



We have to do better

Phillip Ebrall

There is little doubt chiropractic has moved steadfastly into its *Century of Success*. The *Journal* holds that there has never been a better time to be a chiropractor than now. This is largely due to the pandemic placing an emphasis on the question of immunity, a matter with which the principles of chiropractic completely align. However the profession has several notable areas where we collectively have to do better.



The prime attitude-shift is to appreciate that the more successful conventional chiropractor has moved well beyond a pain-care model and now delivers their individual version of care to enhance Well-Being. What is more, the evidence-base for this is rapidly growing. It seems that monthly there are new papers addressing clinical concerns such as strengthening immunity and addressing stress and mental status. Why, even the association between spinal dysfunction and visceral-type presentations, notably abdominal, is being regularly reported. It is important for you to subscribe to a service which provides these for you. You should be reading current papers like this from [Azizi et al](#) (WARNING: This seems to be a predatory journal, caution is advised) and this from [Kiani et al](#).

It is also important to appreciate the admirable diversity of chiropractors together with its amazing diversity of patients. Chiropractors practice across some 91 or so countries so it is no surprise to note there is a diversity of care models. As much as these may vary among chiropractors, they are all based on the founding premise of chiropractic: that small dysfunctions occur in the spine and modulate the body's health status, and that these are correctable by hand. Most call these small dysfunctions a subluxation and while this is not a pre-requisite it does allow an elevated level of patient assessment and spinal analysis that in turn guides segment-specific adjustment to achieve optimal spinal correction to allow the body to normalise. This is not a philosophical position, although it can be, it is one based in evidence and will not be argued here.

In the last half of the 20th Century the profession firmly established its ability to survive. A major contribution was the Wilk Trial in the USA. I addressed this in my previous editorial ([Ebrall, 2021b](#)) and the landing page for this issue carries a detailed video report on this matter by Dr Lou Sportelli. We shall also place this in our History and Philosophy section so that it is indexed for posterity.

Time to thrive

The ball is now in our court to ensure chiropractic thrives and from all indications we are collectively doing very well. The advancement of chiropractic is a matter for each of us, regardless of where and how we practice or indeed serve the profession in other manners. Chiropractic is an egalitarian profession which means every contribution has value.

As I write this Editorial some 30 practitioners globally have made their contribution by submitting reports for inclusion in the Case Report Project of *Spinal Research*. The *Journal* is proud to support *Spinal Research* in every way we can and at this time of year our landing page carries a promotional link to their seasonal greeting card service. If you are yet to use these cards from *Spinal Research* then we urge you to take a look.

Watch for our launch of the fruits of the remarkable Case Report project. The *Journal* will start with one report shortly to give you a taste of what is to come over the next 6 months. We will then run a couple of Editions gathering them for you.

A Special Edition will arrive for your end-of-year reading as a collection of outstanding articles by Peter Rome and John Waterhouse of Australia. It is a privilege to collect these into one bonus issue for you.

And while I am sharing the good news that is helping the profession thrive, the *Journal* is delighted to announce that internationally renowned author, educator, and practitioner Dr Scott Cuthbert has generously accepted appointment as Associate Editor. In this role he will act as an '*Editor at Large*' with the brief to specifically identify and mentor new contributors to our ever-growing knowledge base. If you have something from your practice that interests you and you would like to discuss it with a view to moving to publication in a friendly, welcoming environment, please reach out to [Dr Cuthbert](#).

The end of chiropractic pseudo-science

An earlier editorial ([Ebrall, 2021a](#)) expressed concern with a report by [Cote et al. \(2021\)](#) The Chair of the WFC Research Committee, Christine Goertz, drew three conclusions about this report, none of them favourable. [Goetz et al. \(2021\)](#)

The *Journal* has previously stated our position. ([Ebrall, 2021b](#)) It is ethical for the *Journal* to now publish two more items relevant to this matter. They are a definitive Letter to the Editor (LtE) by eminent Editor Dr Dana Lawrence, and its rebuttal by the authors.

In his LtE Dr Lawrence noted, in what could be the most succinct summary of the paper, that '*The authors are clear where they make assumptions. Unfortunately, these assumptions are simply that, since they are not supported by actual data*', and '*Limitations that may exist and that may impact results are being rejected without factual support. In a paper that calls into question the professional practices of literally thousands of practicing DCs, none of whom had a voice in this project, we need to do better*'. ([Lawrence, July 2021](#))

In their reply, authors Cote et al rejected Lawrence's observations thus '*This comment is surprising because, as described in the paper, we carefully planned for possible reviewer bias and took several methodological steps to minimize its potential impact*'. They claim '*Lawrence misinterpreted the concept of publication bias in this instance*' and that '*the statements made by Lawrence about our methodology are incorrect and ill informed*'. ([Cote et al, July 2021](#))

This *Journal* respectfully suggests we place our trust in Lawrence. As an editor he is highly regarded for his many years of leadership of JMPT, raising it to a pinnacle including referencing in the National Library of Medicine, accessed through [PubMed](#). He has also published several textbooks including *Fundamentals of Chiropractic Diagnosis and Management*, and edited Mosby's *Yearbook of Chiropractic*, a most valuable annual publication in its day. What is less known is that Dr Lawrence has served on more than 20 editorial boards and acted as associate editor for several, and this year was appointed to represent the AmCA on the WFC's Board of Directors. ([ACA Blog, 30 April 1921](#))

The *Journal* seriously doubts Dr Lawrence to be '*incorrect and ill informed*' and finds it offensive for Côté et al to suggest as much. We also note with disappointment that '*Chiropractic and Manual Therapies*', the publisher of the pseudo-scientific paper and the correspondence cited here, fails to list or link correspondence on its home page (October, 2021); it is buried within their search engine. They too have to '*do better.*'

On the matter of being a vaccinator

It is almost incomprehensible to learn that the American Chiropractic Association (AmCA) is lobbying for chiropractors to become vaccinators. ([Dynamic Chiropractic, digital edition, September 2021](#), WARNING: it is impossible to visit this site without being assaulted by splash screens). Holding an informed position on public health matters is one thing, changing the scope of chiropractic practice is another. One can only hope they represent that tiny minority of the discipline which prefers the practise of medicine with its adjunctive pharmaceuticals and chemotherapy poisons to that of conventional chiropractic and the idea of Well-Being; a choice between disease care and health care. The matter is also reported by [The Chronicle of Chiropractic](#) and you can give your views and opinions using the link above to *Dynamic Chiropractic* for more details and to offer your vote.

From January this year chiropractors in Colorado were able to administer the COVID-19 vaccine with the condition they did so in an appropriate setting such as a hospital and inpatient/outpatient facility and with the proviso they are delegated by certain persons such as a physician ([Chronicle of Chiropractic, 13 January 2021](#)).

This raises the primary question of the broad expansion of approval for chiropractors to provide vaccines and the secondary question of the professional stance one takes regarding vaccines. The *Journal* holds the valuable middle ground of individual freedom where a chiropractor who wishes to become fully trained and competent with providing vaccination services is free to do so, and good luck to them with the caveat that patient safety must include access to, and competence in administering, other injectables to counter anaphylactic reactions for example, along with medical-level resuscitation. In turn this raises the broader legal question of whether chiropractors are trained, competent, and then legislated to be able to pierce the skin and perform these procedures. Some jurisdictions allow this, for example with finger pricking for blood tests, however injecting substances does seem to run counter to conventional concepts of what it means to be a chiropractor.

Meanwhile, at the end of 2020 Quebec increased its vaccination capacity by allowing training for chiropractors to become vaccinators. ([Chronicle of Chiropractic, 10 December 2020](#)). This is in spite of regulation IV, 6 in their [Chiropractic Act](#) which states:

Every act the object of which is to make corrections of the spinal column, pelvic bones or other joints of the human body, by use of the hands, constitutes the practice of chiropractic

and their [Code of ethics of chiropractors](#), which stipulates that '*chiropractors must practise their profession in accordance with the principles recognized by chiropractic science.*'

Vaccination is not a 'chiropractic science' nor is the provision of same a chiropractic practice.

The UK remains insular if not laughable in the world of chiropractic ideas. Its regulatory board ([General Chiropractic Council, GCC](#)) promotes COVID Vaccine and has warned chiropractors they must do the same, as reported by News Staff at *The Chronicle of Chiropractic*. ([6 December 2020](#)). However the GCC, in its announcement 'Professionalism and Covid-19 vaccines', notes that '*immunisation ... is outside the scope of chiropractic*'. This suggests it is unlikely that UK chiropractors will become vaccinators, unless they are specifically trained to do so under another Act and its provisions. In fact [the position of the GCC](#) is political to appease British overlords, limiting a chiropractor's involvement to facilitation of vaccination by using their skills as primary contact practitioners:

It is recognised that Chiropractors have a range of transferable skills that could be particularly useful now and in the weeks to come. If you have not already done so, can we encourage you to register interest in helping with the rapid response effort. Doing this does not necessarily mean making a firm commitment, but if a significant number register it will mean that chiropractors will be considered in the workforce planning.

The *Journal* notes the idea of 'reasonableness' relies on the individual chiropractor to consider whether or not such involvement is reasonable to them. Also in the UK the Royal College of Chiropractors states:

'Immunisation is an important area of public health which is outside the scope of chiropractic competence, however chiropractors should help ensure that patient safety and public trust in immunisation is fostered by highlighting the value of vaccines and by signposting patients to trusted sources of information, such as NHS.UK, recognising that misinformation has the potential to endanger lives and can have a detrimental effect on public health.' ([Position Statements, 2021](#))

The Journal's position

The *Journal* reasonably expects the role of a chiropractor to include the provision of informed information to patients regarding a wide range of health matters including vaccination. We strongly object to regulatory bodies mandating chiropractors to take a pro-vaccine stance and we strongly object to regulatory bodies interfering with a chiropractor's right and freedom to hold a point of view that differs to their party line; neither position is supported by evidence.

With this in mind the *Journal* endorses the position of the *Australian Chiropractors Association* issued 28 September 2021:

'While serious adverse events from COVID-19 vaccination are rare, like most medical interventions it is not without risk. In addition, chiropractors are limited to providing patient care within private practice and outside of the frontline hospital, community care, and aged-care facilities. For the above reasons, the ACA is of the opinion that it does not support mandatory vaccination for chiropractors. It is our view this is not a proportionate response. It should be noted the ACA are the only peak professional body of regulated healthcare professionals to express this view publicly in Australia. On Friday, the ACA wrote to all health ministers indicating our view on COVID-19 vaccination.' You may [view this letter here](#).

The *Journal* compliments the ACA on this position which we judge as the most sensible and evidence-based position yet seen. It respects individual freedom, a tenet of this publication, and it speaks to truth, another tenet. It is an eminently more appropriate position than that of [Chiropractic Australia, \(CA\)](#) an undistinguished amalgam of variously trained people in Australia which largely consists of physical therapists and those who want to be. They hold that they:

'support the regional public health orders and data-informed suppression strategy in addressing the pandemic; including the introduction of mandatory vaccinations for chiropractic practitioners across Tasmania and some local government areas of concern in New South Wales (excepting those clinicians who work exclusively in private practice)'. (Chiropractic Australia response to mandatory vaccination, 2021)

Given CA is largely a mixer group with physiotherapists most likely working in health facilities, and given CA excepts practitioners in private practice, this seems to be a position of political compromise, if *'two bob each way'* (an Australianism) and not as decisive as that of the ACA. Should any of these, or worse, any Australian chiropractor, seek to become a vaccinator they must meet National requirements:

Many registered health practitioners will have a vital role in COVID-19 vaccination programs and in educating the public about the importance and safety of COVID-19 vaccines to ensure high participation rates. Registered health practitioners who are trained, educated and competent in all aspects of vaccine management and administration and who are authorised under relevant drugs and poisons legislation can administer a COVID-19 vaccine. Registered health practitioners who are authorised to administer COVID-19 vaccines will be required to complete additional training [related to the handling and administration of the vaccines. \(National Boards' position on COVID-19 vaccination for registered health practitioners, 1 October 2021\)](#)

Update: 01 October 2021

The question remains moot, in the correct use of the word to mean 'arguable' and the ACA position now seems pyrrhic. A directive of a State Department of Health is seen to override a decision yet to be made by the national regulator, AHPRA. We ask, is this ethically and morally correct? The nature of political 'metooism' means all Australian jurisdictions will follow. All health workers are to be double-vaccinated by mid-December, along with their staff. [Read the directive here.](#) This is in spite of AHPRA being silent on mandatory vaccination of its registrants.

It is an odd directive arising at State level but applying to practitioners who are registered under the National Law enforced by AHPRA. It is also a rogue directive which appears to have caught the ACA by surprise. Will this professional association mount a valid argument recognising the unique perspective of chiropractic tenets? Or will it fail the very basis of the profession?

Another matter

The ACA can be said to have failed miserably on another matter which tried to reposition their stance on vaccination. In Victoria Australia a 6 month suspension has been imposed on a chiropractor for holding a particular position at variance to the CBA. ([Chiropractic Board of Australia, 23 September 2021](#)) In 2017

The matter was heard before Victoria's Civil and Administrative Tribunal and the two Health [Practitioner Members](#) were Michael El Moussalli and John Reggars.

Reggars has published a few papers under his own name the most recent being an opinion piece in 2011, '[Chiropractic at the crossroads or are we just going around in circles?](#)' In this piece which was originally delivered as an after-dinner-and-drinks oration, Reggars made an ad hominem attack (p 4, col 1, par 2) on this writer for my argument that chiropractic was '*a dynamic and decidedly unique paradigm of enhanced health and well-being centred on the identification and adjustment of spinal subluxations.*'

To me this is evidence of a pre-existing bias against any practitioner conducting a subluxation-based clinical practice. Under normal circumstances this would disqualify one

from sitting on a panel of such nature and I make this observation with the declaration of having acted as an Expert Witness before such panels in the past and having drafted the inaugural Guidelines for Expert Witnesses for the then Registration Board.

It is not appropriate to discuss this matter further at this time beyond noting the regrettable comment of the Chair of the Registration Board, Wayne Minter, that he *'welcomed'* the finding. Regulatory bodies normally have the decency to remain above the personal level. To express personal emotions in a professional role not only demeans that role but is a sign of that contemporary contagion, *'wokeness'*.

Given the alleged breach occurred in 2018, well before the pandemic, it can also be seen as, shall we say *'unfortunate'*, for AHPRA CEO Martin Fletcher to note *'that the finding was an important one especially given the current concerns around the spreading of information related to COVID-19 and vaccines.'* Contextualising past behaviour in a changed current environment is not the role of a public servant, regardless of their grading.

Compounding a regrettable second penalty for one offence is a spiteful social media post by the ACA. The Journal will not reproduce this but when it first appeared it was an unsigned and unattributed post pointing to a Media release on the [ACA website](#).

A flurry of member outrage led to a formal statement issued 28 September. We are not at liberty to share this 'members-only' communication, however we can state that the original post can be described as cretinous (in the Collins English Dictionary sense) and misanthropic. I make these observations with the declaration that I have previously served two terms as an elected Director/Board Member of ACA's antecedent Chiropractors' Association of Australia (CAA) and am a Life Member, for the moment, of the CAA/ACA. I hold that is unprecedented and most unprofessional for an unidentified source in 'my' professional association to condemn a former President in such language on social media.

The President of the ACA, Anthony Coxon, took responsibility saying:

'It was not a Board decision. It was made to make our position on this issue clear, limit reputational damage to the profession and avoid clouding the mandatory vaccination issue. This decision was made with a heavy heart, and I have since had discussions with [name redacted by the Editor] about this matter'.

If this is the way Dr Coxon treats his colleagues, or is advised to act in this way, then I am concerned. The statement should be strongly censured as a straw-man view with no substance. Positions such as this should not be taken during an election for ACA Directors. While not up for re-election, Coxon has blotted his copybook and it is reasonably expected he will do the honourable thing and step-down at the earliest opportunity.

The downstream problem from such a regrettable action is that in spite of the ACA CEO claiming the organisation is building a skills-based board, it only has 2 current members (Kristoff, Cahill) capable of Presidential leadership. My observation excludes de Voy, a graduate from a then paltry education institution ⁽¹⁾ that taught osteopathy, naturopathy and chiropractic. (Ebrall, 2020)¹ de Voy may well present pleasantly on morning television but chiropractic leadership demands much more chiropractic-focussed leadership than a mixer osteopathic chiropractor (DO, DC) could ever provide.

These observations point to another threat to chiropractic's *Century of Success*, being the 'inside' attacks on the profession and its members, often from our own supposed 'leaders'. Members really must demand their self-proclaimed 'peak body', the ACA, to do better. Given

1. Ebrall PS. Finding the professional identity of chiropractic in Australasia: A pragmatic narrative of the Formative Period to 1960. *Chiropr Hist*. 2020 Winter;40(2):42-65.

the names of the few who signalled they 'liked' the social media post one can appreciate that it takes all types to make up the profession, including the ill-at-ease and those lacking in moral decency.

The lesson Australian chiropractors must take from this matter is that they no longer have the freedom to present a viewpoint which includes any 'thought' contrary to the prevailing belief of the CBA nor, it seems, to the professional associations.

Next, chiropractic academics

The CBA's position, reinforced by AHPRA, presents a dire predicament for chiropractic educators who are registered chiropractors. The unintended, or perhaps the intended consequence is censorship of what may be said in the classroom on pain of suspension of one's registration.

Now is not a good time to be a chiropractic academic in Australia.

It seems that the greatest achievements in chiropractic's *Century of Success* will come from individual conventional chiropractors acting in accord with their training and CPD. Conversely, the threat lies in the bastardy of small-minded political elites imposing their twisted will and hiding behind a statute or a pseudo-science paper to do so.

It is at times like these that we need to take a moment to find our own way forward in a manner that allows each of us remain true to ourselves and the profession we have chosen.

The never-ending Editorial (02 October 2021)

Oh dear, every time I have felt I reached the end of this editorial another piece of news breaks. This time it is the findings of Australia's *Fair Work Commission* (FWC), which in my uninformed reading suggests we have entered very dangerous territory where the Chief Health Officer (CHO), and thus the state, can require mandatory vaccination. A careful reading suggests vaccination may be made a mandatory employment condition for 'authorised workers' which at the time of writing includes chiropractors along with construction workers.

We come back to this battle being one of personal freedom and reasonableness versus a 'lazy and fundamentally Ulawed approach to risk management'. ([see video link](#)) We have entered a situation of medical apartheid and we urge you to watch this clip and [read Part 2 of the FWC decision at this link](#).

Naturally, Australia's chief medical troll Sue Ieraci is having a field day on both social media and with her attacks against the profession in the reputable news magazine [AusDoc](#). You may need to be a subscriber to [read her diatribe here](#).

Ignorance is the greatest enemy of our profession, and we can be grateful that legal action has shut down a couple of other medical idiots who in the past have been vocally demeaning chiropractic and chiropractors. We suspect Ieraci is next in line as she continues to push the agenda of the [Iowa Plan](#).



Phillip Ebrall

Professor of Chiropractic and Editor

pebrall@me.com

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A warm note to Finish

We cite this poem from *The Weekend Australian*, the pre-eminent National newspaper in Australasia. It is an original poem by Debbie Lim, published in the paper's Review Magazine 18 September 2021, and we fully acknowledge and attribute both the author and the publisher. It is too good to not share:

Sacrum

That triangular bone wedged deep
as a secret at the base of your spine,

the curious rows of slumbering holes:
old wormings, weird tunnellings.

A windowed house through which
a soul might sweep in and out?

More likely a mouth organ the devil
could covet, assemble his lips on,

working the bone to a fractious tune,
fingering the notches right down

to the coccyx, then playing you over —
this time with feeling.

Debbie Lim