

SIMILARITIES BETWEEN THE CHIROPRACTIC SITUATION IN AUSTRALIA AND THE IOWA PLAN

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ABSTRACT

In the United States in 1962, the Iowa Medical Association adopted a plan drafted by its attorney Robert Throckmorton. This Iowa Plan was aimed at thwarting the advancement of another legitimate health profession – chiropractic. The society was apparently concerned at the success and popularity of chiropractic as a potential serious competitor to its healthcare dominance. The plan was then adopted and actively implemented by the American Medical Association. It was ultimately found to be in serious breach of the anti-competitive trust legislation in the US. Elements in this plan seem similar to some being used against the chiropractic profession in Australia. In order to *learn from history*, it is worth comparing the Australian politico-medical situation with aspects of the plan. (Chiropr J Australia 2017;45:53-62)

Key Indexing Terms: Chiropractic; History of Medicine

INTRODUCTION

At times over the past 100 years, the chiropractic profession in Australia has endured contemptuous and sometimes trenchant opposition. (1-6) This resistance against another registered health profession appears to be more territorial and politically-based than scientifically justified. Some of the efforts seem similar to those conducted by the American Medical Association's 1962 Iowa Plan (7) in an attempt to contain and eliminate chiropractic.(8-13) The association's history of trying to control other health professions has been noted.

The Iowa Plan document on chiropractic was prepared for the Iowa Medical Society in 1962. (7) It was ultimately adopted by the AMA (US) the next year. It stated that chiropractic was "*the foremost cult in the country*", (7, p3–A(11)) and carried the stated objective of the demise of chiropractic.(8, p86) Subsequent litigation in The Wilk Case (*Wilk et al. v. American Medical Association et al.*) demonstrated its purpose was to neutralise competition in the provision of health care services. (8-13)

Following prolonged litigation including appeals, that organisation and other affiliated professional medical associations, were found to be in serious breach of U.S. anti-trust legislation. (14,15) The Iowa Plan comprised only a part of the extensive evidence (9) produced in the case against the medical associations that were heavily fined. Some of the affiliate organisations settled out of court beforehand. (8,10,14-16) The effects of that illegal anti-chiropractic campaign are still evident today. (3,17,18)

The similarity between particular goals outlined in the Iowa Plan's suppressive aims and its recommended activities seem to bear a resemblance to various critics' activities in Australia. Some critics have referred to chiropractic and in effect chiropractors personally, in the following terms:

Quacks, Quackery, Quackademia, There are no alternatives to medicine, undisciplined nonsense, Cult, Culture, Pseudo-scientific, Pseudo-sciences, Dangerous unscientific practices, Appalling, Child abuse, Bunkum, Bunch of hoey, Faith healing, Oppositional medicine, Bone-fiddling Jedis, even rabid dogs (10 p87) and referred to chiropractic as a menace. (7, p8–11G(9))

Using such terms suggests that the deliberate aspersions being cast on a legally registered health profession are made by people who are unaware of the contribution made by chiropractors to the health care of Australians, are unaware of the professions standing internationally and in overseas hospitals, are critical of their medical colleagues who collaborate with chiropractors, who are chiropractic patients, or who have adopted chiropractic concepts in their practices, or are ignoring the published evidence by playing territorial politics.

DISCUSSION

Code of Conduct

The clauses in the Medical Board of Australia Code of Conduct under the Australian Health Professionals Health Regulation Agency (2014) and other codes deter actions which may infringe a patient's right to access to other forms of licensed healthcare. It also condemns denigration of other registered healthcare professionals, the use of inaccurate information, exploiting patient fears, or making unfair inferences of another registered professional. In addition, practitioners must respect colleagues and other practitioners, behave professionally and courteously to colleagues and other practitioners. (19,20-22)

It would seem that the contribution to health care, considerable interprofessional collaboration, and the advancements made by the chiropractic profession in various countries are unknown in Australia. If they were known, then they are being deliberately ignored, irresponsible, and out of step with modern evolving health care developments internationally.

While open medical-chiropractic collaboration and incorporation takes place in some countries, it is noted that in Australia, this profession is still regarded by some as insignificant in its contribution to healthcare, including in hospital settings. (23) In view of critics activities in Australia, it is worth reviewing the infamous Iowa Plan as a means of assessing possible correlations with any similar activities in this country.

Contain and Eliminate Chiropractic (18)

Various incidents reflect the moves to limit the chiropractic profession in Australia. In effect, this also limits or deters patients and potential patients from obtaining possible relief through the care of their choice.

The Iowa Plan was apparently devised because of the "*rapid growth of chiropractic in the U.S. state of Iowa.*" (8, p86)). The plan's ultimate aim was to:

- "*to accomplish a policy of "containment"* (7, p7–G(2)) - so that,

Iowa Plan and Chiropractic

Rome

- "a successful program of containment will result in the decline of chiropractic," (7, (p9-II(F))
- resulting in "...the chiropractic menace of the future will be reduced and possibly eliminated." (7, p8-II(G)(9))

One of the chiropractic targets which appears particularly similar to efforts in Australia, is directed at chiropractic education and training. The Iowa Plan sought:

- "The containment of chiropractic must necessarily be directed at the (chiropractic) schools," (7, p8-II(G)(9)) and
- "the elimination of x-ray by chiropractors." (7, p8-II(G)(9))

It is notable that not only do such hurdles affect the chiropractic profession, but of greater concern are the encumbrances imposed upon it. These can be detrimental to the interests and well-being of patients through the effect of deterring them from exercising their choice of care thereby denying them possible relief via that option.

While the terms *contain* and *eliminate* do not seem to have been specifically used by Australian critics, the effect of their activities could be considered comparable.

Anti-Competitive Effects [Anti-Trust (Us)](18) - ACCC (Australia)

Based on the Iowa precedent, it is possible that one of the prime concerns about the existence of the chiropractic profession in healthcare is a territorial issue – commercial competition. This aspect was highlighted in 2015 when a colleague was in discussion with an Australian orthopaedic surgeon regarding a paper the surgeon had written about common early roots with chiropractic. This led the surgeon to suggest that chiropractic *had no business treading on their orthopaedic territory.* (24,25)

Other strategies against chiropractic in Australia seem similar to *The Plan*. In recent times, there has been a resurgence of opposition, with articles appearing in medical publications (*Australian Doctor*, 6Minutes, i2p, *MJA InSight*) and through general media releases and TV appearances. Many of the articles have revived issues that are redundant, inaccurate, false, and therefore grossly misleading to a vulnerable public, despite lacking cited research or a reference list.

The Iowa Plan also proposed:

- "attacking 'cultism' in general (and)...not be reticent in proclaiming the fact that chiropractic is the primary target." (7, p9-3(E)(2))
- "never give(ing) professional recognition to chiropractors." (7, 9-III(E)(3))
- that "the chiropractic menace is a major problem of primary significance. (7, p5-II(A)(6))
- under the notion that there is a "...grossly inferior quality of Chiropractic training and experience." (7, p6-1(A)(6))

Critics must wonder how the profession has continued to survive and thrive, especially given the two particularly notable intents from this Iowa document. The move to essentially *contain* (7, p8-II(D)(2)) and *eliminate* (7, p8-II(G)(9)) chiropractic involved recommendations to:

- *"Undertake a positive program of 'containment,' "* (7, p6-II(G))
...which involves taking some specific steps to include:
- Placing restrictions on the profession to a limited scope of practice - *"Contain chiropractic within its present narrow and limited scope"*(7, p6-II(G)),
- Challenging the very fundamental premise of chiropractic hypotheses and using such harassing terms as - *"Discredited dogma"* (7, p3-A(11)), *"this type of cultism"* (7, (p4-B(4)), *this cult*(7, p6-II(D)), *"chiropractic is utterly ridiculous"* (7(p6-II(D)).

In the early 1990s, the Australian Competition and Consumer Commission (ACCC) contacted the Australian Medical Association concerning its policy of recommending its members to virtually boycott chiropractors. As a result of this, the AMA (Aust) and ACCC negotiated assurances that the AMA would no longer discourage its members from dealing with chiropractors. (26) This organisation appears to have stood by its agreement with the ACCC.

Education (18)

It seems illogical to challenge the very basis for ensuring training standards in the education of health professionals, but there have been such moves advocated in Australia. Instead of seeking the highest possible standards, critics have questioned the role of chiropractic in paediatric care. This is despite children being vulnerable to trauma, cervicogenic headaches and injuries as do other ages. Moves were also made to close the chiropractic course at Macquarie University and oppose a course at the Central Queensland University. (27-30)

The Iowa Plan advocated similar recommendations as:

- *"The stifling of chiropractic"* educational institutions. (7, p8- III(D)(3))
- A protest at chiropractic involvement in paediatrics. *"Contain chiropractic schools"*. (7, p8-G(9)) It appears highly irresponsible to advocate limiting the training of chiropractors in paediatric care, when the standard of care in that area is particularly critical.
- *"Extolling (chiropractic as) a false discredited dogma."* (7, p3-(A)(11)) It also claims that the financial costs involved in training institutions *"is the most vulnerable point of the chiropractic profession."* (7, p4-1(B)(5))

Gatekeeping

To impose a 'gatekeeper' system in the referral of patients can be an inconvenience and a hindrance to those patients. It may also lead to a delay in receiving a less invasive intervention and relief from the patient's preferred choice of care.

Patient access to chiropractic care is essentially funnelled through general practitioners under most third party programs in Australia. Further access also hinders chiropractors referring patients for certain radiological examination (e.g. MRI), direct to specialists when appropriate, or with such third party services as workers' compensation and motor accident commission schemes, and Veteran's Affairs.

The Iowa Plan advocated the following:

- Opposing or hindering third party participation or access to health insurance, workers compensation, hospital access, diagnostic facilities such as radiology and pathology services, (7, p7-II(G)(5-8))
- Confining the chiropractic profession to the (self financed) private patients, effectively excluding those with only Medicare cover. (7, p7-II(5))
- *"Persuading the public that chiropractic is wrong," (7, p4-4) and that "the chiropractic menace is a major problem of primary significance to the medical profession and to the public." (7, p5-II(A))*

It is essential that chiropractors deliver care at the highest levels of diagnostic expertise and responsibility as expected of any other registered health professions. Yet hindrances deny these optimal standards of access to diagnostic facilities, as well as direct specialist referrals when necessary. There are however, a number of general practitioners and specialists who resist the pressure in order to collaborate and cooperate with chiropractors in the interest of their mutual patients.

"Encourage Chiropractic Disunity" (7, P 8-li(F))

A divided profession plays right into the hands of political critics and fulfils one of the stated plans of the Iowa Plan.

That Plan notes that *"the unification of chiropractors into a single group would increase (the)... threat to the public and to scientific medicine."* It states further that *"the chiropractic problem (to medicine) is less acute because of the factionalism of chiropractors into at least two groups."* (7, p8-III(B))

Under political advice, a merger took place in Australia in December 1990 between the two chiropractic associations in this country. This had the benefit of essentially negating the *divide and conquer* goal as outlined in the Iowa Plan. (7, p3-B(1), p6-II(F), p8-III(B))

A united chiropractic profession would be so much stronger and more effective. But a divided chiropractic profession would lead to :

- The limited availability of research funds, advertising resources, manpower contribution from members, as well as competing political views and dichotomous representation - leading to a diluted influence.
- An appearance of disunity.
- A perpetuation of a lack of uniformity in projecting and promoting chiropractic, thus further fostering disunity, (7, p3-B(2))
- And the appearance of weakened professional representation.

Skeptical critics (29,33) of chiropractic seem to overlook the fact that many medical doctors attend chiropractors as patients. They are essentially contradicted by their medical colleagues particularly in Europe who have widely adopted chiropractic concepts and techniques in their practices.

Contrary to efforts in Australia, the Iowa Plan offers only cursory reservations regarding chiropractic's scientific evidence base and hypotheses against which critics seem to rail. One may assume that the creators of The Iowa Plan recognised the evidence supporting chiropractic concepts as being primarily of medical in origin, and thus avoided an embarrassing contradicting situation.

Despite the adverse court finding against the AMA in the US, Robbins noted that the attitude if not the policy to isolate chiropractic has persisted. (31, p196) He states that the opposition to *drugless healing methods* is based not on efficacy, "*but because they threaten the power of the AMA, as well as the monopoly, ideology, and profits of the pharmaceutical-medical complex.*" As substantiated by the court finding this suggests that the AMA activities has a commercial based opposition – a market tactic for business reasons.

Robbins also expressed concern that countless people have suffered because alternative treatments that could have helped them have become the victims because of an aggressive campaign to discredit competition in health care. The opportunity to complement and reinforce conventional medicine with legitimate optional models of care appears to have been undermined. (31, p196)

The independent Canadian Manga study refuted claims that chiropractic was not scientifically cogent when it stated that chiropractic was based upon "the most scientifically valid clinical studies". Manga also confirmed that chiropractic was "*shown to be more effective*" and that "*there is no study that even implies that chiropractic spinal manipulation is unsafe in the treatment of low back pain.....and that it is safer than medical management.*" (31, p185)

In fact, claims that there is no scientific evidence to support chiropractic is demonstrably false. Similar claims were made decades ago regarding lower back pain, neck pain and headaches. Now medical manipulators and manual physiotherapists have adopted similar models of care.

The evidence behind chiropractic hypotheses is based on and can be extracted from published medical material. In fact, the inference that the only acceptable evidence is that published by medical doctors in medical journals is quite misleading. Medical doctors and chiropractors now have papers published in each other's journals and at times collaborate in co-authorship. Consequently, to claim that there is no evidence to support the basis for chiropractic is false even if one ignores the demand for chiropractic care based on word-of-mouth satisfaction.

Unless a critic has studied, or even simply read chiropractic research material, they are hardly in a position to be judge and jury of another profession in which they are not informed or qualified. Superficial opinion cannot be regarded as authoritative.

In Australia, there is however evidence of organised opposition and challenges to chiropractic concepts and practices. (32-33) This is despite advocacy for spinal manipulation internationally, and in this country by two Monash University lecturers. (36)

In view of the proffered evidence, claims against chiropractic would seem to be refuted, and appear to be merely unscientific opinion based on misleading commercial self-interests.

CONCLUSION

While criticism of chiropractic and therefore indirectly to chiropractors themselves, is fundamentally misleading, uninformed and biased personal opinion. This may represent a double standard by those same critics whose own profession's efficacy and evidence have never been seriously questioned despite the evidence. (37-40) There are lessons to be learnt from past events as one can then prepare for a variety of developments. To paraphrase a 1905 adage by Santayana *those that forget or overlook history are bound to repeat it - and get burnt by subsequent events in the process*. Chiropractic may have been singed, but one expects that truth, science, sincerity, and efficacy with positive patient outcomes will prevail.

The chiropractic profession has undergone a long standing campaign to develop and become established. From the early days, outside forces have opposed the registration of chiropractors and tried to inhibit the profession's growth. Despite these efforts, chiropractic has survived and even thrived, sometimes in the face of strident opposition. The most compelling explanation lies in chiropractic's *conservative interventions, motivated patient demand due to positive clinical outcomes, patient safety, and cost effectiveness*. The continued existence of patient demand strongly indicates a need for the unencumbered option of chiropractic care to the Australian community. This model of care is quite evidently not provided by others.

In the interest of patients, as well as in the interest of the profession, it is an advantage for chiropractic to remain united with a single representative body speaking with one voice while openly collaborating and cooperating inter-professionally.

"We should work in unison and with co-operation because disunity leads to problems and failures," while "No institution can function smoothly if there is disunity among its members." (41)

The evidence presented here would suggest that there are indeed areas of similarity between the AMA (US) Iowa Plan for at least the containment of chiropractic in Australia, as suggested by the misleading critical activities directed at chiropractic in this country.

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