

The academic legitimization of chiropractic: the case of CMCC and York University

J Paul Grayson, PhD*

Despite the fact that chiropractic has been accepted by more and more Canadians and Americans, it has yet to gain a foothold on a large American or Canadian university campus. In Canada, the primary chiropractic educational institution, the Canadian Memorial Chiropractic College (CMCC), has attempted to affiliate with many universities including the University of Victoria, Brock University, the University of Waterloo, and, most recently, York University. The benefits of association with a university include eligibility for many research grants and academic legitimacy for the profession. While chiropractic has been denied university affiliation, other "subordinate" health occupations, such as nursing and midwifery, are currently taught in Ontario universities.

The objective of the current research is to analyse the reasons for the failure of the CMCC to affiliate with York University. The major focus of the investigation is whether CMCC's lack of success can be viewed as a manifestation of the dominance of a medical model at York or whether arguments similar to those raised against CMCC are common in mergers in higher education. The first possibility is consistent with closure theory in general in which professions attempt to limit competition for scarce resources (in this case patients and status), and to the notions of medical dominance and medical sovereignty that are related to closure theory. The second explanation is consistent with "mutual-growth merger theory" in which it is postulated that mergers in higher education are successful when they are of benefit to both parties and a series of steps have been taken ranging from institutional self-assessment, that may involve conducting surveys of the

En dépit du fait que la chiropratique est acceptée par de plus en plus de Canadiens et d'Américains, elle n'a toujours pas de point d'ancrage sur un campus universitaire américain ou canadien. Au Canada, le principal établissement d'enseignement de la chiropratique, le Canadian Memorial Chiropractic College (CMCC), a tenté de s'affilier à bon nombre d'universités, dont l'Université de Victoria, l'Université Brock, l'Université de Waterloo et, plus récemment, l'Université York. Les avantages d'une affiliation universitaire comprennent l'admissibilité à de nombreuses subventions de recherche et la légitimité académique de la profession. Tandis que la chiropratique s'est vu refuser une telle affiliation, d'autres professions « subordonnées » en santé, telles que les professions de sage-femme et d'infirmière, sont actuellement enseignées dans les universités de l'Ontario.

L'objectif de la présente étude est d'analyser les raisons de l'échec du CMCC à s'affilier à l'Université York. Le point de mire principal de l'étude est de savoir si l'insuccès du CMCC s'avère une manifestation de la domination d'un modèle médical à l'Université York ou si des arguments semblables à ceux brandis contre le CMCC sont propres aux fusions dans l'enseignement supérieur. La première possibilité concorde avec la théorie de la fermeture en général, dans laquelle les professions tentent de limiter la compétition autour des rares ressources (dans ce cas-ci, les patients et leur état), et avec les notions de domination et d'indépendance médicales reliées à cette théorie. La deuxième explication concorde avec la « théorie de fusion de la croissance mutuelle » dans laquelle il est

* School of Social Science, Atkinson Faculty, York University, 4700 Keele Street, Toronto, Ontario, Canada M3J 1P3.
Phone: 416-736-2100. E-mail: Grayson@yorku.ca

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university community, to post-merger consolidation and community building. Overall, it will be argued that the failure of the proposed affiliation is best explained by reference to closure theory, as manifested in medical dominance and medical sovereignty. Because of medical dominance and sovereignty, even if steps consistent with mutual growth merger theory had been followed at York, it is questionable that affiliation would have been successful.
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dit que les fusions en enseignement supérieur réussissent lorsqu'elles avantagent les deux parties et où une série de démarches a été suivie, de l'auto-évaluation, qui peut comprendre des sondages de la communauté universitaire, à la consolidation post-fusion et au développement de la conscience communautaire. Dans l'ensemble, l'auteur fait valoir que l'échec de l'affiliation proposée s'explique le mieux par la théorie de la fermeture, telle que manifestée par la domination et l'indépendance médicales. En raison de cette domination et de cette indépendance médicale, même si des démarches relatives à la théorie de fusion de la croissance mutuelle avaient été suivies à l'Université York, on peut se demander si l'affiliation aurait réussi
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Introduction

On March 28, 2001, the Atkinson Faculty of Liberal and Professional Studies, with virtually no discussion, voted, by a narrow margin, not to “establish an association with the Canadian Memorial Chiropractic College (CMCC)”. As a result, six years of negotiations focusing on the development of an affiliation between York University and CMCC came to a halt. Had the deliberations proved successful, York would have become the third university in North America to offer a program in chiropractic. Currently the University of Bridgeport in Connecticut and the University of Quebec at Three Rivers are the only two universities in which students can graduate with a Doctor of Chiropractic degree. At the time of writing, efforts are also underway to establish a program in chiropractic at Florida State University (MGT, 2000).

Since its appearance in the late nineteenth century, chiropractic in both the United States and Canada has incurred the wrath of the medical (allopathic) establishment. In the United States, the attack on chiropractic has involved the imprisonment of chiropractors for practicing without licenses, the denial of hospital privileges to chiropractors, and a concerted effort on the part of the American Medical Association to discredit chiropractic (Keating, 1997; Moore, 1993). In Canada the assault on chiropractic has involved ad hominem attacks in medical

journals and condemnation of chiropractic by the Canadian Medical Association (Coburn and Biggs, 1986). The explanation given by its detractors for the attack on chiropractic is that its scientific underpinnings are inadequate and out-dated (Keating, 1997; Moore, 1993).

Despite opposition of the medical establishment, throughout the twentieth century the number of chiropractors has grown in both countries (Kellner, Hall, and Coulter, 1980; Rosenthal, 1986). Moreover, according to the National Population Health Survey of 1998, in the previous 12 months, approximately 10% of Canadians consulted with a chiropractor. In the United States a study shows that exactly the same percentage of the population utilizes the services of chiropractors (Cherkin and Mootz, 1997).

The growth in the number of chiropractors, and their use by Canadians and Americans, can be attributed to two factors. First, chiropractic has been found to be efficacious particularly in the treatment of lower back pain (Cherkin, Deyo, Battie, Street, and Barlow, 1998; Koes, Assendelft, van der Heijden, and Bouter, 1996; Shekelle, Adams, and Chassin, 1992). Second, increasing numbers of Americans and Canadians have turned to chiropractors for relief of pain, often after having unsuccessfully tried allopathic therapies (MGT, 2000, page 3–8). In part because of factors such as these, in both countries chiropractic has been legiti-

mized by the state in forms such as licensing of practitioners (Moore, 1993; Rosenthal, 1986) and in Canada by inclusion of chiropractic treatments in state supported health insurance plans (Coburn and Biggs, 1986).¹ Coburn and Biggs argue that while the connection is not causal, increases in the acceptance of chiropractic have paralleled a decline in medical dominance in Canada.

The objective of the current research is to analyze the reasons for the failure of the CMCC to affiliate with York University. The major focus of the investigation is on whether CMCC's lack of success can be viewed as a manifestation of the dominance of a medical model at York or whether arguments similar to those raised against CMCC are common in mergers in higher education. The first possibility is consistent with closure theory (Manza, 1992; Murphy, 1985, 1986a, 1986b) in which professions attempt to limit competition for scarce resources (in this case patients and status).² In this instance, as York does not have a medical school, the ideology underlying the medical model would be promulgated by others. The second explanation is consistent with 'mutual-growth merger theory' (Martin and Samels, 1994) in which it is postulated that mergers in higher education are successful when they are of benefit to both parties and a series of steps have been taken ranging from institutional self-assessment, that may involve conducting surveys of the university community, to post-merger consolidation and community building. Overall, it will be argued that the failure of the proposed affiliation is best explained by reference to medical dominance and sovereignty.

Medical dominance and sovereignty

The situation of chiropractic in Canada and the United States, and the reaction of some allopaths and university

faculty to the inclusion of chiropractic in university curricula, cannot be understood outside of the phenomenon of medical dominance and sovereignty.

In turn, medical dominance and medical sovereignty must be seen in the context of what Foucault describes as 'regimes of truth'. He writes that:

Each society has its regime of truth, its 'general politics' of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true (Gordon, 1980, page 113).

It is not the intent in this paper to elaborate on the ways in which Foucault's ideas can be used to elucidate the notion of medical dominance. Suffice it to say that although the hegemony is not complete, and may be diminishing, in Canadian society the regime of truth relating to matters of health is to a great extent defined by allopaths (Armstrong and Armstrong, 1996); hence the phenomena of medical dominance and sovereignty.

In the United States medical dominance has been characterized as involving the control of allopaths over: 1) the content of care (e.g. diagnosis and treatment); 2) patients (e.g. who has the right to be hospitalized); 3) other health occupations (e.g. nurses and radiologists); and 4) the context of care (e.g. health care policy) (Freidson, 1970). Medical sovereignty (Willis, 1988) is defined as, "the sustenance of medical dominance in the wider society: doctors are [viewed as] institutionalized experts on all matters relating to health" (page 171).

In Canada the type of control identified by Freidson, and the type of sovereignty referenced by Willis, was achieved in part through a series of laws enacted during the last part of the nineteenth and early part of the twentieth centuries making allopaths preeminent in the health care system (Coburn, 1999; Coburn and Rappolt, 1998; Coburn, Rappolt, and Bourgeault, 1997; Coburn, Torrance, and Kaufert, 1983). The preeminence given allopaths in the health care system through legislation can be attributed to the linking of their activities to science and the fact that they shared a common upper class background with Canadian legislators. By contrast, at the time, some rival healers made

1 The exception is British Columbia where in 2002 the government withdrew all Medical Service payments for chiropractic and physiotherapy.

2 Speaking of the same phenomenon, Freidson (1970, page 155) remarks: "Professional pride leads the worker to consider himself to be quite different from, indeed superior to, those of other occupations ... And when outsiders doing work related his espouse [sic] a mission predicated upon a different set of paradigms than that of his profession, the professional rather naturally feels that they and their occupation should either be converted or controlled (as medicine seems to be doing to osteopathy), or, if not destroyed, excluded from any significant interaction."

either no, or unsuccessful, links to science and/or came from backgrounds providing little access to policy makers. This does not mean that at the time their cures were less efficacious than those of allopaths.

In addition to having legislation enacted that was consistent with their interests, through various means, allopaths were either successful in restricting the activities of practices such as midwifery (Sharpe, 2000), or seriously curtailing the activities of rival healers, such as chiropractors. For example, in 1972 the Canadian Medical Association re-affirmed its policy that physicians may not make referrals to chiropractors. (Coburn and Biggs, 1986). Other groups, such as nurses and pharmacists, had a recognized role in the health system but were subordinated to the overall control of medical doctors (Beardwood, 1999; Coburn, 1988). For reasons that are too complicated to elaborate here, only dentists developed their profession without allopathic interference (Adams, 1998). Suffice it to say that: 1) dentistry and allopathic medicine developed at the same time and allopaths were too preoccupied with other matters to focus on dentistry; 2) as they limited practice to the mouth and teeth, dentists were not perceived by allopaths as encroaching on their terrain; 3) dentistry embraced rather than challenged allopathy; 4) dentists and allopaths were from similar class backgrounds.

During the latter half of the twentieth century Coburn argues that the dominance of Canadian allopaths began to decline. In part, this decline can be attributed to the increased role of the state in the provision of medical insurance, an increasingly educated public that is willing to question certain allopathic practices, and the rise, or reemergence, of practices like midwifery that can be linked to the emergence of the women's movement (Coburn, 1993, 1999; Coburn and Rappolt, 1998; Coburn et al., 1997; Coburn et al., 1983). Although changes have also affected the American health care system, Freidson argued that at the close of the twentieth century its core characteristics were similar to what they were at mid-century (Freidson, 2001).

Independent of whether or not medical dominance is in decline, at the cultural level, despite the emergence, or re-emergence, of alternative approaches to health care, both Canadians and Americans continue to have a great deal of faith in allopathic medicine in general, and medical practitioners in particular. In both countries the curative benefits of modern medicine are promoted in both the popular

press and on television. As will be seen later, the belief that allopaths are experts on all aspects of health care appears to have been accepted by many faculty in opposition to the York–CMCC affiliation. To this extent, it is possible to argue that medical dominance and sovereignty was evident at York even though the university does not have a medical school.

Mutual-growth merger theory

Considerable research has been conducted on mergers in higher education (Arthurs, 1967; Healy, 1996; Kirk, 1999; Meek, 1988; Nance and Fawns, 1991; Wedderburn, 1991). In addition to the notions of medical dominance and sovereignty, theories deriving from this research also provide a perspective on developments between York and CMCC. For example, in an attempt to identify the characteristics of, and process in, institutions that result in successful affiliations in higher education, two researchers synthesize the insights gained from an examination of affiliations in the United States and Great Britain (Martin and Samels, 1994). In their work they distinguish between the 'bankruptcy-bailout model' and the 'mutual-growth merger model'. In the former, institutions are forced into associations with others simply to avoid extinction. Frequently, such affiliations fail. In the latter, institutions willingly and usually successfully forge links to achieve desired outcomes.

The mutual-growth merger is characterized by five steps. First, the institution engages in a rigorous self-examination focused on "overall merger preparedness, shared mission planning, and appropriate institutional match" (page 230). This crucial stage involves an assessment of the overall educational needs of the institution, that includes an examination of enrolment and other records, the solicitation of the views of students and others through surveys, and economic impact analyses. The second step focuses on the identification of institutions that might serve as 'mission complementary merger partners'. In the third step, a merger task force with members from both institutions involved in the potential merger define the mission of the post merger institution and the processes by which the merger will be achieved. At step four, the merger process begins and a mutual-development blueprint is implemented in areas such as curriculum, program consolidation, and the integration of personnel and student cultures. In step five, the merger is consolidated, and emergent issues are dealt with.

Obviously, as this model represents a distillation from a number of different mergers in higher education, it is unlikely to be observed in pure form. Its importance to the current undertaking stems from the fact that at the beginning of a merger or affiliation processes, attention should be paid to 'merger preparedness' and involving the university community in the planning process. While particularly the administration at York had a clear idea of its preparedness to affiliate with CMCC, and felt that CMCC would complement existing York programs, this view was not shared by all faculty. In addition, it is questionable that faculty views were solicited in nearly as thorough a manner as suggested in the model. For one thing, surveys were not conducted to assess support for the affiliation among faculty.

The importance of the university connection

Beginning in the late nineteenth and early twentieth centuries allopathic education in both Canada and the United States became concentrated in universities (McPhedran, 1993). By contrast, in the United States, chiropractic education was obtained in various ways ranging from questionable correspondence courses to attendance at reputable colleges of chiropractic (Moore, 1993). Less information is available on early instruction in chiropractic in Canada although a 1918 *Report of the Ontario Committee on Medical Education* was critical of chiropractic training and ridiculed the facilities of the Canadian Chiropractic College (Brown, 1992). The Canadian Memorial Chiropractic College was founded in Toronto in 1945.

Currently, chiropractic is recognized by governments in 30 countries and training can be obtained from a number of institutions in North America, Europe, Australia, and South Africa. Globally, a degree in chiropractic can be earned in approximately a dozen universities and numerous colleges of chiropractic (MGT, 2000, page 2–2). Chiropractic education in Canada can be obtained from the CMCC and from the University of Quebec at Three Rivers. In the United States, the only university that currently provides a full program in chiropractic is the University of Bridgeport in Connecticut. Specialized colleges of chiropractic are more common. In total, 16 colleges of chiropractic have been established in the United States (MGT, 2000, page 7–1). Some of these, such as Texas Chiropractic College, have developed working relationships with universities. Others, such as Palmer Chiropractic College, prefer to remain autonomous in the

fear that university links will lead to a diminution of their programs³ ("Focus: Chiropractic colleges, in step with the health care revolution," 1997).

Although CMCC is regarded as one of the best chiropractic colleges in the world, in the broader community, more status is associated with university than non-university based programs. Indeed, one of the leading theorists of the study of professions (Freidson, 2001) argues that, "the prestige that distinguished the professions from the crafts stems from the connection of their training with higher education" (page 103). Consistent with this notion, in 1972, the Ontario Council on Health accepted the recommendation of its Task Force on Chiropractic that it was desirable for CMCC to be connected to a university (Brown, 1994). This belief was re-articulated in 1995 by the provincial government in the *Wells Report*. This type of thinking also explains the decision of the Canadian nursing establishment to upgrade the credentials of the profession by requiring all registered nurses to obtain a university degree (Beardwood, 1999). Although it has been argued that chiropractic in Canada has established professional legitimacy (Coburn and Biggs, 1986), outside of Quebec, it has been denied any academic legitimacy that would derive from affiliation with a university.

In addition to increasing its professional status, affiliation of chiropractic with a university would result in eligibility for many research grants. In the United States, on an annual basis, allopaths receive \$7.4 billion in research grants. Chiropractors, who are denied access to similar sources in part because of their lack of university affiliation, receive only \$13 million (MGT, 2000, page 8–4). Comparable figures for Canada are unavailable. Because they are not eligible for research funds, chiropractors are caught in a bind: without university affiliation they cannot obtain large-scale funding to promote research into their profession; without research to substantiate their prac-

³ It is important to distinguish between chiropractors who adhere to the original tenets of the founding fathers and those who are prepared to adopt some of the theories and procedures of allopathic medicine. The former are termed 'straights' and the latter 'mixers'. In the United States straights are particularly sensitive to the possibility that university affiliation would lead to a diminution of their practices. It is estimated that 30% of chiropractors in the United States are straights (MGT, 2000, page 2–9). In Canada, the number is estimated to be only 5% (Tucker, 2002).

tices, they are regarded as suspect by many allopaths and university faculty and are considered ineligible for university affiliation. It is important to note that while chiropractic has been denied university affiliation, other 'subordinate' health occupations, such as nursing and midwifery, are currently taught in Ontario universities (Beardwood, 1999; Sharpe, 2000).

Attempts at affiliation

Since its inception the CMCC has made a number of attempts to affiliate with universities. The universities approached include the University of Guelph, the University of Waterloo, Waterloo Lutheran University, Queen's, Ryerson Polytechnic Institute, the University of Toronto, McMaster University, Trent, Brock, the University of Ottawa, the University of Windsor, the University of Western Ontario, the University of Victoria, and York University (Brown, 1994, 1996). The failure to establish a linkage with these universities was a result of initial disinterest on the part of the universities, the reluctance of the provincial government to provide funding to support affiliation with a university, provincial requirements specifying that affiliation should only occur with a university with a well developed health sciences faculty, opposition of faculty within the university to affiliation, and opposition from allopathic medicine. For example, historically medical faculties in universities have opposed any affiliation between universities and chiropractic. Moreover, in 1980, the Ontario Medical Association "passed a motion opposing affiliation of CMCC and any university" (Brown, 1994).

The first contact with York University regarding affiliation occurred in 1965. The then President of York, Murray Ross, was optimistic that an accord could be reached between the two institutions. Discussions continued over the next few years and by 1971 CMCC sent a letter to David Slater, the University's new President, requesting a meeting to discuss affiliation. At this point discussions stopped and did not begin again until 1977 with H. Ian Macdonald, the third York President. Positive discussions continued over the next few years but in 1985 Harry Arthurs, York's incumbent president, was informed by the Ministry of Education that it did not support an affiliation between the two institutions. Again, discussions came to an end (Brown, 1994). The most recent round of negotiations between York and CMCC started in 1995 when Sheldon Levy, a York Vice President, con-

tacted Jean Moss, President of CMCC, and indicated that York was interested in having discussions regarding possible affiliation. Jean Moss remembers telling him, "If you're interested, then we're interested in meeting you, but if you're really not interested, don't waste my time or your time because I don't have time to waste" (Moss, 2002).

Discussions begin

For analytic reasons, the discussions on a possible affiliation between York University and CMCC can be divided into three slightly overlapping phases. The first phase formally began with a March 1995 memorandum from the Vice President Academic of York to the Academic Policy and Planning Committee (APPC), the body at York that co-ordinates the financial and academic aspects of York's operations. The focus of the memorandum was on the possibility of a link between York and CMCC and the creation of an internal task force to examine various aspects of chiropractic. This period ended with the presentation of the report of the task force to APPC in February, 1997. During this fact-finding period there was relatively little involvement of the broader university community in discussions of a proposed affiliation between the two institutions.

The second phase of the process dated from the submission of the task force report to the discussion of a draft affiliation proposal in Senate in May, 1998. In contrast to the former period, this phase of negotiations was marked by heated debate over the proposed affiliation, particularly in the Faculty of Pure and Applied Science, and the initiation of a concerted campaign on the part of some scientists, a self-named 'gang of four', to prevent the proposed affiliation. Despite the campaign, and opposition to the proposed affiliation by the Faculty of Pure and Applied Science, Senate voted to approve in principle an affiliation between York and CMCC.

The third phase dates from the Senate vote to the March 2001 decision of the Atkinson Faculty of Liberal and Professional Studies' Council not to establish an association with CMCC. This period was marked by a continuation of the attack on chiropractic led by the gang of four and a repetition of many of the arguments that had been advanced prior to the Senate vote of May, 1998.

The implicit dynamic underlying the process was that first the administration of the university attempted to ob-

tain information on the credibility of chiropractic as a discipline, and an assessment of the benefits to York of affiliation with CMCC. Once this objective had been attained, the next step was to gain approval in principle from Senate for an affiliation. Thereafter, the details of affiliation could be worked out over an extended period of time. Perhaps what was unanticipated was that not only individual scientists, but also the Faculty of Pure and Applied Science itself opposed housing a program in chiropractic. Much of their dissent focused on the facts that chiropractic was regarded as suspect by some in the medical community. Because Science would not host a program in chiropractic, the Atkinson Faculty of Liberal and Professional Studies was asked by APPC to consider the undertaking. In deliberations at Atkinson, the arguments of scientists opposed to affiliation weighed heavily.

Phase 1

In March, 1995, York's Vice President Academic advised APPC that the University was prepared to consider an affiliation with CMCC. In addition, an internal task force would be established to inquire into various aspects of chiropractic and the pros and cons of establishing a formal link between York and CMCC. The task force presented its report to APPC in February, 1997.

The report of the task force (officially titled the "Committee on the Possible Affiliation of CMCC and York University") incorporated both positive and negative views of chiropractic, and affiliation of York with CMCC. Included among the benefits of affiliation were the recruitment of high quality students into York's undergraduate programs. The report also notes that courses offered at CMCC are of high quality. There are, however, some criticisms of chiropractic in general. For example, it is noted that some chiropractors in Canada and the U.S. use what are referred to as 'pseudoscientific' procedures. In addition, it is argued that because of the paucity of research in the field, chiropractic lacks credibility in some quarters. Despite any negative evaluations of chiropractic, the Committee believed that affiliation would result in benefits to York in terms of rent that would accrue from the leasing of land to CMCC on which it could erect a building; from savings resulting from efficient use of capital resources; and potential research collaboration between faculty at York and CMCC. As a result, to facilitate discussion, the task force moved that: "The Canadian

Memorial Chiropractic College be incorporated into York University only as a new Faculty with the same rights, privileges, and responsibilities as all other Faculties, under the purview of Senate."

To a degree, the establishment of a task force was consistent with the first steps in mutual-growth merger theory in which an institution attempts to evaluate institutional match with a potential merger partner, and to evaluate the views of others in the community regarding the proposed merger. It should be stressed, however, that contrary to the recommendations of merger theory, there was no solicitation of views of students and others through surveys and other means regarding the proposed affiliation. As a result, throughout the entire negotiations, the degree of support for the affiliation among faculty was based exclusively on anecdotal information, and the number of votes cast in various meetings.

In view of the positive stance of the task force, the University, in co-operation with CMCC, proceeded to draft a legal affiliation agreement between York and CMCC for presentation to Senate for approval in principle. The draft agreement, dated May 15, 1997, embodies the idea that a Doctor of Chiropractic Degree would be granted by York University. CMCC would be responsible for granting a Diploma of Chiropractic Clinical Proficiency. Each institution would be responsible for financing its own operations although Senate would have final authority on academic standards and courses. An academic affiliation committee would assist in the co-ordination of programs, and an operating committee would be established to deal with non-academic matters. The agreement was to last for 25 years.

Phase 2

Just prior to the submission to Senate, some members of the Faculty of Pure and Applied Science became concerned with what they regarded as a reluctance on the part of the university to ask hard questions on issues such as the efficacy of chiropractic and to provide the university community with information on the progress of negotiations. According to Michael De Robertis, who would emerge as the leader of the scientists opposed to an affiliation with CMCC (the gang of four), "initially very few of us knew anything about chiropractic and so we approached this, initially, as a good skeptic would, that is, try to learn" (De Robertis, 2002). De Robertis argues that

requests for information from the administration were largely ignored, and he and many of his colleagues in Science felt that the affiliation was a 'fait accompli'. As a result, on February 9, 1998, he and two colleagues wrote a letter to the Chair of APPC in which they indicated that they had only recently become aware of the nature of the negotiations to affiliate with CMCC. Such an affiliation, they argued, would have a negative effect on York's reputation because chiropractic retained pseudoscientific notions and was anti-science in its philosophy. In their letter De Robertis and his colleagues relied heavily on the criticisms of chiropractic of Stephen Barrett, M.D. Chairman of 'Quackwatch Inc.', and Wallace Sampson, M.D., editor of the journal, *Scientific Review of Alternative Medicine*.

In a letter of March 6, 1998, to the Chair of APPC, Al Stauffer, Chair of Physics and Astronomy, also entered the fray. He noted that, "the Department of Physics and Astronomy recommends that York University reject any formal affiliation with the Canadian Memorial Chiropractic College on the grounds that such an affiliation would seriously compromise York's academic integrity." In his appeal Professor Stauffer also made reference to negative comments made by allopaths against chiropractic and to an article in *Consumer Reports*.

Not all scientists at York professed negative views of chiropractic. For example, in an undated response to the negative letter from Physics and Astronomy entitled, "School of Physical Education, Kinesiology, and Health Science Reply to Department of Physics and Astronomy," the authors claim that, "The evidence presented by the Department of Physics and Astronomy and others sharing its sentiments is largely outdated, irrelevant, and blatantly incorrect" (page 1). One issue that arose in the letter from Physics and Astronomy was the contention, originated by allopaths opposed to chiropractic, that physical manipulation could heal a wide range of maladies, including diabetes. In reply to this exaggeration, Physical Education and Kinesiology point out that, "Our investigations revealed that CMCC most certainly does not espouse the notion that subluxations cause all disease and that correcting these subluxations will cure all diseases" (page 5). The most telling blow against the arguments of the opponents of chiropractic, however, was the observation that, "Much of the 'evidence' cited by the Department of Physics and Astronomy was anecdotal, fraught with selection bias, outdated, from non-refereed sources, or just plainly irrel-

evant" (page 7). This point was reiterated by Roger Kelton, Chair of Physical Education and Kinesiology. In reference to the opponents of chiropractic he noted that, "they're scientists, and yet the reports that they claim were highly critical of chiropractic were extremely flawed" (Kelton, 2002).

Similar points were made by Jean Moss, President of CMCC, in an April 30 letter to John Heddle, Professor of Biology, on a report produced by the Science based, "Committee on CMCC Affiliation." She notes that, "Review of the references used to support the 'concerns' raised by the draft indicates that only four of the 22 articles cited were from indexed journals and two from texts; the rest were from trade magazines, the Internet, and NCAHF (National Coalition Against Health Fraud). One would hope," she continues, "that if CMCC and the chiropractors are to be judged, we would at least be judged on current scholarly works – not on hearsay and innuendo from individuals who have a particular but unscientific axe to grind."

In view of the weakness of much of the evidence collected against chiropractic, it is necessary to ask why otherwise scholarly men and women continued to promote arguments based on questionable research. One possible explanation is that those most opposed to chiropractic lacked the disciplinary skills necessary to do an adequate evaluation of the evidence. As a result, they relied on the interpretations of allopaths who for whatever reason had a deep opposition to chiropractic. A second possibility is that the evidence was secondary to their concern that as a faculty of science they would become a laughing stock were York to affiliate with CMCC. This specter was raised by the opponents of chiropractic on several occasions. It was also a consideration at the University of Bridgeport and at Florida State when the development of chiropractic programs was being considered (Caruthers, 2002; Zolli, 2002).

Despite considerable weaknesses in the evidence presented by those opposed to chiropractic, a vote taken in the Faculty of Pure and Applied Science clearly indicated considerable opposition to affiliation. In a letter to the Chair of APPC from Walter Tholen dated May 13, 1998, APPC was informed that in a Council vote the Faculty of Pure and Applied Science rejected an affiliation with CMCC. Thirteen voted in favor of affiliation, 30 against, and one faculty member abstained.

As the total faculty complement of the Faculty of Pure and Applied Science is over a hundred, the 44 professors casting their votes on whether or not to host chiropractic did not represent a majority of the Faculty. Moreover, according to the Chair of Kinesiology and Health Science, while there was opposition to chiropractic, it was not completely overwhelming. For example, in Biology, the department was more or less evenly split for and against chiropractic (Kelton, 2002).

Despite the less than complete opposition to chiropractic, according to a senior Biology professor, the activities of the gang of four nonetheless ensured that the vote taken in the Faculty would go against affiliation. He points out that, “we lost before the thing went to Council because of De Robertis and his group” (Salleuddin, 2002). Members of the opposition group approached faculty members individually to convince them of their position, held meetings, developed a web page, and even took out ads in the student newspaper in opposition to chiropractic (De Robertis, 2002; Salleuddin, 2002). The effect of this type of activity appears to have been felt well beyond the Faculty of Pure and Applied Science. As a member of the History Department who was also a Senator remarked, “What I know about chiropractic could fill a thimble [so] I was guided by my colleagues in the Faculty of Science” (Haberman, 2002).

Despite formal opposition of the Faculty of Pure and Applied Science to affiliation with CMCC, on May 28, 1998, a motion was put forward in which Senate was asked to, “approve in principle ... the establishment of a degree of Doctor of Chiropractic, the programme to be offered in co-operation with the Canadian Memorial Chiropractic College”. During discussions, those opposed to affiliation argued that faculty at CMCC did not engage in high quality research; that chiropractic programs were only offered in institutions with less prestige than York; and that chiropractors conducted practices that according to some allopaths were highly suspect. Once again, arguments based on the opinions of some medical practitioners were prominent in discussions. In addition, some Senators questioned the wisdom of approving an affiliation with CMCC when Science had already made it clear that they would not house chiropractic. Individuals in favor of affiliation pointed to the facts that only a minority of chiropractors adhered to unscientific principles; that a growing number of Canadians were using chiropractic;

and that the connection would stimulate research. Despite opposition arguments, the motion carried.

Although earlier in the affiliation process the Committee on the Possible Affiliation of York and CMCC had proposed that chiropractic be a new faculty, part of the APPC report to Senate on May 28 indicated that, “Recent consultations have reinforced APPC’s conviction that the association should not involve the incorporation of CMCC as a new faculty” (page 2). In addition, it was stated that, “Participation in the delivery of the degree programme must be subject to the express consent of units” (page 2). In essence, an affiliation with CMCC had been approved in principle, but no faculty could be compelled to host a chiropractic program.

It should be noted that over the course of negotiations in phase 2, channels were opened through which interested parties could learn, and let their views be known to APPC, about chiropractic. Open forums were held in February and May of 1998. Discussions were held in Faculty Council meetings in the Faculty of Pure and Applied Science, in the Faculty of Arts, in a number of departmental meetings, and in meetings with interested faculty, students, and staff. These steps are consistent with good practice as embodied in mutual-growth merger theory. As noted before, however, at no time were faculty views sought through a systematic survey. Had this step been taken, consistent with best practice as embodied in mutual-growth merger theory, the University would have had a firmer understanding of the acceptability of affiliation with CMCC.

Phase 3

At the time the Senate was considering the proposal to affiliate with CMCC, Atkinson College was re-organizing into the Atkinson Faculty of Liberal and Professional Studies. Health studies was to be one of the emphases of the new faculty. A School of Nursing was already in place, and a School of Health Policy and Management was scheduled to begin operations in 2001. In view of this partial commitment to health, in its November 25, 1999 report to Senate, APPC noted that, “since the Faculty Council of Atkinson College has adopted Health Studies as a focus in its restructuring plan, it is reasonable for [Atkinson] Council to determine whether or not to pursue a proposal [for affiliation with CMCC].” As a result, the minutes of the Atkinson Committee on Policy and Plan-

ning of December 8, 1999, show support for a motion that, “a fact finding sub-committee be struck to investigate the academic, medical, scientific, legal, professional and other implications of establishing a programme in chiropractic at Atkinson.” The proposed committee comprised three members of Atkinson’s faculty, including the author, who was then Associate Dean of Atkinson, and the Chair of the Department of Biology in the Faculty of Pure and Applied Science.

Two things are worth mentioning with respect to this committee. First, issues included in the mandate of the committee had already been discussed during earlier phases of the negotiations between York and CMCC. Second, members of the committee were not originally aware of the full nature of discussions that had formerly taken place and frequently only by chance became aware of many prior documents relevant to their discussions. As a result, the committee spent considerable time collecting and discussing information. It is worth noting that among others, the gang of four made a representation to committee members in which they re-iterated claims of allopaths that many chiropractic procedures are suspect, and that the basis of chiropractic is unscientific.

By May of 2000, it was clear that the committee was divided on whether an affiliation should be made with CMCC. As a result, two reports were issued, one in favor, and one opposed to an affiliation with CMCC. Points raised in the reports, including allopathic opposition to chiropractic, were similar to those already articulated in documents written prior to the vote in Senate in May, 1998.

Faced with the dilemma posed by two reports, the July 17, 2000 minutes of the Atkinson Committee on Policy and Planning indicate that a new committee with broad membership from Atkinson (including the author), other areas of the University, and Senate should be formed with the mandate of “clarifying various issues arising out of a potential CMCC relationship with York/Atkinson Faculty of Liberal and Professional Studies, after examining alternative models of potential relationships with CMCC.” After several months of deliberations on matters that had been previously debated at York, this committee recommended that the University should proceed with an affiliation with CMCC.

Despite the recommendation of the Committee, Policy and Planning, that had received appeals from, among others, the gang of four not to recommend affiliation with CMCC, and that had been wracked by sometimes angry

dispute over the issue (Bianchi, 2002), was reluctant to recommend affiliation to the Atkinson Council. Instead, it proposed a two-part motion. The first focused on whether or not an association should be established with CMCC. The second dealt with the nature of the association.

Prior to the vote on the motions that was to be held in Atkinson Council on March 28, 2001, the gang of four e-mailed many members of the Atkinson Faculty warning them of the dangers of chiropractic. In addition, as pointed out by Michael De Robertis, “we wrote a packet and then photocopied it at our own expense and went around Atkinson and delivered packets to different groups” (De Robertis, 2002). As noted in the Introduction, when the final vote was called, the motion that an association with the CMCC be formed, was defeated. This marked the end of the affiliation attempt between York and CMCC.

Was York typical?

One of the central concerns of this paper is whether what happened at York is typical of the affiliation process in higher education or if this case is unique because it involved chiropractic that has a long history of antagonism with allopaths. In answering this question, there are two sets of data that can be examined: first, the political machinations surrounding affiliation attempts in other post-secondary institutions; second, York’s own experience with mergers with other post-secondary institutions.

Mergers in other institutions

Examinations of various forms of affiliation between erstwhile independent institutions of higher education lead to a number of observations and conclusions of relevance to the York-CMCC affiliation. First, faculty and/or administrators and staff in one of the merging institutions frequently claim that their counterparts in the other institution are inferior. In Australia, for example, in a proposed merger between Wollongong University College and the Institute of Education, administrators and staff in the former believed that their counterparts in the latter were not as qualified as they should be (Meek, 1988). Similar sentiments were expressed by individuals at the University of Melbourne in connection with a merger with the Melbourne College of Advanced Education (Nance and Fawns, 1991). In the United Kingdom a proposed merger between Royal Holloway College and King’s College failed because of beliefs in King’s that Royal

Holloway was academically inferior (Wedderburn, 1991). In view of this evidence, the fact that some faculty at York may have regarded the research records of CMCC faculty with a wry eye was not an unusual occurrence.

Second, independent of initial assessments of the worthiness of partners in proposed affiliations, it is usually recognized that certain benefits will accrue from the affiliation. For example, the eventual merger of Royal Holloway and Bedford Colleges led to a strengthening of the research base of both and an openness to new ideas (Wedderburn, 1991). A merger between the University of Tasmania and the Tasmanian College of Advanced Education resulted in the University of Tasmania becoming a comprehensive university with a broad range of courses and the formation of closer links with the community (Meek, 1988). Mergers between Scottish universities and independent colleges of education led to a recognition on the part of the universities that they would be in a better position to improve their own teaching and make a contribution to the broader community (Kirk, 1999). At York, despite the controversy surrounding the proposed affiliation, there were some on campus who felt the University would attract more good students because of the chiropractic option and others felt that new possibilities for research would develop as a result of affiliation. Opponents of chiropractic, however, pointed to the fact that even during the six-year negotiation period no collaborative research had developed between faculty at the two institutions and that it was unlikely to develop in the future. To put it lightly, there was no clear consensus at York that affiliation would bring benefits to the institution.

Third, some partners to proposed affiliations feel that their professional orientation will be eroded. This view was originally held by instructors in Scottish colleges of education who felt that their practical expertise would not be recognized in a university setting (Kirk, 1999). It was also evident on the part of some instructors at Osgoode Hall Law School prior to its affiliation with York University in 1968. In this instance, it was believed that a university curriculum might ignore many practical aspects of the practice of law (Arthurs, 1967). During the negotiations between York and CMCC some members of the chiropractic profession feared that affiliation might erode their influence on the development of the profession, but their numbers were small (Moss, 2002).

Fourth, affiliations can take a long time to achieve. One researcher estimates that the time to plan and achieve a

merger can be between three months and over a decade (Meek, 1988). During this time, it is quite possible that negotiations take time and energy away from teaching, learning, and research (Healy, 1996).

Clearly, an examination of some of the issues that developed at York during the negotiations indicates some similarities, and some differences, with other examples of affiliations at the post-secondary level. An analysis of a previous affiliation between York and another post-secondary institution, however, suggests that the issues specific to chiropractic and the way in which the negotiation process developed were major factors in the eventual failure of the proposed affiliation.

Merger at York

In 1968, Osgoode Law School formally affiliated with York University. Prior to the affiliation, concerns had been raised in the law school that the result of affiliation would be erosion of professional control over the educational process (Arthurs, 1967). Within the school itself there was some concern with the lack of research productivity on the part of some faculty. It was felt that affiliation with a university would contribute to an increased emphasis on research (Arthurs, 2002). In this sense, there is some comparison between Osgoode and CMCC as each recognized limitations in their research and believed that university affiliation would lead to increased research productivity. Here the similarity ends. In the case of the Law School, the main battle occurred among the lawyers on the desirability of affiliation. York embraced the lawyers with open arms. As pointed out by Harry Arthurs, former Dean of Osgoode Law School and former President of York University, "Basically, the university wanted the prestige of a law faculty" (Arthurs, 2002). By comparison, in large part because some in the allopathic community were opposed to chiropractic, many York faculty saw no prestige associated with an affiliation with CMCC. In this case, the main battle was inside York between forces pro and con chiropractic. Within CMCC, there was more of a consensus over the desirability of affiliation (Moss, 2002). While the University readily embraced Osgoode, it rejected CMCC.⁴

Overall, it can be seen that in other instances of post-secondary mergers, issues arose that were similar to those surrounding the York-CMCC affiliation. For example, it is not uncommon for those in the senior institution to

question the quality of faculty of a potential affiliate. Issues such as these, however, do not automatically result in non-affiliation. Moreover, even at York there is evidence that governance structures are not so cumbersome as to rule out the possibility of affiliations with other institutions. As a result, it can be argued that even if some of the affiliation's critics were correct, and there was a lack of communication regarding the processes developed to achieve affiliation, given opposition to chiropractic at the cultural level, its absorption into the university was unlikely.

As noted earlier, in North America, the only universities to offer a degree in chiropractic are the University of Bridgeport in Connecticut and the University of Quebec at Three Rivers. An interview with the Director of the chiropractic program at Bridgeport indicates that while some at the University opposed the creation of a chiropractic program for many of the reasons articulated at York, at that institution new programs are implemented by the executive (Zolli, 2002). A similar situation exists at Florida State University that is also attempting to establish a program in chiropractic (Caruthers, 2002). By comparison, the chiropractic program at the University of Quebec at Three Rivers required the approval of the appropriate academic bodies of the university before it could be implemented (Gonthier, 2002). Importantly, at the time when the chiropractic programme was initiated, there was no opposition from other disciplines. Given the governance structure at Three Rivers, had opposition developed during this period, it is possible that the attempt to establish a chiropractic program would have been unsuccessful, as it was at York. Likely, in light of opposition, only if York had a governance structure similar to those at Bridgeport and Florida State would attempts to establish a chiropractic program have been successful.

4 It is worth mentioning that although the events leading to its development were somewhat different from those at either Osgoode or CMCC, the establishment of a Faculty of Education at York, that involved the incorporation of Lakeshore Teachers' College, did not encounter the type of resistance experienced by CMCC. In fact, a very facilitative position was taken by Deans at York with respect to the new Faculty (Haberman, 2002).

Lessons learned

In an interview the President of CMCC was asked: "If you were doing it all over again, what would you do differently?" In answer, Jean Moss began by saying, "I think we were very naïve. We might even say slightly misled – not intentionally. We were approached by York. We relied on the people that we were dealing with at York to know the political climate within the university and to know what the processes should be within the university" (Moss, 2002). Overall, President Moss felt that, "the process was kind of almost made up as we were going along, and we didn't realize this at first." As a result, "there were a number of stumbling blocks which we weren't aware of because we thought the process was already set out." For example, Moss was unaware that affiliation would require the acceptance by a Faculty at York. She also felt that there should have been more involvement of the grassroots at York and that there should have been a 'champion' whose role it would have been to shepherd the affiliation through various processes. In summary, President Moss stated that, "I guess if we were to do it again, we would like to see a clearer process, with clearer time lines."

Previous research on CMCC's attempts to affiliate with a university indicate that all efforts had a top-down approach (Brown, 1992, 1994, 1996). Each failed. When asked why CMCC keeps behaving in this fashion, rather than attempting a bottom-up process, John Tucker of the Canadian Chiropractic Association remarked that, "It's difficult to understand why we keep doing the same things, the same wrong things." In partial explanation he suggests that, "I would think that the time between each of the events is such that their understanding of the process has softened" (Tucker, 2002). Tucker also feels that the different cultures of CMCC and universities may account for their continually approaching affiliations from the top-down. He points out that, "on the one side we have the collegium, and on the other side is the business, the non-profit organization, which is a business ... It has to make money or it'll die." According to Tucker, the culture of the CMCC inclines it more to automatically seek top-down, than bottom-up, solutions.

What would a bottom-up approach to affiliation look like? First, CMCC could have sought research links with faculty at York (how this could be done is a different matter). Had this attempt proved successful, they may

have eventually gained internal support at York to construct a building on York's campus. This type of development may have led to increased internal demands among York faculty for a closer connection between the two institutions, and the emergence of an internal champion to promote an affiliation. The final result of these developments may have been affiliation. These possibilities are consistent with President Moss' emphasis on more involvement of the grass roots.

Although there are no guarantees, processes such as these might have led to faculty inside York coming to the defense of chiropractic in the event of assaults such as those mounted by the gang of four. As it was, the defense of chiropractic was weak, to non-existent. Virtually no faculty had a vested interest in the success of an affiliation.

Conclusion

The objective of this article was to analyze the reasons for the failure of the affiliation between York University and CMCC. The examination was based on two fundamental theoretical considerations. First, the dominance that allopaths have achieved in health institutions in society becomes manifest in the idea of 'medical sovereignty'. This concept embodies the idea that among many, allopaths are believed to be the experts in *all* matters of health and health care. This is true even though chiropractic techniques have been found to be efficacious, particularly for lower back pain. Second, mutual-growth merger theory postulates that successful mergers in higher educational institutions are successful only if a number of steps are successfully completed, starting with rigorous self-examination focused on matters like overall merger preparedness, and the solicitation of the views of members of the community.

It is clear that medical sovereignty had an important role in the failure of the affiliation between York and CMCC. Once the York community became aware of the possible affiliation with CMCC, several members of the Faculty of Pure and Applied Science began an examination of the theoretical basis and efficacy of chiropractic. Those primarily involved in this activity came from disciplines like Astronomy and Physics rather than from Biology. In their examinations of literature pertaining to chiropractic, they relied heavily on negative findings of the practitioners of allopathic medicine, sometimes cited in questionable sources like *Consumers Report*. Positive

information received less attention. Although the credibility of the sources on which opponents based their arguments was challenged by some at York and CMCC, in the absence of a concerted effort on the part of any at York who might have been supportive of chiropractic to defend its practices, the lobbying of a small group of scientists was sufficient to convince the Faculty of Pure and Applied Science that chiropractic should be opposed.

Despite the disapproval in Science, Senate approved in principle an affiliation between the two institutions. In discussions that followed in the Atkinson Faculty of Liberal and Professional Studies, however, issues similar to those put forward by the small group of scientists continued to have an impact on both committee members who drafted the first Atkinson reports and in discussions in the Committee on Policy and Planning. After the release of the second report, that recommended affiliation with CMCC, the gang of four was active again in lobbying Atkinson faculty members to vote against affiliation. During these and other attempts to convince others of their opinions, the group relied heavily on the beliefs of certain allopaths regarding the stature and efficacy of chiropractic. As a result, it can be concluded that medical sovereignty, the belief that allopaths are experts in all matters relating to health, had an important role in preventing an affiliation between York and CMCC.

Mutual-growth merger theory postulates that mergers in higher education are most likely to be successful if they begin with rigorous self-examination, focus on matters like overall merger preparedness, and involve the solicitation of the views of members of the community. Perhaps scientists at York would argue that the self-examination explicit in this proposition was not undertaken before steps were taken that they viewed as attempts to impose affiliation on York. Certainly they thought that their views had not been sought in the planning stage. Given medical sovereignty, however, it is possible that had they been consulted in the manner that they wanted, opposition to the affiliation would have developed earlier than it did. As a result, it is possible that had the steps included in mutual-growth merger theory been followed, the outcome of negotiations on affiliation would have been no different. This said, had surveys of the faculty been conducted early in the process it at least would have been possible to assess the depth of support for and against an affiliation with CMCC. As it was, for the remainder of

the negotiations, assessments of the degree of support or opposition were based on anecdotal evidence, and the outcomes of votes in various forums.

While in some universities in the United States it is possible for the executive to introduce a new program, this option is not available at York. Given this fact, and an appreciation of the events that developed at York, it could be that a bottom-up process is the only possible way that affiliation could have occurred. By starting with research collaborations internal sentiment may gradually have developed within the institution for the establishment of a program in chiropractic.

In conclusion, medical sovereignty did play an important role in the failure of the attempted affiliation between York University and CMCC. It is possible, however, that even if steps consistent with mutual-growth merger theory had been implemented, affiliation efforts would have failed. This said, it is only fair to point out that it is easy to second-guess past decisions.

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