

Chiropractic in Denmark

In 1920, the first chiropractic office was opened in Denmark. In 1925, a patient association called the National Association for the Advancement of Chiropractic was established, and also during that year the chiropractors formed the Danish Chiropractors Association (DCA). It is characteristic in the development of chiropractic that a patient association was formed before the profession had created their own association. For the modern day DC working under authorization and affiliated with the national health insurance (NHI), it is hard to imagine the conditions that those early pioneers had to endure. The few DCs who practiced then were met with suspicion and hostility from the authorities and medical profession. It was therefore only natural that patients formed an association whose objectives were to insure that they could receive qualified chiropractic care. Since its inception the National Association for the Advancement of Chiropractic has made many contributions which have greatly benefitted chiropractic.

The Danish Chiropractors Association has also worked diligently to advance chiropractors professional, economic, and social interests. In the '20s and '30s the primary concern was educating the public and politicians about chiropractic care, the positive results they achieved from adjusting, plus the education involved in becoming a chiropractor. As more and more chiropractors began practicing the number of patients and public awareness gradually increased. During the ensuing decades, political initiatives were intensified to secure recognition and protection for chiropractors and their activities.

In 1963 these endeavors led the government then in office to appoint a committee to investigate the possibility of an authorization for chiropractors, which would pave the way for inclusion in the national health insurance plan. The committee submitted its report in 1970, could not reach an agreement. The majority thought that MDs had to refer the patient in order for the patient to receive national health subsidies. Meanwhile, after further political debate, the first bill for inclusion in the NHI was introduced in 1973 by then Minister of Social Affairs Eva Credal. The bill implied that patients were entitled to subsidies without MD referral. Because of government elections and other political factors, the amendment was not drafted until 1974.

The result of all of this work was the introduction of national health insurance subsidies for chiropractic patients; chiropractors were also included under the Patients Complaints Board that was formed in 1989; authorization was granted in 1991; and finally, the political decision to establish a Danish chiropractic education at Odense University.

Today in Denmark there are close to 300 practicing chiropractors. These chiropractors have traditionally and for practical reasons been affiliated with the primary health care sector. Of the approximately 180 clinics only a few are not endorsed by the national health insurance. Danish chiropractors see more than 250,000 patients a year. The chiropractors operate under the premise that they give competent examinations, proper diagnosis, correct treatments and offer preventative care. Clearly, there has been rapid development since the 1920s, but we must recognize that the evolution of chiropractic has been plagued by the longstanding conflict between DCs and the medical establishment. The reasons for these conflicts are, unfortunately, not completely resolved. Traditional delineation uncertainties are but one part of the problem. Lack of knowledge with regard to chiropractic education and scope of practice has also been a contributing factor. Finally,

chiropractors themselves must accept part of the blame because they were late in understanding the importance of informing others that the profession in its daily clinical work functions in a modern, Western-oriented manner. They were also late in recognizing their responsibility through research to document the rationale behind the care their patients received.

At present, the greater part of North America, Australia, New Zealand, and Europe agree which requirements should be in place for the education of chiropractors and the chiropractic scope of practice. These requirements are in complete accordance with the principles behind the Danish authorization in 1991: diagnosis, treating and preventative care of biomechanical disorders originating from the neuromusculoskeletal system. These requirements are manifested in the Danish Chiropractors Association, Nordic Chiropractic Council, European Chiropractors Union, and finally the World Federation of Chiropractic. In other words, the chiropractic profession today consists of a group that is organized both regionally and globally, which together have 18,500 chiropractors as members.

One hundred years have passed. A lot has happened nationally, as well as internationally. Chiropractic care is an accepted part of health services encompassing the entire Western world, parts of Eastern Europe, and the Far East. In South Africa chiropractic is commonly recognized. Just like the other health sciences, chiropractic care has evolved from clinical and anecdotal experience to a modern health alternative deeply rooted in Western health concepts, with university-based education centers and research in close cooperation with other health professions.

In recent decades chiropractic has developed a comprehensive research policy originating within the accredited chiropractic colleges, including the Research Institute in Odense. This research, together with data from other health professionals, involved in neuromusculoskeletal disorders, clearly documents that chiropractic care plays a substantial role in the treating of biomechanical dysfunctions of the body's articulations. As a result of this overwhelming amount of evidence, as well as other reasons, the U.S. Department of Health in 1994 issued guidelines for health care providers and patients regarding acute low back pain which advised against injections, traction, massage, and ultrasound, but recommended manual therapy with pain relieving medication as having the best documented effect. Chiropractic is now not only one of the best documented treatments but it is also increasingly enjoying the recognition of health officials. We hope after the results of other scientific research is compiled, it will become even clearer that chiropractic care has a meaningful role to play in chronic back disorders. There can be little doubt that research of manual therapy will be intensified in the coming years. Chiropractic will then be centrally placed when funds are made available for the fight against a genuine "public enemy" -- pain in the back.

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