

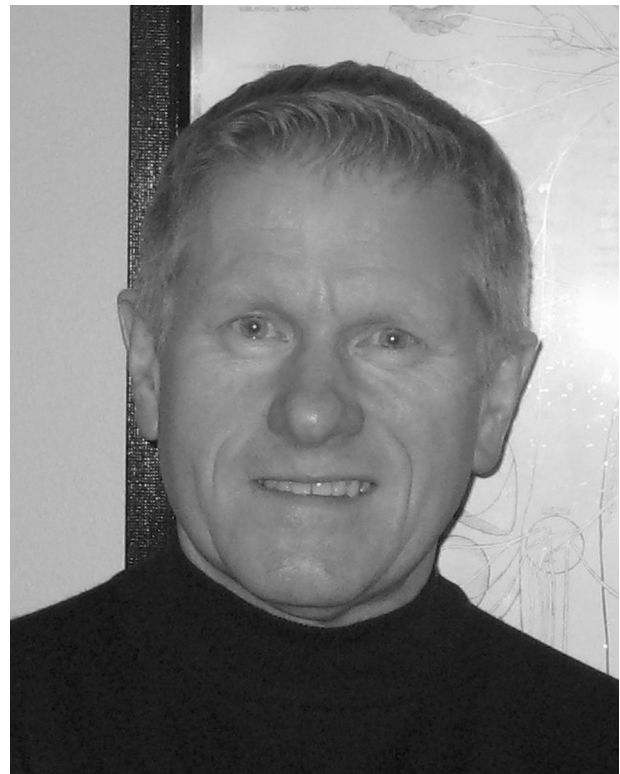
## Belief systems as the foundation for our professional evolution

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“If you believe you can or believe that you can’t ... you’re right.”

In this one sentence, Henry Ford essentially summed up the most fundamental element in any success strategy. It does not matter how big or small aspirations are. Without the appropriate belief system in place, complete with effective grounding pillars of reference, chances for fulfillment of any dream or goal are seriously imperiled.

There is plenty of historical evidence to support this with countless cases of worlds being changed and fortunes won and lost based upon the strength of a belief. This holds true not just in the evolution of the individual, but also for any business or undertaking; in this case, the chiropractic profession.

Everyone reading this article is acutely aware of the pummeling that chiropractic has taken over the past ten

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years. The profession has been scrutinized, questioned and criticized over everything from efficacy and safety, to billing practices and beyond. It would be easy and convenient to blame these circumstances on medical bias, sensationalism by the press, or just bad luck. The reality is that in large part, we are the architects of our own ill fortunes, because of the failure of our overarching belief system.

To understand this more fully let's investigate what a "belief" actually is? Webster's defines it as: "The conviction of the truth of some statement or the reality of some being or phenomenon when based on the examination of evidence." The key to this definition is in the three words "conviction," "truth" and "evidence."

In short, we are dealing with certainty of thought. The one unassailable truth from this is; the strength of the beliefs that we espouse create our reality. Essentially success and growth in all areas of life are a reflection of the belief systems that we have taken on throughout our personal evolution. They can be familial, cultural, societal, educational or experiential. We all have them, and they serve as the guideposts directing much of our life's evolution over time. Just as core beliefs define us as individuals, and can often serve as a predictor of personal growth or success, the same holds true for the evolution of a profession. Our successes and failures can essentially be boiled down to how effective and supported our conceptual systems about chiropractic are.

Of equal importance is how they compare to the beliefs held about us by others, both competitors and stakeholders. We have all heard the saying: "If it walks like a duck, talks like a duck and acts like a duck, it must be a duck." Where turmoil arises, is when views about the "duck" conflict. In other words, when our belief about who and what we are conflicts with what others see as the truth; confusion ensues, credibility is challenged and growth stalls. We assert that in our case this disconnect is indeed present and appears to be central to our recent ill fortunes. The disparity between "our" beliefs and "their" beliefs created a conundrum and with it a sense of chaos affecting the players, stakeholders and most importantly consumers.

Just as the beliefs of others fundamentally impact our reality, perverse internal attitudes can be even more damaging. One of the greatest factors in the failure of the chiropractic profession to reach its full potential is the crippling notion that chiropractic is inferior and less rel-

evant than other professions invested with the privilege to use the title "Doctor."

When you cut through the bravado, and posturing to the contrary, there is still a cancerous rancor that epitomizes a "poor boy" mentality. This engenders a feeling among providers of lacking when measured against the established "medical" model. This core and often unconscious assumption among DC's and their staff is a foundational flaw that seems to keep perpetuating itself from one generation of chiropractors to the next and finds its roots in our unique metamorphosis as a profession.

During our thirty plus years in practice, we have had opportunity to observe a very profound evolutionary process in some aspects of chiropractic but sadly not in others. Chronologically our development can be broken down into three distinct periods of "then, now and when," with the success and or failure within each, being a reflection of how well our belief systems served us.

1. ***Then ... Life on the Fringe*** – This period of time, from our inception in 1895 up to the inclusion of chiropractic services as part of government sponsored health care plans in the early 1970's, marks the first era from a belief standpoint in the evolution of the profession. Also, this represents our most powerful and passionate period philosophically.

During this first 80 plus years, there was little true scientific exploration into the core precepts of how chiropractic worked or its true effects upon health and wellbeing. Whether a practitioner was a "straight or a mixer," the only essential justification for the profession's efficacy lay in a strong, almost metaphysical, philosophy or belief. This belief can be boiled down to the following tenet: "Health is essentially a reflection of an optimally functioning nervous system and that the innate intelligence which empowers all life can be influenced through the correction of blockages in spinal function (subluxation) by the adjustment."

A simple and convenient rallying point which when combined with positive clinical outcomes and strong user satisfaction created an almost irrefutable assumption among chiropractors of the time, that: "It works, so it must be right."

The latter part of this era was also a time of almost passive toleration by allopathic medicine. In essence, the chiropractic profession, due to the relatively modest

number of practitioners and small consumer utilization, was essentially deemed unworthy of much attention or critical investigation. There was also no concerted effort or systematized approach in the medical system, at that time, to treat patients with musculoskeletal complaints. In reality, there was little or no competition to the chiropractic profession in this arena.

Physiotherapy had not yet developed sufficiently outside of hospital settings to offer any threat to the ownership of manipulation. As well, massage therapy, naturopathy and acupuncture were unregulated or essentially unknown entities to the masses. Coincided this with the failure of consumers to press for scientific accountability and it remained easy to hold to a relatively simple, but unsubstantiated belief system of: “above-down-inside-out.” As there was no public demand for pragmatic justification of our scope, the same inertia held true within the profession. There was little pressure to harmonize modes of practice or adopt unified standards to define what a chiropractor is or does. In spite of this, all appeared well as we moved towards the new millennium. Then abruptly, fortunes started to change.

2. **Now ... *The Day the Rubber Hit the Road*** – During the latter 1970’s, 80’s and early 90’s, the chiropractic profession experienced a period of unparalleled growth. For the average practitioner, earnings rose dramatically as the numbers of consumers seeking out chiropractic care steadily grew. While public acceptance rose, enrollment in chiropractic colleges exploded, and the profession was viewed as one of the most promising growth sectors in health care. The numbers of new providers entering practice shot through the roof. Then with one incident on February 6th, 1998 in the province of Saskatchewan it all changed. Laurie Jean Mathiason suffered a fatal stroke that was temporally associated with a chiropractic manipulation. This event was the catalyst that burst the bubble of much of our accumulated success.

Imperceptibly at first, then with gaining momentum, attitudes towards the chiropractic profession changed. Our cache with other health care providers as well as the public started to fragment. Hard questions about efficacy as well as scientific substantiation and safety were now being asked. Due to the prevailing belief up to that point that “it just works,” there was a real pau-

city of evidence available to effectively formulate answers to these questions.

When the Lana Dale Lewis case broke in late 1999 (another allegation of death relating to a stroke from cervical manipulation) the public’s love affair with the chiropractic profession soured even further.

The former tolerance and quiet interdisciplinary collaboration with other health care providers started to dissipate. The previous forbearance quickly turned to distrust and panic driven disillusionment or even condemnation. The fear of the unknown subsequently served to fuel those forces in government less supportive of the chiropractic profession’s inclusion in universal health care. When the dust settled from these very public events, two provinces that enjoyed at least partial government funding, British Columbia and Ontario, found themselves on the outside looking in at the publicly funded health care system. A case can be made for the assumption that the downward spiral triggered by the Mathiason and Lewis Inquests was an unfortunate layering of unrelated circumstances. On the other hand, if you drill down deeper, a strong case can be made that the same belief system that brought the profession its prosperity in the latter decades of the 20th century, also served to sew the seeds of our current undoing. **In short, the demands for accountability levied by an evolving health care system grew beyond the sustainable limits of our defining philosophy.**

The chiropractic profession’s inability to effectively defuse the stroke issue (in essence the safety of chiropractic manipulation) and have it examined in the proper perspective is the symptom of a greater deficiency. The lethal weakness therein is the fundamental shortcomings of a belief system that failed to keep pace with the expanding demands for justification and relevance placed upon modern health care professions. **The chiropractic profession was found somewhat hamstrung by an unsustainable paradigm.** The underpinnings of our belief system could no longer withstand the pressure of external scrutiny. Consumer confidence wavered and the profession stalled.

The assertion of: “It works so it must be right” combined with the naïve simplicity of the “above down inside-out” philosophical tenet that served to create the defining framework for the early stages of chiropractic practice just didn’t work anymore. Ultimately

this unsubstantiated philosophy was found lacking when placed under critical examination by those on the outside looking in. Like the toppling of dominos, the chain of unfortunate and often unjustified falls continued.

Aside from the aforementioned philosophical box that the profession was trapped in, most chiropractors had the untenable belief that their treatment could do no harm. For this reason, professionally, the stroke issue was initially sloughed off by the average practitioner as absurd sensationalism. As incomplete science and public perception further linked the temporal association of posterior brainstem strokes with causation relating to chiropractic manipulation, many practitioners panicked. They were confronted with a “monster” that shook their belief system: “Could chiropractic treatment actually hurt someone?” Rather than pragmatically evaluating circumstances, they also succumbed to panic and became uncertain.

In their failure to embrace the science that demonstrated the efficacy of neck manipulation, many practitioners began to shy away from cervical adjusting. This demonstrable uncertainty among practitioners created further confusion in the public about the stroke hysteria. (You adjusted my neck yesterday, but today you are just using ultra-sound and massage ... was the adjustment wrong?)

Although a strong scientific case was made to defend the use of cervical manipulation by the chiropractic profession, the battle was, for the most part, already lost at street level. The crippling blow was not the stroke issue, but rather the failure of the “belief system” to dispel the initial accusation of culpability in the public’s perception that cervical manipulation causes strokes. Quite simply, our collective equity with the public was not sufficient to outweigh the fear associated with the procedure and the already existing skepticism about the profession. Although the association of strokes with cervical manipulation by chiropractors (ranging from 1/5.8million to 1/500,000 treatment encounters) made the likelihood of incidence statistically insignificant when viewed against many accepted medical procedures, panic and sensationalism overcame reason. Even the publication of the latest epidemiological evidence, in 2008 by Cassidy et al, that calls into question any causal link between cervical manipulation and vert-

ebrobasilar strokes has not eased the tension about the safety of chiropractic care.<sup>1</sup>

The Mathiason and Lewis Inquests opened the flood gates of public scrutiny exposing other formerly ignored inconsistencies and shortcomings that lay inside the chiropractic profession. For years, lack of scientific justification was excused by positive clinical outcome and our collective inferiority complex was masked by our congenial attitude and mastery of the doctor-patient relationship. This is no longer enough. We believe that to hold our present course without serious introspection for purposes of change will only subject the chiropractic profession to ever increasing challenge and controversy.

The public has placed us under a microscope and they will not let us off the hook until we regain their confidence. For the chiropractic profession to move forward and rebuild, there is no option but to evolve. This must occur now, in order to avoid further marginalization that would lead to our eventual redundancy as a provider of health services.

These are the facts but as gloomy as they appear, still, the greater truth is, chiropractic does work, is relevant and is cost effective. As well, much of our defining core belief system and philosophy are in many ways just as in tune with needs today as they were at their inception. Regardless, the world has changed and history has proven ideology cannot stand alone. So, where do we go next?

3. ***Then ... The Day After The Night Before*** – It is always easy to look back because thankfully there is little error with hindsight. The question is not what happened, but rather how to proceed?

The blows associated with the issues of stroke, safety and efficacy have served to shake us from our complacency. Professionally, economically, inter-professionally, politically and educationally, every facet of our professional make up has been impacted and continues to be affected. Do we have to change? No, survival is not mandatory. We believe that chiropractic seems ready for a change.

The salient and logical rallying point is: ***What is the winning strategy that regains public confidence?*** The formula for answering this requires addressing several other fundamental questions that will assist the profession in finding its way. We believe the following to be

the two non-negotiable points upon which there must ultimately be consensus in order for us to move forward with effectiveness.

- a) What evidence and research best positions and supports us as the logical authority in the assessment and treatment of “neuro-musculo-skeletal dysfunction and its potential impact on health?” (Survival is contingent upon achieving authority status in key areas of scope)
- b) How do we re-tool philosophy so it can serve as a more empowering rallying point to inspire confidence and passion at the grassroots level of our profession? In short, how can we create a belief system that is congruent among providers, consumers and allied professionals? Moreover a belief system that makes sense in view of current evidence and research and that will resonate with the public.

In order to succinctly arrive at answers to the above two defining points, we must realistically deal with the following deeper foundational questions:

1. What is it that we as chiropractors do that nobody else does?
2. Are these services of current and future value to health care consumers (some will be, some will not)?
3. How can we make it/them better?
4. How can we establish dominion over this so as to be accepted as the unchallenged authority?
5. What are the unique characteristics that define a chiropractor?
6. Are these particular unique traits empowering?
7. Do they enhance our credibility?
8. How do we make the key empowering traits stronger?
9. What are our current markets?

10. What are the logical areas for market expansion?
11. What research must be done to justify chiropractic as the authority in these areas?

Essentially, addressing these core areas of inquiry requires nothing more than logical processing and consensus. Answer these and the Rubicon will have been crossed.

By effectively satisfying the first four of the above questions, we will have taken a giant leap towards standardizing what this profession represents for both providers and consumers. It also reveals where we can logically stake claims of authority and therefore ownership.

Questions five through eight look directly at our belief systems and pragmatically strips away the trappings of pretense down to core governing principles that empower and bolster our self-image. As well it reveals how we are ultimately measured against our competitors and are viewed by our stakeholders.

Questions nine to eleven cannot really be effectively addressed without satisfying the first two, but these most importantly represent the promise of a future and serves as the roadmap where hope, relevance, growth and prosperity can comfortably venture.

At the end of the day, we are all motivated by the same needs for security, appreciation, purposeful and satisfying labors and a sense that what we are doing is actually making a difference. This paper is a challenge to those who govern our profession to band together today for the common good of the chiropractic profession to create a magnificent future for our profession!

## References

- 1 Risk of Vertebrobasilar Stroke and Chiropractic Care Results of a Population Based Case – Control and Case Crossover Study, Cassidy et al SPINE Volume 33, Number 4S, 2008.