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It is time to end the gaslighting of chiropractic by (i) nonsense reporting disguised as research; and (ii) repeated attacks on the personal choices of the profession's students. In place of this relentless erosion of chiropractic principles and practices we must make efforts to raise the standards of chiropractic research and professional regulation and cleanse the research agenda of its bitter and twisted pretenders.



I will make specific reference today to chiropractic's *Gas-lighter-in-Chief* who seems to be the exemplar for Côté et al (2021) and Swain et al. (2021) However let me begin with news of the 'New Moon' that is rising globally in chiropractic and invite you to celebrate the wonders of our education enjoyed by 12,000 or so students globally.

Chiropractic's New Moon: our students

This *Journal* has unbreakable faith in the future of chiropractic and places great value on today's students who will be tomorrow's doctors. With this issue we launch a partnership with the student's global representative body, the *World Congress of Chiropractic Students (WCCS)*. Our intent is to work together to bring the collective student voice into the indexed literature and to more widely share their hopes, aspirations and dreams within the profession.

Our global student body consists of young adults with inquiring minds and a pure intent to become a healing chiropractor of the highest order. They deserve an eminent standard of

education which brings me to my first concern with the 'state of play' of our profession and the example we are setting.

Celebrate our students, don't condemn them for their ideas

The latest report of Swain and colleagues (Swain et al., 2021) can only be considered miserable. Their work is not original; it is a trawling of previous studies which collectively seem to push the agenda for new standards of education, stemming from Walker's old idea of a *new* chiropractic. (Walker, 2016)

According to Swain et al, about half of sampled chiropractic students '*hold strongly to the traditional chiropractic theory*' and the other half to the idea that '*evolving scientific evidence is more important than traditional chiropractic principles.*' Their underlying argument is the classic catch-22: their error is naive insistence on 'either/or' responses compounded by their belief that one answer is '*good*' and the other, '*bad*'. Given the students very roughly fell half and half this is taken as evidence of dissonance.

Attempts to measure how a student may weigh up aspects of a complex argument are very difficult with any retrospective and secondary analysis of results gained by others using a blunt instrument, as in this case. It damns the half of our student body which aligns with an ideology foreign to that of Swain and his colleagues. To me, this does not make sense, let alone seem ethical.

A conventional chiropractor knows there are times when a traditional explanation suits the purpose of, for example, an explanation to the patient, while the same idea being expressed in the form of a referral letter may well be better written in formal language. This is not dissonance, it is '*non-overlapping magisteria*', after Chaberek (2017) from Gould. (1997)

What we really need from Swain et al. are not meaningless claims of dissonance to perpetuate their personal agenda, but an inquiry into the capability of chiropractic academics to lead learning in, for example the power of the principle of *non-overlapping magisteria* to be a unifying factor that brings '*value*' into the '*science*' of chiropractic.

To put it simply, to claim '*dissonance*' among students of chiropractic suggests an unacceptable variation in the standard of education. Why are a few colleges (ICEC, 2021) refusing to teach the traditional chiropractic values? I know that if I was again paying for a chiropractic education I would much rather learn that for which I was paying, chiropractic, and not some academic's angry world-view that failed to adequately represent the conventional picture of our profession in the real-world.

In the meantime let's do a Trump and call Swain et al's report '*fake news*' (and old fake news at that!) Their misleading representation of our future professional colleagues as suffering cognitive dissonance is something that has no credence and must end.

More Fake News from a Global Summit

The current paper of Côté et al (2021) epitomises more that is wrong in chiropractic's academic echo chamber; the absence of open-minded thinkers capable of finding the right questions in their heads. The *Journal* urges them to move beyond being '*Half-Theres and Yes-Buts*' and appreciate that their's is a nonsense paper which together with Swain et al. (2021) serves as the evidence that it is these academics themselves who are seriously dysfunctional.

This small, irritating tail of medically-complicit researchers and educators must come to understand that the profession exists outside their narrow, distorted framework of a government-funded existence within socialised medicine. And that it is futile to report that '*Governments, payers, regulators, educators, and clinicians should consider this evidence when*

developing policies about the use and reimbursement of SMT for non-musculoskeletal disorders. (Côté et al, 2021)

Côté exhibits two misguided beliefs that must be corrected: (i) that it is his 'job' to inform third-party payers regarding aspects of chiropractic care and from this the regulatory implication; and that (ii) he must advise educators as to what they should be teaching. As we saw with a past Chair of the WFC Research Committee, researchers do not lead the profession in this way.

Third party payment for non-musculoskeletal disorders

The practice of conventional chiropractic (Ebrall, 2020) is overwhelmingly a free-market enterprise in some 91 countries globally. In the clearest possible language, our profession has exceedingly little if any interest in socialised medicine, where '*Governments, payers*' are courted for *reimbursement of SMT for non-musculoskeletal disorders.* Governments are not the arbiters of the need for care particularly for conditions such as '*primary dysmenorrhea*'. The publication of results that have no meaning for the greater majority of chiropractors, couched in terms to attract critical attention by regulators, is to me at best naive and at worst, incompetent.

Let me demonstrate the stupidity of the approach used by Côté et al. (2021) Using the same 'purposive' methodology I phoned a friend. Last year his turnover dropped 30% due to COVID lockdowns, and of the \$727,000 clinic gross for that year a mere \$4,994 was paid by a third party. I then used 'snowballing' and called my friend's friend who reported he saw about 3 or 4 veteran's affairs patients and the same for motor accident patients, representing less than 2% of his total patient base. We did not need a tax deductible Global Summit to reach the conclusion that less than 2% of patients in this sample of Australian practices are under a Government arrangement that supported the cost of musculoskeletal care. There were no third party payees attending for non-musculoskeletal care.

More significant in global terms is the indication that over 98% of patients pay from their own pocket for care they obviously value. Surely researchers should act to inform this solid 98% and not those who constitute less than 2% of practice volumes? From this flows my observation that socialised chiropractic is an aberration of no substance.

Whilst the reports by Côté and Swain are two seemingly different matters, they have in common academics who repeatedly advance opinion over evidence while pretending to be 'research based'. To curry favour with political medicine our own profession seems to foster evidence-based acolytes debasing our system of health care to nothing more than a therapy. What has gone wrong?

Identifying what has to end

Take the agenda of Côté. There is no future in questionable research methodology and instead he and his team are urged to make some head-space to find the right questions. Why not have a '*Global Summit*' to see if their group is capable of finding better, more relevant research questions? If this *Journal* can conduct such a meeting (May 2021) without funding, surely Côté with his generous support can do likewise? I mean, even osteopaths investigating changes in the new-born recognise the need to rethink their methods and ask better questions. (Mills, 2021) Why are chiropractors so far behind the ball?

Quite simply, instead of creating reasons why what we do does not work according to medical metrics, we must create the agenda. Academics who do research must ask questions that will advance the profession by building on what we already know and repeatedly do. The underlying question is about what is it that chiropractors provide to patients who keep returning because they find that chiropractic improves their quality-of-life years? Cheryl Hawk addressed this in a potent commentary over a decade ago (2007) and our profession is the poorer for our current research community continuing to ignore her guidance.

For example, instead of telling us there is no evidence ‘of SMT for the management of non-musculoskeletal disorders including infantile colic, childhood asthma, hypertension, primary dysmenorrhea, and migraine’ why not think ‘there are 4,437 reports in the chiropractic literature returned with the search terms [‘infantile colic’ AND ‘case report’ OR ‘study’],¹ I wonder what these have in common?’ And from this would come the extremely useful question ‘what is the optimal number of care interludes to achieve beneficial change in infants with colic?’

Or perhaps ‘there are over 4,000 reports of chiropractors caring for patients with asthma, what are they doing right?’ No, instead they apply inappropriate biomedical measures in an arguably inappropriate systematic review to find the answer they seem to want, meanwhile casting aspersions on every chiropractor who treats a patient with colic, or asthma, or hypertension and so on, seemingly with success where the patient is satisfied with the outcomes of the care they have paid for out of their own pocket. Where is the validity of Côté, whose strengths are in Disability Prevention and Rehabilitation, making judgement calls on the chiropractic management of **non**-musculoskeletal conditions?

Herein lies the problem: the model of care pandered to by these academics on institutional or public payrolls is warped towards care being dependent on payment by others (socialised) and not by the individual recipients. Frankly, this model of reliance on the state for one’s private practice is the model of medicine, not chiropractic in most countries.

We are also warped in our collective chiropractic mind if we believe that every person who holds a chiropractic qualification, no matter how poor their program GPA, is automatically an expert researcher once they become an instructor or gain a PhD. As a profession we have to set our expectations higher. For example, I am prepared to accept Côté’s supervised work on ‘How do patients with low back pain experience disability?’ as it sits within his expertise. But this *Global Summit* paper is an exercise in political grandstanding and deserves to be called-out as such.

The same principle applies to the academics in Swain’s group; instead of lamenting a perceived dissonance, why not inquire into the quality of their own teaching? If indeed there is a dissonance then it may well reflect tawdry class-room delivery and sub-standard course-ware by chiropractors not trained in the topic they are paid to teach.

Surely Côté, Swain and their learned colleagues could find space in their heads to allow the question ‘what would we find with a single-subject n-of-1 trial?’ Could they actually consider undertaking a number of such studies using the *Single-Case Experimental Design (SCED) Scale?* (Tate et al, 2008). And if they hold a view that ‘n-of-1’ studies are beneath them then take a leaf out of the work of Joyce Miller and her team which has actually asked the question about what parents are experiencing with infant care by chiropractors. (Mellars et al, 2020)

For those elites who scoff at anecdotal reports and single-subject research design, it pays to remember Noll’s statement that ‘the plural of anecdote is data’. (Noll, 1980)

Chiropractic research is not rocket science but it does require humility and an open mind free of political agendas and imperatives. Sadly, I suspect our current researchers are lacking in both and strongly recommend they read Sato and Schmidt (1987) for ideas. I will be happy to forward my copy of that mini-review should their libraries be unable to retrieve it for them.

Gas-lighter-in-Chief

Any reasonable evaluation of the Côté and Swain papers shows similarity with the ongoing work of Homola. The difference is that Homola is quite open with his disdain for traditional chiropractic values in general and the idea of subluxation in particular, writing:

1. Searches conducted in the Index to Chiropractic Literature, 2nd March 2021.

Health-care professionals outside of chiropractic generally think of the chiropractic vertebral subluxation theory as a pseudoscientific fabrication. There is no credible evidence that a vertebral subluxation, real or putative, can affect general health or that such subluxations even exist. (Homola, 2016)

For a decade or so Homola has waged his own personal war on chiropractic. He is, in his own words, 'a retired chiropractor who has been expressing his views about the benefits of appropriate use of spinal manipulation (as opposed to use of such treatment based on chiropractic vertebral subluxation theory) since publication of his book *Bonesetting, Chiropractic, and Cultism* in 1963. He retired from private practice in 1998.' (Homola, Academia)

Homola is not known for his academic prowess. His indexed publications (ICL, n = 11) are largely letters (n = 8 of 11) and he now publishes on the questionable *Science Based Medicine* website for which the editorial standards are given as 'We'll publish anything we think is interesting, relevant, scientifically sound, and, of course, well-written.' (Science Based Medicine, 2021)

It is an indictment on Côté et al that they repeat Homola's unfounded beliefs inside our profession and construct a veneer of research to give a pretext of acceptability. It is time for this charade to end, and end now.

Chiropractic's compelling narrative

Chiropractors have a compelling narrative; why can't its academics including those who write and publish a little also share this compelling narrative? Why do they remain beholden to distorted models of evidence to publish denigrating opinions of our profession's basic precepts?

Practitioners and students hold the levers to effect change by holding the purveyors of pessimism to account. There is no point offering comment as a *Letter to the Editor* unless you have assurance the editors are not complicit with the agenda of the academics, instead we recommend that these two papers in particular be used as exercises to develop critical thinking and reading skills in various classes to alert students to the prejudice they face as graduates from some in their own profession.

If something particularly worries you and it is a piece approved by a *Human Research Ethics Committee* or its North American equivalent the *Institutional Review Board* then write to these bodies to voice your concerns. Even if it is only to determine that the project actually had approval.

Be alert to the smallest detail. In Australia this year a number of chiropractors received a nicely written inquiry from a purported potential patient who did not want to give their name but asked the practitioner about their approach to the use of X-rays. Many doctors read the email to the end and found it revealed the name of an academic, believed to no longer be a registered chiropractor, from a Western Australia University. Sloppy cut-and-paste email methodology revealed the truth of this fake 'gotcha' request. The *Journal* has decided not to publish this academic's name on this occasion as we understand this matter is now one for internal discipline.

The nonsense will only end when the 80% or so of chiropractors who are conventional practitioners decide they have had enough and push back.

The joyous reality

The above is not meant to be gloomy, indeed, to the contrary, it is a joyous realisation that the majority (>80%) of the 105,000 or so chiropractors in 91 or so countries globally, where 40 or so countries have legislation to empower our mode of health and wellbeing care, are going about

their business of getting sick people well in spite of the destructive agenda which says we must be made to believe we have no evidence to support what we do.

I can name 3 countries where I am associated with clinics which see upwards of 1,000 patient-visits a week, and many clinics across Australia with million-dollar annual turnovers. I have a lady colleague in Tokyo running two clinics, one in Ginza the epicentre of wealth and fashion in this part of the world, who can hardly find a moment for herself, such is her patient flow. And multiple colleagues in the Asia-Pacific region who run waiting-list practices.

I refuse to accept that chiropractic is a form of medical health care and is not evidence based. In fact, when practiced in terms of a sensible model of subluxation it is one of the most evidence-based forms of health care in existence. I reject the poor writing that passes as 'research' from the likes of Côté et al and the gross obfuscation of chiropractic's pure and simple principles by the British Chiropractic Association, a matter I noted in a previous Editorial. (Ebrall, 2021).

Seriously, do the President and Treasurer of the BCA dress and look like leaders of a multi-million dollar association to you?

And look at their achievement: 'BCA President Dr Catherine Quinn and Treasurer Dr Tim Button have worked with the NHS to secure vaccinations for members.' (QWR 2021)



The simple solution

The problem is simply that those claiming to be chiropractic's researchers have got it horribly wrong. They are not what I call an engaged practitioner, one who cares for 200 or more patients a week. Mostly they are well-funded academics seeing 10 to 20 patients a month paid for by an insurance agency and who need to be perpetually unwell as their care is paid for by a third party and they, like their practitioner, have no faith in what is done as chiropractic but need something as a crutch.

They are also constricted to seeing inquiry through the lens of Western medicine and seem to lack any training in the philosophy of science and the nuances of inquiry.

The solution is to foster practitioner-driven evidence and to this end this issue of the *Journal* announces our association with *Spinal Research* to systematically gather first-level evidence and then publish it to inform subsequent higher-level inquiry into things that really matter to real chiropractors treating real patients.

Spinal Research Case Report project

The *Journal* is delighted to take a leadership position in supporting Spinal Research (SR) to swing the evidence-base back towards real-world reports. The project is described on our landing page and the guide for practitioners, produced by SR, is also available there and [here](#).

Case Reports are very much a part of chiropractic's compelling narrative. A new paper by Rome and Waterhouse (2021) speaks loudly and clearly to this and is highly recommended reading. In fact, you will find McCoy Press has run ahead of the pack in the world of chiropractic publishing with its focus on Case Reports.

The decision by the Board of SR to take the time to gather evidence from the real-world of conventional chiropractic practice is a landmark decision in the contemporary history of chiropractic. They are to be thanked and appreciated for investing in a sophisticated process that supports the busy practitioner to get their important cases into print. From this will come a plan of action for focussed research activities which is, in reality, exactly the way our research community should be informed. Bolton (2014) spoke to the value of evidence-based case reports, which only goes to show that there are those in our profession, like McCoy, Bolton, Hawk, Rome,

and Waterhouse, who have a level of practice-wisdom which exceeds that held by the elite noted above.

Well done to those with the prescience for turning the tide towards meaningful clinical inquiry, and kudos to SR for being sufficiently bold to put actions to words and ideas.

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