

## April the cruellest month for Canada's chiropractors

A long-awaited coroner's inquest into the stroke-related death of a 45-year-old Ontario woman has renewed debate about the potential dangers of chiropractic manipulation (see *CMAJ* 2001;165 [7]:905-6; *CMAJ* 2002;166[1]:40-1).

The inquest, which began in Toronto in April, is focusing on the role cervical manipulation may have played in the 1996 death of Lana Dale Lewis. Shortly after she began receiving chiropractic treatment for migraine, Lewis had the first of 2 strokes; the second led to her death in August 1996, 17 days after the initial treatment. Her family says she began showing signs of dizziness and memory loss days after the first treatment.

Lawyers for the Canadian Chiropractic Association and the Canadian Memorial Chiropractic College maintain that cervical manipulation played no role in her death. "The risk of stroke from chiropractic is one in a million," said lawyer Tim Danson, who pointed to Lewis' history of smoking and hypertension and a family history of heart disease as the likely causes of the strokes. "She had all the major factors that put you at a high risk for stroke. I think the evidence is just overwhelming."

The inquest, which is expected to run well into June, was only one part of a very tough month for the 107-year-old chiropractic profession. The string of bad news started with the inquest into Lewis' death. Then a disabled 67-year-old man from Waterloo, Ont., filed suit against his chiropractor, claiming that a cervical manipulation had left him partly blind and unable to walk. That same week the Manitoba government joined a worrisome trend for the profession by cutting chiropractic coverage by 30% and eliminating it entirely for children. Health Minister Dave Chomiak explained that "we had to find some savings and chiropractic isn't a core Canada Health Act service." To cap off the bruising month, CTV's flagship newsmagazine program, *W-FIVE*, aired a heavily promoted report disputing the safety of chiropractic cervical manipulation.

However, the inquest probably poses the most serious threat to chiropractic's credibility because of the saturation media coverage it has received — in the Toronto area there have been dozens of newspaper and broadcast reports.

This is the second Canadian inquest in 4 years to deal with this issue. In 1998



**Lana Dale Lewis: dizziness, memory loss and death**

a coroner's inquest into the death of a 20-year-old Saskatoon woman, who had a stroke and died following cervical manipulation by a chiropractor, recommended changes that included the posting of warning signs in chiropractors' offices.

In the Toronto inquest, lawyers for the chiropractic profession dismissed suggestions made during the first week by Dr. Al-Noor Dhanani, the neurologist who examined Lewis after she was admitted to hospital. When she died after the second stroke, Dhanani alerted the neuropathologist about the possible connection with chiropractic.

In hiring Danson, the chiropractors have chosen a high-profile and aggressive lawyer. "It's easy to throw out theories, but what we're going to see by the time this inquest is over is that all of what the theories are based on is nothing but junk science," Danson told *CMAJ*. "He [Dhanani] was just going on a hunch."

Danson is best known for representing the families of Kristen French and Leslie Mahaffy after the teenagers were murdered by Ontario serial killer Paul Bernardo. He also represented a coalition of police and victims' groups in the recent Supreme Court case involving the federal law that outlaws possession of child pornography.

*CMAJ* will report on the inquest and its recommendations after it wraps up in June. — *Brad Mackay, Toronto*

## New FP residency program tackles First Nation issues

The University of British Columbia (UBC) will launch Canada's first Aboriginal family practice residency program in July, when Drs. Evan Adams and Shannon Waters begin 2 years of training that will take them to rural Aboriginal communities and a variety of clinical sites in BC's Lower Mainland.

"We have not really been very successful in working with Aboriginal people," says Dr. Meena Dawar, the program director. "We have imposed our own Western understanding of health and illness on this population, which is probably why we haven't worked very well in improving their health."

Dawar hopes to change that by exposing residents to everything from addiction medicine in the inner city to placements in prisons and rural First Nations' communities, including 2 months in Inuvik. Six clinical sites have been selected, and Dawar is developing others. The Longhouse, UBC's cultural and educational centre for Aboriginal students, is also considering offering a native medicine component. Finding places for residents to practise has been "the least of her challenges," Dawar says of the program, which is open to non-Aboriginal physicians. A greater problem is finding ways to improve "the great disparity in Aboriginal health status" and to reduce the injury rate — motor vehicle accidents, suicide and homicide are leading causes of death for Aboriginal people. "For everyone else," says Dawar, "the main causes of death are cardiovascular disease and then cancer, yet for Aboriginal people we are dealing with injuries. Why is there such a huge discrepancy, and what can we do about it?" — *Heather Kent, Vancouver*