



Bringing compassion back into chiropractic care and education

Phillip Ebrall

Abstract: In this *Post-Pandemic Age* many of our once-trusted ways of doing things have gone, and the post-pandemic world is a little colder and harder for humans to negotiate. In turn this increases the need for a chiropractor to be a *Beacon of Compassion* in their community, and to put the 'care' back into 'health-care' and especially 'chiropractic care'.

Where do we find compassion in chiropractic today? Certainly not within the standards offered for programmatic accreditation; of the 4 such sets of standards globally only those of the American CCE mention the word 'subluxation'. The program standards of Canada, Europe, and Australia completely ignore subluxation and consequently dismiss the essential set of psychomotor skills required to identify and correct it, thus omitting the consummate expression of compassion. The proposed new standards of the GCC are no better.

I propose that subluxation-centric chiropractic is an effective way to express compassion and that it is up to each individual chiropractor to express compassion in their practice.

Indexing Terms: chiropractic; compassion; subluxation; education standards.

Back in 1914 DD's wife published his last and posthumous volume. (1) We have placed on the *Journal's* website his first chapter on the '*The Moral and Religious Duty of a Chiropractor*'

Why?

The Editorial Board has taken the view that in this *Post-Pandemic Age* many of our once-trusted ways of doing things have gone, and the post-pandemic world is a little colder and harder for humans to negotiate. In turn this creates a need for a chiropractor to be a *Beacon of Compassion* (thank you Dr Sportelli) in their community, and to put the 'care' back into 'health-care' and especially 'chiropractic care'.

I have been asked to make this issue a turning point, a place to which we will in future point and say '*this was the time at which compassion fully returned to chiropractic care*'.

... compassion is the cream that lifts chiropractors to the top of the caring health-care professions. '



Merriam-Webster define compassion as ‘*sympathetic consciousness of others’ distress together with a desire to alleviate it.*’ Dr Chris Chippendale makes some excellent points on ‘*the dark side of compassion*’ (see video) with which I agree. As Dr Cliff Tao shows in his Case Report in this issue, compassion is expressed perhaps more by your expertise.

I maintain that ‘soft compassion’ is the space we need to be in with our practice; the cartoon about a flight of stairs leading to the complaints door for wheelchair patients makes this point. It is more about how a patient *feels* when they are in your space. If they are obese or ‘larger size’ do your gowns fit properly? If they are in a wheelchair or using crutches are your doors easy for them to transit? Do you have a lower counter for such patients?

Above all, are you really up to speed with identifying and correcting subluxation?

We must keep in mind that when your practice is a *Beacon of Compassion* in your community your patients will feel at home, and for a while will not be lonely. We know that loneliness predicts the symptom cluster of pain and fatigue, and depression in older adults. (2) So it is not just about ‘fine-tuning’ your patients, it is about spending time with them, listening, touching, caring.

Soft compassion is the work done by Dr Bronwyn McNamara in Ethiopia (3) and Dr Jen Luu in Cambodia. (4) Soft Compassion is us gathering to support our tribe at events like *Dynamic Growth* (5) and IN8 Summit. (6)

In some respects our challenge lies with the post-humanistic tail end of chiropractic, (7) those self-proclaimed elitists who believe chiropractic is only about pain and function. The realisation is now global that we can not separate pain from patient emotion. (8, 9) More important, compassion is known to be a valuable component of successful patient care (10) and is cross-cultural. (11)

In 1989 the idea of compassion in practice was discussed by Ted Kaptchuk as ‘charm’. (12) He wrote ‘*The charm is forged in a special ritual of trust, intimacy, responsibility, reliance, and care that underlies all healing. The healer’s concern, attention, and love for the patient serve to create a special bond, thus moving a simple medical treatment into the realm of a healing art.*’

We would do well today to remember this and I feel that the idea of compassion has been somewhat lost in chiropractic today. The first mention in the *Index to Chiropractic Literature* is Paul Carey’s 1991 piece about ‘*why chiropractors are being sued*’. (13) Thirty years ago this set the scene for acts of compassion to be a legal defensive tactic to reduce the chance of being sued for malpractice.

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In 1999 Rondberg and Feuling published a book called *'Chiropractic: Compassion and expectation'* which explores the history and philosophy of the chiropractic profession and sets guidelines for giving the best possible care. It is still [available for purchase](#). There was then a practice-management approach to the idea (14) and a decade ago a somewhat garbled article about using compassion to ease a chiropractor's integration with *'health care bureaucratic structures and functions of a society'*. (15) The focus seemed to be that chiropractic physicians and chiropractic students learn how to integrate, synthesise, and actualise values and virtues such as empathy, integrity, excellence, diversity, compassion, caring, and understanding with a deep commitment to self-reflection.

A review of the standards for chiropractic graduates to which the Australasian colleges must comply (16) makes me not so sure. A search of the CCEA document returns nothing using the terms *'empathy'*, *'excellence'*, *'compassion'*, nor *'caring'*. The term *'integrity'* appears twice, and as to be expected in this age of wokeness the term *'diversity'* appears three times. In some Australian universities today a student can be blocked from proceeding with their discipline-specific studies as a set of courses for which they pay heavily, until they complete mandated *'diversity'* courses. This is true of the chiropractic program at RMIT University (17) where such a *'diversity'* program promises that on completion the chiropractic student will demonstrate *'the knowledge and confidence to talk about diversity-related issues, and increasing your value in the eyes of prospective employers'*. (18)

Nothing about compassion. Thankfully it is a 'free' course (the taxpayer funds it), but it does demonstrate the vast distance between a woke university, which I judge RMIT to be, and the reality of competent and complete chiropractic education, which I doubt any Australian university offers under its current CCEA accreditation.

The Post-Pandemic Age

Where do we find the 'good' in chiropractic today? Certainly not within the standards offered for programmatic accreditation; of the 4 such sets of standards globally only those of the American CCE mention the word 'subluxation'. (19) The program standards of Canada, (20) Europe, (21) and Australia (11) completely ignore subluxation and consequently dismiss the essential set of psychomotor skills require to identify and correct it.

Even more egregious are the proposed standards of the *General Chiropractic Council (GCC)* of the UK, standards which will no doubt play into the hands of the Secretary-General of the WFC as he proceeds to expunge 'subluxation' from the profession through the use of 'experts' whom he appoints to generate a Benchmark document for lodgement with the WHO.

It is claimed that the WHO is now seeking to 'benchmark' health care programs and while this is 'sold' to chiropractors as something new, the truth is that the WHO first benchmarked Osteopathy

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some 12 years ago, in 2010 dating from a 2007 consultation. (22) It seems the WFC missed the boat and is now late to the party.

I will examine these matters in detail in a forthcoming paper, but in the meantime regret that our profession's supposed leaders, and here I specifically consider the various *Councils on Chiropractic Education* around the world, have driven our profession downward to the lowest common denominator where there is little difference today between a graduate chiropractor, a graduate myotherapist, (23) or a graduate physiotherapist. (24) Osteopaths have a stronger identity. (22)

Getting our business straight (read 'professional')

As a final thought I refuse to take anyone seriously when they hold a zoom meeting while driving. The President of the ICA does this, as has the chair of the CCEA Accreditation Committee. My position is clear and simple: Do NOT do business while you are concentrating on your safe driving. This is especially when seriously considering matters which affect our livelihoods.

We deserve your full attention in a professional manner, not as a TikTok video.

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