

The politics of chiropractic research

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The number of chiropractors involved in full time research in Canada is very limited and the infrastructure and financial resources for conducting clinical chiropractic research is insufficient.¹

The current deficiency is not only a reflection of the down turn in the economy but a devaluation of the profession in terms of the delisting of provincial government

funding, few opportunities for inter-professional collaboration, the absence of university affiliation and no new growth in public utilization.

Chiropractors have been excluded or marginalized by mainstream health care through the lack of a cohesive role identity, regulatory restrictions and limited spheres of competence. There are significant barriers to professional interaction and access to patient files, referral networks and diagnostic tests.

On the other hand, increased consumer demand for health care services has encouraged more insurers and hospitals to incorporate Complementary and Alternative Medicine (CAM) providers into their plans.² This change in institutional behaviour may increase chiropractic utilization and opportunities for collaborative research. The CAM modalities that seem to be the most recommended are the ones that appear regularly in the popular media and suggest that increased media exposure may influence policy makers choices.³

Many may not agree with the label but the mainstream health care system considers chiropractic under the umbrella of CAM and all Canadian provincial chiropractic associations agreed at the 2009 Chiropractic Leadership Summit, to strive for “mainstream” status. This approach seems timely and appropriate given a recent U.S. National survey of rheumatologists that revealed: “the historical antagonism between CAM practitioners and mainstream rheumatology physicians seems weakened.”⁴

This may be considered a breakthrough because we know that when clinicians have entrenched views that are either in favour or opposed to a specific therapeutic approach, it is extremely difficult for new evidence to alter their preconceived ideas.^{5,6}

The underlying cause of these opinions point to a

major credibility and communication problem in inter-professional relationships with Doctors of Chiropractic. The lack of any direct, formalized referral relationship between primary care physicians and chiropractors may contribute to some very serious negative implications for health care efficiency, quality, continuity of care and safety in the delivery of patient-centered care.^{7,8}

On the positive side, the past decade has witnessed encouraging momentum and increased research capacity in key clinical areas of interaction between chiropractic and the health sciences. The Canadian Institutes of Health Research (CIHR) is the major federal agency responsible for funding health research in Canada. It was established by Act of Parliament in April 2000. It replaced the Medical Research Council of Canada. The 2011 budget is just over one billion dollars.⁹

The Board of Directors of the Ontario Chiropractic Association (OCA) approved a research policy that is aligned with its strategic plan to prioritize support of chiropractic research chairs/professorships in Canadian Universities particularly if that research includes the evaluation of the value of chiropractic services to patients, payers and other stakeholders. The OCA's current description of the chiropractic paradigm of health is visualized as full integration into the primary health care system characterized by positive inter-professional relations, free of rivalry. The goal is ensure that chiropractic will be accepted as mainstream and an integral part of the health care system.

The OCA is credited with negotiating a fund for chiropractic research with the Ontario Ministry of Health and Long Term Care. Dr. Greg Kawchuk became our first University-based chiropractic researcher and has gone on to be awarded with a Canada Research Chair in spinal function at the University of Alberta in Edmonton.

Over the past decade the OCA has carefully managed the MOHLTC funds and leveraged the proceeds of the funds to maximize returns on interest and matching funds with other funding agencies; most notably, the Canadian Chiropractic Research Foundation (CCRF).

This mutually beneficial relationship has served as a successful template for matching funding with government and chiropractic associations in other jurisdictions as we now have nearly a dozen research chair/professorships in place across the country.

But what has been the impact of the research effort on the chiropractic profession in Canada to date?

- Is chiropractic research translating into clinical practice?
- Have Canadian chiropractors applied their knowledge and skills?
- Have they provided evidence of practical and clinical effectiveness?
- Are the research approaches addressing the strengths, weaknesses, gaps and opportunities in chiropractic clinical practice and basic science?
- Is there a more skilled cadre of researchers?
- Are they managing projects better over time?

Metrics to measure success could include:

- Comparisons between numbers of external grants and fellowships applied for and awarded, as sole or co-applicant
- Publication records
- Awards
- Training engagement levels and employability
- Translational endeavours that enhance or increase the public understanding of the research

Research funding agencies are forever trying to balance two opposing forces: scientist's desire to be left alone to do their research and society's demand to see a return on its investment.

But who is ultimately responsible for supporting and promoting our chiropractic research endeavour? The historical reluctance of the scientific community to actively engage in self-advocacy is attributable to a range of explanations that often include the following:

- I don't have time
- I am a scientist not a communications person
- I am not allowed to advocate, that's lobbying
- No one will listen to me
- My professional society does the advocacy for me
- There is no career track incentive for this

Leaving advocacy for research funding and recognition to someone else is a short-sighted strategy and ends up leaving the funding for a researchers work in someone else's hands.^{10,11} There is ample opportunity for researchers and clinicians alike to get more politically active in knowledge translation and dissemination of the recent

advances in chiropractic evidence through advocacy and a consistent grassroots political presence. Chiropractic research remains a key priority because it informs the care we provide to our patients, informs health policy decisions and demonstrates the value of chiropractic care to our stakeholders, including other health care providers.

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