

Re: Professional Graduate Studies in Chiropractic

To the editor: Indeed I do agree with Dr. Coulter that "a graduate centre would be a venture into the unknown for chiropractic." The question that remains in my mind, however, is why would the profession wish to undertake this endeavor before university affiliation? In my mind, to do so before affiliation is fraught with pitfalls, a few of them serious.

First, I feel that money and facilities are very important restrictions. Granted, there are still a number of research projects that can be done on a limited budget basis. When these topics have been researched adequately, then more complex means of investigation will have to be employed. Where will the money come from for the electron microscopes, C.A.T. scans and the newer magnetic resonance imaging? When even public funded hospitals are finding difficulty in funding two million dollar C.A.T. scans, how will we obtain \$16 million dollars for a state of the art magnetic resonance imager without public funding? Granted, chiropractors have been generous in donations to their colleges, but I feel that there is a limit to the financial burden that the profession can be expected to bear. At present, tuition at C.M.C.C. is higher than any other post graduate school in Ontario. To raise tuition even further would create an elitist student body where only the rich could afford to attend chiropractic college. I feel that it is unrealistic to assume that corporations can be relied on to support, by large amounts of money, an undertaking whose immediate return for them, may be minimal. And lastly, I do not feel that the government, either federally or provincially, will provide support for a permanent post-graduate chiropractic school when no such mechanism exists at present for the main education to be funded. Thus, we are faced with the same situation that both optometry and dentistry faced before they ceased to be private schools and joined the publically funded universities; that is join and receive financial remuneration or fall further and further behind with the threat of extinction. Also, without university affiliation, there would be a great duplication of facilities and equipment needed, without any possibilities of using existing equipment at hospitals and universities.

Secondly, there is the question of manpower. Without ready access to a larger pool of diversified personnel, such a centre would stagnate from close minded view points and ideas. For example, you cannot know how a lumbar problem would be viewed by a biophysist, or a mechanical engineer if you do not have ready access to these people and their ideas. Also along these lines of manpower are the practitioners that you hope to attract. What will be so different and enticing that will compel practitioners to leave full-time practices for more knowledge. Dr. Coulter has stated that the primary function of the programmes are not research. If that is so, there exists at present, diplomate courses in roentgenology and clinical science for those who wish to have more knowledge and recognition in the profession.

Thirdly, and lastly, I would like to address the problem of the individual success of the graduate chiropractor. This seems to

be a topic that the profession does not wish to address. I personally feel that there is a great void in the present chiropractic education with regards to diagnosis, treatment, patient management and office management, which if addressed on a pre-graduate level, would achieve much in stabilizing the profession. When you are only as strong as your weakest members, and there is a 20% failure rate for new chiropractors, where is your strength?

In the fifteen years that I have been involved in chiropractic, there has been much talk about university affiliation. I would like to ask Dr. Coulter what is being done to achieve this goal, and why aren't we there?

Colleen Patrick DC / Ontario

Re: Professional Graduate Studies in Chiropractic in reply

To the editor: Thank you for the opportunity to respond to the letter of Dr. Colleen Patrick. It is a difficult letter to respond to simply because it is based on a set of assumptions totally at odds with those in my article and it seems to imply much that is not attributable to what I wrote. I will try to deal with some of the issues.

There is a widespread myth amongst the profession that we should wait for university affiliation and then have the university build and fund a graduate centre. My article makes clear this is not a viable, or safe, option. No university in Ontario can promise us a graduate programme because these are outside their control and under a province-wide board. Over the past few years the Province has severely restricted the establishment of any new graduate programmes. Further, as I noted, disciplines such as nursing have been in the universities for a considerable period and still have no graduate programmes. If CMCC has no graduate programme prior to affiliation it is unlikely to have one for some considerable time after. Nor would it have a very strong argument for one since it could be pointed out we have managed without one until now without any adverse affect on the public.

How Dr. Patrick makes the logical jump from the professional graduate programmes I propose to a centre requiring C.A.T. scans, electron microscopes, magnetic resonance imaging, is somewhat beyond my comprehension. I tried to show that we would create a modest centre that would not duplicate university research graduate degrees. I tried to show we have the intellectual and personnel resources to do so, that our residency programmes have proven we can do so, and that such programmes would enrich the profession. We have also proven we can get access to the elaborate facilities of the universities through joint research and cross appointments.

With regard to corporate or government funding, we do not know if either is available and we will not until we ask. To ask we require a viable project. We already know that our undergraduate programme is not a viable project.

Dr. Patrick also assumes an extremely pessimistic position

with regard to manpower. For her information, CMCC experiences no difficulty at present gaining access to other disciplines and, in fact, cannot take advantage of all the opportunities that are offered to us. In Alberta the Provincial Association has had the opportunity of placing a chiropractor in one of the top biomechanical labs in Canada. CMCC, unfortunately, has been unable to recruit any chiropractor to go and, in fact, they have had to recruit in the U.S. We already have access to a pool of diversified personnel (as our faculty list clearly demonstrates). Will chiropractors take the programmes? At the moment the residencies are a full two year programme but my proposal envisages field programmes as well (as we now have with sports science) and a wider option beyond clinical science and roentgenology. Perhaps Dr. Patrick's pessimistic view of chiropractors and their commitment to advancing their knowledge is more correct than mine but I hope, for the sake of the profession, it is not.

Dr. Patrick asked me what has been done about university

affiliation. I have reported extensively in our Newsletter, at our Annual Meeting, at the CCA meetings, at the Provincial meetings and at Society meetings on this topic. But with regard to the 15 years of Dr. Patrick's involvement I can make no comment. Perhaps she could inform us of what she has done in that period to advance the cause. What I have done is part of the public record. She is, perhaps, better placed than I am to answer why we are not there since the profession was pursuing this option for some 35 years prior to me joining CMCC.

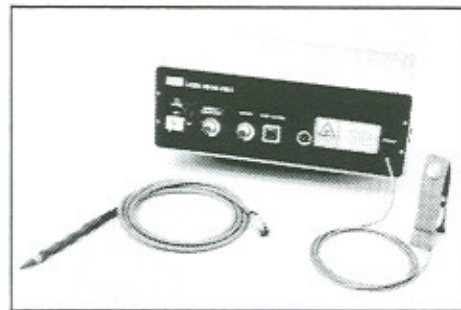
Further, what if we never get university affiliation? Is chiropractic education to simply stagnate? Palmer College obviously does not think so and have now proposed two Master's programmes. Are we to assume that only the Americans have the courage and the commitment to push ahead. I think we should follow the old adage, hope for the best, plan for the worst.

Ian D Coulter / President CMCC

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