set of criteria we can use in making our evaluation." Coulter concludes that, "The dilemma for the profession is not whether grounds of reasonableness are possible, but the choice of the context in terms of which they are judged ... One of the real issues is whether the colleges will be seen as the context in which the battle will occur or whether



Adrian, Ian, Adelaide and Julien Coulter taken April 25, 1991 at Dr. Coulter's testimonial dinner.

the professional bodies will erect their own criteria."<sup>34</sup>

In addition, he acted as a reviewer for the *Journal of the Canadian Chiropractic Association*, *Chiropractic History* and the *Journal of Manipulative and Physiological Therapeutics* and was a consultant for the Canadian Chiropractic Association, the Ontario Board of Directors of Chiropractic, the College of Chiropractors of Alberta and the British Columbia Chiropractic Association.

From June 1988 to June 1990 Dr. Coulter spent a lot of energy trying to educate the UVic faculty, administration, senate and board of governors, on the therapeutic and scientific validity of chiropractic. In June 1988 he had written, "University of Victoria – The Canadian Memorial Chiropractic College, A Proposal for Integration," for the UVic team that inspected the College June 9–10, 1988. In the Summary of this document Coulter advises, "The

proposal should be examined therefore not as the adding of a chiropractic college but as the introduction of something much grander and ultimately more important – a new direction in health education and research." He moved with his family to Victoria, BC, from June through August that year, to work full time on this project. He met with over one hundred UVic faculty and staff, numerous government agencies and community groups. Finding the UVic library bereft of chiropractic literature, he shipped cartons of textbooks, publications and chiropractic articles for its stacks. Then he distributed comprehensive information to each senator. On June 8, 1989, he organized a seminar titled, "Chiropractic and Medicine as Complementary Forms of Health Care," and on October 7, 1989, CMCC hosted a one day "Symposium of Chiropractic" at Dunsmuir Lodge in Victoria. By



October that year Coulter had interviewed fifty of the fifty-eight UVic Senators.

On April 25, 1989, Coulter crafted a perceptive response to Dr. Petch's request for argumentation regarding chiropractic as a science. Coulter begins by contending that it is presently impossible to definitively define science or to distinguish it from art and religion. Admitting that chiropractic has not been subjected to as much scientific scrutiny as medicine he suggests that a more important question "is whether *potentially* chiropractic is amenable to scientific investigation." Coulter concludes that the answer to this question "is overwhelmingly, yes."

### Research

The Roush Report of the 1981 CCE(C) on-site visitation of CMCC noted that while the College had a significant potential to produce research, that potential was only partially realized.<sup>35</sup> Dr. Coulter's appointment as Vice-President that year assured the eventual fulfillment of that promise by providing an atmosphere in which research could flourish. By 1983 CMCC was beginning to make some progress. On April 17, 1983, the College hosted a workshop on manipulative trials to which ten chiropractic colleges sent representatives. On April 18–19, two hundred people gathered at CMCC's second International Conference on Low Back Pain, with Professor Irvin M. Korr as the principal speaker. This was a record attendance at a CMCC postgraduate seminar. In October 1983 CMCC and the National College of Chiropractic co-sponsored the "Conservative Health Science Research Conference," in Chicago, Illinois. CMCC had more papers accepted than any other chiropractic college. In February 1984 CMCC was invited to conduct an educational program on clinical competency, during meetings of the Federation of Chiropractic Licensing and Examining Boards, in Montréal, Québec. The consensus of opinion by those who attended was that this was the best program they had encountered in fifteen years.<sup>36</sup>

Coulter showed his faculty how to draft research proposals acceptable for funding and demonstrated his acumen by becoming the principal investigator of four chiropractic projects with grants totalling \$91,000, between 1981 and 1990. Howard Vernon, DC, whom Coulter appointed, Director of Research in 1986, affirms he was instrumental in stimulating his research and his career. "Ian always encouraged my development ... the de-

velopment of academic careers was something in which he specialized as both a sociologist and a philosopher ... Ian's scholarship in chiropractic had an enormous influence on my thinking. There are several pieces of work I have done which I directly attribute to his influence." [E-mail, Vernon to Brown, Feb. 12, 2001]

### Scholarship

Dr. Coulter feels that the most important contribution he made during his CMCC presidency was articulating a vision of chiropractic health care for external audiences. He had believability because of his reputation for scholarship, his background in philosophy and the fact that he was not a chiropractor. In other words, Dr. Coulter had no ulterior motives and could explain what chiropractic was about, its paradigm, in contemporary language that other scholars could comprehend. [Interview, Coulter by Lee, Mar. 29, 1998] He also influenced the College's younger faculty, many students and a number of field practitioners.

Thankfully, Coulter's thoughts and aspirations for chiropractic are preserved in the voluminous papers and books he has published and continues to produce since 1979. During his presidency (1981–91), he wrote twenty-four articles. Two themes predominate in his essays; to educate and to defend. In "Of Clouds and clocks and Chiropractors: Toward a Theory of Irrationality,"<sup>37</sup> Coulter helps us to understand and appreciate our heritage, explaining that DD Palmer's concepts of innate and universal intelligence were valid metaphysical beliefs. He goes on to demonstrate that metaphysical constructs have always been a legitimate part of science. Then he shows us that sadly, in chiropractic, our metaphysical metaphors became transformed into myths, which gave rise to dogma, in terms of those beliefs, and cults, in terms of their followers. Coulter concludes by urging the profession to resolve its mixer/straight conflicts and suggests that perhaps this can be accomplished by using philosophical principles to examine our concepts to determine if they are still useful. "Sociological Studies of the Role of the Chiropractor: An Exercise in Ideological Hegemony?"<sup>38</sup>, attacks a prominent sociologist, Walter Wardwell, PhD, for his unfounded, yet widely accepted assumption, that chiropractic is a marginal profession. Coulter describes the dangers inherent in this misconception, challenges its bias and declares that sociology of this kind contributes significantly to the process of ideological control and, in

this particular case, to medical dominance.

On April 2, 1987, Dr. Coulter announced in his Semi-Annual Report to the CMCC Board, that he would not be able to accomplish all he had set out to do in the time remaining to him,<sup>39</sup> and set about developing and publishing essays outlining the conceptual frameworks for what he could not achieve. “The overall intent is to provide position papers which articulate the problems, suggest some solutions, but more importantly, provide a point of discussion for the faculty and the field.”

“Chiropractic Physicians for the Twenty-First Century?”<sup>40</sup> summarizes the conclusions of “Physicians for the Twenty-First Century,”<sup>41</sup> which is a report on medical education. It then examines CMCC’s curriculum relative to these solutions. Under Conclusion, Coulter notes that in many areas chiropractic pedagogues have responded well to the types of concerns addressed in the report on medical education. “For the most part, we know what the problems are and although we may not always know the solution, we are actively engaged in the discussion. For most of our history, chiropractic education struggled simply to be as good as the other health sciences. For perhaps the first time in our history, we have the possibility to be the *very* best. Not the very best perhaps at everything, but the very best at those things we have chosen as important and significant.”

“The Patient, The Practitioner, and Wellness: Paradigm Lost, Paradigm Gained,”<sup>42</sup> discusses several options to the traditional medical practitioner-patient relationship which is prevalent throughout the health-care delivery system in Western society. Coulter argues that if we move from an illness based system to one that is wellness based we will still need a practitioner-based delivery system. One of the questions he poses is, which groups will be accepted as primary health practitioners?” “An interesting case can be made that a primary *health* practitioner should in fact be the portal of entry into both the wellness and illness delivery system ... The challenge for chiropractic is first to examine its own education and practice and ask how well are chiropractors educated to practice wellness. Secondly, we must convince the various constituents ... that we are indeed wellness practitioners. Last, but not least, we need to establish our claim to be the primary wellness practitioner. A first step of course, is simply to become literate about wellness and the wellness movement.”

“The Chiropractic Paradigm”<sup>43</sup> is one of Coulter’s most complex dissertations. It begins by discussing the origins of the term paradigm in the somewhat controversial work of the philosopher Thomas Kuhn, PhD, in order for us to gain some understanding of what the concept means. “Scientific Paradigms” describes three main categories: metaphysical paradigms, where Dr. Kuhn refers to beliefs and myths; sociological paradigms, where he treats a paradigm as a recognized achievement; and construct paradigms, where a paradigm is treated as a textbook example. Coulter argues that, “The primary sense of a paradigm, therefore, must be a philosophical one. To discover this paradigm we must look at what happens in the situation where no formal theory exists, to a period when some ‘trick’ (which may be an embryonic technique or device) coupled with the insight that this is applicable to the field, establishes a set of habits, i.e. a sociological paradigm. From this original ‘trick’ will develop all the experimental procedures, mathematical formulations, etc. that will constitute the scientific achievement. This ‘trick’ is Kuhn’s construct paradigm.”

Coulter states that determining whether chiropractic constitutes a paradigm is a difficult, complicated task and quotes RL Caplan, PhD: “My proposal begins with the premise that chiropractic is a unique and potentially valuable paradigm of health care.” Coulter advises us that this statement requires an exploration of how chiropractic meets the criteria of a paradigm and accomplishes this via these subtitles: Chiropractic as a Construct Paradigm; Chiropractic as a Metaphysical Paradigm; Chiropractic as a Philosophical Paradigm; D.D. and B.J. Palmer; A Sociological Paradigm; Chiropractic as an Alternative Paradigm; and Chiropractic as a Research Paradigm.

“Chiropractic as a Construct Paradigm” dates the founding of the chiropractic paradigm to be 1895, when DD Palmer observed that a specific spinal adjustment restored the hearing of Harvey Lillard. This was probably the “trick” or puzzle-solving mechanism that would become, “the basic *theory* of chiropractic propounded by D.D. Palmer,” while, “Chiropractic as a Metaphysical Paradigm” discusses the metaphysical view that accompanies the above theory. Coulter lists the first of Dr. Palmer’s metaphysical beliefs to be that the cause of disease is not found outside the body, but within. The second and probably most important element is the life force, or Innate Intelligence, which is part of Universal

Intelligence. "Such presuppositions ... are propositions whose truth is taken for granted and they are therefore, a priori."

"Chiropractic as a Research Paradigm" observes that, "The evidence so far discussed would seem to support the contention that chiropractic at least warrants consideration as a distinctive paradigm." However, he goes on to say that chiropractic differs considerably from the paradigms of other health disciplines in the area of research. "Whereas paradigms are usually applied to a wide range of research puzzles, chiropractic has only recently "begun to engage itself with the major research questions of its paradigm and even here, it is going about it in a peculiar way. The emphasis from the profession has been for research to substantiate the fundamental principles of chiropractic. Throughout its history, chiropractic has drawn on the research of others to provide rationales for its paradigm."

In "Sociology and Philosophy of Chiropractic,"<sup>44</sup> Coulter uses his writings of the previous ten years to demonstrate "how a sociologist uses philosophy when approaching a topic like chiropractic ... and ... how philosophy is inextricably bound up in the problems of chiropractic and how a good grasp of philosophy is going to be needed by a lot more chiropractors if the problems are to be solved." Later, in his book, "Chiropractic: A Philosophy for Alternative Health Care,"<sup>45</sup> Coulter records and expands upon his extensive investigation into the uniqueness of the chiropractic experience. In the preface of his book Coulter declares, "The intellectual journey over the past 20 years has led the author to the conclusion that chiropractic and, by implication, the alternative health-care providers, do provide a different philosophical way of conceptualizing health and illness. It is a philosophy that leads to a distinct way of interacting with the patient and of thinking about outcomes." His proposition is that because large classes of diseases related to lifestyle have not responded to traditional medicine, "there is an important place for the alternative philosophies. The philosophy of chiropractic in this context provides an interesting exemplar for all alternative health care."

## Conflicts

### Accreditation

CMCC had been formally involved in the process of accreditation since 1978, when it was instrumental in convincing the CCA to form and sponsor an independent agency called the Council on Chiropractic Education (Canada) Inc. [CCE(C)]. In March 1982, just five months after Dr. Coulter arrived on the scene, the College was awarded status as a Recognized Candidate for Accreditation. At that time Coulter assumed CMCC would automatically become fully accredited if it functioned properly. That assumption was wrong. A major conflict was brewing between the College Board and the CCE(C) Commission on Accreditation. This is obvious in the disparity between the opinions the Board was receiving from our CCE(C) consultants and the reports of the on-site visitation teams that periodically examined the College, versus the subsequent resolutions of the CCE(C) Commission on Accreditation.

The March 26, 1982, resolution by the Commission stated in part: "Board of Governors of CMCC does not totally formulate a broad policy consistent with the Charter, By-Laws, nature and purpose of the College."<sup>46</sup> As outlined earlier, the Board, under the auspices of Coulter, had taken strong measures to correct these inadequacies. In 1986 the CCE(C) visitation team found the Board of Governors reorganized to better represent its various constituencies. Whereas formerly, it had been involved in day-to-day administrative matters, its focus now was on policy formation and accountability.<sup>47</sup> Inexplicably, the first concern of the Commission's 1986 resolution granting CMCC full accreditation for three years was, "A perceived lack of the Board's understanding of their responsibilities and obligations in the leadership and direction of the institution in relation to the Educational Standards."<sup>48</sup>

A year later this quarrel had escalated into war. The CCE(C) Commission's 1987 resolution found the College in non-compliance in three areas, all of which were directly related to the Board. Further, four of the Commission's six concerns were with the actions of the Board.<sup>49</sup> In 1981 Donald C. Roush, PhD, chaired the first CCE(C) on-site visitation of CMCC. By 1988 he was acting as our consultant and in his October 1988 report he took exception to the Commission's activities. "The re-

quest pertaining to the Board of Governors gives the appearance that the Commission wishes to assume the functions of the Board of Governors. Surely the Board of Governors can learn to ‘understand its responsibilities and obligations in the direction and leadership of the institution’ ... The minutes of recent Board of Governors meetings indicate that the President and Board Members are assuming these responsibilities.”<sup>50</sup>

Coulter, the prime author of the CMCC Board’s rejuvenation, found himself in the centre of this storm. He had questioned the validity of several articles in the November 1984 resolution by the CCE(C) Commission and was “deeply concerned” by its decision to mount a short on-site visit to examine the College clinics, conducted January 31–February 1, 1985.<sup>51</sup> While Coulter agreed with many of the comments and criticisms in the report of that visit, he found them unfair since they did not relate to the standards of accreditation.<sup>52</sup> Rather they were assessments of CMCC’s hopes and dreams, beyond the requirements of CCE(C) and would have been more appropriate to the findings of an external review. [Letter, Coulter to David I. West, DC, Chairman, CCE(C) Visitation Team, April 23, 1985] The November 1985 resolution by the CCE(C) Commission reiterated its position that the CMCC Board had failed to realize its “responsibilities and obligations” and complained that the Commission’s “offer of assistance has been met with a perceived adversarial attitude by the College, and its Chief Executive Officer.”<sup>53</sup> In January 1984 Coulter had held a private meeting with executive officers of CCE (USA) to plead for assistance with the intolerable situation between the College and CCE(C). When he discovered that CCE (USA) was contemplating revoking the reciprocal agreement it had with CCE(C) Coulter and the CMCC Board Chairman requested the CCA executive officers to intervene in order to thwart a serious threat to the College. [Letter, Leonard W. Cunningham, DC, CMCC Board Chair, to Wm. S. Baird, DC, Chairman CCE Commission on Accreditation, Jan. 23, 1986]

By 1989 Coulter’s protestations had produced results. The CCE(C) Commissions’ resolution renewing CMCC’s accreditation for another 5 years did not mention the Board directly and complimented “the institution for its positive and co-operative attitude throughout the accreditation process.”<sup>54</sup>

This resolution coincided with an external review of

CCE(C) held December 2–3, 1989, and commissioned by the Canadian Federation of Chiropractic Regulatory Boards (CFCRB). Because this critique was conducted in response to complaints levied by CMCC its scope and depth were based on the College’s concerns. “Guidelines” for this investigation stated two major purposes: to provide the President of CCE(C) with constructive criticism regarding the Corporation, its operations, and its effectiveness; and to pay particular attention to the conflict between CCE(C) and CMCC and make proposals about how to resolve this conflict. To accomplish this the review committee was directed to examine the financial status, by-laws and conduct of the current CCE(C) administration. During the process the reviewers interviewed and accepted written submissions from members of CCE(C) and CMCC. Other groups such as the CCA and CCEB were invited to participate.

The final report of the review committee listed eight “Recommendations” to CCE(C) concerning: the composition, duties and relationship between the Council and its Commission; the policies of the various sponsoring agencies; the manner by which CCE(C) is funded; the selection and obligations of corporate counsel; and the need for workshops for the entire Board and Council to explain changes to the by-laws, constitution and corporate restructuring and special meetings of the full Board to vote on proposals requiring their input and decision. These recommendations and their implementation went a long way toward ending the animosity between CCE(C) and CMCC.

## OHIP

Dr. Coulter inherited problems between CMCC’s Clinics and the Ontario Health Insurance Plan (OHIP) that dated back to 1972. At that time OHIP informed the College that it would not pay for services by chiropractic students prior to graduation and that claim cards must be submitted by the legally qualified provider who actually rendered the services. [Letter, Gerald Gold, MD, Chief of Medical Adjudication for OHIP to Ivan D. McCallum, DC, CMCC Clinic Director, Dec. 13, 1972] In 1979 the General Manager of OHIP directed the Chiropractic Review Committee (CRC) of the Ontario Board of Directors of Chiropractic (BD of C) to investigate the billing procedures and supervision of interns in CMCC’s clinics. The CRC had “been empowered through the Health In-

insurance Act, 1972, as amended, with the responsibility and authority to judge whether services billed to OHIP were therapeutically necessary, were performed according to accepted professional standards and were not misrepresented.”<sup>55</sup>

An Investigating Sub-Committee of the CRC was struck which sent inspectors to the College clinics and began Review Hearings in October 1980. In April 1982 the Sub-Committee delivered a report on the first part of its study, evaluating the activities of ten CMCC clinicians and listing six allegations and concerns. On the basis of this report, the General Manager of OHIP sought to recover eighty percent of the total services billed by those clinicians between July 1, 1974 and March 30, 1980, or approximately \$450,000. The College filed an appeal and in May 1982 the CRC sent inspectors to CMCC to begin the second part of its study, which was to examine fourteen clinicians not included in the first part of the investigation.

On July 6, 1982, a breakthrough for the College occurred when Dr. Ian Coulter, Brian D. Schut, DC, CMCC Clinic Director and Allan M. Freedman, LLB, CMCC Legal Counsel, met with representatives of OHIP. At this meeting the Ontario Ministry of Health agreed upon a set of guidelines for the acceptance of billings from the College’s teaching clinics. On April 15, 1983, CMCC offered to settle all claims made against it by the CRC and the General Manager of OHIP for \$300,000. Although the legality of this agreement was challenged, it was upheld by the Ontario Health Services Appeal Board. This was a substantial victory for Coulter and his legal advisors. It resolved a disagreement that could have resulted in a liability to the College of over \$1 million and established the precedent for a workable relationship between CMCC and OHIP that is still in force.

### **Political Interference**

The chiropractic profession under the auspices of the Canadian Chiropractic Association (CCA) created CMCC in 1945 and has always been keenly interested in College affairs. Because CMCC is housed in Ontario, the Ontario Chiropractic Association (OCA) has had a greater influence on the College than other provincial societies. In the early years the CMCC Board of Management was composed of Ontario chiropractors who met weekly to handle all administrative matters. Later, what is now the Board

of Governors expanded to include a representative from each of the CCA’s eight divisions and another group of eight chiropractors from Ontario. Until 1976 the Chairman of the Board was actually the chief executive officer and it was not until 1984 that there were Board members on the Executive Committee from outside Ontario.

Since 1978 CMCC has been hiring CCE (Canada) consultants to assist us in achieving accredited status. Robert W. Coonrod, PhD, and Neil Stern, DC, both observed that the College was owned by the profession and was strengthened financially by mandatory fees paid by members of the CCA. They also agreed there was a potential for political meddling by those with vested interests in the College and that monetary difficulties could arise if those compulsory donations evaporated. Time proved them right on both counts. On his second visit to the College, February 18, 1981, Neil Stern, DC, noted on page six of his report, “I visited a cramped faculty office area, a tiny student counselling area, a small and confusing admissions and records area, and 2 large political office suites (CCA and OCA) housed in an academic institution.” The “Roush Report” of January 15, 1982, reiterated Dr. Stern’s observation under Concern 15. “Leasing of space when there is a need for additional offices and for housing college services.” On March 1, 1985, the College Board reclaimed these badly needed offices by obtaining early releases from the contracts it had with the CCA and OCA. Although necessary, this did nothing to improve relations with our main professional supporters.

By 1985 Coulter was spending an inordinate amount of time and energy defending himself, the College and the Board, from external attacks by our major political organizations as well as our accrediting agency.<sup>56</sup> He was disturbed because these challenges to his credibility were causing internal strife and diverting his attention from his paramount duty; running the College. He believed it was the Board’s responsibility to protect him and CMCC from these hostilities. His feelings were echoed by the 1988 Internal Review of the CMCC Board. “The Committee clearly recognized that the impediments resulting from interferences by external political organizations on the functioning of the Board will, over the long term, severely hamper the Board’s effectiveness. The Board must realistically look at dealing with these issues more forcefully.”<sup>57</sup> The Report also noted that it would be necessary for the institution to develop a larger financial base in or-

der to reduce political intrusion and advised the Board to utilize consultants in its dealings with these groups.

### **Dr. Coulter's Legacy**

#### **CMCC's Administration**

As previously mentioned, in 1981 Coulter's first job, under the auspices of Sutherland, was to conduct an administrative review of the College. During his initial interviews of key personnel, he unveiled major difficulties in three areas. The first was central administration, where staffing was insufficient and unseasoned. The second was the clinics, where the long-term consequences of inexperienced direction had become critical. The third was the dual Office of the Director of Finance and Business Affairs, who also acted as Comptroller. This area was particularly disturbing. Not only was the College sliding into debt, the Director of Finance/Comptroller was uncooperative, refusing to meet with Coulter or to provide the information necessary to evaluate his position. Moreover, this office had exceeded the normal purview of financial management to include the hiring of non-academic personnel, oversee Building Services and interact with the Registrar. Coulter moved rapidly, stripping the director of extraneous duties and recommending that he report through the Vice-President to the President, rather than directly to the President. [ID Coulter, Administrative Review, CMCC, Undated, Unpublished] Then he instituted a system of fiscal restraint, ordering the Comptroller to freeze all expenditures and salary increases and to present all bills to Dr. Coulter for approval prior to payment. Thus Coulter set the stage for the financial stability CMCC now enjoys.

In 1981 Coulter began the profound alterations of the various divisions of the College through external reviews, internal reviews and five year strategic plans that facilitated our achievement of accredited status in 1986 and are still useful in 2003. Glenn Engel, DC, who has been a Clinical Professor for over 20 years puts it this way: "Dr. Coulter gave CMCC a sense of university protocol. He instituted an era of institutional legitimacy; a more collegial, sophisticated atmosphere ... a sense of purpose ... The changes he made in structures, functions and attitudes remain with the College to this day." [Telephone interview, Engel by Brown, Feb. 14, 2001]

Another of Coulter's 1981 administrative priorities

was the College Clinics. CMCC's first satellite clinic was an inadequate facility at Parliament and Gerard Streets in Toronto. In 1984 Coulter relocated this clinic to a spacious, modern, accessible building in The Crossways Plaza, at the corner of Bloor and Dundas Streets West.<sup>58</sup> Dr. Brian Schut, who was the Director of Clinics during this period, has this to say: "Ian was quite influential in the development of our clinics. He supported the concept of satellite clinics ... and encouraged innovation in their development ... It was with his support that we began to perform practical objective structured clinic exit examinations then ... added entrance and mid-term examinations ... I know he wanted our clinics to become centres of excellence and would have enjoyed seeing that come to fruition." [E-mail, Schut to Brown, Feb. 13, 2001]

#### **CMCC Board of Governors**

Dr. Coulter correctly predicted that the 1982 external review of the College Board would prove to be one of CMCC's most significant evaluations. More importantly, it was a stimulus for dramatic change, as documented by accreditation. The CCE(C) team that inspected CMCC in 1981 expressed these concerns: "Involvement of some board members and committees in the internal affairs of the college ... composition and actions of the Executive Council; and the feeling of alienation of board members in outlying areas."<sup>59</sup> The 1982 CCE(C) Resolution went further: "Board of Governors of CMCC does not totally formulate a broad policy consistent with the Charter, bylaws, nature and purpose of the College."<sup>60</sup> By 1986 Coulter's gentle adjustments had corrected a number of the Board's misalignments and the CCE(C) visitation team noted these improvements: "The Board of Governors has been reorganized to more fully represent the constituency of the institution ... This reorganization has also impacted upon the policy-administration relationship within the institution; that is, a board deeply involved in the administration of the institution is becoming a board which is establishing policy for a strong administration."<sup>61</sup> The 1989 CCE(C) College evaluation team was even more complimentary. Strength number 2 of their report declared, "The Board of Governors are knowledgeable persons who seriously assume their obligations and responsibilities."<sup>62</sup>

#### **Faculty**

Most of the faculty who responded to the author's request

for information are glowing in their remembrances of Dr. Coulter. H. Steven Injeyan, PhD, DC, Director, Division of Biological Sciences, is convinced Coulter “played a key role in my decision to stay at CMCC ... his stature and intellect alone made me proud to work with him ... he was protective of the academic integrity ... Perhaps Ian’s most important impact was through his academic contributions ... His writings continue to be valuable scholarly contributions for our profession.” [E-mail, Injeyan to Brown, Feb. 4, 2001] J. Claire Callaghan, MLS, Director, Library Services, 1980–86, recalls, “Dr. Coulter firmly believed in the College and I think he was met with great resistance (at times) because he was not a chiropractor ... He supported and trusted his personnel to make the right choices. He promoted leadership qualities. I always remember him as a fair administrator who believed in the CMCC community.” [E-mail, Callaghan to Brown, Feb. 9, 2001] Zoltan Szaraz, DC, Associate Professor, Clinical Sciences, is impressed with Coulter’s enthusiasm for chiropractic, as a non-chiropractor, his knowledge of chiropractic’s “uniqueness” and his understanding of “where CMCC’s technique emphasis should be going. He felt that CMCC in our teachings should emphasize NOT just our adjustive skill but equally emphasize our people skills (communication, patient-centeredness, positive attitude towards wellness).” [E-mail, Szaraz to Brown, Feb. 12, 2001]

Of course a few negative comments crept in. “I think CMCC faculty were more intimidated by Ian than by his predecessor.” “Although at times, like others, I felt his approach was perhaps tyrannical and stand-off-ish.” “I cringed at some of the frontal tactics he took to implement his agenda.” Coulter was aware he had imperfections and identified some of them to be: a certain aggressiveness in approach; an impetuous element in dealing with others; occasional flippancy; and a sarcastic sense of humour. [Letter, Coulter to Kenneth W. Smith, DC, Chairman, CMCC Board, July 20, 1983]

Ron King, DC, Clinical Professor, recalls a tumultuous confrontation at CMCC’s Annual General Membership meeting in the fall of 1985, when the Board and its President were being challenged by segments of the profession for perceived inadequacies in the teaching of certain courses and the running of the institution itself. “He (Dr. Coulter) stood courageously alone against an abusive attack ... This was the first time I heard anyone stand up

and publicly defend the College, its faculty and programs from politically motivated condemnation.” [Telephone interview, King by Brown, Aug. 2, 2001]

The answer to why Coulter vigorously parried the blows of those who assaulted CMCC can be found in his own words. “However, by far the most serious difficulty for the office has been dealing with what seem to us unwarranted and unconscionable attacks on the College, not only from political organizations, but also at times by our own accrediting body ... The choices of the College in this situation were to acquiesce or to resist. To choose the former would have shown a lack of faith in the abilities and achievements of the faculty, particularly at a time when I, as President, believed that their position was defensible. It would have also reinforced a rather historical tendency of encouraging the political bodies to interfere in the affairs of the College, something strictly forbidden by CCE. Resistance, of course, has led to attacks on the credibility of the President and of the Board of Governors. While the situation is lamentable and deeply disturbing to the profession perhaps it was also necessary. When we began the external reviews it was made clear that if the reviews revealed weaknesses we would correct them. On the contrary, if the reviews showed strengths then both the President and the Board would have to be willing to publicly defend the faculty from unwarranted attacks from the field. This commitment is absolutely essential to the success of the external reviews and the faculty must feel that this is the case if they, in turn, are to be subjected to the reviews. In all of this the College only asks to be treated fairly and objectively.”<sup>63</sup>

### **Students**

CMCC graduates from 1987 to 1991 with e-mail addresses were polled for their thoughts regarding Dr. Coulter’s effect on them during their undergraduate College years. They were asked whether Coulter influenced their thinking or development in any way and also what impact they felt he had on the College and the chiropractic profession. More responses were received from the Class of 1990 than from other years. This class probably had the most exposure to Coulter as an educator and administrator and their replies are interesting because there is such a diversity of opinion, ranging from indifference, through a mixture of respect and harsh criticism, to outright praise. Here are examples of those three categories: “I have a

vague recollection of a shortish man with an accent being the president of CMCC for a few years while I was there but other than that, nothing.” “During my time at CMCC I recognized that he was an important contributor to chiropractic in his support of the profession as well as his interest in research about, and on behalf of, chiropractic. On the other hand, as an administrator, I found him aloof, pompous and either condescending or patronizing – take your pick.” “I had, and still have great respect for Dr. Coulter. I feel he brought a level of professionalism to CMCC. He understood the profession from a non-DC perspective, and frankly, understood ‘us’ better than many of ‘us’ did. He would often talk about a ‘paradigm shift;’ radical thinking in 1987 but occurring today. He had vision. He was remarkably approachable, considerate and understanding. I felt he was a great asset to the College and the profession.” Overall, the positive impressions of these alumni far outnumbered the negative ones.

### **Profession**

Don Nixdorf, DC, who was then Executive Director of the British Columbia (BC) Chiropractic Association and the BC College of Chiropractors, collaborated with Dr. Coulter in his struggle to affiliate with UVic, 1988–90. He remembers Coulter as a clear, critical thinker and a strong political, academic and administrative leader. Coulter taught him “the value of inter-professional collegiality ... I respected other viewpoints and quickly responded to cries for help even from those with whom he was in conflict.” [Telephone interview, Nixdorf by Brown, Feb. 16, 2001]

While President of CMCC Coulter served as a consultant for several Canadian chiropractic organizations. Here are some examples of his willingness and ability to assist CMCC’s allies. In November 1987, Coulter submitted, “The Health Care Practitioner,” to the Ontario Health Panel, on behalf of the Ontario BDofC. His brief addresses first, the broad social changes that will impact on health care in the coming decade and second, the major problems in health care delivery that these social changes will produce. Coulter points to the need for more alternative health care professionals and concludes that economic factors alone will force planners, deliverers and patients to alter their expectations. “The bottom line will be to deliver universal, accessible care within our economic means ... while at the same time respecting the pa-

tients’ rights to make choices with regard to their health care.”

On April 25, 1988, Dr. Coulter testified, on behalf of the CCA, before the Standing Committee on National Health and Welfare, regarding their investigations of the health care system in Canada and its funding. The focus of this brief is to address the concern of “how to protect the humanitarian achievements of the Canadian health Care System in the face of escalating economic costs.” It contends that complementary forms of health care are grossly under utilized and proposes that, “The Federal Government establish a Commission or Committee of Enquiry to examine the full integration of non-medical, non-hospital based, health care into the health care delivery system.”

In October 1988 Coulter assisted the Alberta Chiropractic Association (now the College of Chiropractors of Alberta) before the Premier’s Commission on the Future of health Care for Albertans. He focused on the proposition that Alberta can no longer afford an illness-based system of health care. Instead it must look at health-based care. This would require a change in attitudes to encourage inter-professional cooperation and the inclusion of alternative practitioners within current tax-supported facilities.

March 1990 Coulter presented a brief to the Standing Committee on Health, Welfare, Social Activities, Seniors and the Status of Women. This document was prepared at the request of the CCA. It examines the questions facing this Standing Committee within the context of one major concern, “how to protect the humanitarian achievements of the Canadian health Care System in the face of escalating costs.” It offers “that one solution lies in the rationalization of services such that the right form of care is delivered to the right patient, from the right health professional, for the right health condition, at the right time.” Its main proposal is that the Federal Government establish “a commission/committee of enquiry to examine the utilization and integration of non-medical, non-hospital based, alternative/complementary health care into the health care delivery system.”

### **Dr. Coulter’s Vision**

Perhaps Dr. Coulter’s most important and enduring legacy is the depth and clarity of his vision for CMCC and the whole chiropractic profession. E. Kitchener Hayman,



MBA, DC, who served as Executive Vice-President, 1985–88, remembers Coulter “walking me step by step through this vision. He believed his mission was to guide the profession into a more influential role in the Canadian health care system. He stressed his conviction that a primary step in this direction would be to achieve university affiliation. He explained how the attaining of this goal would require the moulding of CMCC into an educational institution with academic standards on a par with those of university professional schools. He shared his belief that if our aim of university affiliation was ever to be taken seriously, it would be essential to have a rational system of presidential governance ... With clear and sometimes startling detail he reviewed the difficulties he foresaw in nurturing this vision into reality ... along with his tentative strategies for dealing with each.” [Letter, Hayman to Brown, Feb. 22, 2001]

### **Epilogue**

Ian is fond of poetry. Two of his favourite lines are by Ellen Sturgis Hooper:

“I slept and dreamed that life was beauty.  
I woke – and found that life was duty.”<sup>64</sup>

Years ago the author asked Dr. Coulter how he managed to accomplish so much. His candid reply was, “Some years I am more productive than others but I often find myself working from five o’clock in the morning until midnight.” So much for long, languid dreams. Although Coulter’s presidency at the College ended in 1991, his vision remains bright and his contributions to the chiropractic profession prodigious. “On leaving CMCC he launched a new career in the larger health field in the United States. Again he became the adventurer, and was welcomed by academia and research organizations. In this context he developed the skills of the entrepreneur, while maintaining the dedication to research which he displayed during his years in Canada.” [Letter, Hall to Brown, Feb. 24, 2001.]

Currently (2003), Coulter holds four prominent portfolios. In January 2003 he began a two year appointment as Director, Australia Study Centre, University of California (UC) Education Abroad Program. Coulter is in charge of the UC student exchange program in Australia. UC has eight campuses and they exchange students with twelve

campuses in Australia. His job is to place all American students in appropriate campuses, give them an orientation to Australia when they arrive, visit them at least twice while they are in Australia, monitor their academic progress, take care of any personal problems and translate their marks into the UC grading system.

Coulter has been a Professor at the University of California, Los Angeles, School of Dentistry since 1996. This is a tenured position at the rank of full Professor. His position involves responsibility for two courses, “Behavioral Science” and “History & Ethics.” In addition, he performs research into oral health and HIV; and the impact of reimbursement plans on the behaviour of dentists and their patients.

In 1992 Coulter became a Health Consultant at RAND, Santa Monica. This is a research post comprising various projects within the field of health policy. Presently he is working on the following investigations: the appropriateness of chiropractic care; the seriously mentally ill with HIV; the role of the nurse practitioner and the physician assistant; evidence practice for complementary and alternative medicine; and integrative medicine.

Coulter has served as a Research Professor with the Southern California University of Health Sciences (formerly Los Angeles College of Chiropractic) since 1991. This job entails consulting on research projects. Recent undertakings have included comparing medical and chiropractic education, and chiropractic treatment of the elderly.

Since moving to California Coulter, along with other assignments, has been named principal investigator of six chiropractic studies with grants totalling more than \$1 million and participated in several other projects funded for another \$1 million. In 1999 and again in 2001 he was named principle investigator of two proposals funded by the National Centre for Complementary and Alternative Medicine (NCCAM), which has provided \$3,520,838 for these ventures. The first is to develop the only Evidence Based Practice centre for CAM funded by the National Institutes of Health (NIH) in the United States. The second, “A Case Study of a Hospital Based Centre for Integrative Medicine,” is unique in that it is totally qualitative in nature, rather than qualitative and quantitative. This may be the first fully qualitative inquiry RAND has conducted.

Between April 1990 and November 2002, Coulter was

invited to speak at 99 formal gatherings. Of these presentations, 63 addressed chiropractic issues. During this same period he was the principal author of 58 published articles and a contributor to 26 more. Forty-seven of these 84 papers were related to chiropractic. [Coulter's CV, Jan. 2003]

Coulter still remains true to the unequivocal positions he took regarding the College and the chiropractic profession 23 years ago. In April 2001, shortly after we received news that York University was no longer interested in affiliating with CMCC, the author reminded Coulter of the powerful case he made for inclusion of chiropractic colleges within the university system in 1983 and asked him what his current thoughts were on this issue. He replied, "Still the same basically. As long as you are off on your own you will continue to be isolated and marginalized but even worse you do not get all the economic and intellectual resources the universities have to work for the betterment of chiropractic care. Can you imagine what chiropractic might receive if even a fraction of the resources medicine enjoys went to the profession. I also think there is an issue of justice here. You have the same rights to be in the university as all the other health sciences and only blatant prejudice and discrimination are keeping you out." [E-mail, Coulter to Brown, April 2, 2001]

Coulter has been warning the chiropractic profession about the inherent dangers in the improper use of the term "philosophy" since 1983, while attempting to convince us that the rigors of conventional philosophical enquiry could lead us away from dogma toward a more rational and acceptable description of what we do and what we are capable of accomplishing. "Beyond the Spine, Practical and Philosophical Challenges for Chiropractic,"<sup>65</sup> examines three 1996 objectives of the Philosophical Committee of the California Chiropractic Association: to assist the members in communicating chiropractic's philosophy and concepts of healing on a rational and responsible basis; to go beyond the management of back pain and look towards the broader vision of chiropractic to include somatovisceral relationships and wellness; and to address conceptual issues with an eye towards communicating our clinical observations to other health practitioners and forming a basis for future interdisciplinary cooperation. Coulter declares that these ambitious goals "go to the heart of the two main difficulties

other professions have had with chiropractic; chiropractic philosophy and the claim to treat somatovisceral conditions," and predicts these two issues will come to dominate the profession's struggle for legitimacy. Coulter asserts that "in the debate about treatment of somatovisceral conditions the chiropractic evidence is weakest, its philosophy is most pronounced, and its dogma most firmly entrenched." He is convinced that despite a lack of scientific evidence, philosophical education will give the profession the intellectual basis necessary to develop consistent, coherent and compelling arguments for its case to treat somatovisceral problems. Without an understanding of the grounds for their convictions chiropractors are unable to defend them logically, resorting instead to dogmatic assertion and blind devotion.

Coulter questions the validity of the Committee's first objective, "to assist the members in communicating *chiropractic's philosophy*," on the grounds "that not only is there not a chiropractic philosophy (Coulter 1992) but that what passes for chiropractic philosophy has no future (Coulter 1991). It is not chiropractic philosophy the profession should be communicating, which, where it is actual philosophy it is not unique to chiropractic and where it is chiropractic it is not philosophy, but a philosophy of chiropractic." Then he asks how philosophy can help the Committee with its third objective, "forming a basis for future interdisciplinary cooperation." Coulter's reply is that philosophy can provide "critical reflection about our most cherished traditions, beliefs, values and assumptions," and adds that "In the area of somatovisceral conditions, few things are more needed than this type of review." He feels such a study would assist the Committee with its second objective, to "look towards the broader vision of chiropractic to include somatovisceral relationships ..." by answering questions such as what is the scope and effectiveness of chiropractic care; is it defensible, consistent, justifiable and are our claims legitimate.

Coulter concludes "that chiropractic faces serious practical and intellectual challenges in making a claim to treat somatovisceral conditions. These difficulties are likely to increase not decrease in the immediate future. Furthermore, the controversy is not necessarily a bad thing. To the extent that it forces the profession to examine its claims, to justify itself, to set limitations to its claim, that is, to do real philosophy, both the public and

the profession will benefit. Bette Davis once said, ‘aging ain’t for sissies.’ Neither, I suggest, is philosophy.”

Although Dr. Coulter has devoted most of his adult life to the field of health care he maintains a boundless optimism and contagious enthusiasm for his work that is captured in these few words by William Shakespeare:

“The day shall not be up so soon as I,  
To try the fair adventure of tomorrow.”<sup>66</sup>

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## 4th Canadian Chiropractic Scientific Symposium

Hosted by the Consortium of Canadian Chiropractic Research Centres

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**Date: SEPTEMBER 18, 2004**

**Place: MONTREAL**

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