

NEWS / PROFESSION

The Future of Chiropractic in Europe

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One can hardly be surprised at the decision by the European Union (EU) some time ago to block meat imports from the United States, as a consequence of research findings that reported hormones contained in some types of American meat might increase the risk of some forms of cancer. What an excellent example of the EU as a new entity: unified and able, not simply an idle collection of member countries.

Chiropractic in Europe, however, is not a unified profession. The development of chiropractic in Europe is only 40 years old. After the first pioneers introduced the practice, it gradually became necessary to regulate the profession in some manner. Each European country has taken its own chiropractic path.

This is today's situation:

While waiting for common legislation for the profession throughout the EU, chiropractic is practiced under specific legislation in some countries: Denmark, the United Kingdom, Sweden, Finland and Belgium. In other countries chiropractic is regulated under common law; and in still other countries, such as Italy, there are *de facto* local regulations, administrative rules, or court-stated guidelines. France has perhaps the most complicated situation, where chiropractors are brought to court for "practicing medicine without a license" (i.e., providing chiropractic care) and medical doctors are able to practice chiropractic; Spain has also demonstrated the same intolerance to chiropractic as France see Dynamic Chiropractic, January 12, 1998, "Arrested in Spain".

The EU never took direct interest in chiropractic, but included it in the larger field of "unconventional medicines." In the early 1990s, a European commission set up the "COST B4" project on unconventional medicine in Europe. The main objective of the project was to carry out research on the therapeutic significance of unconventional medicines, their cost-benefit ratios and their social and cultural importance as a basis for evaluation of their possible usefulness or risk to the public. Since 1993, there have been 13 European countries participating in the COST B4 Project and working in cooperation to improve such research. A recent annual COST B4 report noted:

"Potential benefits of the project are the demonstration of the possibilities, limitations and significance of unconventional medicine as part of European health care, the potential impact of unconventional medicine in the control of health care costs, and the development of priorities within legislation to enable further harmonization across national boundaries."

In May 1997, the European Parliament passed a resolution on the bylaws of nonconventional medicine, based on the principle of free therapeutic choice, and on the necessity to coordinate the

disciplines of nonconventional medicines throughout Europe. Special regard was given to chiropractic, to assure the highest quality and safety to patients due to the high degree of intense professional training. As a result, the European Parliament has deemed it necessary to continue to finance studies to determine the effectiveness and safety of chiropractic. It requests a comparative study of the various national legal models to which "nonconventional practitioners" are subject.

The situation in Europe is obviously complex, but evolving and offering great opportunities for the chiropractic profession, provided suitable actions are carried out as soon as possible.

It is worth presenting an evaluation of the present risks and possible opportunities arising from the above premises.

Risks

There is a possibility an increased number of unqualified therapists, "self-styled chiropractors," may increase the confusion of, and more importantly, danger to the people of those countries where there is a lack of legislation and anyone is allowed to practice "chiropractic."

The growing number of nonaccredited schools that issue diplomas in chiropractic after students have only attended a small number of weekend courses presents a similar threat. Moreover, these classes are sometimes open only to MDs, and offer DCs as teachers!

The European Union may fail to recognize degrees issued by U.S. chiropractic colleges and recognized solely by the Council on Chiropractic Education (CCE). If the EU decided to issue a common legislation for chiropractic in Europe, it would surely be based on what already exists in Europe. The EU would be entitled to ignore what is happening outside its borders. The EU was created to protect European interests. Why would the EU recognize degrees issued by U.S. schools whose curriculum it cannot directly monitor? The chiropractic model accepted by the EU would be the one offered by the existing European schools: the Nordic Institute for Chiropractic and Clinical Biomechanics in Denmark, the Franco European Chiropractic Institute in France, the Anglo European College of Chiropractic, and the European Institute of Health and Medical Sciences by the University of Surrey in the U.K. These schools, along with others, are academically excellent, but fundamentally different from chiropractic colleges in the U.S.

Opportunities and Possible Solutions

Three things provide the opportunity to negotiate the regulation of chiropractic in Europe in the third millennium: the existence of the COST B4 Project, a recommendation from the European Parliament, and the fact that in 1997 the World Federation of Chiropractic (WFC) obtained the official status as an affiliated nongovernmental organization with the World Health Organization (WHO). The possibility for chiropractic representatives to be present around the table of negotiation exists only if the profession submits valid research, both scientific and legal, as explicitly requested in the recommendation issued by the European Parliament. It should be the duty of the European Chiropractors Union (ECU) and of all the chiropractic associations in Europe to turn the European Parliament proposal into action.

It would be beneficial to begin discussions involving DCs and students, both European and otherwise, that are planning to practice in Europe, about possible future chiropractic legislation. We must discuss the basic principles that would produce the best possible legislation for chiropractic in Europe. The ideal site for discussion may be the web, and the most interesting site is www.chiroweb.com, at which all accredited chiropractic colleges throughout the world are present!

The presence of an American chiropractic college in one of the European Union countries would provide several advantages. First, it may be much easier for the EU to accept reciprocal recognition for degrees granted by CCE-approved colleges in the U.S., and would introduce a chiropractic model to Europe that to date, does not exist.

There would be undoubtedly some advantages for even the American chiropractic college that would open a school in Europe. One must consider that there has been a progressive decrease in European student enrollment in U.S., colleges, due to the opening of new chiropractic schools in Europe. An American school established in Europe would attract European students in the U.S. if only for mutual recognition of their degree by the European Parliament. An American college would not be obliged to remove valuable staff members from its faculty in the United States, but rely on its alumni in Europe to take over the teaching responsibilities. Palmer College of Chiropractic, for example, has many alumni in Europe who are represented by the very efficient Palmer Alumni Association.

We must not forget that Europe potentially represents one of the most interesting markets in the world for chiropractic because of its favorable holistic therapy culture. The first step in accessing the European market is to become active in the establishment of common chiropractic legislation throughout the EU. An opportunity exists to inject into Europe those philosophical principles that distinguish chiropractic from other health care professions. This current opportunity must be taken advantage of to reinforce and strengthen this great profession throughout the world.

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