



Keeping the Chiropractic Profession out of public health.

The world of “good people” shares an array of seemingly unchallenged, “let’s pretend paradigms”. Under close inspection, some paradigms prove to be at least invalid, at worst dangerously suspect.

In Australia’s real world of public health, there are many “let’s pretend paradigms”. Both alternative/complementary (A/C) health care providers and our patients justifiably mistrust the “good people” who subscribe to the following “let’s pretend paradigms”.

1. Global organised medicine is trustworthy.
2. To protect patient and public interest the “good people” in government uniquely restructured one illness industry into two marketplaces.
3. Government deals exclusively with Medicine to ensure the best outcomes, cost-effectiveness and, patient safety.
4. Australia’s governments are not sponsoring an epidemic of medical harm as distinct from the patient’s disorder.
5. Ministers and spokespersons for health know how many Australians die per year due to medical harm.
6. Australia’s “good media people” keep the public well informed by ensuring that the government truthfully reports on the full range of iatrogenic deaths.
7. The “good people” would ensure that the public know if harm arising from medical treatment as distinct from the patient’s disorder were to cause either an Australian epidemic or a worldwide pandemic.
8. By refusing to adequately fund non-medical modalities Medicare protects taxpayers’ funds
9. Government creates competitive equity by ensuring that all government policies and bodies in public health deal equitably with all registered professions.

1. Organised medicine is trustworthy.

Organised medicine has a history of global opposition to alternative/complementary (A/C) professions based upon the pretense of protecting patient and public interests.

Subluxation-related disorders are very common. The medical profession ignores the subluxations while profiting from treating the subluxation-related symptoms for as long as they continue.

Traditional chiropractors locate and correct the subluxations and the body’s innate intelligence removes the symptom.

Initially, all-inclusive medical monopoly Acts permitted the imprisonment of thousands of US chiropractors for practicing medicine without a license.

National medical associations boycotted members associating with chiropractors. US chiropractors challenged that conduct. The trial Wilk versus AMA in the US District Court proved the existence of a medical conspiracy to contain and then eliminate the chiropractic profession in the USA and elsewhere. That conspiracy has played out in Australia.

After that US trial, the WA state chiropractor’s association wrote to the then WA Minister for Health to warn that in chiropractic matters, a medical opinion is not necessarily trustworthy. Ignoring that is detrimental to chiropractic patients.

2. Competition within public health is ensured by Emasculating NCP, NCC, and ACCC.

The US Wilk trial exposed how a set of trade barriers create nationwide restraints that contain chiropractic. Sets of trade barriers bearing the common evil signature of the Iowa Plan contain chiropractic throughout Australia.

It is beyond coincidence that chance, ignorance, or innocent prejudice can generate such international uniformity in the trading advantaged position medicine has within public health care.

Decades ago, governments subdivided one illness industry into two marketplaces. The media has failed to question if that unique structure best serves patients and public interests.

- a) The public health marketplace is one exception to the ban on exclusive dealing with professions practicing under the medical umbrella.
- b) Government-imposed trade barriers serve to confine medicine's potential competitors to the private health marketplace.

National Competition Policy (NCP) legislation is supposed to be about ensuring competitive equity. The obvious trade barriers that deny medicine's potential competitors competitive equity financially privilege pharmacy-based medicine. Ensuring equity should be the joint responsibility of the National Competition Council (NCC) and the Australian Competition and Consumer Commission (ACCC). However, "good people" have made public health uniquely immune to national competition legislation.

The "good people" have denied competitive equity within public health by denying NCC and ACCC the legislative reach required to ensure equal treatment under the law. The "good people" in Australia's media never challenged whose interests are served, and whose interests are betrayed.

When conduct authorised by government legislation, falls outside the scope of the Trade Practices Act, neither NCC nor ACCC have actionable authority. WA's former Minister for Fair Trading, the then the Hon. Doug Shave, advised me that the trade barriers contributing toward the containment of chiropractic do not contravene the WA State Trade Practices Act. The "good people" in government have left much of public health outside of the scope of the Trade Practices Act.

Medicine's secure virtual monopoly over the provision of health services is so formidable that in most instances, chiropractors cannot compete for the delivery of health care services in the public health marketplace.

3. Government uniquely restructured the illness industry to protect the patient and public interest

Anti-competitive trade barriers created this unique structure in various countries, confirming the intention to contain chiropractic was premeditated. Containment may effectively

- a) delay or deny consumer access to chiropractic care,
- b) expose many patients to the inherent risks of inappropriate medical tests, diagnosis and treatment and
- c) contribute toward unnecessary suffering and expense.

The 1977 Webb Report noted; "the majority of chiropractic patients have attended a medical practitioner for the same specific symptoms they presented to the chiropractor. The majority of patients in those studies had discarded conventional medical therapy because of failure to obtain relief."

The 1977-8 Australian Health Survey looked at why people are moving away from conventional medicine to alternative practitioners. It stated, "The main reasons for changing, were dissatisfaction with conventional medicine and concern about drugs and their associated side effects."

No one knows the exact number of public patients who had subluxation-related disorders, who received some other medical diagnosis, who received treatment for that other disorder and, who had unsatisfactory outcomes. Over the last 50 years in Australia, some millions of patients may have migrated from medicine to chiropractic.

It is a dangerous deception to claim that this uniquely structured industry protects patient and public health.

4 **Altruism motivates the government to deal exclusively with medicine.**

Do MPs have an unselfish desire to put public and patient interest before political-financial advantage? Governments are an essential, active or passive party to confining public patient treatment to a most dangerous option.

During my last 5 decades in chiropractic, I have asked many MPs; “What motivates you to support a restraint of trade that effectively betrays public and patient interests?” Replies have included; ‘The AMA is a powerful lobby’, ‘Cost’, “Safety”. Referring to demolishing that anti-competitive structure, “It’s just not on”.

Both iatrogenesis and poor outcomes discredit the inference that altruism motivates exclusive dealing.

Over my decades, I have observed that among the chiropractic community, there is a widely held opinion that organised medicine buys both media and political allegiance.

Australia’s media has steadfastly ignored chiropractic’s containment, traditional chiropractic’s elimination, health care’s exclusive dealing, and the concealment of the iatrogenic true total of Australia’s annual iatrogenic death toll.

5. **Regarding the provision of traditionally non-medical treatment, Medicare confines reimbursement to providers who have formal qualifications in that non-medical modality.**

The Select Committee on Science Technology for the House of Lords prepared a Report for the U.K. government. The Report’s title is ‘Complementary and Alternative Medicine’. It recommends that in their undergraduate programs all medical students should be familiarized with CAM. However, if doctors want to practice spinal manipulation or acupuncture, or other forms of complementary or alternative medicine, “they should be trained to standards comparable to those set out for that particular therapy by the appropriate regulatory body”.

Not long after I began to practise in WA, during a discussion with the president of ACA (WA), Jim Tunney, he reflected on the outcome of his lobbying for a genuine registration Act and getting a uniquely flawed Act. Unlike other health care Acts, the chiropractic Act did not preclude unqualified persons from doing what chiropractors do. Recently the government opened that floodgate.

Medical Registration Acts are all-inclusive. They do not confine the medical registrant’s scope of practice to her/his areas of formal competence. They do not legally require that medical registrants who wish to practice alternative/complementary health care must first obtain an equivalent qualification. Medical Registration Boards cannot define which registrant has, or has not, got equivalent qualifications in a particular non-medical service.

Decades ago, in Federal Parliament, The Green’s Dee Margetts asked the then federal minister for health, Michael Woodridge how Medicare defines, or limits reimbursement to, medical providers of alternative/complementary services to only those who have equivalent qualifications. Dr Woodridge confirmed that Medicare could not do that.

What Australia needs is non-discriminatory legislation that favours patient interests by precluding providers who lack the accreditation to provide and to charge for a particular service. At the same time, the law should assure public patient Medicare funded access to those registered providers who are best qualified to provide that particular service.

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