

To the Editor:

Drs. Oswald and Pooley are to be congratulated for writing a prescient and important paper in the latest issue of the JCCA (Oswald CA, Pooley DL.) Current and future health care trends and their impact upon chiropractic. *J Canadian Chiropr Assoc* 1996;40: 141-144). The issues they raise get at the heart of the future for the chiropractic profession, and it will require a great effort of will for our profession to even begin to address them coherently.

I am perhaps most troubled by something I long believed to be true; that the growth of the chiropractic profession is hampered by our failure to present a fixed identity to the public. Let me please set up a 'straw man' situation, a worst-case scenario if you will. It is possible for a public health care consumer, suffering from a given problem such as lumbar disc disease, to visit six chiropractors in a single town and receive six separate and differing diagnoses of their problem with six separate methods for treatment offered. That this can happen is not so much a measure of chiropractic diversity; it is rather a measure of our failure to develop profession-wide standards of practice. The public, not understanding our myriad approaches to care, is left thoroughly confused by this apparent lack of consistency in chiropractic care.

I suspect that this problem is more widespread in the United States. Canada has only two chiropractic colleges, one of which is quite new, and most of its practicing chiropractors graduated from a single institution. That institution has uniformly high educational standards. While the United States may also offer quality chiropractic education in its colleges, there are many more of them and their curricula may differ substantially in the stress they place upon components of chiropractic care. This is not-

withstanding the efforts of the Council on Chiropractic Education to standardize the educational process. We then must also take into account the efforts of entrepreneurial chiropractors to offer their own approach to chiropractic care. As a result, many recent graduates from chiropractic colleges never use the techniques they were taught within their college, opting instead for those offered by an outside lecturer. All this combines to confuse the consumer.

A second point raised by Oswald and Pooley is that research and technological developments continue apace. We see upheaval in the manner in which health care is delivered and in the procedures medicine uses for managing human health. We within this profession have begun to address the former problem but have failed to do so for the latter.

We do not have mechanisms in place that can help us to disseminate new information effectively; thus, new findings are rarely easily adopted within this profession. We jump on and off bandwagons before we have any data, and when that finally arrives we pay no attention to it. Witness thermography, surface EMG, inclinometry, diagnostic ultrasound.

Ultimately, it is scientific data that will drive the future of this profession. Evidence-based care is here to stay and chiropractic world-wide must find a way to take this in hand and begin to place the practice of chiropractic on a more rigorous evidence-based foundation. No amount of PR will make us mainstream in the absence of good evidence for what we do.

Drs. Oswald and Pooleys' paper is essential reading.

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