

## An identity for Canadian Chiropractic



**Ronald Carter, DC, MA, PhD**  
Past President,  
Canadian Chiropractic Association

Chiropractors have historically struggled among themselves, as well as tussled before the public, with their identity crisis. Today they find themselves orphans in that stretch between mainstream and alternative health care. Professionally, most chiropractors would like to be viewed as a collaborative alliance with traditional mainstream providers. There are, however, numerous factional groups of chiropractors who are reluctant to form such a union, but entertain strong feelings and attraction to be al-

ternative care providers. Internally the chiropractic profession battles with fear and uncertainty as to which group to establish a courtship with.

Historically chiropractic's ancestry of bonesetters and magnetic healers, have yet to experience the full embrace of medicine. The medical fraternity has, for the most part, maintained an indifference towards chiropractic despite the fact that chiropractic was never an unscientific cult, only a uniquely different science. The chiropractor's role as a health care provider should be approached as an answer to some of the deficiencies within today's medical systems. Theoretically an unbiased acceptance of chiropractic services would increase utilization of these special services which would benefit the wellness level of the public.

Canadians are experiencing a health crisis within their system. Health care providers, professional groups and citizen groups are working towards an acceptable resolve where all Canadians will have their health care needs met in an efficient and affordable system. Many opportunities exist today for health provider groups to partner in some areas of service while in other areas professions should be required to collaborate in a patient driven system. There is no question that cooperative alliances with all health providers would produce a more effective and cost efficient system. Canadian chiropractic has the opportunity to integrate into a system which is planned to provide for the needs of Canadians into the next century.

How bad is this crisis? Are there any clear directional signs? "We use the health care system all through our lives, starting before we are born. But once out of the hospital nursery, children don't cost the health care system very much. Nor do people in their teens and 20's. The cost of health care rises gradually over a person's 30's and 40's. It is higher for women than men because of reproduction, but by their mid-50's, men are using the system more than women. Then, in the 60's and beyond, cost of health care soars for both sexes."<sup>1</sup>

“By the second decade of the new century, when the baby boom enters its senior years, our health care system will be confronted with sharply increased demand. We need to find ways to satisfy that demand while keeping spending under control.<sup>2</sup> Reliance on doctors increases in a person’s 40’s, but above-average use of hospitals doesn’t occur until the mid-50’s. Then it takes off. By the time you are in your late 70’s, you will use hospitals five times more than your lifetime average rate of use. If you survive until your late 80’s, you will use hospitals 12 times more than your lifetime average.”<sup>3</sup>

This major health concern is no longer a controversial topic but a very real challenge which will require three distinctive groups working cooperatively to manage it within some limits. Success will require the utmost appraisal by the three levels of government, the involvement of all health care providers including chiropractors and the participation of health care consumers to focus their efforts to contain this crisis in innovative ways. Chiropractic uniqueness, unlike medicine, approaches a treatment protocol that does not require hospitalization or expensive technology. The most natural position for chiropractic is to position itself to care for those with the greatest need for health care – the aging population which is where the greatest number of services are provided. Our focus for the future may be directed at geriatrics rather than pediatrics. Data indicates that in the 90’s the Baby Boomers are the most frequent consumers of chiropractic services in most offices. Reason would indicate that these patients will continue to utilize chiropractic services more frequently in their declining years and the X Generation will take the Boomers place in our offices.

“Of all the dissenting schools of healing that have appeared in America, no other has lasted so long or been so successful. It continues to be the leading challenger of medical domination of health care in the United States. Whether in the future it will remain as it is or merge into the medical mainstream remains an unanswered and perhaps unanswerable question at this time.”<sup>4</sup>

The only things Canadians hold out as truly Canadian are maple syrup and the Canadian health care system. The “health care system is a fundamental core value for Canadians.”<sup>5</sup> Canadian solidarity is crumbling. We are becoming Americanized in business and entertainment as well as health. This is not what we want. We need strong leadership at all levels of health care, we need the stakeholders to

develop a Canadian health care system which will provide for all the health needs of our country.

There is excellent evidence that supports the fact the public is utilizing alternative and chiropractic services in increasingly significant numbers. A University of Edmonton study views these trends quite differently than most chiropractors. “... increased utilization reflects a growing interest in holistic health care, health promotion, disease prevention, and self care. While these themes tend to be identified more with alternative approaches to health care, nevertheless, the hypothesis of noncurrent usage is not supported. Instead, these various care “alternatives” tend to be used concurrently with the conventional health care system.”<sup>6</sup>

There is strong evidence to support chiropractic’s contributions to health care in two articles which appeared in *The New England Journal of Medicine* and captured the interest of health care planners and challenged some current paradigms. David Eisenberg of Harvard, in a special article, *Unconventional Medicine in the United States*, concluded with some new evidence in his abstract: “The frequency of use of unconventional therapy in the United States is far higher than previously reported. Medical doctors should ask about their patients’ use of unconventional therapy.”<sup>7</sup>

A second article was from the Sheps Center for Health Services and the team headed by Timothy Carey made the following conclusion: “Among patients with acute low back pain, the outcomes are similar whether they receive care from a primary care practitioner, chiropractors or orthopaedists.”<sup>8</sup>

Despite similar outcomes, chiropractic is a unique provider offering a special and needed service to the public. Chiropractic is a science, though a weak science, which requires research to develop into its rightful place. For chiropractic results to be similar using the medical measuring stick is an outstanding accomplishment for the profession. New measuring sticks must be developed to measure accurately the benefits of chiropractic care. We must be able to articulate clearly what it is we provide.

“The *social theory* of chiropractic posits that the chiropractic physician functions as a social change agent in the role of healer or doctor in society. Furthermore, emphasizing health care rather than disease places chiropractic in a position of providing an alternative approach to health that traditionally was not offered by allopathic care. The two

health care delivery systems are not mutually exclusive but mutually beneficial, and they often overlap.”<sup>9</sup>

The hands shaping the future of chiropractic in the next century are not one of a single potter, but a creation by multiple hands, appendages that belong to four different influential groups:

- The government, which holds the ultimate responsibility for the national health care system;
- Organized medicine, which has yet to embrace chiropractic and chiropractors;
- Chiropractors themselves who need to learn better how to unite in order to speak politically with one voice; and,
- The public, especially chiropractic patients, who hold the ultimate keys in our democratic political system.

The future of manipulation procedures as delivered by chiropractors today will continue to exist in the future. This is because there will be a community of scholars, people with common intellectual interests, who share a concern for health and can communicate effectively with one another. The question that begs to be answered is: Will chiropractors be the group that delivers the manipulations? We are not the only providers of such services and the current data indicates our market share is being eroded.

Chiropractors should have the assurance and confidence that they can function in a collaborative alliance without losing their uniqueness. The benefits of professional partnering and collaboration is particularly evident in research. “All research is collaborative in the sense that it builds on the work of others and is developed through exchanges with them.”<sup>10</sup>

Canadian chiropractic has been inspected and re-inspected numerous times. It has received the stamp of approval. “Few other health care interventions have been assessed as extensively as chiropractic spinal manipulation, both in terms of safety and effectiveness. Furthermore, few other health care professions have been as extensively researched as chiropractic. There have been at least six formal government inquiries into chiropractic world-wide over the last 25 years. All have concluded that contemporary chiropractic care is safe, effective, cost-effective and have recommended public funding for chiropractic services. ...”<sup>11</sup> As a consumer product it has not been displayed on the most prominent shelf at the health care market place.

Over the last few years, major studies or reports have been published in England, the United States and Canada which strongly supports the role of chiropractic. T.W. Meade excited the profession first with his article “Low Back Pain of Mechanical Origin: Randomized Comparison of Chiropractic and Hospital Outpatient Treatments.”<sup>12</sup> This was followed by, “Randomized Comparison of Chiropractic and Hospital Outpatient Management for Low Back Pain: Results from Extended Follow-Up.”<sup>13</sup> The Rand group with Shekelle contributed “The Appropriateness of Spinal Manipulation for Low Back Pain.”<sup>14</sup> Canadian chiropractors were delighted with, “The Effectiveness and Cost Effectiveness of Chiropractic Management of Low Back Pain,” which was conducted by the Ontario Ministry of Health.<sup>15</sup> The United States Department of Health and Human Science framed well a position of what chiropractors do best in, “Acute Low Back Problems in Adults, Clinical Practice Guidelines No. 124”<sup>16</sup> It placed manipulation in the top three preferred treatments for low back pain.

The struggle for a chiropractic identity should be over. Chiropractic provides both complimentary and alternative care within our public health system. It encompasses the broadest areas including correction of dysfunction, pain relief/management and includes preventative and wellness care. Recent studies suggest that chiropractic is effective in addiction treatment when utilized with other services.

The role of chiropractic in the future will be determined on evidenced based decision making procedures. There will be competition in every area of health care. Our assurance of providing chiropractic care depends on the quality of our adjustments, our research, our leadership and primarily our ethics. Ethics is simply defined as how we behave and how we treat people. Therein lies our answer.

## References

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