



Philosophy of Chiropractic: Its Origin and Its Future

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ABSTRACT

This paper, addressed to the World Federation of Chiropractic 9th Biennial Congress 2007 meeting, held in Vilamoura, Portugal, briefly overviews the history of philosophical underpinnings of the chiropractic profession. This paper further identifies future areas of thought and inquiry for the profession.

Key Indexing Terms: Chiropractic; History; Philosophy. (J Chiropr Humanit 2007;14:41-45)

INTRODUCTION

Much has been written and much more has been spoken about the origins of thought that represent the chiropractic world. To appreciate the complexity of the chiropractic circumstance one must first understand the era in which our forbearers started down this path. Those were the days of mesmerism, eclecticism, homeopathy, magnetic healing and osteopathy. The thinking of D. D. Palmer was relatively mainstream for his day. Our origins pre-dated much of what we know as the body of knowledge that underlies today's prevailing thought relative to health and well-being.

Our founders, born in an era of rugged individualism, also faced a developing world of regulation and government involvement in health care that flowed from the revolution in medical education set in motion by Abraham Flexner¹ and the powerful corporate families of the early

twentieth century in the United States. The nexus of emerging information and advancing regulation supported the development of an explanation of the phenomenon that Palmer brought to health care. The culture of the day was the firmament upon which the explanation was laid.

The explanation that first emerged was grandiose and complex. It drew on the experiences of D. D. Palmer and his contemporaries, on what we would call their world-view. Their values encompassed in the explanations (ie, their philosophy) were as relevant at that time as what we could imagine today. They were also called upon to be contortionists in their thinking. They were required to weave their thoughts around the growing body of law and regulation that gave all things health oriented to the medical doctor. Out of this context emerged what came to be known as chiropractic philosophy. Not a "philosophy of chiropractic", but in the spirit of their times: "chiropractic philosophy." Others soon configured their thoughts in a different mosaic and they expressed their views of an understanding of the profession as their form of chiropractic philosophy.

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These constructs were appreciated as a means to an end in their time but they were continued forward absent the context within which they were conceived to yield a legacy of conflict, strife, and discord. Chiropractic philosophy ceased being a means to an end and instead, became a method of justification and a license to avoid critical examination of fundamental perspectives. Over the course of the decades that followed, the power players of their respective day used what they had to work with to advance the profession. The advancement and aggregation of knowledge pressed on as did the regulatory environment of the day. On some level they lacked the time and resources to develop the basis of thought upon which the profession rolled forward. Their entire world was one of survival and, in certain ways, the refinement and testing of thinking was a luxury.

The profession around the world and in the United States encountered important milestones in the 1970s. Outside the United States we saw the founding of AECC and the Australian² and New Zealand Royal Commissions.³ Within the US we saw the recognition of the Commission on Accreditation of the Council on Chiropractic Education by the U.S. Secretary of Education, the completion of licensure across all fifty states of the Union and inclusion of chiropractic in the Medicare system. As a profession we started to ascend Maslow's hierarchy of needs moving, however tentatively, above the demands of survival. We also began to more broadly scrutinize our conceptual constructs as few had done before.

As the great historian of osteopathy, Gevitz,⁴ wrote, this analysis of conceptual constructs did have an associated liability factor - the very factor that caused the most adamant to continue to hold firm to their views. Gevitz wrote:⁴

Movements such as osteopathy, homeopathy, and eclecticism generally have a natural life cycle. They are conceived by a crisis in medical care; their youth is marked by a broadening of their ideas; and their decline occurs when whatever distinctive notions they have as to patient management are allowed to wither. At this point, no longer having a compelling reason for existence, they die.

In reality, the “philosophy” wars of our profession are more or less strategy wars that embodied the spirit of Gevitz's observation. All parties involved desired the advancement of the profession. The primary strategy of a large segment of the profession included a “broadening of their ideas” particularly as it related to scope of practice. In contrast, what was feared by another segment of the profession was the loss of our “distinctive notions”. All of this wrangling was unfortunately and inappropriately conducted under the banner of philosophy. In reality, philosophic considerations may have helped to shape the various strategies and fears but fundamentally they were not matters of philosophy.

As a discipline, we have been undisciplined in matters of philosophy. To our own detriment we misappropriated the concept of philosophy to represent all form of thinking, behavior, judgment, affiliation, and performance. This misappropriation was written about over the years by a number of authors from Weiant⁵ to Williams⁶ to Coulter.⁷ As a result, we were offered an opportunity to recast history as history and not as a form of philosophy. We were encouraged to revisit political and legal strategies as what they were rather than an as matters of philosophy. We were encouraged to reflect on matters of patient care as matters of clinical judgment. And, we were admonished to approach philosophy as a means to an end rather than as a statement of doctrine. As the profession approached its centennial, there was a broader recognition that philosophy was more about informing and less about directing. The ability to use reflection as a means to inform clinical judgment, to inform political decision-making, and to inform patient interaction is infinitely more promising than the need to adhere to a given doctrine or dogma.

Throughout our history we have viewed matters of philosophy as a unique characteristic and concern of the chiropractic world. On occasion we adopted a form of snobbery relative to our discipline because we referenced a philosophic perspective. The exposure to other disciplines, such as acupuncture, homeopathy, ayurveda, and oriental medicine, offers us insight into the perspectives that our thoughts with respect to the constructs that underlie our discipline are not as unique as we think.⁸ At the same time, the realization that similar bodies of thought underlying various methods of care from varying cultures are remarkably similar gives credence to the basis of thought that

underlies all of these disciplines. The fullness of time has demonstrated that others appreciated the need to respect our “distinctive notions” about our discipline.

In 2005, the Institute of Medicine of the National Academy of Sciences in the United States acknowledged the importance of a philosophic framework associated with a discipline such as chiropractic when it noted:⁹

Although some conventional medical practices may seek and achieve a genuine integration with various CAM therapies, the hazard of integration is that certain CAM therapies may be delivered within the context of a conventional medical practice in ways that dissociate CAM modalities from the epistemological framework that guides the tailoring of the CAM practice ... If this occurs, the healing process is likely to be less effective or even ineffective, undermining both the CAM therapy and the conventional biomedical practice.

The discussion in chiropractic, in an age of evidence-based care and its related concepts, does not acknowledge an “epistemological framework that guides the tailoring of the CAM practice”, let alone an appreciation of the same. We do have “distinctive notions”, not exclusive notions, but distinctive ones. The manner in which we assemble and link these notions does have great impact on how we perceive health, well-being, illness, disease and the implications of all of these states on our lives and the lives of our

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patients and constitute the framework, the philosophy of our discipline.

Philosophy helps us conceptualize complex matters such as a definition of health. It also serves to provide us meaning and to give our work purpose. It helps us appreciate matters of proximity with distinction. For example, in early chiropractic writings a distinction was made between disease and “dis-ease.” This is often viewed as one of those legal avoidance strategies. Many have dismissed this concept as a matter of language and a distinction without a difference. Consider the following perspective contrasting disease and illness: Coulter advised that in chiropractic, as in the case of most CAM disciplines, we embrace the metaphysical principles of vitalism, holism, naturalism, humanism and therapeutic conservatism. Vitalism stands in contrast to materialism, holism in contrast to reductionism, naturalism in contrast to artificialness, humanism to indignity and therapeutic conservatism to aggressive intervention.⁷

These perspectives were also expressed as follows in the Public Broadcasting System presentation entitled “The New Medicine”:¹⁰

Every patient comes to a doctor primarily for one thing and that is hope. Hope is really central in the experience of illness and in the path to healing. People often confuse hope with optimism. An optimist says every thing is going to turn out just fine. Well, you know we are adults and we know that things often don't turn

out just fine. In fact, they turn out very poorly.

Hope is different. Hope is clear eyed, it sees all the reality that you face, all the obstacles, all the problems, all the potential for failure, but through that, it sees as well a possible path to a better future. It is not guaranteed, but it's possible. Healing means that you're made whole again. That you emerge from this experience of illness not just with your tumor shrunken, which is certainly a major goal, but with you being restored as a person.

I do not know the Current Procedural Terminology code for restoring a patient as a person. Similarly I do not know the time required to be made whole. Nor do I know the frequency with which it is accomplished, or the average cost of the same. But I believe it is the goal of every patient encounter and that it should be the goal of every practitioner.

Today in chiropractic, matters of philosophy should be un-entwined from matters of history, politics, and practice styles. Doing so will help but it will not resolve the problem. The battle today is not about straights and mixers or similar matters. Instead, it is about the excision of humanity from the practice of chiropractic. It is about the removal of hope and the denial of possibility. Issues of scope of practice, practices styles and similar matters should be discussed and examined at length, but not as matters of philosophy.

Philosophy in health care is important. It is vital. It is inescapable. A philosophy of chiropractic that informs our decisions about our profession is important. It is vital. It is inescapable. We each make value judgments about various aspects of our discipline. Perhaps exercises in our educational settings to illuminate these matters will assist us with our perceived crises in public trust and practitioner responsibility. But we must be careful that we do not examine the elements of the disease and overlook the illness.

CONCLUSION

Data and evidence will come and go. Philosophic interactions will come and go, but the processes of thoughtful reflection on both are here to stay. The future of chiropractic and healthcare at large is data-informed humanism.

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