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Person-centred care in chiropractic: a foundational but evolving commitment in contemporary practice

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Background: Person-centred care (PCC) is widely recognized as a cornerstone of high-quality healthcare, linked to improved outcomes and stronger therapeutic relationships. Its core principles of respect, empowerment, and responsiveness to individual needs, are closely aligned with core elements of the chiropractic approach. Yet, translating PCC into consistent practice remains a challenge.

Discussion: This commentary explores the value and complexity of PCC in chiropractic, examining barriers such as time constraints, training gaps, patient expectations, and inadequate systemic supports.

Les soins axés sur la personne en chiropratique: un engagement fondamental, mais en constante évolution dans la pratique contemporaine

Contexte: Les soins axés sur la personne (SAP) sont largement reconnus comme étant une pierre angulaire des soins de santé de haute qualité, en lien avec de meilleurs résultats et des relations thérapeutiques plus solides. Ses principes fondamentaux de respect, d'autonomisation et de réactivité aux besoins individuels sont en étroite harmonie avec les principaux éléments de l'approche chiropratique. Cependant, traduire les SAP en pratique cohérente demeure un défi.

Discussion: Ce commentaire examine la valeur et la complexité des SAP en chiropratique, en examinant les obstacles comme les contraintes de temps, les lacunes en matière de formation, les attentes des patients et les mesures de soutien systémiques inadéquates.

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Conclusion: This paper argues that while chiropractic is well-positioned to embrace PCC, doing so requires a shift from viewing PCC as an inherent feature of the profession to embracing it as an intentional, ethical, and relational commitment. Strategies for advancing PCC are discussed across clinician, patient, and organizational levels to support its consistent and equitable implementation.

***Author's Note:** This paper is one of seven in a series exploring contemporary perspectives on the application of the evidence-based framework in chiropractic care. The Evidence Based Chiropractic Care (EBCC) initiative aims to support chiropractors in their delivery of optimal patient-centred care. We encourage readers to review all papers in the series.*

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KEY WORDS: chiropractic, evidence-based practice, patient-centred (centered) care, person-centred (centered) care, patient preference, shared decision-making

Conclusion: Ce document soutient que bien que la chiropratique soit bien placée pour adopter les SAP, cela nécessite un changement de perspective, passant de la considération des SAP comme étant une caractéristique inhérente à la profession à son adoption en tant qu'engagement intentionnel, éthique et relationnel. Nous discutons des stratégies pour faire progresser les SAP dans l'ensemble des niveaux cliniques, des patients et organisationnels afin de soutenir leur mise en œuvre cohérente et équitable.

***Note de l'auteur:** Ce document fait partie d'une série de sept documents examinant les perspectives contemporaines sur la mise en œuvre du cadre fondé sur des données probantes pour les soins chiropratiques. L'initiative de soins chiropratiques fondés sur des données probantes (SCFDP) vise à soutenir les chiropraticiens dans la prestation de soins optimaux axés sur le patient. Nous encourageons les lecteurs à consulter tous les articles de la série.*

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MOTS CLÉS : chiropratique, pratique fondée sur des données, soins axés sur le patient, soins axés sur la personne, préférence du patient, prise de décision commune

Introduction

Person-centred Care (PCC) is widely endorsed as a cornerstone of high-quality healthcare.[1] Yet, translating this ideal into consistent clinical practice remains a challenge across professions.[1] This commentary critically examines the current state of PCC in chiropractic, a field with traditional elements that align with person-centred principles. Aimed at chiropractors, educators, regulators, and researchers, this paper explores how PCC is being implemented, where gaps persist, and what strategies can strengthen its delivery in contemporary practice. In doing so, it invites the chiropractic profession to reflect not only on its identity but on its responsibility to deliver relational, equitable, and evidence-informed care.

PCC is a model of care that respects and responds to individual preferences, needs, and values.[2–4] Chiropractic care has historically emphasized a person-centred approach, grounded in hands-on treatment, holistic orientation, and individualized care.[5] Indeed, this has been communicated through standards of practice, as the College of Chiropractors of Ontario note that chiropractors are required to provide PCC within the chiropractic scope of practice, focusing on each patient's unique motivations and treatment goals.[6,7] This regulatory emphasis reflects broader principles including respect, communication, empowerment, and relational trust, which are foundational to individualized chiropractic care[8–10] and aligned with modern definitions of PCC.[2,4]

PCC is associated with improved patient outcomes, higher clinician satisfaction, stronger therapeutic relationships, and more efficient resource use.[11–15] Within the broader framework of evidence-based practice (EBP),

Haynes *et al*. emphasize that high-quality care rests on the integration of best research evidence, clinical expertise, ***patient preferences and actions***, and clinical context.[16] Although each pillar of EBP has been individually well explored in the literature, the actual interaction of patient preferences and actions with clinical expertise and research evidence remains comparatively underexplored, particularly in chiropractic. By emphasizing PCC, this paper advances that discussion and highlights its importance for achieving more balanced and integrated evidence-based practice. This positions PCC as a foundational component of clinical decision-making.[17,18]

Given these benefits and conceptual alignment, chiropractic appears well-suited, and has strong reasoning, to embrace PCC. However, as this paper explores, the routine implementation of PCC in chiropractic care is complicated by real-world constraints, inconsistencies in training and expectations, and broader systemic challenges.[8,19] Moreover, as the health systems literature increasingly recognizes, PCC is not just about adopting better communication or adding new tools.[20] Rather, it requires a fundamental reorientation of how we understand clinical authority, patient agency, and evidence itself.[1,20]

This commentary aims to: 1) affirm the profession's strengths and values in relation to PCC; 2) critically examine the persistent barriers to its full realization; and 3) propose strategies at the level of the clinician, patient, and organization to advance PCC as both an ethical imperative and a professional standard. Through this lens, the paper encourages the chiropractic profession to move beyond symbolic alignment with PCC and toward its consistent, measurable, and equitable implementation across all settings.

Discussion

Why PCC matters

Chiropractors operate within a therapeutic model that naturally lends itself to PCC. Patients managing chronic conditions or seeking alternatives to pharmacological interventions often report a strong therapeutic bond with their chiropractors, built on empathy, time, and trust.[8,9,21,22] Research has identified core elements of chiropractic encounters, such as trust, communication, and active listening, as central to patient satisfaction and adherence.[21,22] In interdisciplinary settings, patients receiving chiropractic services alongside medical care rated the quality of care more highly, particularly in terms of information provided, treatment recommendations, and provider concern – reporting greater satisfaction, perceived improvement, and quality of life compared to medical care alone.[23] Chiropractic patients also report higher scores on self-management support and shared decision-making compared to those in conventional settings.[24] This indicates a clinical culture that prioritizes partnership and co-creation of care.

While these findings highlight clear benefits, much of the chiropractic evidence on PCC relates to outcomes such as perceived satisfaction, trust, and improvement rather than endpoints like pain or disability.[21-24] This gap does not diminish the ethical or relational importance of PCC, but underscores the need for research that evaluates its effect on the outcomes that brought patients to seek care in the first place.

Importantly, the impact of PCC is not just in outcomes, but in process. As Ivanova *et al*. suggest within chiropractic care, patients' sense of being understood and respected is itself a therapeutic mechanism, fostering trust, reducing tension, and enhancing engagement.[25] Whether through goal-setting in various patient contexts or the ability to raise psychosocial concerns in clinical practice, the therapeutic alliance enables chiropractors to address physical, emotional, and contextual dimensions of health. [26,27] Accordingly, PCC becomes not a "nice-to-have" feature but a defining element of effective care.

Nevertheless, research points to inconsistencies in care provision. A pilot study found that while chiropractors and patients shared good rapport, many clinical interactions lacked structured follow-up or goal-setting.[22] Another study found chiropractic students were rated highly for empathy and active listening, but less so for adapting care to patient circumstances.[28] These gaps suggest that while PCC is often present in spirit, it may not be consistently embedded in the habits, systems, and training structures of practice.

Barriers to PCC in chiropractic

If PCC aligns so well with chiropractic approaches, why is its implementation uneven? The answer lies not in professional resistance, but in the real-world frictions of practice that shape all healthcare: time, systems, training, and power.

Time and workload pressures

Time constraints are repeatedly identified as a key barrier to PCC, for both clinicians and patients.[8,10,19,27,29] It takes time to build trust, explain diagnoses, explore values and concerns, and co-develop plans.[22,25,30] In fee-for-service models or multidisciplinary settings, these efforts can feel unsustainable. One study documented significant variation in consultation time among sports chiropractors, even with the same patients, highlighting inconsistencies in how space for PCC is created.[26]

Training and communication gaps

Effective communication between healthcare professionals and patients is often assumed rather than taught. Studies show that chiropractic students demonstrate empathetic intent but struggle with complex shared decision-making and adapting care to diverse contexts.[28,31] Practicing chiropractors similarly report limited training in communication, trauma-informed care, or culturally safe practice, which involves creating an environment where patients feel their cultural identity is respected.[19] High-performing health systems adept at delivering both EBP and PCC have both structured training and interdisciplinary communication, facilitating the clinical skills needed to balance evidence-based recommendations with individual patient preferences.[17] Without intentional development of these skills, PCC risks being interpreted as bedside manner rather than a rigorous clinical competency.

Patient expectations and roles

Not all patients want to engage in shared decision-making. Some patients expect directive care; others are wary of voicing disagreement.[8,9,32–34] In chiropractic, this can create tension when patients expect manual therapies but receive exercise prescription, lifestyle counselling, or behavioural interventions.[8,9] Tensions can also emerge when patient preferences conflict with evidence and recommended care.[17,35] For example, patients are often more willing than clinicians to accept potential side effects in exchange for desired health outcomes, highlighting a potential disconnect between clinical decisions and patient values.[36] Clinicians must bridge these gaps, honouring patient expectations while gently introducing new models of partnership.

Systemic and structural limitations

Perhaps most importantly, chiropractors operate without many of the supports that enable PCC elsewhere, such as hospitals. These include decision aids, interdisciplinary rounds, communication tools, or structures that reward reflective and individualized care.[17,19] Structural enablers such as culturally appropriate resources, funding for longer visits, or outcome measures that reward relationship-building are often missing.[19] Expecting clinicians to deliver PCC without system-level support not only undermines its feasibility, but also risks burnout and moral distress.[17,19,37]

Beyond technique: reimagining PCC as a relational and ethical practice

To truly advance PCC in chiropractic, the profession must move beyond a focus on technique to embrace PCC as an epistemological and ethical commitment.[1,38,39] PCC is not just about how care is delivered, but whose knowledge counts, whose voice leads, and how decisions are made.

Relational ethics literature emphasizes that ethical decisions and care arise in the context of the relationship between patient and provider and urges us to see care as co-created in the interaction, not delivered by a provider to a passive recipient.[38,39] This demands humility, reflexivity, and an openness to difference. It requires acknowledging the limitations of professional knowledge, and actively inviting lived experience, cultural identity, and social context into the clinical dialogue.

There is strong reasoning for chiropractic to adopt PCC as a central direction for the profession, which would then drive change in education and practice. Chiropractors' model of care already emphasizes elements of PCC, such as touch, time, and trust. But to remain relevant and responsible, the profession must ensure these assets are used in the service of shared power, not professional authority.

The way forward: strategies for advancing person-centred chiropractic care

Clinicians: cultivating relational and reflective practice

PCC begins with how chiropractors present themselves in the clinical encounter. Active listening, clear explanations, curiosity, empathy, and explicit invitations to

co-design care are small but powerful components that can build an effective therapeutic alliance.[8,9,21,22,30,40–44] Reflective practice, encompassing critical self-awareness and continuous learning, helps clinicians develop the capacity to notice and respond to power imbalances, and avoid assumptions and blind spots that undermine PCC.[19,45,46] Mentorship, particularly for early-career chiropractors, also plays a vital role in supporting the development of these capacities and modelling person-centred behaviours in practice.[19,40] Cultural humility, understood as an ongoing commitment to self-reflection, openness, and lifelong learning about patients' diverse values and experiences, must also be part of routine training, not treated as an optional extra. Chiropractors would benefit from culturally appropriate resources in delivering PCC,[19] and studies show clinician respect for cultural influences can enhance communication, collaboration, and care quality.[47,48]

PCC also requires recognizing that relational care is *efficient* care. When clinicians and patients connect meaningfully, they reduce misunderstandings, improve patient confidence in the treatment, avoid unnecessary treatments, and co-create plans that patients are more likely to follow.[26,27,41] Even in time-limited settings, PCC can be implemented efficiently through intentional communication and shared decision-making. As clinicians build relational and reflective skills, PCC becomes a natural part of care that reduces delays, enhances outcomes, and ultimately saves time.

Patients: supporting confidence, voice, and participation

While clinicians must invite collaboration, patients need support to participate. Clinicians have a role and a responsibility to help patients engage in collaborative decision-making, both by encouraging confidence building and offering tools to support advancing the patient's competency in engaging in patient-partnered practice.[49] Educational materials, visual decision aids, and plain-language explanations empower patients to engage in their care and enhance PCC.[24,25,27,45,50,51] Clinicians should normalize disagreement, validate lived experience, and challenge hierarchies that silence patient voices through fearing judgement or assuming their input will not be valued.[33] This includes challenging assumptions that clinician expertise always outweighs lived experience, or that asking questions are disruptive, so that patients feel safe to speak openly and participate as equal partners in their care.[45,52] An open, curious approach fosters meaningful dialogue and helps ensure care is developed with patients, not for them.[25,45]

This is especially important for patients with lower health literacy, linguistic barriers, or cultural distrust of medical systems.[37,47] PCC requires not just clinical competence but relational justice: care that actively removes barriers to full participation.[38,39,47]

Organizations: embedding PCC into systems and culture

Sustainable PCC depends on systems that value and reward it. Clinics and professional bodies, such as associations and regulators, shape the culture that enables and strengthens PCC through clear expectations and strong leadership.[17,19,40,53] Embedding these constructs into chiropractic systems through strategic initiatives, leadership, training, and incentives, organizations can shape the profession's norms and capacities with PCC.[42,48,54–56]

System design structured through follow-ups, interdisciplinary coordination, and standardized communication provides a foundation to make PCC a lived experience.[30] Clinics can integrate PCC competencies into mentorship and through cultures of reflective practice such as holding regular clinical rounds.[17,19,57] Institutions can offer continuing education on PCC concepts such as shared decision-making and cultural safety to bridge PCC skills with EBP.[19,56] Intake forms, care plans, and outcome tools should be used that reflect psychosocial as well as physical domains, consistent with a biopsychosocial and person-centred approach.[19]

At the professional level, associations should embed PCC in accreditation, promote research on patient experience, and provide clinicians with evidence-based PCC tools.[19,54] For example, available in this series of papers is a clinical decision tool that supports person-centred, evidence-based decision-making in circumstances where high-quality research evidence is limited.[58] Educational institutions must ensure PCC is not siloed into communication skills modules, but woven throughout clinical reasoning and ethics.[19,31] Implementation in clinical settings is strengthened when institutional structures, such as clinician release time, interprofessional education, and collaborative infrastructure, are aligned to reinforce and enable person-centred, team-based care.[23]

Conclusion

Reaffirming a core identity

PCC is a defining feature of evidence-based chiropractic care. It enhances patient and clinician outcomes, while reflecting the profession's foundational values. PCC is not simply an interpersonal dynamic. It is a justice-oriented, evidence-informed and relational process. Practicing PCC consistently requires more than intent, it demands action. Chiropractors must engage patients as partners, organizations must invest in supportive systems, and patients must be empowered to participate fully in care. Barriers like time, training, and infrastructure are real, but solutions exist in leadership, education, practical tools, and reflective practice.

By embracing PCC not only as a method, but as a mindset and ethic, the chiropractic profession can ensure its care remains deeply human, scientifically sound, collaborative and socially accountable. Future research should also evaluate the influence of PCC not only on relational and experiential outcomes, but clinical outcomes such as pain and function.

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