

Commentary:

Current Chiropractic Status in Australia 2012: Manpower and Research Needs

INTRODUCTION

It is now appropriate for the chiropractic profession to pause and contemplate its position. The profession has succeeded in attaining recognition by way of registration within the Commonwealth of Australia. The legislations for the registration of chiropractors and osteopaths in each and every State and Territory had reverberated throughout the world in the nineteen -seventies and eighties. Australian chiropractic drew universal attention and respect of overseas chiropractic colleges and organisations.

At this point in time divisions of thought have been publicly expressed raising the question of evidence based practice and the philosophy of the profession. This commentary has been written to stimulate discussion within the profession. To the author most of the stated attitudes are coming from a minority. There is a need for expression by the silent-majority that is, in general, the practitioners in the field. It must be said that chiropractors were registered mainly on the basis of their patient support and the service to the community.

The chiropractic and osteopathic professions can be pleased with the progress made over the years as registration has been attained in every jurisdiction in Australia and undergraduate – pre professional training education is within the universities. There is still a long a way to go and the professions need to stand up with the same vigour as demonstrated in the past. Federal registration has brought a whole new set of needs. It requires quality leaders with the necessary vision to take the next steps for full acceptance of the disciplines throughout the health care system. They of course require the support of the entire profession.

Discipline specific national registration was introduced in Australia in July 2010 for registered health professions. Legislative wise, it could be argued that this has placed the Australian chiropractic profession in a stronger position for the drive towards total recognition. There are now four public funded universities involved in conducting chiropractic pre-professional programs, one each in the states of New South Wales, Victoria, Western Australia and a teaching program commencing this year in Mackay, Queensland,

Arising from the above is the necessity to assess the required graduate numbers for the community, in the interest of the profession and the direction of the profession through its research and educational processes. The chiropractic profession in Australia has moved over the years from a conglomerate spread of practitioners practising some form of manipulation with varying backgrounds, to a unified recognised profession. This was due to the backgrounds, visions, efforts, endeavours, dedications and influences of many contributors. It is now up to the members of the profession to treasure those achievements and to carry the profession forward.

This brings us to the present position of chiropractic in Australia today.

Chiropractic in the work place:

Over the years chiropractic has developed on a private practice basis. With the legislative registration position of the practitioners settled and the inclusion of chiropractic courses within universities, the numbers of chiropractors graduating has increased dramatically. The ratio of employment positions for new graduates has not increased correspondingly. Practitioners, who have been in the field for some time, have reported that their earning potential and average patient numbers has reduced significantly. This is despite the fact that the government has recognised the needful role of chiropractic in the health care system, its educational standards and its acceptance by the community at large. It would be a natural assumption that the opposite would be the case and the numbers of people seeking treatment would have increased.

Overheads in running a practice, including registration, association fees, professional indemnity insurance, compulsory continuing education development seminar costs, *etc* have greatly increased. A practice is also an asset and to some it represents a benefit for retirement. Depreciation of that asset could present a loss to the owner, particularly the long term practitioner.

Questions arise from the above position. How can this be? It also seems to appear that the employment position has not widened much beyond the historical employment base of private practice.

One would expect that the answers will come through the representation activities of the professional associations. The non acceptance of chiropractic and chiropractors within the other traditional health care employment areas such as public hospitals, government departments and health care administration within organisations and bodies, *etc.* is of concern. All legislation in Australia is enacted on the basis of, “in the public’s interest.” Limiting control of chiropractic treatment through insurance companies and government agencies has also inhibited the beneficial role of chiropractic treatment to patients. Therefore any prevention of the flow on effect of legislative recognition of the profession should be investigated.

The task facing the chiropractic profession is succinctly explained in a letter dated 31 August 1989, by The Minister for Community Services and Health, Neal Blewett, in reply to correspondence from E. P. Devereaux, who was then Federal President of the United Chiropractors Association of Australasia, (UCAA). He states: “I see little likelihood at the present time of these services being incorporated in the Medicare program You would be aware that the Medicare Benefits Review (Layton) Committee recommended against

public funding of chiropractic services because of the continued claim by chiropractors to be able to treat "Type O' conditions."

Comment: some limited Medicare treatments (5) have more recently been approved, but only on a medical referral. The Minister goes on.

"I refer also to the Layton Committee's recommendation that the Commonwealth fund, on a salaried concessional basis, a limited number of appointments of chiropractors in public hospitals and health centres. The Government could only consider such funding if it was satisfied that a workable employment agreement could be reached between the relevant State health authorities, the health care institutions and the chiropractic profession. The negotiations to bring about such an arrangement would need to be initiated by the organisations representing the chiropractic profession."

Manpower studies

Manpower studies should be utilised to ascertain a balanced ratio of student and practitioner levels in relation to population numbers. Potential students also need to be able to consult a reference document that could make them aware of the opportunity of work/employment prospects in the industry. In order to maintain independence, manpower studies need to be kept at arm's length. Therefore, producers of graduates should not be in control of such studies. Universities of course will want to maintain their independent right to determine class numbers. The results of the studies would no doubt be an influence in the decision of the number of graduates. In the United States of America (USA), manpower studies have been conducted through the National Board of Examiners.¹ A similar type of study can provide information to assist potential students to ascertain a future in the profession. It would aid the teaching institutions to assess the future numbers for classes and also assist new graduates in deciding areas for establishing practice. The information could also assist practitioners to decide on the potential of further investments within the profession.

Research

Another requirement for moving forward is research.

The Commonwealth Government of Australia in August 1974 established a committee of Inquiry into the practises of chiropractic, osteopathy and naturopathy, especially the scientific basis of the practises and the desirability of registering those practitioners. It comprised four eminently qualified persons: Chairman: Emeritus Professor E. C. Webb, Dept Vice-Chancellor (Academic), Queensland - later Vice-Chancellor of Macquarie University; Dr C J Cummins, former Director-General of Public Health of New South Wales; Professor M.J.Rand, Professor of Pharmacology, University of Melbourne; Emeritus Professor R.H.Thorp, Chairman of the Council of Australian Consumers Association, and Professor of Pharmacology, University of Sydney (now retired).

The committee made two recommendations in relation to research:

1. "That the Australian Government make available an annual sum of \$200,000 for the support of research

projects related to the maintenance of health or treatment of disease by chiropractic manipulation or other therapeutic procedures offered by non-medical practitioners.

2. *That the National Health and Medical Research Council and other research - funding bodies be asked to give special attention to support of research projects in the field of low back pain and other musculoskeletal disorders."*²

During the course of its inquiry, 1974-1977, the Federal Inquiry Committee funded and carried out certain projects under the direction of Doctor Gordon Parker of the School of Psychiatry, University of NSW. Those studies indicated a need for the chiropractic approach to be more rigorously tested.

It should be noted that one of the major reasons that the Sydney College of Chiropractic decided to amalgamate with the Macquarie University in 1990 was to further enhance the opportunities for research into the chiropractic and osteopathic practice. In welcoming the new association between the two institutions Vice-Chancellor Professor Yerbury stated:

*"It would provide excellent opportunities, for spinal and related research, would encourage the development of studies in anatomy in the School of Biological Sciences and would result in upgraded and professional development programs for practicing chiropractors."*³

The research intentions were not limited to the mechanical effects of manipulation for the treatment of pain and reduction or loss of physical movement.

Manipulation has been performed over many hundreds of years and efficacies noted throughout the times, people of the calibre of Imhotep of the ancient Egyptians, Hippocrates of Cos, Asclepias, and the bonesetters of England, Europe and North America, Galen, Ambroise Pares, Andrew T. Still, D.D. Palmer and many others in the treatment of suffering mankind.

The founder of chiropractic, D.D. Palmer declared that disease (dis ease) was due to the effect of segmental disrelationships (subluxations), so it is incumbent upon those involved in the teaching and research of the profession to vigorously research those claims. Peter Freeman, of the National Times, December 6-11, 1976 in "The case for chiropractors" stated:

"this theory has not been rigorously tested, although one series of American experiments in 1973 condemned the whole theory as incorrect because nerves don't seem to be affected even when the spine is flexed and stretched to extremes."

But, as Professor Webb told The National Times,

"The main question is: do chiropractors do any good? If they do, it doesn't really matter if it is the result of psychological factors or just good luck - the patient has benefitted, and so has the community."

Although Professor Webb's statement was not a reply that some academics may appreciate, it is a reminder why the practitioners were registered, and indeed they were

successful in what they practiced. Professor Webb became Vice Chancellor of Macquarie University in December 1975 and continued in that position to December 1985.

In the Chiropractors Association of Australia (National) Limited March, 1993 Chiropractors Fight Back-The Response to the Australian Medical Association's "Chiropractors in Australia" it is stated (p13):

*"The AMA seems to be under the impression that chiropractors still speak of and conceptualise spinal disorder in the terms of "misalignments of vertebra". This is a completely false impression of the majority view. Spinal disorders on which chiropractors focus are complex clinical "entities" emanating from a multitude of different pathological states, traumatically induced mechanical disorders or anatomical abnormalities of the vertebral column."*⁴

It must be remembered that chiropractic did not start in 1990 when chiropractic was first taught in a university. One of the main reasons for entering the university scene was to engage the practice of the profession with appropriate research. Also, while considering aspects for the initial NSW Chiropractors Registration Bill 1978, it was decided not to include a definition of the practice, particularly to allow for the profession's development.

Chiropractic research of course does not necessarily mean following the medical model. Medicine has undergone several changes over many years and has dramatically altered its approach to its treatment method of mankind with the advent of researchers such as Robert Koch and Louis Pasteur and the evolution of the germ theory. The pharmaceutical research and the subsequent development of the drug industry have produced what is described as the life saving "wonder drugs" with their associated "side effects" which have been described as iatrogenic diseases. These changes in approach to practise have moved the medical interest further from manipulation to the prescription of medicines. Although medicine claims to have a scientific approach it could be readily argued that some of its base was not 'science'. In fact under an established evidence based system some of medicine practised today may likely disappear. Based on official government reports and published research papers there needs to be concentrated investigation into the iatrogenic factors and the costs incurred with the practice of medicine.

Chiropractic from this writer's view is in great need of more targeted investigations into "cause and effect" research. It is not good enough for some academic statements to be made in support of an evidence based philosophy, to the effect, that there is no evidence, therefore it does not exist.

If science rested on that type of cliché it would still be back in the dark ages. Science has taken huge leaps with the inquiring minds of the giants of the past. This is shown in Jon Balchins, Quantum Leaps, 100 Scientists Who Changed The World,⁵ Thomas Alva Edison states on page 131:

'Until man duplicates a blade of grass,' he once said, 'nature can laugh at this so called "scientific" knowledge,' adding, 'we don't know one millionth of one percent of anything.'

The Sunday Telegraph 11-12-2011 reported that "Thirty-four top doctors; medical researchers and scientists have signed a partition challenging universities that 'give undeserved credibility to "alternative therapies."'⁶ According to the report they want university courses in acupuncture, chiropractics and naturopathy to be scrapped. This type of opposition from some members of the medical fraternity is not new. It is the experience of this author that history is riddled with reports of medical squealing about other practises of healing to such a degree that a high percentage of the general public have come to recognise those performances as turf wars and market place reactions. In fact, records show that Henry VIII established a Charter to protect some other forms of practitioners due to the activities of members of the then "medical profession."⁷

James Paget in 1867, in a clinical lecture delivered at St Bartholomew's Hospital on CASES THAT BONE SETTERS CURE advised his medical colleagues:⁸

"Learn then to imitate what is good and avoid what is bad in the practice of bone-setters; and, if you would still further observe the rule, Fas est ab hoste doceri, which is in no calling wiser than ours, learn what you can from the practice of rubbers and plaisterers: for these also know many clever tricks; and, if they had but educated brains to guide their strong and pliant hands, they might be most skilful curers of bad joints and many other hindrances of locomotion"

The statement by James Paget makes one wonder what he would have to say in relation to the standard of education and practice of chiropractors in this modern era. It would be interesting to know how he would react to the endeavours of certain members of the medical profession that try to undermine and shunt modern chiropractic education from the universities.

Eiler H. Schioltz quotes the Lancet editorial in 1925:⁹

"The medical history of the future will have to record that our profession has greatly neglected this important subject ... The fact must be faced that the bone- setters have been curing multitudes of cases by movement..... And by our faulty methods, we are largely responsible for their very existence..."

As Professor Webb indicated the chiropractic profession was serving the community. The question arises, why would some members of the medical fraternity attempt to remove from university education a registered and community sought after health service? The allegation is that chiropractic is not science based, but it can be said in return, neither are poorly based attempts to discredit a registered health profession. It is expected that all registered health professionals act in the best interest of the general public. In a democratic society all persons are entitled to choose their own professional treatment, including members of the medical profession. The narrow concept publicly aired by the few is not the attitude of all of those that are dedicated to medical service. The chiropractic profession must move on and continue with its intention to promote the in-depth research of chiropractic philosophy and practice. Research is expensive and all registered health professions are entitled to seek funding through government agencies. Perhaps, attempts to keep the

‘whole health funding pie’ and control of all health matters may be an underlying issue of the protagonist’s argument?

The move towards evidence based medicine (EBM) brings some conflicts within the medical fraternity describing EBM as ‘cook book’ medicine, which could remove the art of medicine in diagnosing individual patient needs. The ABC publication, “Too Much Medicine?” by Ray Moynihan provides some insights as to the practice and research of medicine and the movements towards EBM.¹⁰ A series of the book was produced by the ABC Television. According to Moynihan, (page 14),

“Dr Cochrane who died in 1988 was a medical officer in a German prison-of-war camp..... He argued that doctors should examine whether medical interventions can do better than the body’s own healing processes..... Dr Cochrane stressed for several years after the world war II the recuperative power of the human body”.

This is something that in the author’s view would interest all chiropractors. On page 242 Moynihan relates:

“The Cochrane Collaboration Committee is gathering evidence about the effects of all forms of health care, including preventative strategies, mainstream non-medical care, such as chiropractic methods, and complementary medicine like homoeopathy. As the Collaboration’s systematic reviews become available in the years ahead, a much broader picture will emerge about the different ways of dealing with health problems.”

According to the Cochrane Collaboration website:¹¹ (named after the late Dr Archie Cochrane)

“It is possible to think of the Collaboration not just as a material organisation, but also as an ideology to which people align themselves.”

The website claims to have no geographical boundaries. The Collaboration holds official relationships with World Health Organisation (WHO), and is a registered charity in the U.K. They are a not for profit organisation and receive funds by governments, universities, hospital trusts charities.

Although due respect and gratitude is given to all researchers, it would be difficult to comprehend a ‘cook book’ approach to chiropractic practice.

The practice of chiropractic is in the trust of all those involved within the profession. Practitioners in their patients’ and own interest have a need to investigate evidence based research programs and to support the development of clinical research programs. Chiropractic is a ‘hands on practise’ and is in a continual learning clinical position. All chiropractors in practice are obligated to be careful in explaining to patients the benefits and possible effects of chiropractic treatment.

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