

Why Canadian chiropractors need to support an increased research role



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In the September 2011 edition of this journal, two commentaries outlined reasons for the development of a strong research arm to the profession in Canada.^{1,2} This commentary will further this argument by referring to the development of professions in general and two major health professions in Canada, physicians and nurses, in particular. The commentary concludes with a discus-

sion of the relevance of recent activities by the Canadian Chiropractic Research Foundation.

As Eliot Friedson noted in his classic study of professions, certain occupations are elevated to a special status in the minds of the public through the development of certain distinct characteristics: exclusive claim to control over a core body of knowledge; occupational monopoly; control over entry into the marketplace, and service orientation.³ This commentary will focus on the relevance of a number of these characteristics to the development of medical doctors, nurses and chiropractors in Canada.

While medicine is now considered the most well established profession in health care and historically was viewed as one of three learned professions, its rise to power in the health field occurred only through the emergence of Friedson's characteristics. During the 18th Century, medicine was little more than a loose collection of practitioners of various "medical" arts (barber-surgeons, barber-apothecaries, self-taught healers and surgeons) with little cohesion among the various practitioners. Education was provided through a variety of sources: guild academies, apprenticeships, proprietary schools and universities.

Jumping across the pond to Canada, barber-surgeons and barber apothecaries were the first of these groups to seek government support for establishing professional credentials. By the end of the 18th Century, these occupational groups had been relegated to second class status by the more highly trained British surgeons. By 1818, the first government-sponsored licensing board was appointed in Upper Canada (now Ontario). Efforts to achieve self-regulation met with continuing opposition (1845, 1849, 1859 and 1860) because of skepticism about medical science. In Ontario, homeopaths and eclectics were actually

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given the right to self-regulate before medical doctors. In Quebec, a college was established to ward off self-taught Thomasonian herbalists, homeopaths and eclectics.

More formalized medical education began to emerge as early as the 1820s and was well entrenched by the early 20th Century with medical schools at McGill, Toronto, Laval, Queen's, Western, Dalhousie and Manitoba. Provincial medical associations had also proliferated by this time.

All of this occurred at the expense of other occupational groups. Midwives were officially barred from practice in 1865. Homeopaths declined in numbers. Osteopaths were eventually assigned second class status through the Drugless Practitioners Act in 1925. Chiropractic training was judged inadequate by a royal commission in 1917.⁴

The net result of all of this was the creation of a state-sanctioned, self-regulating, standardized system of credentialing for medical doctors leading to an occupational monopoly over medical services and control over entry into the medical marketplace. Through the centralization of the education process, the profession was able to establish an exclusive claim to control over a core body of knowledge that became central to the modern understanding of health care in Canada. This core body of knowledge and the preferences of organized medicine continue to dominate contemporary thinking about health care.

While less dramatic than the story of physicians, the rise of the nursing profession in Canada is equally instructive. Nursing in Canada originated from several sources. Originally, male nurses were part of the 17th Century French military presence in Acadia. By the 18th Century, several orders of nuns (Ursuline and Grey) had been established in Lower Canada.

From these early beginnings nursing was cast in the role of supportive caring. In some respects, this is attributable to the predominance of women in this occupational group and the larger social role attached to the gender. With the rise of the medical profession in the late 19th Century, nursing was relegated to a supportive role for physicians. As care moved from community to institutional settings and the traditional role of midwives diminished, nurses were assigned many menial tasks related to patient care. Training occurred in hospital (as opposed to classroom) settings under the supervision of physicians. Emphasis was placed on the values of obedient commitment in a supportive role to physicians. The goal of this training

was to produce a cheap, subservient, readily available work force armed with basic knowledge of hospital and sanitary procedures.

Established in 1908, the Canadian National Association of Trained Nurses, the precursor to the Canadian Nursing Association, lobbied to have nursing incorporated into the state-funded education system. The first university-based, nursing degree program was established at the University of British Columbia in 1919, but the previous philosophical focus on occupational subservience persisted. While other university- and college-based programs followed, the overall quality of nursing education continued to be criticized. A report prepared for the Royal Commission on Health Services during the 1960s characterized nursing education as "haphazard, outdated, educationally unsound, and inadequate for the needs of nurses or the health-care system."⁵

It would not be until the 1980s and beyond that nursing education would become standardized through community college diplomas programs and university baccalaureate programs. In addition, graduate level training began to emerge and proliferate. An important part of the transformation in nursing education was a shift from the traditional philosophy and training associated with subservience to an increasing focus on "credentialing, specialization, nursing research and medical technology."⁶

More recently, "nursing research" as a distinctive body of knowledge has been further legitimated through the creation of a designated envelope of funding through the Canadian Health Services Research Foundation, a federal government mandated and financially supported organization. These funds are specifically designated to support the research of university-based nurses.⁷

The above discussion of the development of doctors and nurses as professions in Canada is relevant for the current discussion of developing a stronger research base for chiropractors. Like both doctors and nurses, chiropractors in Canada have acquired self-regulatory status through provincial regulatory Colleges. However, as Biggs observed, unlike either medicine or nursing, chiropractic has been most hampered in gaining full recognition as a profession because of its "restricted knowledge base" and lack of scientific verification. Nor, historically, has chiropractic made significant strides in elevating its education process in Canada through establishing university-based education.⁸ Recent research has continued to identify

both a lack of scientific verification and university affiliation as self-reinforcing barriers to enhancing the professional status and societal legitimacy of chiropractors in Canada.^{9,10,11}

One final observation from the above discussion, relates to the internal division within nursing between proponents of hospital-based and university-based education. Even the move to college and university-based training has not altered the underlying division within the profession between service-oriented versus a broader knowledge-oriented form of training. The majority of nurses still receive their first degree through more service-oriented college diplomas. Continuing divisions within Canadian chiropractic about the nature and content of training and the scope of practice of chiropractic need to be resolved so that other health professions and political decision makers have a clear understanding of the profession. While good progress has been made in recent years, there is still work to be done.

The bottom line remains that until there is a significant critical mass of university-based, chiropractic researchers, establishing what is viewed more broadly as a clear scientific basis to further legitimate chiropractic in Canada will remain elusive. This is key for two important reasons. First, opposition from the medical profession continues to focus on a perception that the practice of chiropractic is not based on legitimate scientific knowledge.⁹ Second, governments are concerned about public safety and cost and are thus interested in scientific research demonstrating both the efficacy and the cost effectiveness of chiropractic treatments.¹⁰ Without this, pressuring governments to provide funding for university-based training in Canada, which in turn will lend greater public legitimacy to the profession, will likely be difficult to achieve.

Viewed in this larger context, the recent activities of the Canadian Chiropractic Association and the Canadian Chiropractic Research Foundation to a) obtain funding for the establishment of a national network of academically-based chiropractic researchers and b) to support the creation of academic positions for chiropractors at Canadian universities are important steps towards enhancing the status of the profession. Both of these strategies represent more of a gradual approach to advancing the status of the profession. While perhaps a longer term endeavor, in light of past failed attempts to establish university-based programs, this approach may ultimately yield better results.

The recent upsurge in new university-based, academic positions for chiropractors funded through state-supported, scientific research funding agencies such as the Canadian Institutes for Health Research bodes well for the future of chiropractic in Canada. The Canadian Chiropractic Association and the Canadian Chiropractic Research Foundation have made significant progress in capitalizing on these emerging opportunities. There are currently 15 Canadian university-based chiropractors with PhDs and another 15 in the academic training pipeline. A number of these new and emerging chiropractic researchers are supported through a combination of Foundation and CIHR funding.¹² Finally, through CIHR funding, a national research network has been established including 27 chiropractic and non-chiropractic researchers. If these trends continue, Canadian chiropractors will be able to inform their clinical practice with increasingly rigorous research. They will also be able to add a legitimating knowledge base to their collective political arsenal.

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