

NEWS / PROFESSION

Dr. Pran Manga Assails Ontario's Decision to Delist Chiropractic

Editorial Staff

By now, every chiropractor in North America should be familiar with the name Pran Manga. A professor of health economics at the University of Ottawa in Ontario, Canada, Dr. Manga authored a pair of reports in the early 1990s - known by the chiropractic profession as "Manga I" and "Manga II" - which found that chiropractic was cost-effective; scientifically founded; safe; effective in treating a wide variety of conditions; and delivered higher patient satisfaction levels than the medical alternatives for the treatment of low back pain. Together, "The Manga Reports" provided an "overwhelming case in favor of much greater use of chiropractic services in the management of low back pain."¹ Relative to Ontario, the reports also suggested that by improving access to chiropractic services and changing utilization patterns, the province's health care system could save hundreds of millions of dollars in direct and indirect health care costs and related expenses.²

By now, most chiropractors in North America also know that despite the substantial evidence presented in Dr. Manga's reports, the provincial government of Ontario announced earlier this year that beginning in October 2004, chiropractic services would be "delisted" from the Ontario Health Insurance Plan (OHIP), the province's health care plan, along with physiotherapy and optometry examinations. A government official, who called chiropractic a "less critical" service than some medical procedures, defended the cuts by saying that they would result in more than \$200 million in savings over the next two years.³

Since the cuts were announced, Dr. Manga has become one of the most vocal critics of the decision to delist chiropractic. Among other things, he has called the delisting "the stupidest thing they've ever done,"⁴ and warned that the cuts to chiropractic will not only not save money, but will actually cost the government more money in the long run through increased use of drugs, higher doctors' fees, increased visits to emergency departments instead of chiropractors for care, and greater costs for lab work and tests.

Dynamic Chiropractic contacted Dr. Manga and asked him to comment on the delisting, and what effects it will have on the practice of health care in Ontario. On June 10, he sent the following statement, titled "The Effects of Ontario's Policy of De-Listing Chiropractic."⁵ According to Dr. Manga:

The policy of de-listing chiropractic will impose a net fiscal burden of at least \$100 million on the government of Ontario. While the government stops paying chiropractors at most \$100 million, the shift from chiropractic care to medical care will cost the government at least \$200 million. The de-listing policy is fiscally perverse. It will also have other adverse effects on the health care system:

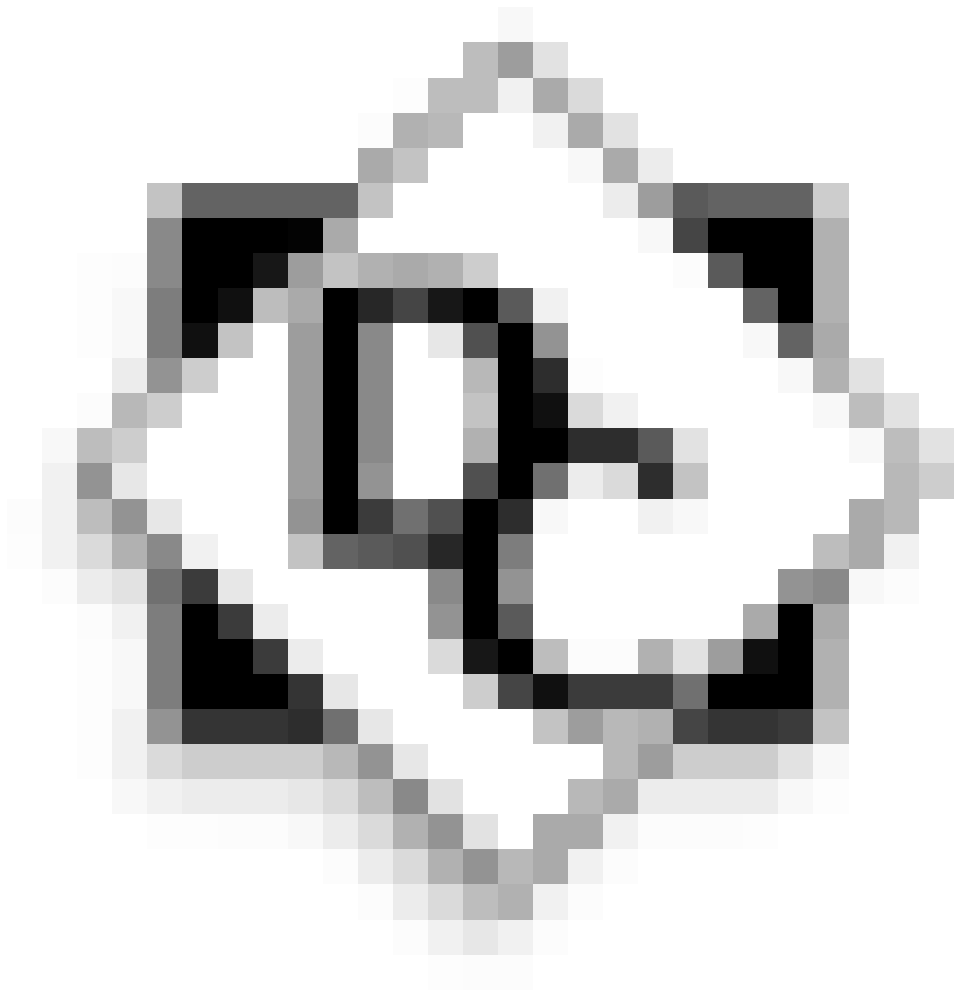
1. It increases the queues and waiting times for medical care.
2. Expenditures on drugs will increase.
3. The use of emergency care in hospitals will rise.
4. It marginalizes chiropractic and inhibits its integration in the wider health system.
5. It imposes a heavier financial burden on the poor, low and middle income groups.
6. It seriously worsens accessibility to care to the very groups who have the highest incidence of the disorders and injuries chiropractors treat.

The policy is most definitely not evidence-based. Most studies show that chiropractic is more effective, safer and cheaper than medicine. While some question these findings, hardly any claim the opposite. There are no studies in Canada recommending the delisting of chiropractic. There is no scientific nor economic reason for de-listing chiropractic. It is grossly discriminatory and inequitable. Patients with neuromusculoskeletal conditions and injuries invariably express greater satisfaction with chiropractic than medical therapies and care. The public consistently prefers greater insurance coverage for chiropractic under provincial Medicare plans. The de-listing policy disregards public preferences and is, therefore, politically unpopular.

Pran Manga, PhD, MPhil

References

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