

Whose Chiropractic?

Having experienced around a half-century's association with chiropractic and chiropractors, we have witnessed a great many of the dramas that have changed the course of our profession's history, and we have watched its reputation among health professionals rise from pariah toward potential partner.

When we were in college back in the 1950s, no registration of chiropractors existed in the Southern Hemisphere, and even in the U.S. there were states where the practice of chiropractic was still illegal and chiropractors were persecuted—one of our classmates went to jail for practising chiropractic in Louisiana, and other chiropractors in that state were targeted for intimidation by the Ku Klux Klan, who occasionally burned crosses on their front lawns. There was no government-recognised accrediting agency for chiropractic colleges, and most of those institutions were privately owned, profit-making concerns. Patients, on the other hand, gladly followed their chiropractors' recommended adjustment schedules, paid for their care out of their own pockets with no expectation of recouping the expense from third-party payers, and almost never sued. How times have changed!

We have, at least, come a long way in terms of legislative recognition, our ability to function within the health care system, the technologies and educational opportunities available to us, public awareness and acceptance, and our burgeoning research tradition. However, recurring internecine conflict sadly continues to hobble the profession's efforts to consolidate its still tenuous position in the health care mainstream.

From the days of "Old Dad Chiro" our profession has attracted not only rugged individualists, idealists, scientists and scholars, but perhaps a little more than its share of "characters"—eccentrics, rebels, and self-opinionated fanatics. The resulting clash of opinions and personalities has sometimes been creative, leading to discoveries, advances and reforms that may not otherwise have occurred, but more often it has proved divisive.

Some of the early conflicts are apparent in *The Chiropractor's Adjuster*, written by D.D. Palmer partly as a rebuttal to notions that were being represented as chiropractic; others are chronicled in *Fountainhead News*, edited by B.J. Palmer from 1910 until his death in 1961. The Palmers, having discovered and developed chiropractic, considered themselves to be the ultimate authority—perhaps a natural stance in that proprietary era. The tragic fact is, however, that their attitude not only failed to convince all chiropractors that they were right, but caused or contributed to major rifts in the profession over a variety of issues, such as scope of practice, where, when and how to adjust, radiography in chiropractic practice, the neurocalometer, and training and licensure of practitioners. The result was proliferation of rival gurus, schools and associations that pulled in different directions, castigating

and undermining each other, and wasting valuable resources, time and energy in contention that could have been more profitably spent on advancing the science and practice of chiropractic.

By some miracle, chiropractic survived that period of ferment, and a more moderate generation took over the reins. The progress we have witnessed over the past 30 years has been the product of increased emphasis on research, valid publication, institutional reform, legislative activity, accountability, consensus workshops and interprofessional dialogue, matched by greater willingness on the part of our leaders to work as a team.

True professional unity, however, continues to elude us, not merely because we disagree in areas that we consider important, but because most of us fail to understand that were total agreement on all major issues possible, it is neither a guarantee nor a prerequisite of unity. It is not a guarantee, because new issues and disagreement over how they should be resolved are inevitable. Were it a prerequisite, no human institution could ever function harmoniously for long.

Professional unity, like marriage, requires mutual respect, commitment to the relationship and to common ideals, willingness to consult honestly and openly without rancour when differences arise, and the maturity to abide by joint decisions.

If we are to move forward from where we are toward functional unity, one of the first steps is to rebuild trust and good will, particularly among those who have become disaffected with the Association and other chiropractic institutions. Much historical baggage will need to be discarded, and fundamental issues identified and worked through, for example: What values and concepts do we all share? On what points do we hold differing opinions? Which of these differences need to be resolved to our mutual satisfaction, and when is it acceptable to agree to disagree? To what extent is autonomy appropriate, and in what circumstances is compliance with a group decision necessary?

Do we as a profession have the will, the courage and the tenacity to grapple with emotive issues like scope and standards of practice, frequency and duration of care, subluxation- versus symptom-focused practice, and fees at the time of service versus prepaid courses of treatment until we reach consensus that is equitable not only to all members of the profession, but just as important, to its other stakeholders—patients, the community and future generations of chiropractors? Will we have the wisdom and integrity to put that consensus on public record? Or will there always be some who claim special privilege, lose their temper, walk away, or insist on dancing to their own tune regardless of the consequences?

Mary Ann Chance, DC, FICC
Rolf E. Peters, BSc, DC, FICC
Editors