Commentary: Critical Analysis of Chiropractic at the Crossroads or are We Just Going Around in Circles.

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Commentary: Critical Analysis of ‘Chiropractic at the Crossroads or are We Just Going Round in Circles?’

‘It is always fashionable to speak of an issue or controversy as reaching a “crisis point”, or of an organization or profession reaching a “crossroads” in its development. However such exhortations are often merely hyperbole.’

INTRODUCTION

This commentary presents critical analysis of a paper published by Dr John Reggars, and based, as he admitted, on his perceptions and opinions. Many of those are wrong. Others raise important questions.

Sourced from a lecture presented by him at the 2010 annual conference of the Chiropractic and Osteopathic College of Australia (‘COCA’), this polemic is best understood in its historical and political contexts. COCA’s objects include political activity and Reggars is its vice president, which he failed to declare.

HISTORY

Chiropractic in Australia has involved conflict between two broad groups, one formed mainly of Palmer graduates, who founded the Australian Chiropractors’ Association (‘ACA’). The other group was mainly of graduates of small Australian natural therapies colleges, including the Chiropractic College of Australasia (‘CCA’), from which Reggars graduated. Conflict arose from the chiropractic group’s focus on a clear and distinct identity of chiropractic and high standards of education, versus the other group’s understanding of chiropractic as just another natural therapy. Most left that conflict behind in 1991 with the amalgamation of the
ACA and the United Chiropractic Association, the main group of Australian-trained practitioners, into the Chiropractors’ Association of Australia (National) Ltd (‘CAAN’).

Reggars’ calling some chiropractors ‘subluxationists’, ‘fundamentalists’ and ‘pseudo religious zealots’ mimics attacks from organised medicine. Name-calling is hostility, less aggressive than hitting, but serving the same purpose. He refights old battles, using an exclusive ‘either/or’ oppositional approach of fabricated stark choices rather than an inclusive ‘both/and’ complementary approach of multiple opportunities more appropriate in addressing these complex political issues.

He claimed that the chiropractic profession in Australia has arrived at a crossroads, and cites four others who have written on ‘similar circumstances’. However, two of these others write of the US situation, so possible support from them for his argument is by long distance extrapolation. Another referred to ‘chiropractic and osteopathy’ 18 years ago and the fourth does not support Reggars’ arguments.

He failed to place his arguments in a much broader context of the genuinely important ‘crossroads’ between reductionism-based allopathic disease and injury treatment (as favoured by COCA) and wholism-based health care (as was promoted by the CAAN).

PRE-REGISTRATION

Reggars stated: ‘As a young student I, like most of my peers, believed without question what I was told … about chiropractic.’ In contrast, Palmer was a hot bed of endless discussion and debate. Students peppered faculty and each other with questions on multiple aspects of chiropractic. The ‘marked contrast’ in standards between the early Australian education offerings, such as Reggars’ CCA, and those in North America, such as Palmer, and the marked
contrasts in the approaches of Reggars’ peers and mine to their educations, bring to mind Bacon’s observation: ‘If a man will begin with certainties, he shall end in doubts, but if he will be content to begin with doubts, he shall end in certainties.’\textsuperscript{16,14} When he could have been critically examining the fundamentals of chiropractic, Reggars accepted whatever he was told, and now seems to struggle in doubt of and in opposition to those fundamentals. In contrast, those of us who attended institutions which encouraged doubt and questioning dealt with those matters in those supportive environments. While we may not have ended in certainties (given the complexity of reality), we are comfortable working intellectually and clinically with the subluxation.

PROFESSIONAL RECOGNITION

Reggars quoted the Webb Report as stating, over 30 years ago, that ‘anecdotal evidence’ is ‘not scientific evidence’. In contrast to this view is a contemporary understanding of best practice in the area of evidence - ‘Evidence-based medicine requires the integration of the best research evidence with our clinical expertise and our patient’s unique values and circumstances.’\textsuperscript{15} If the same applies in chiropractic, our shared expertise and the formation of our patients’ values and circumstances do involve anecdotes - ‘short narratives of a particular incident or occurrence of an interesting nature’. This word is derived from the Greek anekdota, which meant ‘things unpublished’.\textsuperscript{16} In today’s person-centered, evidence-informed world, Webb is history.

THE CROSS ROADS?

Reggars claimed that ‘Chiropractic practice in Australia in the 1970s was much like it is today. Most chiropractors focused on and promoted treatment for musculoskeletal conditions’. What is the evidence for this claim?

He also claimed that ‘… there is … another group of chiropractors which were
indoctrinated with the ‘true belief’ that subluxations were the root of all man’s ills.’ Evidence, please? I’ve never met a chiropractor who believed this.

He included reference to ‘… governments wishing to scrutinize every cent of public expenditure …’ Where do such governments exist? The former director of the Medicare Professional Services Review, which protects the integrity of Medicare and the Pharmaceutical Benefits Scheme, stated that Medicare’s ability to ensure benefits have been paid appropriately has never fully coped with the medical business environment, and estimated that $2-3 billion are spent ‘inappropriately’ each year. ‘Unfortunately, there are no attempts to quantify these losses accurately.’ 17 So much for scrutiny.

THE ROAD TO IDEOLOGY OR SCIENCE?

Reggars wrongly claimed that there was a ‘resurgence’ of chiropractic philosophy in the early 1990s in Australia, based on the outcomes of the CAAN visioning process, which began in 1997. He claimed that these outcomes, which were the result of a nation-wide consensus process, with every known chiropractor in Australia invited to participate, resulted in the profession being ‘… torn between the pursuit of science of the adherence to ideological dogma.’ This fabricates a science verses ideology and subluxation dichotomy and conflict. What he denigrates as ‘dogma’ was the core ideology of CAAN, developed by a legitimate consensus process. Organizations that developed and worked by similar statements attained and sustained outstanding success. This is all documented, yet he fails to mention it or that both subluxation science were part of CAAN core ideology. 18,19,20

His claim that the profession was ‘torn’ is hyperbole. As part of the consultation process, persons with concerns about the ideology were invited to express them. Seven of CAA’s approximately 1,600 members at the time did so. 21 CAAN also surveyed the profession shortly after the consensus processes and again over a decade later. 82% of respondents indicated that
the CVs sat comfortably with their own values. 69% of non-members felt the same.22,18

Reggars claimed that ‘Juxtaposed to this return to ideology, the 1990s saw a push for an evidence-based approach to practice from Australia’s mainstream health care industry.’ The term ‘… mainstream health care industry’ is a deceptive euphemism for an industry focused on symptoms, disease and injury, not health.23,24,25,26

He failed to mention that in 1976 the ACA founded the Australian Spinal Research Foundation (‘ASRF’), to raise (by ACA members paying compulsory contributions) and grant funds to support research to gather evidence for use in practice; and CAAN’s up to $40,000 annual donations. He failed to mention that COCA’s research funding body was established only in 2010, 34 years after the ACA/CAAN’s and 20 years after the start of his alleged push for an evidence-based approach.27 He notes the British Chiropractic Association’s (‘BCA’s’) position on ‘… evidence-based care …’, but fails to mention that in 2011 the BCA considered introducing a research levy on its members, 35 years after the ACA actually did.28

He claimed ‘That it appeared that CAAN came to a realisation that what was needed was more than just anecdotal evidence to legitimize and support its “Vision” and “Core Values” and therefore amended its research grant guidelines in order to match its “Core values” and “Vision”.’ Wrong. In 2008 CAAN developed grant guidelines as it previously had none on which to make consistent decisions on applications. As CAAN had limited funds from which to make grants, and the importance of its core ideology and envisioned future, it was axiomatic that guidelines developed should be congruent with those statements and with the CAAN board’s strategic plan based on realisation of the Vision Statement.

Given Reggars’ claims, it is exquisite irony that the second largest research grant made
by CAAN to date was to former COCA president and current executive member Dr Simon French, who in 1998 had resigned from CAAN, claiming that it ‘… has finally abandoned science and evidence-based principles in its agenda.’

Reggars claimed that, ‘However, quality research on spinal manipulation and chiropractic care continued throughout Australia, and internationally, by highly skilled and dedicated chiropractic and other health care researchers.’ Is this to imply that this happened in spite of or regardless of the activities of CAAN and ASRF? ASRF grants, including CAAN donations, have supported the work of most of prominent Australian chiropractic researchers, including current COCA president Peter Tuchin and COCA Executive members Rod Bonello and Bruce Walker. Are these persons not ‘highly skilled and dedicated’ researchers?

He claimed that:

‘Through this research chiropractic gained an increasing but reserved acceptance and recognition by Australian governments, third party payers, other health disciplines and the public. Chiropractic achieved this standing … by good scientific investigation and the publication of high quality research.’
Evidence, please?

He referred to ‘… the scant and feeble research base … supporting the vertebral subluxation complex. In contrast, Rosner wrote:

‘… we are facing a virtual avalanche of new data that has propelled our concepts of the term subluxation into a new environment. No longer is it possible for the term, which has been most closely associated with chiropractic health care … to be regarded as a chimera devoid of physical attributes … In these pages we are presented with a broad range of new perspectives on subluxation, based on a triad
of approaches involving the systematic recording of more precise evidence, the
development of more comprehensive theories that accommodate the new
evidence, and the crafting of consensus statements that encompass the whole and
ensure both comprehension and acceptance by the greater community … This
new edition indicates the power of basic research in that more recent
observations with animal models have produced a series of unambiguous
anatomical and biomechanical benchmarks that amply demonstrate the
consequences of spinal fixations, which from several points of view is in fact a
subluxation.’?31

The Canadian Memorial Chiropractic College’s Colloquium 2009 Reconciling
Subluxation and Science referred to subluxation as ‘A central concept in chiropractic …’, for
which:

‘There is a wealth of research evidence which can inform the conceptualization of the
lesion that responds to chiropractic treatment … The objective of this colloquium is to
draw attention to the quantity and quality of scientific evidence which illuminates
modern understanding and the gaps in knowledge of this founding concept of our
profession.’?32

Participants in this event included Drs Philip Bolton, Brian Budgell, Silviano Mior, John Triano
and Howard Vernon. Are these Reggars’ ‘subluxationists’?

Reggars quoted Americans Meeker and Haldeman: ‘The next decade should determine
whether chiropractic maintains the trappings of an alternative healthcare profession or becomes
fully integrated into all healthcare systems … Chiropractic stands at the crossroads of
mainstream and alternative medicine.’ Does the US have ‘healthcare systems’? In 2008, the US
spent 15.2% of its GNP on ‘health’, much more than any other nation, but it ranks only 37 of
191 countries on ‘overall healthcare’ and life expectancy is declining in some US areas.\textsuperscript{33,34,35} The words ‘mainstream’ and ‘alternative’, in front of ‘medicine’, are adjectives describing two different types of medicine. Meeker’s and Haldeman’s crossroads are between two different forms of medicine. Given some characteristic trappings of American medicine, particularly its focus on aggressive treatment of disease, its specialization, its enormous cost and iatrogenesis, and its lack of interest in addressing the poor lifestyle choices which are the major risks to health, is medicine where chiropractic should be heading?\textsuperscript{36,37,38} Surely it’s time to advance from the unsustainable pathology-focused medical industry towards new person-centered models of health self-care.\textsuperscript{13}

CHIROPRACTIC TODAY?

After criticizing others for relying on a ‘… scant and feeble research base …’, Reggars claimed that Australian data are lacking, offered information from the US and Readers’ Digest to describe ‘… a negative, disheartening and dark side’ to chiropractic in Australia, and claimed declining use of and lack of credibility and public trust in chiropractors. Australian data are not lacking and paint a positive, heartening and bright side to the profession, involving perceptions of credibility, effectiveness, thoroughness, competence and value for money of, high ranking and utilization of and trust in the profession and its wholistic philosophy of self-healing. Word of mouth (Webb’s anecdotes or testimonials) was a main reason for deciding to see a chiropractor\textsuperscript{39,40,41,42,43} Why did Reggars ignore these?

VERTEBRAL SUBLUXATION COMPLEX: USE AND MISUSE?

Reggars stated that ‘… the CAA actively promotes subluxation based chiropractic via its … “Core Values.”’ He failed to mention that those CVs also included chiropractic based on the spine, the nervous system, the individual, wholism, well being, intellectual honesty, scientific and academic excellence and the maintenance of integrity in serving the individual, the community and the profession. Using these omissions, he then claimed that ‘Based on the VSC,
the CAA’s “Vision Statement” envisages chiropractic as a separate and distinct alternative health system. In reality, the CAAN Vision Statement is based on all parts of all of its Core Values and Core Purposes, not something not mentioned as such in them, as he claimed. The Vision Statements do not mention the ‘VSC’ but do mention ‘the subluxation’. Reggars’ interchangeable use of the terms ‘VSC’ and ‘subluxation’ indicates that he sees them as the same thing.

His claim that CAAN has attempted to develop an alternative health care system is wrong. The Vision Statement refers not to a system, but to a ‘regime’, meaning ‘regimen’, i.e. ‘a regulated course of diet, exercise, or manner of living, intended to preserve or restore health…’ The reasons for the development of the CAAN Wellness Initiative (‘WI’) have been documented and are freely available to him. Relevant parts of the WI were broadly congruent with relevant Australian and other government policies. Given that the WI ‘… would often involve an inter-disciplinary team approach, with referral to other practitioners …’ to what would it be an alternative?

Reggars quoted Murphy as having written about ‘… the teaching of subluxation…’:

‘These concepts are lacking in a scientific foundation and should not be permitted to be taught at our chiropractic institutions as part of the standard curriculum … Faculty members who hold to and teach these belief systems should be replaced by instructors who are knowledgeable in the evidence-based approach to spine care.’

What about academic freedom? That educators who do not agree with Murphy should be replaced brings to mind what happened to some German university faculty during the Nazification of German higher education during the early years of Hitler’s regime - they were
dismissed or murdered because they defied National Socialism or were of persecuted religious or racial backgrounds. Shirer described the effect of Nazification on German education, learning, academic standards and professions as ‘catastrophic’. Enrollment at declined by over half and ‘Academic standards fell dizzily.’

The 20 chiropractic educational institutions Association of Chiropractic Colleges (‘ACC’) members constitute a majority of such institutions. Seeking to reach consensus on important professional issues, it has defined subluxation. One US survey found that 69% of respondents agreed that their chiropractic college education was ‘subluxation-centered’. Another survey found that 88% felt that the term ‘vertebral subluxation complex’ should be retained. Murphy’s academic cleansing might also be expected to devastate chiropractic education and the profession.

Reggars claimed that the VSC and chiropractic philosophy were not founded on vitalistic philosophy but as a legal strategy conjured up for the 1907 Morikubo case. But that strategy was based on material published before the Morikubo case. DD Palmer had written on vitalism over a decade before. The concept of the VSC was first described six decades later. How could it have been used in 1907?

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BACK TO THE CROSSROADS?

Reggars tried to force the profession to an artificial and oppositional crossroads of ‘… science or subluxation…’. Gatterman’s text and the CMCC Colloquium show that this is a false dichotomy. The vast majority of the profession works with both science and subluxation:

- The four largest associations of chiropractors support both the use of subluxation and research.
- The ACC defines subluxation and holds a conference, ‘… which focuses on the development of scientific knowledge ...’
• The World Federation of Chiropractic (‘WFC’), which represents over 80 chiropractic national associations, has adopted the ACC definition of subluxation and encourages research.\textsuperscript{77,78}

• Subluxation complex is defined in the World Health Organization’s (‘WHO’) ICD-10 and both subluxation and subluxation complex are defined in its guidelines on training in chiropractic.\textsuperscript{79,80}

Clearly, science is used to study the subluxation and there is no conflict between the two.

Reggars referred to ‘the subluxation myth’. This ‘myth’ is accepted by the above organisations. Of the compression subluxation, WFC Research Council chair Haldeman concluded that ‘… there is nothing mythical about the traditional chiropractic concept of “pinched nerves.”’\textsuperscript{81} ‘As it is currently used, the term spinal subluxation describes a valid clinical finding …’\textsuperscript{82} More ‘subluxationists’?

Reggars stated that ‘If we take the path of the VSC, then I have no doubt that whatever acceptance, credibility and privileges the profession has gained in the last 35 years will be rapidly lost’. Do COCA conference attendees believe this stuff?

He claimed that ‘… we may still have a chance to establish ourselves as spine care specialists.’ Is another group of expensive specialists, focused on one symptom (pain) in one structure (the spine) really needed? The US disease treatment industry is based on specialists rather than generalists, and spends extravaganty on specialists to achieve relatively poor overall results – ‘Quietly, Washington policymakers have begin to concede the need to weigh health care’s benefits against its costs of our country is to avert fiscal ruin.’\textsuperscript{83} The world can’t afford to follow the Americans. The World Health Report 2008 emphasised ‘… the necessary switch from specialized to generalist ambulatory care …’ and to ‘… a substantial body of evidence on the comparative advantages, in terms of effectiveness and efficiency, of health care organized as
people centric primary care.’ An affordable, sustainable and healthier future requires change from focus on treatment of disease to promotion of wellness via wholistic self care supported by primary care. That was the CAAN WI.

Reggars quoted the UK General Chiropractic Council (‘GCC’): ‘The chiropractic vertebral subluxation complex is a historical concept but remains a theoretical model.’ The chiropractic vertebral subluxation complex is a theoretical model, because it was developed and defined that way. Those who attempt to understand natural phenomena often approach difficult concepts by reducing them to mental theoretical constructs. But, given that he used the terms VSC and subluxation interchangeably, and therefore must believe them to be the same thing, one wonders if the GCC does too.

Reggars listed the BCA’s endorsement of the GCC statement: ‘For many years, the BCA has not supported the concept of the Vertebral Subluxation Complex’. Given the information in this commentary, why does the BCA not support this concept? What do BCA members look for in the spines of their patients? On what evidence does the BCA think those exist, can be detected, and have an effect on health?

According to Gatterman:

‘The establishment of any profession requires terminology unique to that profession. Unless chiropractors would become ancillary to medicine … it is imperative that the chiropractic profession continue to develop and maintain its distinctive nomenclature.’

In contrast, the BCA endorsement states:

‘To facilitate the integration of chiropractic, unsubstantiated historical concepts and ambiguous terminology must be discarded in favour of an emphasis on delivering an
evidence-based care model that is easily understood by other members of the healthcare team.’

Which ‘unsubstantiated historical concepts’ and ‘ambiguous terminology’ must be discarded? Why? Why are they ‘ambiguous’? Is the BCA referring to subluxation? Given the above information, especially that in Gatterman’s book, in CMCC’s Colloquium 2009, and in the statements of the CCA, ACA, ICA, CAAN, ACC, WFC and WHO, should these authors, scientists and those organisations and their members discard it too? Why?

Lance wrote:

‘The VSC allows for every aspect of chiropractic clinical management to be integrated into a conceptual model, a sort of "unified field theory" of chiropractic ... many who have denounced the concept of subluxation see the VSC as just another thinly veiled rationalization of a cultist group using unproven procedures. These, too, have lost sight of rational enterprise, for their objections are based on past perceptions and not on the current state of knowledge. The VSC was designed to bring understanding to an area that was fraught with confusion; it was crafted to be consistent with known rational thought and valid information; it was designed to adapt to a growing body of information and understanding of the function of the human body and how the physical machinations interrelate with what we call human health.’

On what basis do Reggars, the GCC and the BCA disagree with Lance? Why are their views so widely at variance with those of the vast majority of the profession’s?

CONCLUSION

Reggars attempted to fabricate a dichotomy between science or subluxation. The above information proves that this is false. The vast majority of the profession successfully supports both science and subluxation, offering a positive and bright present and future.
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