

**SUBMISSION TO THE HEALTH  
DEPARTMENT of WA  
REGARDING THE COMPETITION  
REVIEW OF HEALTH PRACTITIONER  
LEGISLATION  
June 2003**

**Chiropractors are by their education and practice experience unique in being the only professionals sharing the signature role of specifically locating, analysing and correcting vertebral subluxations for the clear purpose of eliminating interference to the nervous system.**

**Humanity will be the loser if chiropractic is transformed to spinal manual therapy and a simple central truth of chiropractic disappears.**

**PRESENTED BY MICHAEL MCKIBBIN  
CHIROPRACTOR**

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## Introduction

When it comes to genuine competition, public health seems to have at least partial immunity from national competition legislation, and action by both ACCC and NCC.

The purpose of this submission is to draw attention to matters yet to be considered during the course of the Review of Health Practitioner Legislation. For example the Review is yet to note an event prominently engraved in the psyche of Australia's contained chiropractic profession.

A report on the trial in the US District Court, Wilk et al vrs AMA et al, revealed "for over twelve years and with the full knowledge and continued support of their executive officers, the AMA paid the salaries and expenses for a team of more than a dozen medical doctors, lawyers and support staff for the expressed purpose of conspiring (overtly and covertly) with others in medicine to first contain, and eventually, destroy the profession of chiropractic in the United States and elsewhere."<sup>i</sup>

Elsewhere, in Australia, this competition Review must identify and challenge the similar anticompetitive trade barriers that similarly contain chiropractic.

The prevention of harm. "Iatrogenic, medically induced disease is of epidemic proportions as we all pay the price for endless medical interference."<sup>ii</sup> As Australia's third leading cause of death and a major cause of permanent injury the *iatrogenic epidemic* happens mainly to public patients under government auspices. The Establishment and the Review are virtually silent about these incredible statistics.

The *iatrogenic epidemic* justifies removing legislative restrictions currently hindering the employment of suitably qualified alternative practitioners to provide less dangerous forms of care in public health.

Specific health practitioner legislation restricting the trade of exclusive health care professions. Being registered and licensed to practice signifies the registrant has the education and subsequent qualification/s required to, hopefully, safely and competently provide a particular service.

The health provider legislation for chiropractors and osteopaths neither gives exclusive entry to the public health marketplace nor entitlement for patients to be reimbursed by Medicare.

This Review is being conducted in a time when the altruistic motive for anti-chiropractic restraints of trade has lost currency. At the conclusion of a century of exile, the reviewers see benefit in what chiropractors and osteopaths do. Adequate risk was involved for the reviewers to consider that manipulation should be an exclusive core practice requiring the expertise of chiropractors or osteopaths.

With no prerequisite of an equivalent qualification, the reviewers suggest medical practitioners and physiotherapists be given blanket exclusion from that embargo. Registration and licensing gives these privileged provider's exclusive entry to the public health marketplace. It also serves as the criteria for entitlement to Medicare reimbursement.

Virtually the entire professions of practicing osteopaths and chiropractors, throughout Australia, are victim to denial of trading rights in Australia's major health care marketplace. Where appropriate, these two professions could, and should, be able to compete for trade with medical practitioners and physiotherapists. If a medical manipulator attracts a Medicare rebate, so too should a chiropractor.

The foregoing relates to the two trade barriers, 1) the access, and 2) the economic trade barriers. The Review shares an obligation to investigate if, when, and how, health provider legislation and licensure laws serve to deny competition.

As yet the Review has not addressed structure or function, the way business is done. Australia's Government practices exclusive dealing within the anticompetitive structure of the public health marketplace. That anticompetitive environment and way of business combine to deny thousands of traders of their right to compete with other registered and licensed health care professionals.

Health practitioner legislation serves as criteria of entry to public health where the provision of most personal health services are either carried out by, or under the direction of, a medical practitioner. Exclusive dealing limits public patient options as well as forcing the use of highly trained, expensive medical personnel when other non-medical practitioners may serve just as well.

What should the Review do if it is serious about ensuring safe, equitable competition?

Australia's public health system is no place for a two tier market structure, and trade barriers, that coincide with those exposed in the US restraint of trade trial (Wilk et al vs. AMA et al). Until that is removed, meaningful competition reform will not happen in public health care.

Any true competition reform of Australia's health care system must support an end to that government-imposed medical monopoly. It should be replaced with a trading environment that permits public patients to access a full array of registered and licensed health care providers.

Australia's laws should be used to allow citizens to access the most safe, effective and cost effective care.

I conclude with a personal aside about the integrity of powerful people supporting the misuse of health practitioner legislation. One of my student experiences involved persons who though practicing chiropractic, had been jailed for practicing medicine without a license. Some of my fellow students had parents who had served time. We students were addressed by chiropractors who had been imprisoned. Some of my fellow students graduated to go to places where they faced the risk of imprisonment.

During the last century and in various countries key Establishment members supported the persecution of chiropractors, the boycott of chiropractic, and decades of successfully containing chiropractic. Powerful people have been, and currently are, party to a great wrong.

I trust that the outcome of this Competition Review will complement its integrity.

Sincerely,

Michael McKibbin, Chiropractor  
May-2003

## OVERVIEW

A Rubicon decision of this Competition Review is to recommend that the government's exclusive dealing be replaced by registered and licensed health practitioners having equal liberty to give safe, effective and cost effective care to patients.

Does the government's exclusive dealing with the profession responsible for an iatrogenic epidemic protect or betray patient and public interest?

*Iatrogenesis*, is an epidemic of death and injury rate arising from medical treatment as distinct from the patient's disorder. Chiropractic, when compared to iatrogenesis, is very safe.

There is great contradiction in Government keeping chiropractic out of public health because of a need to protect patient and public interest from some danger while exclusively dealing with the most dangerous health care profession, in terms of harm arising from treatment.

Competitive equity among registered and licensed health practitioners may permit patients to choose to have care from the practitioner that they consider will provide safe, effective and cost effective care.

The submission is written in segments some parts are repeated, similar matters said in different ways, their importance warrants repetition.

This Competition Review is about legislation governing the trading rights of thousands of business men and women.

They trade in one industry uniquely subdivided into two marketplaces.

In the big public health marketplace medical traders have exclusive trading rights.

Thousands of non-medical traders are denied trading rights in that marketplace.

That structure gives medicine a virtual trading monopoly in public health.

Taxpayer funds protect medical interests against competition and reward medical traders.

Trade barriers:

- Contribute toward many patients having inappropriate tests, incorrect diagnoses and incorrect medical treatment.
- Restrain patient access to the management of choice.
- Financially lock Medicare-dependent patients into drug and surgery-oriented treatment.
- Have the outcome of widespread unnecessary prolonged suffering and expense.
- Appear to be based upon unsubstantiated political rhetoric.
- Lack independent scientific evidence proving that they protect patient or public interests.
- Give medical traders a multi-million dollar trading advantage.

This anticompetitive structure did not arise from free marketplace competition; politicians and their medical advisors contrived it over decades. Numerous delegations of chiropractors asked WA Ministers for Health what motivates parliament's support of a contrived illness industry. They claimed the motive is an altruistic need to protect patient and public interest.

In absolute contrast, it is a widely held opinion among chiropractors that vested interest motivates a contrived illness industry.

And that is a deadly business.

## An Epidemic of Harm

Health Practitioner Legislation is intended to minimize death and injury due to treatment. Preventing unnecessary deaths has priority over promoting competition. Virtual silence about an epidemic may contribute toward harm.

Exclusive dealing with the highest risk health care profession supposedly protects patient and public interest.

Most actual treatment related deaths and injuries appear to happen to public patients. Harm arising from medical treatment as distinct from the patient's disorder is called *iatrogenesis*.

Few know the name let alone the statistics of the government's *iatrogenic epidemic*. The government guesstimates this third leading cause of death after cancer and cardiovascular disorders, its *iatrogenic* toll, at about 18,000 pa. Australian author and journalist, John Archer puts it at 50,000. (Appendix 1) Australia's national road toll is about 2,000 per year.

Viewed as accumulated fatalities; Australia's accrued war casualties may be far less than Australia's total iatrogenic casualties, ranking medicine as the highest risk profession.

Within the public health marketplace patients must, in the main, deal exclusively with those practicing under medicine's broad umbrella.

Regarding government responsibility. In the public health marketplace Government deals exclusively with the highest risk health care profession providing the facility for the provision of, and the funds for, most medical treatment. Seemingly, most iatrogenic harm happens under government auspices to public patients.

Comparing the publicity surrounding the relatively few road toll victims and the vastly greater number of victims of iatrogenesis Government mangles iatrogenesis in a virtual pall of silence.

I trust that this Competition Review will pay appropriate attention to the government's "iatrogenic toll" by ensuring that Health Practitioner Legislation minimizes death and injury.

## A Pall of Silence

Whereas other causes of harm, such as pool fatalities, suicides, or the road toll receive major media publicity, the Establishment, health departments, government itself and the media, mantle iatrogenesis in a comparative, virtual pall of silence. In what for them was an ultimate gamble, last year's 18,000 inpatients staked their lives, on their trust that what their medical practitioner was about to do would not kill them, and lost.

Health Practitioner Legislation is intended to minimize death and injury due to treatment. Preventing unnecessary deaths has priority over promoting competition. Should a Competition Review concern itself with forewarning the next 18,000? (See attached article re iatrogenesis.)

### **MEDIA BLACKS OUT THE FACTS or 'We are intellectual prostitutes'**

"But surely, if this world conspiracy were true I would have heard about it in the daily news!"

This question is all too common for our liking, so we hope to enlighten the sceptical with the words of John Swinton, the former Chief of Staff for the *New York Times* ("All the News That's Fit to Print") and one of America's best loved newspaper journalists. Called by his peers "The Dean of his Profession", John was asked in 1953 to give a toast before the New York Press Club, and in so doing made a monumentally important and revealing statement. He quotes:

"There is no such thing, at this date of the world's history, in America, as independent press. You know it and I know it. There is not one of you who dares to write your honest opinions, and if you did, you know beforehand that it would never appear in print. I am paid weekly for keeping my honest opinion out of the paper I am connected with. Others of you are paid similar salaries for similar things, and any of you who would be so foolish as to write honest opinions would be out on the streets looking for another job. If I allowed my honest opinions to appear in one issue of my paper, before twenty-four hours my occupation would be gone. The business of the journalists is to destroy the truth; to lie outright; to pervert; to vilify; to fawn at the feet of mammon, and to sell his country and his race for his daily bread. You know it and I know it and what folly is this toasting an independent press? We are the tools and vassals of rich men behind the scenes. We are the jumping jacks, they pull the strings and we dance. Our talents, our possibilities and our lives are all the property of other men. We are intellectual prostitutes."

Statements by other prominent people in the media support John Swinton's accusations. Richard M. Cohan, Senior Producer of CBS political news said: "We are going to impose OUR AGENDA on the coverage by dealing with issues and subjects that WE choose to deal with." Richard Salant, former President of CBS News stated: "Our job is to give people not what they want, but what WE decide they ought to have."

If you think that the Australian media is unlike that of "The Land of the Brave and the Free", consider the results of a recent study in Australia that examined media reporting of iatrogenic illness or injury caused by vaccinations. Questionnaires were sent to ten journalists across print, television and radio media and including public and commercial networks. "Of the 4 journalists who responded that they had investigated a report on iatrogenic disease, 4 reported significant problems having their work published or put 'to air', despite being regular reporters on other subjects." (Brookes McTavish, *Media Reporting of Iatrogenic Disease*, 1995.)

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## Curbing competition.

The illness industry's globally dominant force is composed of multinational drug companies who are represented at a consumer level by millions of prescribing practitioners, who in turn are represented by national associations.

Their collective power so influenced government that pharmacy-based medicine gained substantial control over the apparatus of state power. It now has a virtual monopoly over public health, where medical interests are protected against competition by the use of trade barriers.

Governments restructured their country's free enterprise illness industry into a small private health marketplace and a big public health care marketplace. A preconceived framework of trade barriers denied market entry to all but traders operating under medicine's broad umbrella.

The 1987, *Wilk v American Medical Association* trial exposed details of how a framework of trade barriers had been structured into the US national health system in the 1960s and coordinated through a scheme known as the Iowa Plan.

The aim was to develop a number of objectives with consequent restraints:

Information restraint.	Develop anti-chiropractic disinformation
Ethic restraint	Boycott chiropractic by obstructing referral.
Legislative restraint.	Promote prejudiced legislation
Economic restraint.	Promote prejudiced insurance
Access restraint	Keep competing professions out of public health.
Gatekeeper restraint	Control the flow of public patients

The *Wilk* case focused on the use of one professional trade barrier, the ethic-based boycott. However the case exposed a clear overview of the strategic use of anti-competitive conduct and trade barriers to capture trading control over the national health care marketplaces.

The subsequent court's finding that the AMA and other medical associations were guilty of restraint of trade also confirmed the US AMA's position as the leading professional violator of anti-trust laws in the USA.

Chiropractors recognized that a similar framework of trade barriers serve to subdivide Australia's once free enterprise illness industry, into a non-competitive closed public health care marketplace and a small free enterprise private health marketplace. Like our US counterparts we chiropractors are contained in the private marketplace where, with few exceptions, we cannot care for public patients.

During a day-to-day chiropractic practice there are numerous examples of how similar trade barriers restrain competition in Australia.



## **The Restraints**

1. The *information restraint* misleads patients who have subluxation-related disorders. Consumers are less likely to use chiropractic if they are unaware of the existence of subluxation-related disorders, or heed misinformation about either the condition or chiropractic.
2. The *"ethic" restraint* still has a strong lingering influence. This effectively obstructs professional association between chiropractors and medical practitioners.
3. The *gatekeeper restraint* dovetailed with the *"ethic" restraint* to complete an effective lockout. An obligatory medical referral lessens the likelihood of access to chiropractic care.
4. The *access restraint* denies public patients equality of access to chiropractic care within taxpayer-funded health care facilities and programs
5. The *legislative restraint*, medical registration Acts fail to ensure that registrants confine their practices to formally qualified spheres of competency. For example the law sets the gold standard for the qualification of chiropractors. It fails to ensure that others who wish to emulate what chiropractors do first attain an equivalent qualification.
6. The *economic restraint* is reflected in the bias within Medicare, which economically denies consumer choice of non-medical modalities.

## Market Structure.

The Competition Review of Health Practitioner Legislation relates to both the professions that trade in the big public health marketplace, and professions whose trade is contained within the small private health marketplace.

A competition Review needs to recognise an industry's unique structure in which the big marketplace is an effective competition-free sanctuary and a small free enterprise marketplace.

Containment is about using professional trade barriers so as to subtly direct the flow of public patients as well as taxpayer funds, to pharmacy-based medicine. Medicine's superior market force permits it to capture exclusive regulatory control, thus ensuring the greater flow of patients and payments, go to pharmaceutical companies and the medical profession rather than their competitors.

That gives a commercial business; pharmacy-based medicine, a State authorized virtual monopoly. It also shields it from the usual success/failure commercial mechanism governing other business.

Applied to an airline and using the government's own iatrogenic guesstimate, imagine if the airline had 1,000 fatalities a month. Not from what was wrong with the passengers, but from what the airline did. The "usual success/failure commercial mechanism" would see an end to that airline's business.

Apparently, Australia's Government is unable to accurately estimate its own market's national rate of permanent harm, deaths and failed medical treatment.

An insight may be gained into one small area of medical failure. 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 –"*

Translated into numbers over decades, probably millions of public patients have shifted their patronage and payments to the private health marketplace for chiropractic care; *" , the majority of whom report high levels of satisfaction with treatment they received. "*<sup>iii</sup>

The Department of Community services and Health deny that employment opportunity to chiropractors on the grounds of an implied lack of perceived need to use their services.<sup>iv</sup>

It does not seem credible for the government to claim that barring millions of public patients from trading with thousands of registered and licensed traders, chiropractors, serves either patient or tax payer interests.

The journey of the millions of public patients who opted for chiropractic care involved risking iatrogenesis, inappropriate medical diagnosis and treatment at great waste of taxpayer's funds. As a practitioner I have seen many, many instances where containment contributed toward unnecessary prolonged suffering and expense.

The Competition Review should demand that this anticompetitive trading environment be either independently justified or done away with.

Legislative arrangements that permit health practitioner legislation, registration and licensure to be used as the credential for the right to practice in the public health marketplace should be extended to apply to chiropractors.

## Competition Trends.

Organized medicine curbed competition from chiropractic by promoting prosecution, nationwide boycotts, opposing registration of chiropractors, supporting containment. It is now integrating what chiropractors do.

### **Threat of Imprisonment.**

How health provider legislation curbed competition in other countries.

The government declared all treatment to be the practice of medicine and limited the practice of medicine via licensing. Medical interests could then have the law charge non-medical competitors with the practice of medicine without a license. Many chiropractors, practicing chiropractic, were convicted of practicing medicine without a license.

The founder of chiropractic D.D. Palmer was arrested and convicted in 1906 for practicing medicine without a license.'

"In one year 450 chiropractors choose to go to jail,...In jail they set up their portable adjusting tables and proceeded to treat the patients who came to show support. In Los Angeles Harry Gallagher "was arrested twenty-seven times between 1914 and 1919. He was the only chiropractor who succeeded in remaining in the state for such a period of time"

"the record of sixty six arrests was held by Charles C. Lemly of Texarkana, Texas (Dzaman 1980, p 294).

An interesting aside in Robert Leach's book *The Chiropractic Theories* (pp 26) was that Chittendon Turner observe "by 1930, at least 30,000 jail terms had been served by chiropractors for practicing medicine without a license".

In 1991 and in the USA Palmer Chiropractic College granted an award to Herbert R. Reaver, snr a frequently jailed chiropractor. He was quoted in their alumni news as having said; "I was arrested 12 times and sent to prison four times for practicing chiropractic in Concinnity, Ohio. A sizeable portion of my life has been spent behind prison walls for practicing this profession of ours. The sheer wickedness and callousness of prosecuting in those days and the tenacity and vindictiveness and jealousy of the medical authorities begs description."

The US, Palmer Chiropractic College of Chiropractic had an array of neat wall posters about fortitude in the face of this persecution. It hosted chiropractors that had served time, as speakers. Until the 1990's its graduates, such as students returning to France faced the probability of jail terms for practicing medicine without a license.

Restraining the trading relationship between one chiropractor and her/his few patients by jailing the chiropractor was inefficient. It is more efficient to restrain the trade of a nation's entire chiropractic profession by using nation-wide professional trade barriers to contain the profession in the private health marketplace.

### **Containment**

In 1976 some US chiropractors legally challenged certain activities of the US A.M.A.. The extent of those activities was evidenced by the list of parties who had charges brought against them. Court actions were served upon the American Medical Association ( A.M.A. ) and thirteen other bodies which included :

The Joint Commission on Accreditation of Hospitals.	The American Hospital Association.
The Chicago Medical Society	The Illinois State Medical Society
The American Academy of Surgeons.	The American College of Radiologists.
The American Academy of Physical Medicine and Rehabilitation.	
The American College of Physicians.	

After fifteen years each of the defendants had either sought pre court settlement, pleaded guilty or were found guilty of conspiring to destroy the profession of chiropractic.

**Integration.**

In the past alternative/complementary health care was provided in the private health marketplace. It was vilified and boycotted by Medicine. After surveys showed; “There has been a substantial migration of patients and their payments from pharmacy based medicine to non-medical providers.”<sup>v</sup> Medicine reversed its rejection to integration and started to recapture market share.

Currently Medicine is “cherry picking” aspects of alternative/complementary (A/C) health care and integrating that into what is called complementary medicine. Medicine has the obvious trading advantages of exclusive right to provide and be reimbursed for that in the public health marketplace.

Plenary, all-inclusive Medical Acts do not require that registrants acquire an equivalent qualification prior to doing what A/C providers do. Charlatans can provide and charge the taxpayer for the provision of A/C services.

Medicine’s taxpayer funded takeover is from a position of such power that A/C providers cannot compete with it.

## Stemming The Flow.

Australia's 1970's Webb Inquiry reflected a growing flow of public patients from the public health market to non-medical professions in the private health marketplace.

In other countries similar surveys created market shock waves. The 1990 US Eisenberg survey reported that; "Americans made 425 million visits to providers of "unconventional" medicine, exceeding the number of visits to all US primary care physicians. They spent around \$13.7 billion in a year. These visits were found to be most common among upper-income, college-educated adults. "

Medicine reversed its century long total rejections of what alternative complementary (A/C) providers do. Complementary medicine is now integrating what A/C providers do.

After the Wilk trial and in recognition that medicine's awful persecution of chiropractic was based on a lie CAA (WA) notified the then Minister for Health that in matters chiropractic, medicine is not trustworthy.

In the '60s medicine's nationwide boycotts did great international harm to chiropractic. Medical manipulation was frowned upon. By the '70s Webb noted the increased flow of patients to chiropractors. In an audacious 180-degree about turn, from rejection of chiropractors, Webb recommended supplanting them: "*The introduction of spinal manipulation currently into undergraduate physiotherapy curricula will stimulate further interest in this form of therapy. This, combined with the opportunity for further postgraduate study and status, will increase the numbers of spinal manipulators in Australia. The numbers, however, are unlikely to be sufficient to supplant chiropractors, although the latter vocation will be more vulnerable with its monopoly broken.*"<sup>vi</sup>

The state of competition in Australia's public health marketplace is that medical manipulators have exclusive provision and reimbursement rights for the provision of manipulation. Chiropractors cannot compete there.

Dr Lawrence the then Minister for Human Services and Health wrote (23-11-95) "Medicare benefits are payable for chiropractic treatment when rendered by a legally qualified medical practitioner providing the service is reasonably necessary for the adequate medical care of the patient. .... However, where chiropractic treatment is rendered by allied health professionals who are not registered medical practitioners, Medicare benefits are not payable."

Regarding competition; chiropractors welcome both the recognition by other professions, that what we do has worth, and the competition from suitably qualified practitioners.

To register as a chiropractor a person must meet a gold standard qualification set by State and territorial governments. The education of a chiropractor is uniquely directed toward the major focus of the clinical use of spinal manipulation.

A postgraduate qualification equating with the gold standard qualification set by State and territorial governments would be referred to as an "equivalent qualification".

Medical and physiotherapy undergraduate courses differ from a chiropractor's undergraduate education and supervised clinical experience. Relatively few manipulating medical practitioners or physiotherapists have an equivalent qualification in chiropractic.

Australia's Competition Reviews are currently recommending that all medical practitioners and physiotherapists, regardless of their general absence of an "equivalent qualification", be given exemption from the exclusive right of osteopaths and chiropractors to provide manipulation. That exemption may assist medical manipulators to reduce competition by stemming the flow of public patients to the private health care marketplace.

## **A Government Sponsored Takeover.**

### Background to a 180 Degree About Turn

Organized medicine's clamorous, unrelenting, intense and absolute opposition underwrote decades of government supporting denial of market entry to "unscientific cults based on exclusive dogma". The Government's decades of ostracising chiropractic seemed to be founded upon organized medicine's hostile anti-chiropractic policies, positions and ethical standards.

During the 1960's private agreements among the medical profession introduced thousands of clinic or practice based boycotts of competing providers throughout Australia, New Zealand and the USA. There is evidence that the Iowa Plan was disseminated to other medical associations, including those within Australia (AMA/COQ, 1964) and every reason to believe that the Iowa Plan underwrites the containment of chiropractic in Australia.

That use of ethics underwrote nationwide medical boycotts of chiropractors in Australia and New Zealand: "Medical ethical rules in New Zealand are designed to prevent collaboration on any professional basis between medical practitioners and chiropractors." <sup>vii</sup>

Medical associations declared that ethical members would confine their practices to only science-based procedures and that ipso facto it became "unethical" to associate with practitioners of exclusive dogma.

In 1965 the Australian Medical Association resolved that medical practitioners may not act in consultation with, associate professionally with, conduct investigations for, nor refer patients to chiropractors or osteopaths."<sup>viii</sup> The Australian Medical Association apparently shared information on the "...cult of chiropractic" <sup>ix</sup> .... with the American Medical Association.

AMA POLICY 345: "The Association is opposed to the provision of benefits for services provided by the practitioners of exclusive dogmas such as chiropractic, homeopathy, osteopathy and naturopathy. (1978)"  
AMA POLICY 340: "The Australian Medical Association maintains that a medical practitioner should at all times practice methods of treatment based on sound scientific principles, and accordingly does not recognize any exclusive dogma such as homeopathy, osteopathy, chiropractic and naturopathy. (1981)

In an absolute about turn "complementary medicine" is integrating what authentic alternative/complementary (A/C) providers do. Integrative medical practitioners enjoy exclusive public patient access and Medicare reimbursement, unassailable privileged competitive advantages. Should the Competition Review address this Government sponsored medical takeover?

"Natural therapies are a billion-dollar business in Australia and many western-trained doctors have responded by adding alternative treatments to their repertoire while a growing proportion of the population is turning to complimentary medical practitioners."<sup>x</sup> In Australia at least one in six GPs are open to the use of alternative techniques.<sup>xi</sup> An estimated 6,000 doctors now use at least one complementary medicine in their practice.<sup>xii</sup>

The absence of equivalent qualifications in those various modalities gives rise to the maxim, Complementary medicine: an unqualified success!

The integration of what "unscientific cults based on exclusive dogma" do, invalidates the government's former grounds for containing chiropractic while exposing medicine's altruistic motive for a century of persecuting chiropractic as sheer hypocrisy.

# CHIROPRACTORS ARE NOT SEEKING SPECIAL PRIVILEGE, MERELY EQUAL TREATMENT UNDER THE LAW.

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<sup>i</sup> Motion Palpation Institute Booklet re Wilk trial, Tyler R. "Guilty" (Wilk vs AMA). Page 2 Published by Dynamic Chiropractic PO Box 4109 Huntington Beach, CA 92605-4109

<sup>ii</sup> Medicine Adrift Dr Jerzy Sikorski Pelican Press Page 9

<sup>iii</sup> Report of the Committee of Enquiry into Chiropractic, etc. April 1977. Aust. Govt Publishing Services Canberra 1977 pg 499/500

<sup>iv</sup> Correspondence Dept. Community Services and Health, 7/8/91 Paul Williams.

<sup>v</sup> Eisenberg DM, Kessler RC, Foster C, et al. Unconventional medicine in the United States; prevalence, cost, and patterns of use. N Engl J Med 1993, 3 28:24625 2.

<sup>vi</sup> Report of the Committee of Inquiry into Chiropractic, Osteopathy, Homeopathy and Naturopathy April 1977 P 57

<sup>vii</sup> (New Zealand Commission of Inquiry headed by B.D. Inglis, Q.C.,B.A.,J.D.,L.L.D. pages 63-64, Sect.4-10)

<sup>viii</sup> The Medical Journal of Australia, supplement page 126 1965.

<sup>ix</sup> Chiropractic Outside the United States. JAMA, Jan 2, 1967. Vol 199 no 1 p113

<sup>x</sup> Health Takes Natural Progression. The Weekend Australian October 9, 1999. Jayne Burton Taylor

<sup>xi</sup> The Western Australian newspaper 1-12-1997

<sup>xii</sup> The Weekend Australian 10-910-99