

World Federation of Chiropractic - The Who, What, Why, Where and How

INTERVIEW WITH WFC PRESIDENT DR. BRUCE VAUGHN

Editorial Staff

Although a number of articles over the years have been featured in Dynamic Chiropractic on the World Federation of Chiropractic (WFC), there appears to be a lack of understanding about the WFC. What does the organization do, and why is it important? How does it relate to the national chiropractic associations? Who controls the WFC, and what is its agenda? Is it really a world organization? What is the WFC philosophy?

At first sight, the WFC's structure suggests an effective balance among the national chiropractic associations of the world:

- The WFC voting members are 70 national associations of chiropractors from around the world. The ACA and the ICA helped to finance the formation of the WFC 13 years ago, and are represented on the WFC Council, its board of directors.
- Financial and other support comes from many individual and corporate associate members, including the chiropractic colleges of Cleveland; CMCC; Life; Life West; LACC; National; Northwestern; Parker; Palmer; Palmer West; Sherman; and Texas.
- The WFC Council (elected) represents chiropractors in seven world regions. All the major membership and policy decisions are decided by the member associations at an assembly held every two years.
- The WFC's democratic structure is fully spelled out in its by-laws, which were endorsed by the January 1997 decision of the World Health Organization (WHO is the agency of the United Nations responsible for international health policy and programs) to admit the WFC into official relations as a nongovernmental organization (NGO).
- The members of the WFC Research Council, chaired by Dr. Scott Haldeman, are respected chiropractic researchers from around the world.
- The Association of Chiropractic Colleges is partnering with the WFC in a major conference on philosophy in chiropractic education in Fort Lauderdale, November 11-12, 2000. The European Chiropractors' Union (ECU), the regional organization for chiropractors in Europe, and the French Chiropractic Association are co-sponsoring the WFC's Congress in Paris next spring - May 24-26, 2001.

For a look at the WFC from the inside, *Dynamic Chiropractic* conducted an exclusive interview with WFC President Bruce Vaughan, DC, of Hong Kong:

Q: Dr. Vaughan, so that the profession can better understand who you are, please describe your

background and practice.

A: I am a 1966 graduate of Palmer College and have practiced in Hong Kong for the past 34 years. I was founder president of the Hong Kong Chiropractors' Association (HKCA) from its formation in 1967. I served as president for most of the time until we finally won the battle for legislation to recognize chiropractic in Hong Kong in 1993, when I became chairman of the newly formed Chiropractors Council. I now practice with four other DCs as partners and associates, and have a traditional practice based on adjustment with little use of adjunctive procedures.

The 50 HKCA members range from very "straight" to very eclectic, with some using a lot of acupuncture and Asian herbal medicine, but we all work together and respect these differences.

Q: How long have you been involved with the WFC?

A: Since it was formed in 1988. I have represented the Asian region on the WFC Council since its first meeting in Toronto in 1989. I was elected to the Executive in 1995, and was elected President for a two-year term last April.

Q: Why was the WFC first established?

A: In the mid-1980s, Dr. Gary Auerbach of the U.S., representing the ICA and later to become the first president of the WFC, led ICA delegations to the annual meetings at the World Health Organization in Geneva and reported the need for the chiropractic profession to have formal status at WHO. This was because WHO is the agency of the UN responsible for health, and strongly influences national governments on all health-issues including the recognition and roles of different health professionals. All other major health professions were represented - but not chiropractic.

WHO would only recognize a chiropractic organization with an appropriate democratic international structure. No existing chiropractic organization had that structure.

The formation of the WFC was debated at a 1987 meeting of presidents of all major chiropractic associations held in London, England. After a year of constitutional development, jointly funded by the national associations in Australia, Canada, the U.K. and the U.S., the WFC was formed in 1988.

Q: What are the goals of the WFC?

A: These are found in the WFC's by-laws and may be summarized as:

- Represent chiropractic in the international health care community.
- Promote common high standards of chiropractic education, research and practice worldwide.
- Upon request from member associations, providing advice on appropriate legislation for chiropractic in member countries.

Q: Give me an example of the first goal - representing chiropractic in international health. What does that really mean?

A: The most important example is probably WFC's work with the WHO. Part of this is supporting WHO public health policies, such as healthy nutrition and the current anti-tobacco campaign. Another part is developing an informed attitude at WHO toward chiropractic.

In this area, the WFC and WHO are currently preparing formal documentation on chiropractic

education and practice. WHO will then distribute this to various influential authorities, including national governments who call to ask whether they should be recognizing the chiropractic profession.

There are many other areas of important international activity. The WFC is a member of the Council of International Organization of Medical Sciences (CIOMS), a powerful policy group based in Geneva, and is active in the World Association of Medical Law (WAML).

This August, for example, the WFC has arranged for presentation of three papers on chiropractic at the WAML's Congress in Helsinki: one by Dr. Raine Mäkelä, president, Finnish Chiropractic Union, will explain chiropractic in a country where the profession is regulated by law and well-accepted; another by Dr. Benoit Rouy from the Association Française de Chiropratique, will highlight the difficulties of patients and chiropractors in France, where chiropractic practice is still illegal; and a third by WFC Secretary-General, Mr. David Chapman-Smith, a lawyer, will highlight a new directive from the European Parliament for recognition of chiropractic throughout Europe. The purpose of all this is to promote the recognition and acceptance of chiropractic before an influential audience.

Q: The second WFC goal you gave involves common high standards of education and practice. What do you mean by this?

A: With respect to education, as of last year there are more chiropractic colleges outside the U.S. than in it, and a number of new colleges will open around the world during the next few years. For example, in the last three years two schools have commenced in Brazil; there are new schools in Italy, Korea and Japan, and a new school will open in Costa Rica next year.

A major concern of chiropractic leaders and organizations worldwide - (and therefore of the WFC, because these are its members) is that educational standards as originally laid down by CCE be adopted throughout the world. The WFC is therefore working with accrediting agencies, accredited colleges and national associations throughout the world seeking to maintain common minimum standards of chiropractic education.

We don't want to have the experience of osteopathy, which has no international identity or organization, because educational programs and practice vary from country to country, from a series of weekend courses to a full training similar to allopaths.

With respect to common standards of practice, the WFC's goal is to protect the profession's traditional scope of practice when new laws are placed around the world. For example, chiropractic is a primary care profession. Some governments, as in Israel and Lebanon, pressure local chiropractors to accept practice without the right to diagnose or at a therapy status. The WFC provides local chiropractors with advice and support helping them to fight for the standard international scope of practice of chiropractic. I know this first hand from Hong Kong. The WFC was most helpful in our fight, ultimately successful, to have chiropractic recognized as a primary care profession with use of the title doctor.

Another example is the use of prescription drugs. That has been offered to chiropractors in some countries, most recently South Africa. The WFC has clear policy against the use of prescription drugs in chiropractic practice, passed at the 1997 WFC Assembly, with strong support from the chiropractic community throughout the world.

Most chiropractors will understand that, if one country passes legislation restricting the rights of chiropractors to see patients direct or for example, to treat children, this news will spread rapidly

to other governments and affect chiropractors everywhere.

Q: What does the WFC do if the chiropractic association in Iran or Morocco tells you to butt out?

A: That's an important question and the key to understanding the potential strength and the limitations of the WFC. From its founding day, the core principle of the WFC has been *respect for national sovereignty*. The WFC and its members can offer assistance and advice to chiropractors in a country, but may not intervene with their government and other authorities without their approval and invitation of the member association. The development of chiropractic in Australia, Iran and Morocco, to use the examples you have given, is the right and responsibility of the duly elected leaders of the national associations in those countries. The WFC has an advisory role only.

This is the situation for all credible international organizations. If these boundaries of responsibility are respected, an international organization such as the WFC is respected so its opinions carry strong weight. Otherwise, it earns little respect and ends up with no authority.

Q: What about a country like Iran, with only a few chiropractors?

A: Size is irrelevant. Each national association, irrespective of size, has a similar voice and status in the WFC and a similar right to govern the development of chiropractic in its own country.

Q: What do you do about a country like the U.S. with two national associations?

A: The U.S. is the only country with two established and competing national associations. This used to be the case in Australia and South Africa, but there were successful mergers. There have been cases where the WFC has received applications for memberships from two groups in countries with relatively few chiropractors. This was the case in Greece which has 15 DCs. The WFC's general policy is not to accept membership from either association until they have unified, on the grounds that they will only be able to represent the profession effectively if they have united leadership.

You mentioned Iran. You may be interested to know that the Iranian Chiropractic Association, whose president is Life West graduate Dr. Hossein Sabbah, represents all of Iran's 10 chiropractors and has had a highly successful legislative campaign during the past three years. The doctor of chiropractic degree is now formally recognized in Iran. If legislation currently before the government passes, chiropractic practice will be fully recognized by law.

Q: Where does the WFC stand on the issue of philosophy, and for example, the importance of the subluxation?

A: Thank you for asking this, because I know there are some misconceptions on this. I, personally, practicing as I was taught at Palmer in the 1960s, see traditional chiropractic philosophy based upon the innate healing powers of the body, and the ability of this power to be compromised by vertebral subluxation, as a fundamental importance. I would not have continued to serve the WFC if it was in any way opposed to this.

The WFC, however, must be a forum and a home that welcomes all chiropractors if it is to serve its true function and be successful. This includes associations that are very subluxation-based, such as the ICA and the New Zealand Chiropractors' Association, and those that are much more evidenced-based, such as the Danish and Norwegian Chiropractic Associations. Similarly, WFC associate members include Life, Palmer and Sherman on one hand, and LACC, National and Northwestern on the other.

The WFC Council certainly believes that a common distinctive philosophical basis to the

chiropractic profession worldwide, relying upon the traditional tenets of chiropractic, is an important issue. That is why the WFC, with co-sponsorship from the Association of Chiropractic Colleges, is holding a major conference on philosophy in chiropractic education in Fort Lauderdale in November. This meeting has the ambitious goal of getting agreement on contemporary guidelines on philosophy in chiropractic education, and methods of conveying it to students, which it is hoped will be adopted internationally.

Q: Is there anything else you'd like to add?

A: But for reasons I have given don't expect strong policy statements from the WFC for or against specific philosophical statements, subluxation-based practice, musculoskeletal practice, or anything else on which there are significant divisions in the profession. I emphasize again that the WFC is member-based, consults widely, as all international organizations must, develops policy positions very slowly, and requires strong member consensus - not just a majority vote - before any position is taken.

Q: Thank you, Dr. Vaughan.

WFC Executive and Senior Staff

The WFC Council comprises 11 directors, all chiropractors, representing seven world regions.

Africa: Chris Neethling, South Africa;

Asia: Bruce Vaughan, Hong Kong-SAR China;

Eastern Mediterranean: Efstathios Papadopoulos, Cyprus;

Europe: Anthony Metcalfe, United Kingdom;

Latin America: Ronald Firestone, Bolivia;

North America: Paul Carey, Canada; Gerard Clum, U.S.; Michael Pedigo, Louis Sportelli, Kerwin Winkler

Pacific: John Sweaney, Australia.

WFC Executive Committee (elected by the WFC Council)

Bruce Vaughan, DC - President (Palmer: 1967)

Dr. Vaughan, originally from England, has been in private practice in Hong Kong for over 30 years. He is a past president of the Hong Kong Chiropractors' Association and has been on the WFC Council representing the Asian region since 1989.

Paul Carey, DC - First Vice-President (Canadian Memorial: 1967)

Dr. Carey is in private practice with his son, Dr. David Carey, in Stratford, Ontario. He is a past president of the Canadian Chiropractic Association and is the current president of the Canadian Chiropractic Protective Association, the professional liability insurer affiliated with the CCA. He is one of the five representatives of the North American region on the WFC Council.

Anthony Metcalfe, DC - Second Vice-President (Anglo-European: 1976)

Dr. Metcalfe is a partner and one of four chiropractors in an 18-member multidisciplinary private practice in London, England. He is a past president of the European Chiropractors' Union and currently serves as chairman of the board, Anglo-European Chiropractic College, Bournemouth.

Gerard Clum, DC - Secretary-Treasurer (Palmer: 1973) Dr. Clum is president of Life Chiropractic College - West in Hayward, California. He is a member of the board of directors of the International Chiropractors' Association and is a past president of the Council on Chiropractic Education.

Louis Sportell, DC - Immediate Past President (Palmer: 1962) Dr. Sportelli is a former chairman of the board of the American Chiropractic Association, and currently serves as president of NCMIC Insurance. Dr. Sportelli is one of four WFC past presidents which include: Dr. John Sweaney, Australia, Dr. Christoph Diem, Switzerland, and Dr. Gary Auerbach, United States.

WFC Staff

Mr. David Chapman-Smith, Secretary-General

Mr. Chapman-Smith is a Toronto lawyer who also serves as general counsel for the Ontario Chiropractic Association. He first represented the chiropractic profession before the New Zealand Commission of Inquiry in 1978-1979. He is the publisher of *The Chiropractic Report* and author of *The Chiropractic Profession*.

Mr. Peter Waite, Deputy Secretary-General

Mr. Waite is a certified association executive and a former executive director of the Ontario Chiropractic Association. He also serves as secretary of CCE Canada and the Canadian Federation of Chiropractic Regulatory Boards.

Gillian Sloane-Seale, Executive Assistant

Ms. Sloane-Seale has a BA (Honours) from Trinidad and Tobago, postgraduate diplomas from England and France and formal translation qualifications and executive experience in the WFC's three official languages - English, French and Spanish.

WFC Health-for-All Committee

...chiropractors must become involved in public health issues beyond their specific area of practice, both in the public interest and to create wider acceptance of the profession. -

Rand Baird, DC, MPH, chairman, WFC's Health-for-All Committee

The World Health Organization (WHO), which is widely regarded as the UN's most effective agency, has an overall mission of "health for all." The WFC's Health-for-All Committee monitors the WFC's ongoing relationship with WHO and gives advice on specific projects and policy initiatives.

This central committee is chaired by Rand Baird, DC, MPH, of Torrance, California, a member of the ACA and the ICA. His work in the American Public Health Association (APHA) over the past 20 years was central to their 1996 decision to create a Division of Chiropractic. Other members of the committee, one from each world region are:

Africa: Evalie Heath, DC (Life: 1979) - Dr. Heath, who practices in Bulwayo, Zimbabwe, is the past

president of the Chiropractors' Association of Zimbabwe. Her public health activities include establishing a refuge for battered women and fundraising for scholarships so girl high school students can finish their education, through the Bulwayo branch of the Zimbabwe Association of University Women (ZAUW). Dr. Heath, who is the past president of ZAUW, has also been active in rural school projects as a Rotarian.

Asia: Bruce Vaughan DC (Palmer: 1967) - Dr. Vaughan, from Hong Kong, and currently WFC president, represents the WFC Executive on the Committee.

Eastern Mediterranean: Efstathios Papadopoulos, DC (Palmer: 1981) - Dr. Papadopoulos, president of the Cyprus Chiropractic Association, represents the Eastern Mediterranean region on the WFC Council, and represents the Council on this Committee.

Europe: Anthony Metcalfe, DC (Anglo-European: 1976) - Dr. Metcalfe, from London (and currently the WFC's Second Vice-President), represents the Executive on this Committee.

Latin America: Sira Borges, DC, MD (Palmer: 1990) - Dr. Borges, president of the Brazilian Chiropractic Association, formerly practiced as a medical doctor in the northeast of Brazil where she was coordinator of the chronic mental health program at a major regional hospital for 12 years. Her public health activities have included coordinating the Health Community Education programs for the Catholic church in the northeastern region of Brazil for 15 years.

North America: Deborah Kopansky-Giles, DC (Canadian Memorial: 1982) - Dr. Kopansky-Giles is director of rehabilitation and coordinator of the external clinics at CMCC. In that capacity, she has been central to the development and operation of community health and hospital-based clinics that service the needs of special populations, including AIDS patients and the native population in Central Toronto.

Pacific: Inger Villadsen, DC (AECC: 1985) - Dr. Villadsen, originally from Denmark, practices in Newcastle, Australia. Her public health work in Australia and overseas includes coordinating professional and financial support for clinics serving the urban poor in Manila, the Philippines.

Dr. Rand Baird says that he's excited to chair the WFC's Health-for-All Committee "because chiropractors must become involved in public health issues beyond their specific area of practice, both in the public interest and to create wider acceptance of the profession." He identifies a number of current WHO public health initiatives that chiropractors, coordinated by the WFC and their national associations, could support - including food safety, female genital mutilation, polio eradication, AIDS, primary care, poverty, tobacco control and safe blood.

Dr. Baird notes that the committee has identified tobacco control as a priority area for chiropractic, "because this is a priority at WHO, is arousing huge public attention, and fits well with chiropractic principles and practice." Life University, a WFC associate member, has already set an example on this issue, having recently hosted a WHO/PAHO (Pan American Health Organization) meeting on tobacco control at its campus.

"The committee is in the process of making recommendations to the WFC Council," explained Dr. Baird. "Look for more on this from the WFC and national associations in the months ahead."

Future WFC Meetings and Additional Information

- Conference: *Philosophy in Chiropractic Education* - Fort Lauderdale, Florida, November 11-12, 2000

- 6th Biennial Congress - Vive La Chiropratique! - Paris, France, May 24-26, 2001 (all sessions in English).

For more information on these meetings, how to become a WFC associate member, or on the WFC generally:

- Visit [[url=http://www.wfc.org](http://www.wfc.org)]<http://www.wfc.org>[/url]
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