



POINT OF VIEW

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Abstract: Medical practitioners are the least trustworthy to be given a trusted position involving chiropractic. What evidence-based justification does the government have for trusting medical practitioners in any matters involving chiropractic? It is known that '*The chiropractic profession represents a substantial component of the contemporary Australian health care system with chiropractors managing an estimated 21.3 million patient visits per year.*' What evidence-based justification do politicians have for exiling chiropractic to the very periphery of public health?

Indexing Terms: containment, establishment, chiropractic, subluxation, policy

The containment of chiropractic

Where is any evidence to support Government policy?

The US AMA funded a team of lawyers and support staff for twelve years, to create a global conspiracy to first contain (to limit) chiropractic and to eventually eliminate it in the USA and elsewhere. When the Wilk vs AMA trial lawyer George McAndrews spoke at a public meeting in Perth, he confirmed that organised medicine's intent is the global elimination of chiropractic.

Under the guise of doing good, Australia's health care Establishment has for decades promoted the containment and elimination of philosophy-subluxation based chiropractic.

A majority of chiropractic patients share a history of failed medical treatment and of subsequent successful chiropractic care for those same symptoms. Australia's containment and



the elimination of philosophy-subluxation based chiropractic will deny such patients of that success.

What evidence-based justification do politicians have for denying millions of patients access to :

- 1 appropriate chiropractic care, while unnecessarily exposing them to the unnecessary risk of iatrogenic harm?
- 2 adequate direct Medicare funding for chiropractic care?

In 1986 the Australian Medicare Benefits Review Committee stated that by comparison chiropractic led to significant reductions in cost and time lost from work and that chiropractic was more cost effective than traditional medical treatment for LBP (low back pain). That 69% of patients were seeing their medical doctors less often. The Committee recommended that chiropractic care be paid by Medicare.

In light of organised medicine's century long trade war, what evidence-based validation does the government have for trusting a legally qualified medical practitioner, such as a general practitioner or a medical specialist to have monopoly control over if chiropractic can be available under Comcare?

What evidence-based justification does your party have for precluding chiropractic from:

- 1 Publicly funded health education?
- 2 Public health care?
- 3 Direct access to adequate Medicare funding for chiropractic care?

Global organised medicine is waging a century long trade war against chiropractic. A 1979 New Zealand government Report variously described medical opposition to chiropractic as being '*remorseless and unrelenting*' (1) and '*intense and absolute*'. (2)

Hence, medical practitioners are the least trustworthy to be given a trusted position involving chiropractic. What evidence-based justification does the government have for trusting medical practitioners in any matters involving chiropractic?

Direct access to adequate Medicare cover should have been granted to chiropractic patients following Australia's 1977 Webb Report. The 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 Report went on to say '*From these data the conclusion must be drawn that is emerging as an established occupation with a large and growing clientele, the majority of whom report high levels of satisfaction with the treatment they received*'.

Is an evidence-based concern for patient safety, cost, or chiropractic's effectiveness that justifies the government ignoring that Report and still denying direct adequate Medicare funding for chiropractic care?

Please ask your political party through your local member to clearly define and publish the evidence-based specific justification/s for our government denying chiropractic patients direct Medicare funded access for chiropractic care. After all, most voters in your electorate may suffer from occasional spine related symptoms, including back pain.

1. New Zealand Commission of Inquiry Chiropractic in New Zealand Report 1979 p. 28.

2. New Zealand Commission of Inquiry Chiropractic in New Zealand Report 1979 p. 119.

The question of the iatrogenic toll

If I treat my symptoms using drugs and/or surgery, I risk harm arising from medical treatment as distinct from my disorder, iatrogenesis, Medicare will reimburse my costs. But if I have a chiropractor correct the cause of my symptoms I avoid iatrogenic risk but forego direct Medicare reimbursement.

Ask your local Member for any evidence-based justification for the government denying public patients direct access to Medicare funded chiropractic care and thus reducing the iatrogenic toll. It is known that *'The chiropractic profession represents a substantial component of the contemporary Australian health care system with chiropractors managing an estimated 21.3 million patient visits per year.'* (3)

What evidence-based justification do politicians have for exiling chiropractic to the very periphery of public health?

Exclusive dealing within health care involves our government imposing trade barriers which exclude competitors from the public health marketplace. According to the ACCC, exclusive dealing is against the law only when it substantially lessens competition.

The containment of chiropractic within private health and its exclusion from public health substantially lessens competition between the medical and the chiropractic profession. What evidence-based justification does the government have for its exclusive dealing with Medicine?

Early in chiropractic's history and in the USA, infringements of the medical profession's exclusive trading rights permitted some 6,000 prosecutions and over 3,000 incarcerations of chiropractors.

In conventional warfare the defence forces assess the enemy's strategic plans. Organised medicine's multi-pronged strategy for this decade's long, continual global trade war is defined in the [Iowa Plan](#). Why has the government supported, rather than opposed this Plan to contain and eliminate chiropractic?

Chiropractic is ...

... the management of choice for addressing the cause of subluxation related disorders. If subluxations are not corrected they may continue to cause subluxation related symptoms.

Medicine's profit lies in ignoring the subluxations creating the symptoms while continuing to profit from treating the symptom.

Great profit lies in the world's medical practitioners ignoring the subluxation and for as long as the subluxation causes symptoms to continue using the products and services of multinational pharmacy companies to treat the symptoms.

When the world's chiropractors correct millions of subluxations and those bodies remove the symptoms, global medicine effectively loses a substantial income.

Governments promote and pay for the continuing medical management of subluxation related symptoms, but not for the chiropractic correction of subluxations. That is one of many components of containing chiropractic.

What evidence-based justification does the government have for being a party to containing and eliminating chiropractic?

Please look up the email addresses of your federal and state MPs and email them this request:

What is the total amount of yearly donations that your party receives directly and indirectly from pharmacy firms and medical associations?

3. URL <https://www.ncbi.nlm.nih.gov/pubmed/28056964>

During the last century's first half, global medical war on chiropractic, organised medicine denied the existence of subluxations and medical spinal manipulators were extremely rare. Later, marketing surveys such as the Webb Inquiry revealed a large flow of patients from medicine in the public health market to competing professions in the private health marketplace. A 1998 study published in the *New England Journal of Medicine* reported chiropractic as the most used non-medical treatment (15.7%) (Astin, 1998) Competition created a necessity for the provision of manipulation by medical practitioners and physiotherapists.

Webb recommended '*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.*'

Subluxation by another name

In an audacious 180-degree about turn from rejecting the existence of subluxations, medical manipulators now refer to them as *manipulable lesions*.

Chiropractors have five years of university education prior to doing what chiropractors do. The government gifted physiotherapists and medical practitioners with a legal right to do that without requiring even just one day's extra education, let alone a formal equivalent qualification.

In this instance '*equivalent qualification*' equates with the gold standard demanded by governments to register as a chiropractor as well as its provider's level of postgraduate qualification and clinical competency to practice what chiropractors do.

What evidence-based information permits the government to require five years of chiropractic education and no equivalent qualification in what chiropractors do, for medical manipulators?

Australia's medical practitioners are specifically and highly trained in pharmaceutical medicine. For decades medical spokespersons rejected natural health care such as traditional Chinese medicine, chiropractic, osteopathy, naturopathy etc.

Why are medical practitioners now able to freely adopt health care procedures developed, perfected and integrated into distinct health professions without any specific training and qualifications in these procedures?

The medical profession treats subluxation related symptoms with drugs and/or surgery. Chiropractors locate and correct the subluxation alleviating what is causing the symptoms.

Chiropractic is the correct management for subluxation related disorders. The government incorrectly lists chiropractic among allied health professionals, as if it is allied with Medicine.

What evidence-based information justifies the government referring to chiropractic as '*alternative*'?

The purpose of Australia's National Law and current regulations governing chiropractic is to protect patients while ensuring direct access to comparatively safe, appropriate care. When compared to Australia's iatrogenic death toll the National Law should ensure all patients who have subluxation related disorders are to be referred for comparatively safe, appropriate chiropractic care.

The government health and welfare workforces deliver diverse services through many private and public organisations. Combined, there are more than 1 million people employed in this delivery of health and welfare services in Australia.

The inequity

To register as a chiropractor, the government requires the completion of a five year university level course in chiropractic and supporting sciences. However once registered, the new chiropractor faces a career long preclusion from all government funded public health care facilities and government employment. Is this equitable?

What evidence-based justification does the government have for that discrimination? Australia's taxpayers fund public health education programs as well as the general media educate about the public medically aligned health care. Why do all of the government's health education programs preclude chiropractic?

Decades of preclusion caused chiropractors to educate our own patients by publishing information arising from both our own clinical experiences and patient experiences. Without any published evidence of harm, Australia's health care regulators used the bogus device that this information is non-evidence-based to ban chiropractors from publish that information.

Since chiropractic's beginning, non-evidence-based symptoms and disorders have responded well to chiropractic care. The current regulations and National Law combine to betray, rather than to protect, both the public interest and the health interests of patients who have non-evidence based subluxation-related disorders.

Ask your local member to provide the evidence-based justification for stopping chiropractors from publishing any of the vast array of non-evidence-based subluxation-related disorders that respond well to chiropractic.

More on iatrogenesis

Prime Ministers proclaim that the first duty of government is to protect our people. In his 1976 book *'Iatrogenesis'*, Medical Nemesis Ivan Illich warned that *'the medical establishment has become a major threat to health'*. The book's name for this new epidemic, comes from *iatros*, the Greek word for *'physician'*, and *genesis*, meaning *'origin'*.

In his 1995 book *Bad Medicine* Australian investigative journalist John Archer used some of the medical data about iatrogenesis to guesstimate that Australia has some 50,000 iatrogenic deaths per year: *'An epidemic which could effect up to 750,000 people and result in 50,000 deaths annually deserves to be a top research priority.'*

50,000 iatrogenic deaths per year should have triggered a reliable, efficient reporting system within public health that provides for the annual publication of Australia's true total iatrogenic death toll. What evidence-based justification does the government have for not collecting and publishing Australia's true total annual iatrogenic death toll?

Australia's true total iatrogenic death toll appears to rank among the top three causes of death. Iatrogenic deaths are not included among our top 10 causes of death Apparently Australia's government permits contrivances that adequately conceal the true total iatrogenic death toll.

What evidence-based justification does the government have for not collecting and publishing a true, accurate account of Australia's annual iatrogenic death toll?

Do you support legalising the requirement that the medical registration Board must hold their registrants responsible to report all instances of deaths due to medical treatment as distinct from the patient's disorder? Yes [] No [] If *'No'*, why?

Do you support legalising the requirement that in all instances of deaths due to medical treatment as distinct from the patient's disorder death certificates must reflect the truth? Yes [] No [] If *'No'*, why?

Do you support legalising the requirement that the Australian Bureau of Statistics uses a data collection system for iatrogenic deaths using an all-inclusive 12 categories rather than the current exclusive 2 category system data collection system? Yes [] No [] If 'No', why?

Do you support legalising the requirement that the department of health creates a national database capable of evidencing what medical products and services contribute toward Australia's iatrogenic death toll? Yes [] No [] If 'No', why?

Do you support legalising the requirement that the department of health cease publishing false cause of death data and issue adequate public forewarnings about the epidemic risk involved in public health? Yes [] No [] If 'No', why?

Have you raised any objection to the government publishing false cause of death data? If 'No'. Why?

The Australian Health Practitioner Regulation Agency (AHPRA) works with the 15 National Boards to help protect the public by regulating Australia's registered health practitioners. Together, our primary role is to protect the public and set standards and policies that all registered health practitioners must meet: *'The core role of the National Boards and AHPRA is to protect the public.'* In response to my question regarding Australia's iatrogenic death to the reply was as follows.

'Thank you for your recent enquiry regarding information collected and published in Australia about medical adverse events, injuries and deaths.'

'AHPRA's role is to support the 14 National Boards that are responsible for regulating the health professions in the public interest. The primary role of the National Boards is to set registration requirements and to establish standards and policies that all registered health practitioners must meet.'

'We are not able to advise on matters relating to employment and/or employment conditions nor are we able to provide you with statistics or information concerning the above mentioned.'

How can AHPRA fulfil its primary role of protecting the public without knowing Australia's true total iatrogenic death toll?

There is no evidence-based global overview of the decades the world's true total of what medical treatment caused the iatrogenic death toll. None of the world's medical pathology courses can acquire an accurate overview of what medical treatments over decades has killed medical patients. Alarmingly, no medical graduate of those courses can have an overview of all of the medical products and services that have killed medical patients.

Why do parliamentarians deny graduated health care providers access to the truth about their own countries and the world's, iatrogenic death toll? Chiropractors are aware that Australia's usual annual death toll due to chiropractic is zero. Archer guesstimated the medical annual death toll at 50,000, public health generates an iatrogenic epidemic.

What evidence-based justification does the government have for denying chiropractors of their liberty to warn the community about that comparative greater risk?

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