

Letter to the Editor

To the Editor:

We refer to the paper by Harvey (1) and offer the following critique of the 'critique'.

First, we commend the journal for displaying the maturity and courage to publish a paper openly critical of the chiropractic profession and the CAA. This is a refreshing stance on the part of the journal given the peer-review process of other chiropractic publications where the peer-review process sometimes appears more akin to censorship than real scientific review. Despite, this, we worry that this has allowed author Harvey to present what appears to be essentially cut and paste from his own voluminous complaint activities to the Chiropractic Board of Australia (CBA) rather than add to the scientific debate in this space(2). The author and his fringe medical advocacy organisation *Friends of Science in Medicine* (FSM)(3) neatly demonstrate characteristic self-citation and aggrandizement (4) *vis*; lodge multiple complaints, complain that the complaints are not acted on, call for the CBA to be sacked while knowing that the CBA was not even the body responsible for dealing with those complaints and then cite the number of complaints as evidence the chiropractic profession is a risk to public health.

The paper itself however cannot go without critique as, apart from presenting no strong evidence to support his argument, the author engages in an exercise in cherry picking to support his own well-publicised views. He also displays an overt Anglo-centric bias toward evidence. For example; Harvey was selective in his PubMed search on Gutmann (a German medical practitioner). While he is correct, there are no hits for "Gutmann" AND "KISS" or "KISS SYNDROME", there are 3 entries on KISS syndrome by other authors on PubMed(5), plus textbooks authored by other German medical practitioners in addition to those by Bierderman(6, 7). Gutmann himself has 17 relevant entries on his field of medical manipulation, including for children. We cite 2 examples (8, 9). While Harvey is correct to point out there is robust medical difference of opinion on the syndrome, debate is by no means unique to this syndrome, in fact we remind Harvey that most if not all topics in health are the subject of vigorous debate and constant change and the reversal of established medical practice is common and occurs across all classes of medical practice(10). The debate in our profession just happens to include nomenclature of what we manage, whatever we choose to call it (11).

Harveys' concession that; "*The majority of chiropractors cited appear to be caring practitioners who genuinely believe that the interventions they promote are effective*", smacks of a superiority that belies his (and FSM's) real agenda. In seeking to portray chiropractors corporately as misguided if well-meaning, ill-educated fringe dwellers in a complementary medicine silo, he conveniently ignores the debate raging in health care generally concerning the adoption of evidence-based medicine (EBM)(12). He would also be aware of the recognition by no less than the current Federal health minister that only a tiny fraction of the 5769 items on the MBS had been assessed for effectiveness and safety, and "*inefficient and unsafe Medicare services...cost the nation dearly*"(13, 14). This cost is often in lives and morbidity, an iatrogenic toll that puts into perspective the melodramatic hand wringing and faux protestations of Harvey and FSM(15).

No, their concern is clearly not for the protection of the public from chiropractors, since the rate of complaints regarding unprofessional behaviour by chiropractors is low(16). Many consider Harvey's complaints to be, in the main vexatious and time wasting for a body that should be concerned with dealing with substantive matters of public harm. FSM through Dwyer and Harvey have stated explicitly that their real agenda is to limit the scope of chiropractors to exclude the management of children (2). In this they name and claim allies within the chiropractic profession. They write in support of a number of their chiropractic colleagues who have raised many of these issues over the past few year (2). These sentiments echo closely those of Chiropractic Australia (CA) and the Chiropractic and Osteopathic College of Australasia (COCA)(17-19). FSM further make clear their motivation includes economic impact on chiropractors(20). We are left to ponder why so far they have made little comment on claims made by osteopaths and physiotherapists in the same patient management space. Are chiropractors expected to withdraw from managing children while these other professions continue on using techniques and clinical knowledge developed by chiropractors?

Harvey bemoans the selective use of low-level studies by chiropractors; however, he seems quite unperturbed with the widespread continuation of similar practices in medicine itself in the face of strong evidence(21). It is simply not correct to state there is no scientific evidence to back up the supposed benefits of chiropractic care of children. He is aware that even "weak" evidence is not "absolutely no evidence"(2). There are well conducted RCT's that support chiropractic care for 'colic' infants (22, 23) and of course medical publication on the topic(24).

Harking back to reviews including flawed studies of no effect for example for colic in the face of promising controlled trials, whilst dismissing good studies that are favourable, Harvey completely ignores the convention in medicine regarding advice to patients where there is low or inconclusive favourable evidence(22, 25). We agree where evidence from research is rated as inconclusive (favourable, unclear) since clinicians cannot be confident of the effect of management, other effective alternatives should be recommended where available. However, for example in the case of colic (Harvey may not be aware since he is not a practising clinician), no other alternatives have been shown to be effective beyond dietary recommendations, reassurance and natural history(26), explicitly *not recommended* are medications. Chiropractors have no problem in adhering to these same clinical practice guidelines for colic, *even if they were to provide SMT*. By seeking to restrict the scope of practice for chiropractors to (high) evidence-only care(27), Harvey and his ilk are essentially imposing a yoke on chiropractors not required of any profession, especially not medicine itself(28). They would have the profession restricted in scope so the evidence could never be gathered. Such a situation a generation ago would have meant evidence could not have been gathered for chiropractic management of spinal pain, something taken for granted today, even by Harvey.

Harvey would do well to remember that clinical decision-making is made up of 'three pillars' in evidence-based practice(29, 30). Tonelli in conversation with Guyatt sensibly reminds us; "*clinicians need to incorporate knowledge from at least 5 distinct areas into each (medical) decision(12)*, far beyond just research evidence, everything 'starts and ends' with the patient(31, 32). This may well be lost on Harvey

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since he never interacts clinically with any of the 50,000 satisfied Australians who consult chiropractors every day of the week(33, 34).

We do agree however, chiropractors, in common with all other professions, should be circumspect in making claims and recommendations. Best available evidence means just that, best available but the same 'rules' must apply for all professions!

Sincerely,

PL Rome DC
AF Vincent DC
JD Waterhouse DC
MR McKibbin DC

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IN RESPONSE

I note that the standards of all registered professions are in the hands of their Boards, the Australian Health Practitioner Regulatory Authority (AHPRA) and the Health Council of the State and Territories Governments (COAG). There was a meeting of the latter on Oct 7, 2016. Their communique on 'Unsafe practices by registered chiropractors' noted, 'Health Ministers agreed to ask for information from the Chiropractors Board of Australia (CBA) and the Australian Health Practitioner Regulation Agency (AHPRA) on evidence of any treatments provided by chiropractors that are not appropriately within the chiropractic scope of practice and may be harmful to patients. The agencies were asked to advise on potential regulatory responses'. (1)

See also: <https://protect-us.mimecast.com/s/Jqvdb3ub7YJSM>

“Slater and Gordon medical law associate Lee Kimonides claims the alleged failures caused serious spinal damage that has affected her client’s lifestyle and ability to work. “He had a right to expect that the treatment that he received would improve his condition, not lead to major health complications,” she said. “Our firm regularly acts for patients who have been injured by chiropractors performing manipulations. In extreme cases, patients have suffered strokes and neurological damage. In our opinion, Mr Lucattini’s injury, like others we have seen, was avoidable.”

Ken Harvey, MB BS, FRCPA

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