



New Zealand College of Chiropractic response to "Dr Who?" editorial

Professor Colquhoun's editorial on use of the title 'doctor' and chiropractic might be considered mildly entertaining by some, however, by publishing such biased, anecdotal and unscientific material, the *New Zealand Medical Journal (NZMJ)*¹ does nothing for the credibility of the journal and the profession it represents.

How can any reader take seriously, anything suggested by a writer who opines that a 19th Century journalist possessed superior "intellectual standards" to "the UK's Department of Health" and "several university vice chancellors."? To rely on the latest sensational book by Singh, a journalist who admits to having no expertise in chiropractic or complementary medicine, and Ernst, a former specialist in physical medicine and rehabilitation who has long demonstrated extreme bias against chiropractic falls well short of peer-review. Writing in the *BMJ* in 1999, Dr Gordon Waddell, a leading UK orthopaedic surgeon and back pain authority, described Ernst as offering "inter-professional confrontation under the guise of scientific objectivity."²

A further point concerns, the old chestnut of the assumed danger of chiropractic neck manipulation. Reference is made to a June newspaper report in Canada of litigation alleging a stroke caused by chiropractic care—all unpublished, unproven and anecdotal. Does Colquhoun base his case upon evidence or emotion? Chiropractic "kills the occasional patient" says Colquhoun. When, if ever, has that been proven in a single case?

What Colquhoun fails to reference is the best scientific evidence presently available on this matter.

This report from an international, multidisciplinary panel of experts, which undertook an exhaustive systematic review of the literature in relation to the safety and effectiveness of all commonly used treatments for neck pain, recommends neck manipulation as one of the most appropriate forms of treatment. The report of the WHO Bone and Joint Decade 2000-2010 Task Force on Neck Pain and its Associated Disorders, was so highly regarded it was published as a supplement not only in *Spine* (February 2008)³ but also in the *European Spine Journal* (April 2008.)⁴

The Task Forces original research, examines Canadian government health data for over 109 million person years, finding that the minimally increased risk of vertebrobasilar stroke for patients seeking health care from a general medical practitioner or chiropractor, as compared with matched controls in the general public, is *exactly the same*. This applies to patients seen in the last day, last 7 days, and last month prior to the stroke.

In other words, these rare strokes seem to be associated with, rather than caused by, the treatment. Interestingly the 2 most common symptoms in people undergoing the often protracted process of a vertebrobasilar stroke are neck pain and headache. As a result a very small number of patients who seek care, whether from a physician or chiropractor, are, upon initial presentation, in the early stages of this rare form of

stroke. That is what the best available science now tells us. Surely the readers of the *NZMJ* deserve science to slurs, fact over fiction?

The New Zealand College of Chiropractic (the “College”) is the only chiropractic training institution in this country. Our primary responsibility is excellence in undergraduate education and research. Public safety is a major focus and chiropractors worldwide maintain an impressive safety record.

Contrary to Colquhoun’s assertions, chiropractic undergraduate education is a five year degree that meets the accreditation standards of both the New Zealand Qualifications Authority (NZQA), and the international chiropractic accrediting body, the Council on Chiropractic Education Australasia Inc. (CCEA). This latter body also accredits chiropractic undergraduate programmes in the three Universities where chiropractic is taught in Australia.

The College’s current research programme, in the area of neurophysiology, involves collaborative projects with the University of Auckland, the University of Newcastle and the University of Calgary. This research is aimed towards better understanding the clinical results chiropractors have experienced for over 110 years, and strives to improve patient outcomes.

Interestingly, the NZ Commission of Inquiry into Chiropractic,⁵ established to consider chiropractic benefits under the ACC Act 1972, included some of the following recommendations:

That the participation by chiropractors in hospital physical medicine services should be positively encouraged in the public interest. (Recommendation 12 (2))

That chiropractic benefits ... should be equivalent to the general medical services benefit. (Recommendation 13 1 (a))

That research involving clinical trials should be conducted in co-operation with medical schools in NZ (Recommendation 17(a)).

These government inquiry recommendations seem a long way from Colquhoun’s rhetoric.

The compelling information in Gilbey’s paper in the same edition of the journal (*Use of inappropriate titles by New Zealand practitioners of acupuncture, chiropractic, and osteopathy*) (6) is the high utilization of CAM in NZ. Rates as high as 70% in 2007 indicate the public are looking for health care answers in addition to those provided by traditional medical care. Research in NZ in 2004 found that 33% of adults who visit a CAM provider had also seen a GP for the same condition and 12% were actually referred by a medical doctor. (7).

No one profession holds all the answers. Rather than rehashing 20th Century turf battles, let us continue to work together for the best interests of patients.

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