Chiropractic Identity and Clinical Diversity

At the next meeting of the World Federation of Chiropractic in Orlando, Florida in April, there will be a panel discussion on whether an international conference similar to the one held in November 2000 on the philosophy of chiropractic should be charged with arriving at consensus on chiropractic identity. The decision whether to call such a conference is in the hands of the Assembly, but regardless of the outcome of their deliberations, all chiropractors should be giving thoughtful consideration to this and other fundamental questions that stand to affect our profession, and taking part in the democratic process that governs its direction.

Dictionary definitions of *identity* include *sameness of essential character; sameness in all that constitutes the objective reality of a thing; self-sameness; oneness.* Chiropractic identity in its broadest sense, then, is a statement of how all chiropractors are the same and what distinguishes chiropractic from similar or related professions.

During the long struggle for chiropractic legislation in Australia, the Australian Chiropractors' Association stressed the importance of its members adhering to a chiropractic identity that excluded from the practice of chiropractic the use of drugs, surgery and most modalities other than spinal analysis (including x-ray analysis) and adjustment of the spine by hand. This stance was partly philosophical, as most ACA members were Palmer graduates, but also practical in that it distinguished chiropractic from the plethora of natural therapies also struggling for recognition and guarded against its being subsumed under the umbrella of physiotherapy or manipulative therapy—as political medicine and some legislators would have preferred.

Registration of chiropractors has determined who is legally qualified to practise, and linking of spinal manipulation with the practice of chiropractic—either by definition or by implication—has enshrined a chiropractic identity of sorts in law. With merging of the two major chiropractic associations, the Chiropractors' Association of Australia is a more heterogeneous professional family, whose members come from various educational institutions, use many and varied systems of analysis and adjustingwith or without adjunctive or supportive therapies, and there are some who practise other disciplines in conjunction with chiropractic—acupuncture and homoeopathy, for example. Furthermore, modern developments in clinical chiropractic in the past quarter century, as reflected in the curricula of chiropractic colleges and university programs, have greatly expanded the range of procedures accepted as an integral part of chiropractic practice, or as appropriate options.

In light of these developments, the old ACA concept of *chiropractic identity*, linked as it was to exclusions on scope

of practice, is no longer entirely descriptive of the profile of Australian chiropractic, or indeed of all Palmer graduates now practising in Australia. This raises the question of what an identity statement might look like that describes distinctive ways in which all present-day Australian chiropractors are alike. Some may even question whether it is any longer necessary or desirable to articulate such a statement at all.

To shed light on these questions, it may be useful to ponder some of the reasons for adopting a *chiropractic identity* statement, for example: a) it is an authoritative statement of who we consider ourselves to be and how we propose to fit into the health care system, making us less vulnerable to disunity and manipulation by others; b) it provides focus for our development programs and research agenda; c) it clarifies what is core chiropractic (as opposed to supportive or adjunctive measures, or other disciplines an individual chiropractor might also practise), providing a rational basis for acceptance of diversity in clinical approach.

It is important to give at least as much thought to dangers inherent in adopting any statement purporting to describe or intended to apply to all chiropractors. If a statement is too detailed or prescriptive, it may inhibit legitimate innovation and professional development or make frequent changes necessary, thus damaging our credibility. If it is too vague or ambiguous, it is meaningless at best. It must be accepted that unanimity may not be achievable, however if the statement is in direct conflict with the views of a significant minority, it can scarcely fail to be counterproductive.

Consensus on *chiropractic identity* requires us to consider in what respects we are, should be, or are prepared to be the same. If it is to stand the test of time, such a statement needs to be broad enough to allow for future directions clinical practice might take, for example as scientific discoveries reveal more about the mechanisms involved in subluxation and chiropractic intervention.

If an identity statement is to be embraced by the World Federation, it must include commonly accepted descriptors that allow for the realities of chiropractic practice wherever it exists on the planet and the legitimate aspirations of member associations and their constituents. Most important, it must be the product of broad-based input by practising chiropractors as well as researchers, educators and elected decision-makers from all over the world. You are a vital part of that process.

Mary Ann Chance, DC, FICC Rolf E. Peters, BSc, DC, FICC Editors, Chiropractic Journal of Australia