

Canadian Article Highlights Medicine's New Acceptance of Chiropractic

Editorial Staff

Toronto -- The August 16, 1993 issue of Family Practice, a Canadian trade newspaper for primary care givers, examines the medical profession's increasing acceptance of chiropractic in the article "FPs Intent on Changing Profession's 'Crack Quack' Image of Chiropractors." The article offers insight into why chiropractic has been shunned in the past, how the profession has matured, and what new doors are opening for chiropractors.

The article's introduction comments on the growth of the chiropractic profession, explaining, "Chiropractors no longer need to bend over backwards to prove they're not quacks." Author Linda Ehrichs also notes that chiropractic is the third largest primary care profession in the Western world, and now "more and more doctors and chiropractors are sharing medical offices -- and patients."

Family practitioners (FPs) like Dr. Rex Verschuren, a Toronto MD quoted in the article, "is one of the growing number of family doctors referring to chiropractors for musculoskeletal problems." Dr. Verschuren admits that he is candid with his patients about the limitations of the medical profession in the treatment of musculoskeletal problems, "I say, 'Listen, I can help you with medication but it's temporary -- I think you could benefit from chiropractic therapy."

Toronto chiropractor Bryan Sher reports that 40 percent of his practice consists of referrals from family physicians. "Part of this is because current medical treatment for back pain is inadequate. Surgical techniques are used less and less because of poor outcomes," he says. But in this new realm of cooperation between MDs and DCs, Dr. Sher says that he doesn't hesitate at all to send patients back to their medical doctors if manipulation is not working: "You have to do constant re-evaluation. If I don't see any improvement, I have to suspect something else is going on."

Editor of The Chiropractic Report and Secretary-General of the World Federation of Chiropractic (WFC) David Chapman-Smith, LLB (hons), explains that both sides are to blame for the adversarial relationship between medicine and chiropractic. Even with the positive outcome of the Wilk case, Mr. Chapman-Smith says, "It takes about a generation for anything to happen fully, but there's been a rapid turnaround in attitudes."

One boost is that MDs are now acknowledging that they are frustrated trying to manage patients with nonspecific musculoskeletal pain. Dr. Verschuren comments, "Why should I, who learned about muscular skeletal problems for two or three months in medical school, think that I know more than someone who has studied them for four years?"

The article consults Dr. Robert Buckman, a cancer specialist and associate professor at the University of Toronto, who describes chiropractic as one of the growing number of complementary and alternative therapies people are flocking to in record numbers. Co-author of the book *Magic or Medicine?*, with Karl Sabbagh, Dr. Buckman told Family Practice, "Chiropractic manipulation has been so carefully tested. These guys really went to a lot of trouble to prove their stuff. That work needs to be rewarded. If I've got a patient with low back pain and I know that it's not cancer or

tuberculosis or something, I have no compunction in saying try a chiropractor."

In *Magic or Medicine?*, Dr. Buckman writes, "All that one can state for certain is that if you have lower back pain, you'll probably do better at the chiropractor's than at your family doctor's or hospital orthopedic department."

Despite the progress chiropractic has made, DCs are still not allowed to practice in hospitals in Canada. But these hospitals may be fighting a losing battle, due to new public awareness of the benefits of chiropractic care. Dr. Don Nixdorf, of the British Columbia Chiropractic Association, says that although DCs cannot practice in hospitals, the MDs who try to dissuade patients from seeing chiropractors are increasingly risking their credibility. "How many patients need to suffer six months of pills, try physiotherapy and rest, and then go to a chiropractor for week and find their symptoms gone?" he asks.

The author relays to readers the suggestion from chiropractic proponents to visit a chiropractor's office to see the treatment for themselves. David Chapman-Smith eloquently echoes that sentiment: "I'd encourage [doctors] to make that leap of faith, devote that amount of time -- for their patients. It might cause considerable surprise."

The change in attitude described by Toronto family practitioner Dr. Verschuren is a sign that many other MDs are beginning to acknowledge chiropractic's effectiveness. The collaboration provides MDs and DCs with an opportunity to learn from each other. While both MDs and DCs benefit from a cooperative relationship, it is the patient who stands to gain the most.

Editor's note: *Family Practice* is a publication of Thomson Healthcare Communications, 1120 Birchmount Rd. Suite 200 Scarborough, Ontario M1K 5G4 Canada.

DECEMBER 1993