

A moment of rational thought: Why we need you now, more than ever

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Abstract: The impact on patient care by the lockdowns and restrictions of governments has paradoxically created a wealth of real-world reports of the role of chiropractic care during this period. You have the opportunity to document what you have seen as a case report and submit to this journal for indexing as evidence.

Indexing Terms: Chiropractic, COVID, lockdown, allied health care.

Editorial

Over the last few months, I have been musing about and been both horrified and amused by worldwide governmental reaction to CoVid 19. On one hand, we have the *'hands off, let the herd develop immunity'* camp. I'm reminded of mothers in my generation taking their children to the homes of others who had measles or chicken pox so that their healthy child would be exposed. The hope was, if you had a healthy child possessing a good immune system, the infection would be mild and lifetime immunity would follow. It is said that Sweden appeared to have followed this approach at least partially, due to worry about how their population might respond to a further lock down after a long locked down winter.

Then there is the *'lock down everyone'* reaction to a pandemic model developed in response to the 'Spanish Flu' of a century ago. Historically in order to minimise transmission of the disease, communal activity was minimised, businesses shut down and people locked into their homes except in very limited and carefully policed circumstances.

Of course, there have been greater and lesser versions of these 2 extremes tried in different countries, and the responses seem to be as varied as the approaches.

As we've come to know the disease better, the differing extremes might be seen to have both positive and negative attributes.

In my little patch of heaven, what started out as a *'containment strategy'* has become an *'elimination strategy'*. Certainly, we've had some monumental examples of narrow thinking and unforeseen consequences associated with 800 or so deaths that have been attributed to the disease. Currently, however, we've been a month free of any cases of community spread and wait

... now is the time to start gathering data and submitting it. Certainly, this last year has provided many more questions that are worthy of others to investigate ...!



every morning to hear the news that we have another 'double donut' day. [0 deaths, 0 new cases, Ed.]

What is interesting though is that some of the public health strategies implemented to control CoVid19 might have had other unintended consequences. For example, as of November 20 2020, the *Australian Government Department of Health: Australian Influenza Surveillance Report* states that '36 (0.17%) laboratory-confirmed influenza-associated deaths have been notified to the *National Notifiable Diseases Surveillance System (NNDSS).*' (1)

In their 2019 paper, Moa Trent and Menzies (2) suggest the annual death rate in Australia from Flu varieties in the 2 most recent peak years (2017 and 2019) were 759 and 800. And, while at the time I write the year is not over, it's hard to see the current 36 deaths approach last years 800.

Similar to Flu, CoVid19 is said to target those immunocompromised in our society. As such, it is possible to speculate about mechanisms that might be associated with the drop in one versus the rise in the other.

The Australian Department of Health *Influenza Surveillance Report #10 2020* states 'It is important to note that due to the COVID-19 epidemic in Australia, data reported from the various influenza surveillance systems may not represent an accurate reflection of influenza activity. Results should be interpreted with caution, especially where comparisons are made to previous influenza seasons. Interpretation of 2020 influenza activity data should take into account, but are not limited to, the impact of social distancing measures, likely changes in health seeking behaviour of the community including access to alternative streams of acute respiratory infection specific health services, and focused testing for COVID-19 response activities. Current COVID-19 related public health measures and the community's adherence to public health messages are also likely having an effect on transmission of acute respiratory infections, including influenza.' (3)

So, the Dept of Health is unsure of why the rate of infection has dropped, or even if it has as the figures may not be accurate, and suggests public health measures may have something to do with less transmission of Flu.

The one thing we can say is that the public health system, and our governmental masters, have been very focused on CoVid19. And, as I suggested earlier, if the State of Victoria is anything to go by, that has led to a number unforeseen consequences.

One is that the *Chiropractic spinal manipulation of children under 12, Independent review conducted by SaferCare Victoria* published in October 2019 (4) and presented to the *Council on Australian Government*, seems to have been pushed to one side, awaiting action by a Government committee that disappeared in the Australian Federal government CoVid response reshuffle. Even though the report states that there were no cases of harm reported in the 21,875 submissions made, and that 21,474 of those submissions reported that chiropractic helped their child.

The review of the report suggests 99.7% of the total submissions were positive towards chiropractic care. And here is a possible research question. We know from government reviews – at a minimum the *Australia Committee of Inquiry Into Chiropractic, Osteopathy, Homeopathy and Naturopathy Report 1977* (The Webb Report), (5) *New Zealand Royal Commission into Chiropractic* from 1979, (6) and now the *SaferCare Victoria Report*, (4) that we have very high patient satisfaction with care and that chiropractic care is very safe. What we appear to be lacking is research into effectiveness of care. One of the aims of this *Journal* is adding to the number of published case reports. That may then, in turn, contribute toward helping answer this question about effectiveness of care.

A further unforeseen consequence occurred with the various lock down regulations across Australia. In some places, Allied Health care was not seen as essential and all clinics were shut. In others – and it depended on what level of lock down was instituted – Allied Health was able to

continue operating with some restrictions. The positive outcome of this decision was that Allied Health was accepted as an integral part of the health system. However, in another example, the restrictions in Victoria prevented final year chiropractic students from undertaking field placement. The effect of this is unknown as, previously, not all students went through field placement and I'm not aware of any research into the effects of field placement on the future path of young graduates. I suspect it will be one of many projects that will need to be followed up.

Finally, I encourage you to reflect on the consequences of delays to care that occurred due to lock down. In my State, we have had our capital city severely locked down, while nearby country areas were on a less stringent plan. Patients were legally allowed to travel through the '*ring of steel*' check points to get to their preferred health practitioner. Our experience suggests many elected not to do so and, when next seen were in a poorer state of health than might have been hoped for. There is also the possibility that the strong public health messages, which used legal and financial threats to convey their point, might have increased the level of anxiety and stress in the population. It is possible to speculate that this type of hyperadrenal reaction might have been detrimental to good health or might have impacted on the rate of response to care. These are all issues that may be worthy of research in the future.

So, for you who are of a mind, now is the time to start gathering data and submitting it. Certainly, this last year has provided many more questions that are worthy of investigation. While many of these were unforeseen, 20:20 hindsight might be used to tease out potential threads from what has occurred. I look forward to seeing what you care to share.

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