



Angry scientists fight university's attempt to affiliate with chiropractic college

Terry Johnson

The Canadian Memorial Chiropractic College (CMCC), which has been seeking a relationship with a Canadian university since its creation in 1945, may finally have found a willing partner. However, the spring 1998 decision by the York University Senate to affiliate with the private, Toronto-based chiropractic school isn't sitting well with some university faculty members. Michael De Robertis, a York astronomer who is leading a campaign to stave off the academic nuptials, says any association with CMCC will tarnish York's academic reputation.

Michael Stevenson, York's vice-president, academic, says details are still being worked out pending a final Senate vote this spring, but the arrangement would likely see CMCC provide approximately \$25 million to build new classroom and lab facilities at York's North York, Ont., campus. While CMCC faculty would remain wholly responsible for providing specialized training in chiropractic, its 620-odd students would take about half their total course load through existing York programs. The university would also oversee curriculum and degree requirements for the proposed chiropractic degree.

If the deal goes through it will make York — Canada's third-largest postsecondary institution — the first major university in the world to welcome chiropractors into the broader academic community. CMCC, the only English-language chiropractic school in Canada, graduates about 75% of the country's licensed chiropractors. The rest attend private schools in the US or a small, French-speaking school affiliated with the University of Quebec at Trois-Rivières.

Stevenson says the new students would augment university revenues and strengthen York's health-science offerings, which already include programs in community nursing and physiotherapy. Meanwhile, CMCC President Jean Moss says association with York will improve access to research grants by chiropractic faculty, allow CMCC students to earn recognized degrees, including doctorates, and enhance the professional reputation of graduate chiropractors.

Moss concedes that her college's earlier attempts to reach a similar arrangement with other universities were stymied by a perception that chiropractic training is unscientific and lacks academic rigour. In 1989, for example, such concerns led the University of Victoria to back out of a proposed affiliation. Brock University and the University of Waterloo had

also initiated and then rejected similar mergers. Moss says the number of objections is diminishing as chiropractors shed the more dubious elements of their profession.

Chiropractic was founded in the US in 1895 by Daniel David Palmer, an expatriate Canadian from Port Perry, Ont. ("Memorial" in the college's name refers to him.) Palmer claimed that misalignments of the spine — "subluxations" — caused many diseases. He reasoned that these misalignments could be set right by the vertebrae-cracking manipulation used by his followers.

Today, most chiropractors restrict their practices to providing relief from acute lower-back pain, for which spinal manipulation is known to work. Moss says CMCC now teaches classical subluxation theory only for its historical interest. That fact, and a new emphasis on clinical research by institutions like CMCC, has helped edge chiropractors closer to the medical and academic mainstream.

Indeed, the Oct. 8 issue of the *New England Journal of Medicine* carried an article on the chiropractic treatment of childhood asthma that was coauthored by 3 CMCC faculty members (*N Engl J Med* 1998;339:1013-20). Results were unimpressive — the study found that asthmatic patients treated with chiropractic manipulation fared no better than those given sham manipulation. However, it marked the first time a leading journal has published a study by chiropractic researchers, whose work has been confined to their own unrecognized journals.

Moss says affiliation with York will complete her profession's century-old campaign for equal standing with "top-tier" health professions such as medicine and dentistry. "We've evolved," she says. "What's frustrating is that our critics refuse to appreciate it."

However, the question at the centre of the debate at York is whether chiropractors have truly changed. A report by the Senate committee that studied the affiliation issue noted that it is still unclear whether chiropractors have fully discarded Palmer's dubious contention that "subluxations" cause disease. As well, some chiropractors still insist on treating conditions that clearly do not respond to spinal manipulation. In 1994, for example, the chiefs of the departments of pediatrics and pediatric hospitals in Canada issued a sharp condemnation of claims by the Ontario and Canadian chiropractic associations that chiropractors could treat child-



hood conditions such as ear infections, colic and tonsillitis.

Facts like this have made affiliation with CMCC an alarming prospect for members of York's Faculty of Pure and Applied Sciences (FPAS), who would be most affected by the move. "It's one thing for the public to have the freedom to choose a chiropractor," says De Robertis. "But it's quite another to bring it into the university." He says the proposed partnership would make York a laughing-stock within the world's science community.

For FPAS, however, the problem is getting anyone to listen. Scientists were caught off guard by the administration's push for affiliation, De Robertis explains, and chiropractic's metaphysical doctrines and medically unorthodox practices are not widely known. And, while FPAS has strongly opposed any association with CMCC, its members form a distinct minority within York's Senate.

That is no accident, says De Robertis. He claims that CMCC, in seeking a university partner, has focused on those that have small science faculties. It found a match at York, where only 15% of faculty members are in the pure or applied sciences and there is no medical school. This means that CMCC can largely avoid 2 potentially loud sources of opposition. In the humanities and social sciences, De

Robertis says, scientific criticism of alternative medical therapies are often characterized as elitist and narrow minded.

In a last-ditch effort to stave off affiliation, opponents launched a 2-pronged lobbying campaign. This fall they began holding a series of information forums with outside critics of chiropractic in an attempt to sap on-campus support for affiliation. The first speaker was Dr. Murray Katz, a Montreal physician and critic of chiropractic. They are also encouraging off-campus scientific and medical associations to intervene in the debate.

Stevenson insists that these efforts are unlikely to derail the affiliation process, which originally passed by a 4-1 margin. Society has already passed judgement on chiropractic's merit, he says, because Ontario and most other provinces now provide at least partial coverage for chiropractic treatment through public medical insurance and workers' compensation plans. The York administration, however, may have misjudged how controversial any affiliation with chiropractors will be. "They thought this would go through in the blink of an eye," says De Robertis. "Now, I think they're starting to get nervous."

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BC college drops proposed alternative health offerings

George Eisler, dean of health sciences at the British Columbia Institute of Technology (BCIT), expected the British Columbia Medical Association (BCMA) would be a little miffed at his plan to have BCIT offer degree programs in naturopathy, traditional Chinese medicine (TCM) and other alternative health therapies. But the BCMA's reaction was quicker, louder and angrier than he expected. In November, faced with the prospect of a public political row over the new courses, BCIT quietly backed down.

Brian Dixon-Warren, a Saturna Island general practitioner who chairs the BCMA's alternative health committee, hopes that BCIT's retreat is a sign that the province's "wave of enthusiasm" for fringe medicine has finally peaked. He and other committee members had met with Eisler and BCIT's Board of Trustees separately last summer to voice their objections to the proposed programs.

BC is the only province that provides coverage for naturopathic consultations under its medical services plan. This summer the province's Health Professions Council recommended that the health

minister establish a College of Traditional Chinese Medicine, ignoring objections from doctors who argued that this would give unwarranted recognition to a profession riddled with ineffective and potentially dangerous practices.

Dixon-Warren says the BCIT proposal was particularly alarming because of the institution's role as a training facility for most of the province's x-ray technicians, physiotherapists and other health professionals.

Eisler insists that BCIT's decision to drop the project had nothing to do with BCMA lobbying. Society has already established that naturopathy, TCM and chiropractic are worthwhile, he says, and BCIT has a responsibility to ensure that students receive high-quality training in them. He says BCIT simply decided that it would have been difficult to attract enough fee-paying students to make the new offerings worth while, given the province's unhealthy economic situation.

Eisler suggests that BCMA objections to BCIT's plans were simply part of a "turf war" with alternative practitioners who threaten physicians' role as health care gatekeepers. For their part, doctors

suspect that the Ministry of Health's quiet promotion of alternative therapies is motivated by economics. In a paper on naturopathy published last summer in the *Scientific Review of Alternative Medicine*, psychologist Barry Beyerstein of Simon Fraser University wrote that the ministry justified its spending on naturopaths on just such grounds: by encouraging the "worried well" to seek out alternative practitioners, the number of billings by more expensive physicians would be reduced.

But for a highly reputable institution like BCIT to grant degrees in unscientific therapies would have been a much more dangerous development, says Dixon-Warren, because it would have cast doubt on the academic reputation of BCIT's entire health sciences program. He also thinks the move would have jeopardized the close working relationship between doctors and BCIT-trained technical staff. He is relieved that, for whatever reason, BCIT has abandoned the plan. "There has been a bandwagon of enthusiasm for alternative therapies," he says. "Now there is some rethinking of it all. It is a very welcome sign."