

What Is This Thing Called Chiropractic?

Few people would doubt that the chiropractic profession has come a long way in its 111 years. There are more chiropractors, chiropractic patients, and educational institutions turning out chiropractors than we dared dream even a decade ago. There is more chiropractic-related research being done than ever before, and chiropractic is better accepted in the community with each passing year. Yet where are we in relation to where we want to go, or where chiropractic in all its aspects is able take us? Are we moving in the right direction to achieve our vision? What is our vision?

There are probably as many answers to those questions as there are chiropractors on the planet. Definitions of chiropractic vary just as widely, and there are even some that reject the notion that it should be defined at all. Many argue that the public statement on chiropractic identity agreed to by the General Assembly of the World Federation of Chiropractic, while providing a good description of the most obvious aspects of chiropractic practice, tends to define the chiropractor's role too narrowly by neglecting other important aspects.

It seems that the more we try to nail things down, the further we go down the rabbit hole. The truth is that there is no pat statement, explanation or formula that can work perfectly for all of us for all time, and it becomes increasingly apparent that we need flexibility and room to grow at least as much as we need to clarify who we are and what we do. Perhaps it is time to step back and take a fresh look at our discipline, our capacities and competencies, and our potential to serve the needs of our community. In this issue are some papers that might help us along that path.

Pollard *et al.* (pp. 82-91) discuss the biopsychosocial model, which suggests that practitioners should consider biological, behavioural, psychological, and social factors that may influence illness and pain perception in their patients. This fits well with the traditional chiropractic approach, which is essentially holistic, notwithstanding a primary focus on detection and manual correction of mechanical lesions. The authors conclude that chiropractic management approaches should include an active therapy program, supplementary education and recognition of psychosocial perspectives for people living in pain as well as the recognition and management of associated emotional discord. They suggest that further investigations should consider how chiropractic can influence the pain cycle and how chiropractors can provide the most effective care while incorporating a biopsychosocial approach.

Meridel Gatterman (pp. 92-96) describes characteristics of the patient-centred paradigm in relation to chiropractic practice and discusses limitations of evidence-based care that accepts only the randomised controlled trials characteristic of the reductionist paradigm. She points out that health promotion and wellness are global priorities that are becoming increasingly important with growing awareness that the current "disease care" model

isn't working. Because chiropractors are well suited to patient-centred practice that can provide a model for health promotion and wellness in the patient's interest, she advocates competency-based standardisation of instruction in these areas as proposed by the Council on Chiropractic Education (CCE).

In *Vital Force: An Everlasting Notion for the Original Stance of Chiropractic* (pp. 97-104), Chantal Jolliot cites examples in many cultures of the notion of *vital force*, which she describes as "a guiding thread to disentangle the features that have been intertwined to form the facets of chiropractic principles." She follows this conceptual thread from ancient times and exotic cultures through the early 20th Century in the West, and describes how it exerted a profound influence on the thinking of D.D. Palmer and his contemporaries. She asserts that far from being obsolete, this notion is now in vogue, providing a symbolic framework that supports theories and practices that claim to help people cope with the contingencies of modern life, and concludes that despite scientific and technical advances, healthcare remains and hopefully will remain a highly cultural endeavour.

Much has been written about professionalism and professional ethics, and in recent times the rhetoric has become increasingly legalistic and politically correct. Not so the address of Gerard Clum, President of Life Chiropractic College West, to the 2006 Annual Conference of the European Chiropractors' Union (pp. 105-108). He presents a number of attempts to define professionalism, including examples, gleaned from the sociological and medical literature, of qualities that together would provide a normative definition of professionalism, then points out that while we would like to see all of these qualities in chiropractors as well as medical practitioners, lawyers and accountants, they are not unique to professionals. He then discusses what we might learn from the differing ways in which the behaviours these qualities inspire meet the needs and expectations of practitioners and their patients. Finally he recounts how the chiropractor who gave him his first adjustment and helped him regain his sight and health taught him by example what constitutes professionalism. It is a moving read that cannot fail to bring us back to the centre of our humanity.

While most people associate chiropractic with spinal manipulation, it is obviously more than that, and its survival of more than a century of opposition, suppression, ridicule and even the misdeeds of a few of its practitioners to become a major healthcare profession should demonstrate to the most ardent sceptic that it has more to offer than a moderately successful therapy for back pain. What are the limits of its potential? Nobody knows, and though engaged in the process, we don't yet have all the tools we need to explore this fully. In the mean time, we need to beware of jumping to premature conclusions and learn to be comfortable with complexity and uncertainty.

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