

The Specter of Dogma

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Mesdames et messieurs, étudiants and professeurs, je vous remercie pour l'opportunité à vous parler aujourd'hui, cette journée de la recherche à CMCC. C'est vraiment un plaisir.

The first day of our new millennium marked the start of my eighteenth year in the chiropractic profession. I'm not a chiropractor, but I'd hope that you'd grant me status as an "inside outsider." I'm very honored to be asked to speak once again at Research Day at Canadian Memorial Chiropractic College (CMCC), and I say to you with all sincerity that this noble institution ranks among the top two or three leaders in the science and scholarship of chiropractic. That is not bravado, just a plain, simple truth. It was true 20 years ago, when there was little research in chiropractic, and is even more solidly true today. I know this not only because I have the honor of writing CMCC's history, but also because I have spent so much of my professional career in chiropractic, and have watched with admiration as the intelligentsia at this school has racked up a formidable tally in the scholarly journals. The CMCC is way out in front of the profession in North America.

But I want to take these few minutes this morning to give you a somewhat painful "heads up." Despite the heart-warming progress that we have made in the past 20 years, including the formation of the College of Chiropractic Sciences here at the CMCC back in the early 1970s, the birth of the *JMPT* in 1978 and the evolution of the *Journal of the Canadian Chiropractic Association (JCCA)* into a scholarly periodical, despite success in the United States in acquiring federal funds for chiropractic research and success here in Ontario in acquiring provincial support for chiropractic studies, despite the great promise that graduates of CMCC's residencies hold for the profession, and notwithstanding the initiative shown in creating standards of care, as exemplified by the Glenzerin Conference here in Canada and the Mercy Conference in the United States, despite all of these genuinely progressive steps, the chiro-

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practic profession here in North America may be slipping backwards. I perceive that we are at risk of returning to the antiscientific and dogmatic traditions that we have worked so hard to shake off during the past several decades.

This apparently unrecognized reversion to the uncritical and unskeptical tendencies of early day chiropractic has everything to do with politics and economics and nothing to do with science. For more than a century chiropractors have fended off the efforts of organized, political medicine to “contain and eliminate” this profession. In the process, deep rifts have formed among chiropractors. I’m not speaking here merely of the well-known division between “straights” and “mixers,” but more importantly about the chasm between those who would see chiropractic progress as a scientific healing art and those who are committed to old-time biotheology and “phoooolosophy.” Today, chiropractors are hungry, one might even say desperate, for unity. It is this deeply felt yearning for unity, I believe, which places the scientific integrity of the profession at risk. We are at risk of accepting dogma and pseudoscience and ambiguous platitudes in order to come together.

Webster’s dictionary defines dogma as “a basic doctrinal point in religion or philosophy.” The adjectival form, “dogmatic,” is defined as “asserting views as if they were facts, especially in an arrogant way.” Relatedly, Webster suggests that “dogmatism” means “the assertion of opinion as though it were fact.” I would add that dogma is the bane of chiropractic or of any healing discipline, for it stifles scientific and intellectual progress. And if you’ll permit me an analogy, I suggest that dogma is to chiropractic scientific and intellectual development what government regulation and taxation are to economic growth and development. Dogma:

- inhibits the creation of new hypotheses (testable propositions)
- inhibits the free flow and exchange of ideas
- diminishes intellectual capacity and dumb-downs the entire profession (“thrust first and ask questions later”)

There are three principal dogmas in traditional chiropractic literature. There are many others, but here are the **BIG THREE**, to the best of my knowledge:

- chiropractic works (e.g., adjusting reduces subluxation which increases health and decreases disease manifesta-

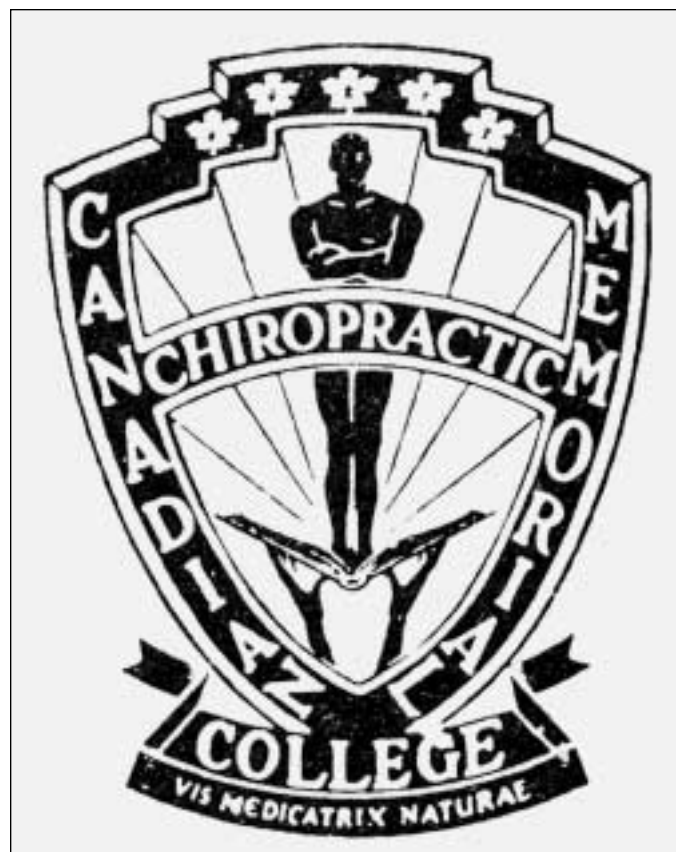


Figure 1 Logo of the CMCC.

tions, no doubt about it, no questions asked)

- subluxation is the cause of all or some significant portion of disease (straight from the Palmers)
- Innate Intelligence (or weaker forms of vitalism) is responsible for healing (and the corollary, that removing subluxation allows Innate Intelligence to do Her thing)

My time with you is limited this morning, so I’m only going to deal with the second of these propositions, that is, the notion that subluxation is a meaningful factor in health and illness. Subluxation, or more precisely the vertebral subluxation complex (VSC) since we don’t want to confuse the VSC with the centuries old allopathic concept¹ of the “subluxation simplex,” may or may not be a clinically important construct. Given the current state of our science, we simply do not know.² To the best of my knowledge, no one has ever conducted a controlled clinical trial in which well-defined indicators of the supposed VSC and indica-

tors of health outcome have simultaneously been monitored before, during and after adjustment, and compared to a group of patients who did not receive adjustments. Duh! The mere fact that such trials *could* be conducted makes it clear that the VSC is legitimate as a potentially testable scientific proposition. But we haven't done our homework; at this point in time we don't know if the VSC is real or imaginary, clinically useful or bankrupt. We have good scientific data to suggest that spinal manipulation is helpful for low back pain patients, but whether this beneficial effect has anything to do with the VSC is currently unknown.

And that's my point: the VSC is a *hypothetical* construct, not a proven theory, not a validated construct. It's perfectly appropriate in science to offer hypotheticals, so long we offer them tentatively, so long as we make it clear that these are conjectures. Heck, that's what experimenta-

tion is all about! We test what we're unsure of in order to improve the care rendered to patients.

Unfortunately, the political leadership today (and I include the chiropractic college presidents in this group) is dogmatically asserting the meaningfulness of subluxation (VSC). In the United States the American Chiropractic Association (ACA) and the International Chiropractors' Association (ICA) have strenuously lobbied and petitioned the Congress to make the detection and correction of subluxation the exclusive prerogative of the chiropractor, at least for the purpose of reimbursement under Medicare. The ACA and ICA are determined to hang the profession's hat on a scientifically unvalidated, hypothetical construct. To the extent that they are successful, they will then have a vested interest in NOT conducting research into subluxation. Having placed all their eggs in the VSC basket, they could not afford to find out (via

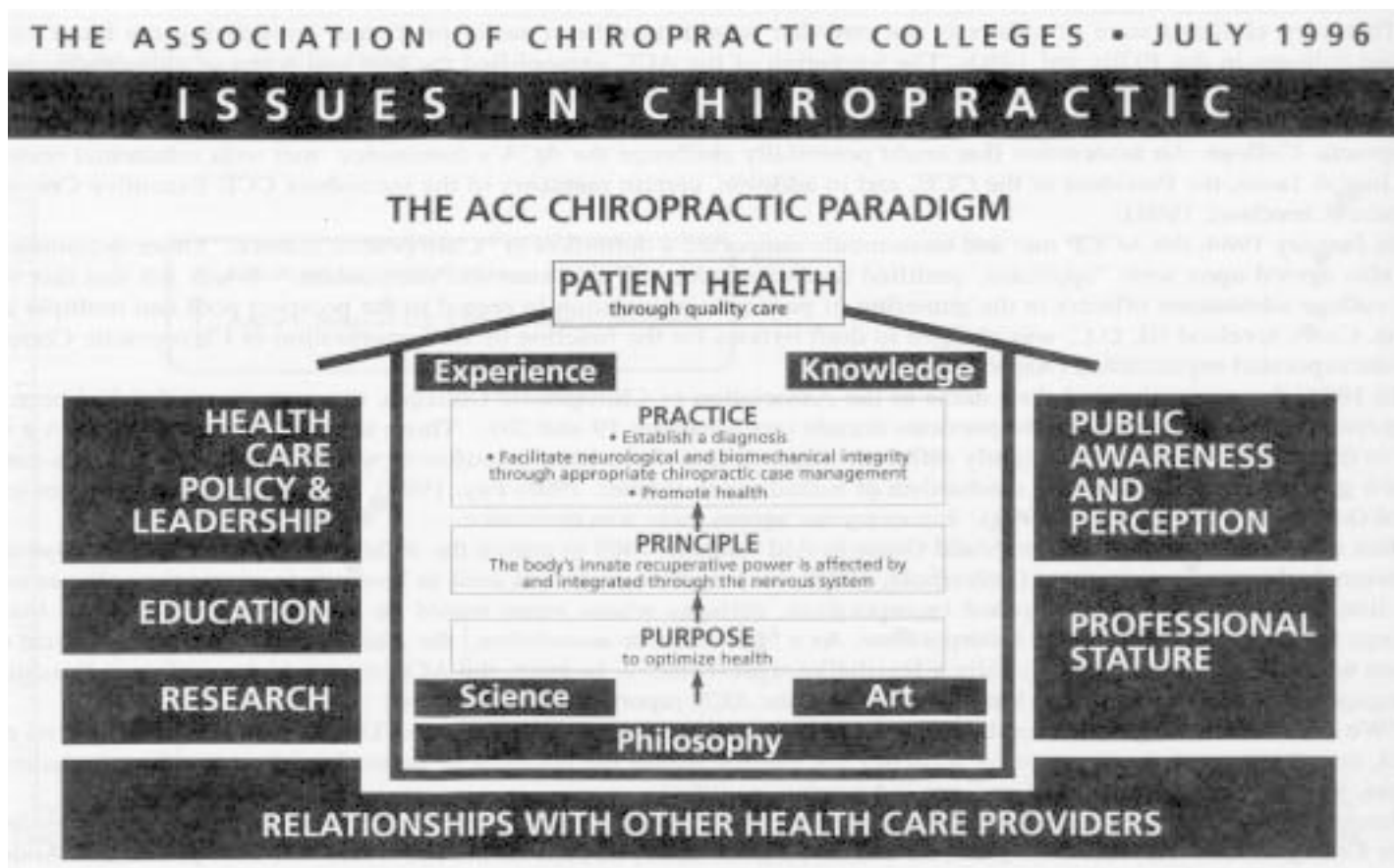


Figure 2 Image associated with the ACC Paradigm.



Dr. A. Earl Homewood

research) that subluxation is not a meaningful health care phenomenon. I regret to note a similar commitment to the unsubstantiated subluxation by the president of the Canadian Chiropractic Research Foundation (formerly CFSR).³ Dr. Peterson seems to believe that the problem with “subluxation” is semantic rather than scientific;⁴ it is not.⁵

Even more seriously, in 1996 the presidents of at least a dozen chiropractic schools in North America, organized as the Association of Chiropractic Colleges (ACC), issued what is known as the “ACC Paradigm.” I want to read to you that portion of the ACC Paradigm which deals with the VSC:

Chiropractic is concerned with the preservation and restoration of health, and focuses particular attention on the subluxation.

A subluxation is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health.

A subluxation is evaluated, diagnosed, and managed through the use of chiropractic procedures based on the best available rational and empirical evidence.⁶

Does anyone hear anything tentative in this assertion? Does the ACC Paradigm offer subluxation as a hypothetical construct, or as a bonafide clinical entity? And what does “the best available rational and empirical evidence” actually tell us about the VSC? Unfortunately, very little. I repeat my interpretation of the current scientific literature: there is inadequate experimental evidence to support or refute the meaningfulness of the VSC, at this time. We haven’t done our homework: we don’t know whether the VSC is very important, or trivial, or wholly imaginary. We just don’t know.

The ACC’s dogmatic assertions about subluxation might have been ignored; certainly, the scientific community within the chiropractic profession have ignored them. Unfortunately, the political element within chiropractic is now attempting to rally the profession around the ACC Paradigm. The ICA has urged the World Federation of Chiropractic (WFC) to adopt the ACC Paradigm.⁷ Relatedly, at a recent conference on philosophy in chiropractic education in Fort Lauderdale (sponsored by the ACC and WFC), leaders of the chiropractic colleges and professional associations from around the world met in an attempt to create consensus about what chiropractic students should learn about so-called “chiropractic philosophy.” A great many, if not a majority, of speakers and participants seemed to be delighted at the prospect of accepting the ACC Paradigm as a profession-wide platform. In the passion of that moment and with a burning desire to create harmony, consensus and fellowship, warm fuzzies were the order of the day. The fundamental role of skepticism in philosophy and science was almost totally ignored. I watched in amazement as traditional antagonists embraced one another, bathed in the glow of vaguely defined terms, the prospect of intra-professional harmony and the dogma inherent in the ACC Paradigm. As you might have guessed already, there were very few members of chiropractic’s legitimate scientific community in attendance.

Well, let’s all hope that I’m just a paranoid schizophrenic, and that the fears I’ve expressed to you today are unjustified. However, these apprehensions are not mine alone, and are shared by several dedicated chiropractic professionals, as evidenced in the commentaries and letters column of the *JCCA* this past year (Y2K). Let us hope that the great strides made by the chiropractic scientific community during the past quarter century will not be

overwhelmed and undone by the scientific naiveté of the leaders and their passion for unity. Unity is not a silver bullet which will end all the profession's problems. There are, I'm afraid, very good reasons for chiropractors to disagree, and the specter of dogma in our midst cannot and should not be ignored.

I'd like to leave you with a few choice quotations, one from a chiro-basher and the other from a pioneering Canadian chiropractor, one of the three or four men most responsible for the Bayview campus we sit in today:

For every complex problem there is a solution which is simple, direct, and wrong.

– H.L. Mencken

No profession can be better or stronger than its educational institutions.

– A. Earl Homewood, D.C., N.D., LL.B.,
President, CMCC

I close now, with an apology to those folks in whom I may have created subluxations above the foramen magnum. I hope you will know that these remarks have come as much from the heart as from the head, and that I remain committed to a first-class science and art of chiropractic. Thank you for your patience and attention, and now, on with the show!

Acknowledgments

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Canadian Chiropractic Research Foundation

The vision of the CCRF is to promote research into studies relative to the practice of chiropractic and to assist in the development of chiropractic researchers and the establishment of sustainable quality chiropractic institutional research programs. Integrative health research will be focused on improving both health and quality of life of Canadians that empowers Canadians to be partners in their health.