

Matters of professional identity, politics, research, and the *Journal*

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Professional Identity can be understood as consisting of three lived elements; Association, Legislation, and Education. The driver is a 'common idea', and in the case of chiropractic this idea is reported to be that of subluxation and its many meanings. It is differing interpretations of this idea that causes an association of similar thinkers in the first place, and in chiropractic's case these informal associations followed the education and training introduced by D.D. then were rapidly introduced by others in various formats.

Quick Tap or Scan:



Chiropractic's referent data base, the *Index to Chiropractic Literature*, returns 103 articles with the search term 'chiropractic associations' (early October 2020). Dating from 1986 these address 'associations' at the local, state, national, and international levels. To expect unity of thought among so many associations is ludicrous; to expect it among two or three chiropractors even more so. Chiropractors are an opinionated mob.

A scholarly examination of these matters has consumed 4 years of my time to form the substance of my current PhD. (1) My findings are being reported elsewhere with about 20 papers either published, *in-press*, or in generation at this time. Not only must each paper survive the critical rigour of senior academics, they must also survive critical peer review by senior members of the profession who generously give their time to the advancement of knowledge about chiropractic.

On behalf of the Editorial Board of this *Journal*, the Executive Editor and I express our gratitude for the solid work invested by these members of the profession in ensuring the *Journal* presents quality work which you can trust.

Publication

Rolf and I apply the principles of Continuous Quality Improvement. (2) From the launch of the first issue in July we have worked to implement improvements, based largely on the 'gut-feel' of our combined experiences as Editors which is close to 40y. In many cases feedback has guided

1. Ebrall PS. Evidence-based chiropractic identity [Thesis]. Southern Cross University. Australia. 2020.

2. Chandrasekaran A, Toussaint JS. Creating a culture of continuous improvement. Harvard Business Review. 24 May 2019. URL <https://hbr.org/2019/05/creating-a-culture-of-continuous-improvement>

our change and we trust you will actually not ‘notice’ the improvements evident in this, our second issue.

Yet we will tell you of a couple. First we have settled on 4 issues a year for the first 2 years, and will identify them in a digital, not print, manner. The traditional print format for this issue of the *Journal* would be *Asia-Pac Chiropr J. 2020;1(2):nn-nn*, where ‘n’ are page numbers.

A significant issue is the form in which this is expressed as a citation and there are many ‘style manuals’ each proffering their idea of preferred format, from which a *journal* selects one for its ‘style’. In our view the driver of the citation style used by an author must be the style they find best suited to their work and then their preferences. For example qualitative methods use very different formats to qualitative methods.

Given we do not publish in the print medium we will now identify our citations only as on-line locators. The base format for this issue is *Asia-Pac Chiropr J. 2020;1.2:Online only* and each will be created and link directly to that specific paper in the Journal website. This will be faster, more reliable, and secure. We consider the DOI to be redundant; it was introduced as a system to give an electronic tag to a printed object, but now that each object has its own URL (the Universal Resource Locator) it is no longer necessary to use an additional identifier. Its use is a matter of an editor’s preference which then becomes a habit.

To demonstrate our new style, this is the citation with indexing link for this Editorial: [Ebrall P. Matters of professional identity, research, and the Journal \[Editorial\]. Asia-Pac Chiropr J. 2020;1.2:online only. URL https://apcj.rocketsparkau.com/editorial--ebrall-october-2020/](https://apcj.rocketsparkau.com/editorial--ebrall-october-2020/)

The next change is also subtle, and that is the categories we assign to each piece of content. Our foundations remain solid, as Freedom, Truth, and Health. We appreciate we live and work in an evidence-centric world so we now assign categories to indicate that individual papers are ‘evidence’ in some form. We remain emphatic about the evidential value of case reports and understand that even a single case report has greater evidential value than one wrong opinion. We have introduced the category **PRIMARY EVIDENCE** which is, if you like, ‘entry-level’ evidence documented by practitioners in the language of practice. The immense value of these is that they add to the evidence-base to better and more rapidly inform practitioners and deepen the pool of advice available to researchers as they develop their protocols. The next level is a more formal case report which loosely follows the CARE guidelines and which we now classify as **CLINICAL EVIDENCE**.

Our third subtle change is to recognise selected authors as a *Platinum Author*. This decision requires previous publication with the *Journal* and a record of a minimum of 10 papers published elsewhere with rigorous peer-review. At an average of 3 peers for each review and on the probability that each of those ten papers had different reviewers, plus the Editor of each journal, this means between 30 and 40 informed and critical colleagues have judged the writer’s contributions and deemed them appropriate to publish.

It is our intent to respect this by providing acceptance on receipt with overnight editorial review with interactive discussion by email as the paper is set for proofing and finalisation. Eventually this will lead to faster publication. There is also the exclusive privilege of a dedicated time-slot as a Keynote Presenter at the first Global Meeting of *Journal* contributors in May 2021. We won’t make a song and dance about it, but will mark each of their papers with this icon:



We would like to think you can take this as a sign of our trust in each writer. As is our policy, the *Journal* welcomes all views that are written in a scholarly manner, solidly referenced, and demonstrate an ethical approach to publication (3, 4) including research. (5, 6, 7, 8)

The *Journal* is an open forum with no fees for submission or publication and its contents are not to be taken as a sign of endorsement. But we do think it will be helpful for you to know that the writer whose work you are reading is a tested and valued contributor. Our first are Drs Blum, Oakley and Rome and you can read their current papers in this issue.

Journal policy

On the launch of the *Journal* in July 2020 reader feedback was sought to inform our position on the relationship between case reports and formal ethics approval. We appreciate those who took the time to write with their arguments, all of which were well grounded and reasonable.

The two principles to be considered are the privacy of the patient and the patient's rights to their health records.

The Editors considered all input and now state our policy:

With regard to the consideration of publication ethics for reports using data drawn from patients in a formal clinical setting, the *Journal* will:

1. Require confirmation with any submission that uses patient data that it is not possible to identify any patient either by direct revelation or by inference, and
2. Require that the chiropractor holds documented consent from the patient for their clinical data to be used by the chiropractor in reports to inform learning and research.

Notes:

The 'Journal' is the Asia-Pacific Chiropractic Journal and its derivatives and/or associated publications.

A 'formal clinical setting' is any non-social interaction between a member of the public or a chiropractic colleague as a patient of a trained chiropractor practicing in accord with the law where legislation is enacted and during which the patient is assessed, treated then managed.

'Consent' means the patient has at some time attached their signature to a statement descriptive of the terms and conditions of being a patient of that particular trained chiropractor practicing in accord with the law where legislation is enacted and where such description is unequivocal in meaning that de-identified information given by the patient and documented in their health record may be used for purposes beyond that patient's immediate care where 'purposes' includes but are not limited to discussion with peers and colleagues, presentation at professional meetings, reporting in papers for review and publication in professional literature, and for research purposes.

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3. Ebrall PS. Commentary: The ethics of publication. *J Chiropr Ed.* 1993 Sept:43-51.
 4. Ebrall PS. Defensible statements: an ethical consideration for scholarly writing. *J Chiropr Hum.* 1995;5(1):19-27.
 5. Ebrall PS. Ethical considerations for chiropractic researchers. In, Lawrence DJ, ed. *Advances in Chiropractic.* Vol 3. St Louis: Mosby. 1996:245-68.
 6. Ebrall PS. Ethical considerations for chiropractic researchers. Californian Chiropractic Association/Consortium for Chiropractic Research, as Chiropractic Conference on Research and Education. San Diego: 1996.
 7. Ebrall PS, as Visiting Professor of Chiropractic Science. Ethical considerations for chiropractic researchers. Life Chiropractic College West. Oakland: 1996.
 8. Ebrall PS. Ethical considerations for chiropractic researchers. Los Angeles College of Chiropractic. Whittier. 1996.

A 'professional meeting' is that formally conducted by a legally registered association or organisation for the purpose of sharing knowledge and understanding relevant to the profession of chiropractic.

'Professional literature' is that literature intended for members of a profession and identified by an ISSN or ISBN and expressly excludes social media.

'Discussion with peers or colleagues' means communication in any form with a health professional who is registered under legislation where such legislation exists.

The difference between reports by a practitioner of patients managed by them, and reports of subjects in a formal research study is that such research studies must be conducted in accord with an institution's requirements as administered by that institution's Review Board, Human Research Ethics Committee, or equivalent. When such reports are submitted for consideration to publish they will document such approval by citing the reference number and the conditions of approval to conduct the activity. The 'conduct of the activity' must expressly include dissemination of results.

Research

The concept that spine and postural displacements of a patient impacts their health and wellbeing is a well framed evidence-based practice in the spine literature (read Oakley and Harrison in this issue). The variable in meaning seems to have an association with the quality of the science undertaken by a small number of chiropractors.

The relief experienced on reading about the recent mass resignation of the WFC Research Committee is tempered by the announcement of Christine Goertz as the interim chair. (9) Whilst keeping an open mind we note Oakley and Harrison's views about what they see as potential conflicts of interest in her advisory work.

The appointment of a white female to a management position seems to reflect the WFC's new 'Diversity and Inclusion' policy. (10) The Pennsylvania Historical and Museum Commission express the intent of such policies well as: 'representing and reflecting the experiences of the people and communities it serves.' (11) Elsewhere at governance level we see that unless this idea is embraced with expertise it can only end in tears. (12)

As for research expertise, Goertz has 3 single-author papers listed in ICL, all of which are in a non-peer-reviewed magazine of the *American Chiropractic Association* and as 1 in each year of 1996, '97, and '98. These opinion papers signal her political alignment. For her remaining 42 articles listed since 1993, an output of 1.56 papers per year, she is a co-author with others, mostly a few and at times many, a suggestion of participation rather than initiation. A decade ago Goertz held the identity of chiropractors as '... doctors who specialize in nonsurgical spine care.' (13)

We are strongly of the view that our profession must move towards research with integrity and we are confident that Goertz will lead the WFC in this direction. The *Journal* waits to see the nature of the research themes that will now emerge and we expect to see projects applying qualitative methods to be included.

9. Leading academic named as WFC Research Committee Interim Chair. Quarterly Word Report. 2020:8. URL <https://chiro.us1.list-manage.com/track/click?u=4e9516307bb1e10b680dfa405&id=0327beb7a3&e=b24614002a>

10. WFC launches new Equity, Diversity and inclusion Policy. Quarterly Word Report. 2020:4. URL <https://chiro.us1.list-manage.com/track/click?u=4e9516307bb1e10b680dfa405&id=0327beb7a3&e=b24614002a>

11. Diversity, Equity, Inclusion, & Access Policy. Adopted December 5, 2018. Pennsylvania Historical and Museum Commission. URL <https://www.phmc.pa.gov/About/Pages/Diversity-Policy-.aspx>

12. Llopis G. 5 reasons diversity and inclusion fails. Leadership strategy. Forbes. 16 January 2017. URL <https://www.forbes.com/sites/glennllopis/2017/01/16/5-reasons-diversity-and-inclusion-fails/#2364e1aa50df>

13. Triano JJ, Goertz C, Weeks J, Murphy DR, Kranz K, et al. Chiropractic in North America: Toward a strategic plan for professional renewal - outcomes from a 2006 chiropractic strategic planning conference. *J Manipulative Physiol Ther.* 2010;33:395-405.

Research and politics

It says something that our profession has many more politicians than it does researchers. One can only hope we never again suffer the same arrogant political presumption announced on stage in Europe by Kawchuk as Chair of the same WFC Research Committee, that researchers are the leaders of the profession. (14) They are not, and Kawchuk is no longer Chair. The rightful role of an inquiring mind is to serve in the exploration of knowledge, leaving leadership to the politicians of the profession.

It is understood that by its very nature the WFC, and the ICA for that matter, are political associations, however clear demarcations must be set around research, both agendas and activity. As a profession we should learn from the *Science Council of Japan* which engaged in argument about appointees (15) with the Prime Minister of the country who was required to publicly defend his decisions. (16) Chiropractors should not behave in this overt manner.

In the same way it saddens us to see erstwhile reputable journals descend into the political arena as has the *New England Journal of Medicine*. (17) Chiropractic's few journals are too easily assigned to political identities within the profession, be they biomedicine, physical therapy, or subluxation. We are not critical of these positions and feel there is value in the reader having an awareness of the outlets available and the sections of the profession each serves.

However the NEJM is not the only respected journal which has taken an overt political stand. The venerable *Nature* has issued a position including the statement '*We cannot stand by and let science be undermined. Joe Biden's trust in truth, evidence, science and democracy make him the only choice in the US election.*' (18) We find it incomprehensible if not reprehensible that a respected science journal, one some consider the peak journal, would make this and the following comment in an Editorial: '*No US president in recent history has so relentlessly attacked and undermined so many valuable institutions, from science agencies to the media.*'

Given the preceding, it seems hypocritical for journals such as *Nature* to publish comment that discusses '*counselling, coaches and collegiality, how institutions can share resources to promote best practice in science*'. (19) This commentary says, in part, '*Achieving research integrity requires structures and practices that are tailored to fit*'. We argue that '*structures*' starts with the journal and '*practices*' with the journal being a political; this is no longer the case and the credibility on *Nature* is now damaged.

14. Kawchuk G. Do chiros [sic] have free speech? ECU Talks. Mark 4:40. 1 August 2018. URL <https://www.youtube.com/watch?v=f5-RehD1Y3E>

15. Jiji K. Suga takes flak for keeping government critics off science panel [News]. The Japan Times. 02 October 2020. URL <https://www.japantimes.co.jp/news/2020/10/02/national/suga-rejects-appointments-science-council/>

16. Sugiyama S. Suga says politics wasn't behind blocking nominees [News]. The Japan Times. 05 October 2020. URL <https://www.japantimes.co.jp/news/2020/10/05/national/politics-diplomacy/suga-denies-political-motive-behind-science-council-appointment-rejection/>

17. Shepherd K. The New England Journal of Medicine avoided politics for 208 years. Now it's urging voters to oust Trump (News). The Washington Post. 08 October 2020. URL <https://www.washingtonpost.com/nation/2020/10/08/science-journal-endorsement-trump/>

18. Why *Nature* supports Joe Biden for US president [Editorial]. 14 October 2020. URL https://www.nature.com/articles/d41586-020-02852-x?utm_source=Nature+Briefing&utm_campaign=7f2b123fc5-briefing-dy-20201014&utm_medium=email&utm_term=0_c9dfd39373-7f2b123fc5-44274497

19. Mejlgaard N, Bouter LX, Kavouras P, Allum N, Bendsten A-K, et al. Research integrity: nine ways to move from talk to walk [Comment]. *Nature*. 2020;586:358-60. URL https://www.nature.com/articles/d41586-020-02847-8?utm_source=Nature+Briefing&utm_campaign=721872f932-briefing-dy-20201012&utm_medium=email&utm_term=0_c9dfd39373-721872f932-44274497

The *Asia-Pacific Chiropractic Journal* has a non-partisan position with politics be they of any country or city, and especially within our profession. We may be naive, coming from very different time where modesty and integrity were valued, and we really do believe in our pillars of Freedom, Truth and Health. We appreciate that 'health' is subject to political manipulation and we will carefully steer clear of this while focussing on and amplifying the inherent 'goodness' that is within chiropractic.

We appreciate that chiropractors now reject the befuddlement of research findings where the leading argument is invariably asserted rather than proved. Fake quantitative research is easily spotted by failure at the rudimentary level of not giving the hypotheses that were tested, and when a hypothesis is given it is more often than not incorrectly taking the form of H_1 instead of the null, H_0 .

Of course there is another world of research, that being qualitative, and maturity by the WFC would be shown through a balance of activity across these two methodological groupings. The profession's exemplar of apolitical qualitative methods is *Chiropractic History*. When was the last time any association funded historiography?

There is also the conflicting 'philosophy of science' of the West, dominant among chiropractic academics, and of the East which is ignored. This lack of appreciation for different lenses is, in our view, a major factor in the retardation of evidence-generation about chiropractic; it seems compulsory for all funded inquiry to be biomedical in nature. Not only is this a disservice to researchers with a foundation in chiropractic, it flouts all notions of integrity with inquiry.

At the time of writing it is understood that the ICA will soon announce its newly established Research Committee and the *Journal* anticipates a more inclusive and conventional approach that actually advances our profession instead of attacking it.

Chiropractors no longer tolerate being fed fatally flawed pieces such as a 'rapid review', (20) if not one that is rapid in conduct then one in intent. (21) We see them as excuses for subversive political statements. This behaviour is unacceptable, unprofessional, and utterly unbecoming of the respect our profession deserves.

This *Journal* is proud to stand up and be counted in matters of chiropractic identity including our research activities, and we know our readers appreciate our position.

A regional note

The *Journal* notes a report from the WFC that the *Philippines Institute of Traditional and Alternative Care* (PITAHC) has issued guidance that chiropractors may no longer style themselves as 'doctor', talk about 'patients', nor their place of practise as a 'clinic'. (22) It is unclear as to any penalties for alleged non-compliance. The matter is reported to have arisen in response to a complaint to the *Department of Health* from the *Philippines Professional Medical Society* (PPMS).

The PPMS view is reported as being the claim that medical doctors have exclusive use of the title 'Doctor' along with other matters. The negotiated position among the DoH, PPMS, PITAHC,

20. Kawchuk G, Goertz C, Axén I, Descarreaux M, French S, Haas M, et al. The effect of spinal adjustment/manipulation on immunity and the immune system: a rapid review of relevant literature. 2020. https://www.wfc.org/website/images/wfc/Latest_News_and_Features/Spinal_Manipulation_Immunity_Review_2020_03_19.pdf.

21. Kawchuk, G., Hartvigsen, J., Innes, S. et al. The use of internet analytics by a Canadian provincial chiropractic regulator to monitor, evaluate and remediate misleading claims regarding specific health conditions, pregnancy, and COVID-19. *Chiropr Man Therap* 28, 24 (2020). <https://doi.org/10.1186/s12998-020-00314-9>.

22. New Philippines ruling outlaws use of Doctor title and use of medical terminology by chiropractors. *Quarterly Word Report*. 2020:58. URL <https://chiro.us1.list-manage.com/track/click?u=4e9516307bb1e10b680dfa405&id=0327beb7a3&e=b24614002a>

and the *Association of Professional Chiropractors* (APC), a member of the WFC, is that chiropractors are to no longer to use the terms 'doctor', 'patients' and/or 'clinics'.

The report of the APC as published by the WFC (21) is difficult for the *Journal* to fact-check as there seems to be no on-line presence of the PPMS. It may well be a representative body of the *Philippine Medical Association* (PMA) (23) and if so this stated complaint puts a different position to that held by the PMA which is to promote '*fellowship of physicians*'.

The point of us reporting this matter is to demonstrate the ease with which chiropractic's identity can be traded away by its representatives. The idea of a rule that chiropractors may not use the honorific 'doctor' is discriminatory not only against one specific health profession, but is also an ill-conceived attempt to limit the use of a word that means '*a person skilled or specialising in healing arts who holds an advanced degree and is licensed to practice*'. (24) We consider this to be an apt descriptor of a chiropractor and note its historic and consistent use by trained chiropractors globally.

The reported compromise fails to take account of the use of the title 'doctor' by dentists, veterinarians, theologians, and holders of an academic doctoral award whether earned by examination or granted as an honorary title. It seems to be a selfish grab for market share by the PPMS. It disappoints us to see the APC so readily acquiesce to the political will of a medical faction and abandon its responsibility to act in the best interests of the broader profession.

The *Journal* sees this as an opportunity for us all to reaffirm the identity of the profession. For our part we will continue to use the honorific in the semantic meaning of the word 'doctor' where a trained and registered, certified, or licensed chiropractor is an author or co-author on work submitted and accepted for publication. We continue to respect and honour our own.

We also note that the Philippines regulatory body for chiropractic practice, PITAHC, allows the phrase '*Certified Chiropractor*' to describe a person who practises chiropractic. This is analogous to the position in Australia where chiropractors may state they are a '*Registered Chiropractor*' while also using the honorific 'doctor' with qualification it references 'doctor of chiropractic'.

The *Journal* will also continue to refer to people who consult a certified or trained chiropractor as '*patients*' as we see this term to be universal and beyond reduction to a political point of difference among those providing health care in compliance with the law as it may exist.

The *Journal* will also continue to use the term '*clinic*' as a descriptor of a site at which a trained and registered chiropractor conducts clinical practice. We note Goertz has used the term '*office*' in her writing (25) and this may be reflective of a North American peccadillo.

For those caught in the cross-hairs on these aspects of our identity the *Journal* suggests you could consider your practice to be a *Chiropractic Care Centre* whether or not you see patients, practice members, clients, or whatever. It is completely your call.

As Barge asks, '*are you the Doctor, Doctor?*' (26) Apparently not anymore, in the Philippines.

23. Philippine Medical Association. Home/About. URL <https://www.philippinemedicalassociation.org/about-pma/>

24. Doctor. Merriam-Webster. URL <https://www.merriam-webster.com/dictionary/doctor>

25. Goertz CMH, Hegetschweiller K, Whitmer BL. Measuring functional health status in the chiropractic office using a self-report questionnaire. *Top Clin Chiropr*. 1994(1:1):51-9.

26. Barge FH. *Are you the Doctor, Doctor?* 3Vol. IV 3e. La cRosse: Barge Chiropractic. 1993. URL <https://www.fredbarga.com/books.htm>

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