

## Whither Chiropractic Now?

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The pace of the growing interest in complementary and alternative medicine (CAM), including chiropractic, continues to amaze me. It is breathtaking. No matter where you look, there is nothing short of a mini-revolution going on with how the public and the so-called health care industry are viewing this "movement."

This was brought home to me in an overwhelming sense last September when I made a presentation on chiropractic at the Stanford Center for Research in Disease Prevention. Significantly, the meeting was co-sponsored by American Specialty Health Plans, a chiropractic managed care organization with substantial market inroads in California. "Complementary and Alternative Medicine: Scientific Evidence and Steps toward Integration." The conference provided a full day of lectures and panel discussions on various CAM approaches within the confines of the medical school itself. The meeting was completely sold out with over 400 attendees, the majority from the Stanford academic community.

One of the highlights was the presentation of the results of a new national survey that had just been completed. The survey was designed to expand on the seminal work by Eisenberg in 1993 and included a number of interesting questions. Chiropractic was the third most frequent answer (18%) after acupuncture and herbal medicine (23%) when people were asked to think of CAM. After massage (18%), chiropractic (17%) was the most used provider-based CAM service in the past year. When asked if they used CAM primarily for treatment or prevention, 75% of those using chiropractic said treatment.

Stanford wondered if CAM services were used in addition to or in place of traditional medical services. Of all the therapies asked about, chiropractic had the highest rate, 64%, of those who used the service to replace medical care. Chiropractic also had the highest rating of effectiveness, with 81% saying it cured or relieved symptoms considerably and only 7% saying it was ineffective. Chiropractic was also rated the most likely of services to be used in the future by the respondents. Among other related questions, the respondents offered that they were willing to pay an additional \$15 per month in insurance premiums if coverage were provided for chiropractic, massage, acupuncture and the like. The rest of the survey will be published sometime later this year.

Three major academic institutions --Stanford, the University of California-San Francisco and State University of New York -- described their major plans to initiate clinical CAM services and start major research efforts. All want to include chiropractic. While old news now, it was announced that the NIH Office of Alternative Medicine had been elevated to the status of "center" with an increase in budget from \$20 million to \$50 million!

In another example last spring, faculty from the Palmer Center for Chiropractic Research were invited to participate in a meeting held at the University of Iowa, "Complementary and Alternative Therapies: An Evidence-Based Approach." It was also sold out. Again, chiropractic played a prominent role in the discussion. Subsequent to the meeting, the University of Iowa Hospitals and Clinics opened a clinic offering a variety of CAM services including chiropractic. I don't think this meeting could have occurred even as few as three years ago.

While we should welcome all this attention on chiropractic, as in "It's about time ...," we should also realize the challenges inherent in the spotlight. Chiropractic is being discussed by a lot of people in high places. These include research, academic, government and policy-making circles, and those simply in the financial business of health delivery. Chiropractic is seen as the most highly developed of the so-called CAM professions, and it is held up as a standard to others. What I have noticed is that while chiropractic is being discussed, there are rarely any chiropractors around. Where are they? Where are our experts in research, health care education, health delivery and policy? If we have them, why are they not being injected into the debates and discussions that will clearly, whether we like it or not, affect our profession dearly in the years to come?

The answer is that we have too few of our own specialists. The specialists we do have are already busy, so we must realize that we can no longer afford the luxury of being out of the larger arena, simply training individual chiropractors, taking care of our individual practices and enjoying out little intramural arguments. Chiropractic is quickly becoming, or being forced to become, a nationally prominent health profession. It now has needs for the larger infrastructure of supportive functions as those I mentioned. The terms of the debate have changes, and so has the audience. For example, if there are no chiropractic health care economists, how can we design, conduct and interpret economic data and participate in economic debates that affect our pocketbooks? If there are too few chiropractic researchers to go around, how are fair studies going to be designed, funded and conducted? These are not trivial questions. Predictably, now that the vacuous "fad-like" quality the popular media imparts to every trend is wearing thin, the backlash is beginning. Witness our experiences of the past few months in the *New England Journal of Medicine*, the *Journal of the American Medical Association* and the *British Medical Journal*. Make no mistake, we are now engaged in serious discourse in such a way as never before. We should pay very close attention.

One of the bright spots in the past few years has been the success of an annual series of meetings known as the Research Agenda Conference (RAC). Funded by a contract to the Palmer Center for Chiropractic Research from the U.S. Health Resources and Services Administration, the meeting has gradually evolved into the premier research training venue in the profession. Last year at RAC3, over 120 professionals from almost every chiropractic institution attended to learn skills and how to navigate the intricacies of federal research funding.

This year, RAC4 will take place July 23-25 in Chicago. The program is co-sponsored by the Consortial Center for Chiropractic Research (CCCR). The CCCR is a collaborative effort supported by five chiropractic colleges and two state universities and is funded by a \$2.7 million grant from the Office of Alternative Medicine.

The two-and-a-half day affair will build upon last year's topics and focus on identified needs. Under the experience direction of Dr. Cheryl Hawk and the staff at Palmer, nationally prominent scientists, clinicians and administrators are now being lined up as lecturers and workshop leaders. It promises again to become a major "must attend" event for those interested in participating in the scientific development of chiropractic.

Hands-on interactive workshops will address scientific journal writing, interpreting the scientific literature and developing successful grant proposals. There will be in-depth seminars on basic and clinical science research methods, project administration, and applying the results of research to practice, policy, public relations and education. Panel discussions will focus on developing a research culture, scientific mentorship and training. Finally, plans are being made to highlight the needs in the important area of chiropractic theory development, including ways to operationally conceptualize the key chiropractic concepts of wellness, subluxation and adjustment.

If you have read this far and are interested in attending RAC4, please contact the Palmer Center for Chiropractic Research and ask for Lori Byrd, project coordinator, at 319-884-5150. Additional details will be publicized as they develop. Space will be limited to 200 participants, so please do not delay.

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