Position Paper on the Fitness of Chiropractic
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Consciously or not, every party recognizes the importance of perspective when commenting on the chiropractic controversy. The chiropractors point to the medical profession and accuse it of occupying the perspective of self-serving, representing an establishment unwilling to tolerate competition. The medics point to the chiropractors as operating from the point of view of misguided self-interest, capitalizing on human vulnerability to line their pockets. No matter which of the two sides one chooses, it is impossible to escape the charge of bias in one's own interest.

This is the situation I found when I first became interested in the topic a dozen years ago. At that time I was a teacher of health and physical education at a private secondary boarding school in the State of Ohio. Due to the fact that most of our students lived at the school, I was particularly interested in working closely with their family doctors in connection with any physical problems they might have. It was in this capacity that I became friendly with a local chiropractor and began my education about chiropractic theory and practice. Later on I began teaching health education on the college level and focused my attention on consumer health. Consumer health is an area of specialization wherein scholars study and evaluate products and services in the health marketplace with the best interests of the public in mind. It was from this perspective that I intensified my study of chiropractic - an effort that eventually led to a doctoral dissertation on the subject.

It is my studied opinion that the only persons who can be completely objective about the chiropractic controversy are those in the academic community who have no economic self-interest and are immune to political pressure by special-interest groups.

I should add that my study of consumer health has in no way been limited to chiropractic, but has covered a wide range of products, services, methods of operation, advertising, and particularly the behavioral psychodynamics involved. I have discovered that when one digs deeply into trying to understand health behavior it is impossible to stop until one has found the deepest roots of man's motivations. My search has led me to the evolution of man's thoughts about his existence and how he perceives reality. It has caused me to probe his fears and aspirations, and to study man from his rational best to his irrational and fraudulent worst.

Presently, I am an Associate Professor in the Loma Linda University School of Dentistry. I am one of several non-dentists on the faculty.
teaching assignments include courses in graduate research methods for various professional programs at the school. My undergraduate teaching assignments include biometrics, public health, nutrition, and a teacher training course in consumer health at our College of Arts and Sciences. I am also President of the Southern California Council Against Health Fraud, Inc., a non-profit corporation dedicated to protecting the health consumer from unscrupulous practices in the health marketplace. Recently I have become a member of the Board of Advisors for the American Council on Science and Health, an organization dedicated to promoting health within a proper scientific perspective.

It is impossible to study a subject as thoroughly as I have chiropractic and not hold an opinion about it. Although that opinion is decidedly negative, nevertheless, I believe it would be accurate to describe myself as a critic, but not necessarily an enemy of chiropractic. I say that I am not an enemy because of the knowledge that there are many responsible, well-meaning people within chiropractic who wish as much as I to see the public receive whatever benefits chiropractic treatment can bring.

CHIROPRACTIC PHILOSOPHY

Attempts to understand chiropractic will be most fruitful within the context of its philosophy. It is in this realm that chiropractic was originally conceived and continues to function today. D. D. Palmer's own testimony states that he searched for a single cause of disease and was convinced he had found it when he allegedly cured Harvey Lillard of deafness by spinal manipulation. At that time he made the bold assertion that "95% of all disease was due to vertebral subluxations," a belief still held in principle by the branch of chiropractic known as the "straights."

An internal controversy has raged for years within chiropractic regarding this basic tenet. Other chiropractors, constituting about two-thirds of the practitioners in the United States, are known as "mixers" because of their willingness to admit to the possibility that other modalities besides spinal manipulation have value and incorporate them into their practice. To them, the "straights" represent cultists who base their beliefs purely upon a faith in the wisdom of D. D. Palmer. Included in this belief system is the concept of the Innate. The Innate refers to the life force of the universe which flows through the central nervous system instituting bodily health, sometimes impaired by the "subluxation." The "subluxation" in chiropractic terms is not the same as that described by standard medical terminology, but is a far more subjective and less recognizable entity which often eludes a second chiropractor
having been identified by another.

Once one appreciates the importance of the Innate to chiropractic philosophy it is understandable that "straights" are undisturbed by the failure of neurologists to detect any quantifiable alteration in a nerve impulse after it has passed through an area of impairment, or even recognize the presence of a "subluxation" visible to another chiropractor. To the "true blue" chiropractor he is adjusting the spine so that the mysterious all-important Innate Life Force can flow freely to all of the organs. It is this feature that gives chiropractic a religious overtone which transcends its need for science.

The "mixers" are more empirical in their approach to chiropractic. They are less apt to recognize the Innate, preferring more naturalistic rationale for their practices. They are also more heterogeneous. As soon as a "straight" deviates from the faith by adding a modality besides spinal manipulation he automatically becomes a "mixer" in some degree. This is why some "mixers" can be found who believe in the Innate. Their mixing is a result of having fallen into pragmatism. From that first step into eclecticism "mixers" run on a continuum that begins with what might be better described as a "pragmatic straight" and extends to whatever the law will allow.

"Straights" chide the "mixers" as being "frustrated medics" who simply never made it to medical school. They sharply criticize the mixers for having abandoned the original premise upon which chiropractic is based. Interestingly, they do have a point since the mixers have not abandoned the subluxation theory nor have they defined it quantitatively or explained why neurologists are unable to detect its effects on nerve transmission. Nor can they perform any better at validating the presence of subluxations found by other chiropractors under experimentally blind conditions. To the "straight," the "mixer" doesn't even deserve to be called a chiropractor because the designation is inextricably tied to the original subluxation theory of Palmer which is a tenet of faith - not science.

From the viewpoint of an outsider it appears that the "straights" win the argument. Chiropractic is chiropractic only because D. D. Palmer said it was. No other reason can be given for its existence. While the "mixers" must be commended for their open-mindedness and their willingness to recognize advances in health science such as the discovery of vitamins, their eclecticism seems to be based more upon business opportunism than a willingness to apply the scientific method to their practices or training schools. Currently, they
find themselves in the very awkward position of still practicing chiropractic manipulation without the "faith" of the straights nor the science to which they like to pay lip-service.

Presently, there does seem to be a movement among "mixers" to apply the scientific method to chiropractic for the purpose of finding its limitations and possible value to the world of medical science. This poses a real dilemma to those who wish to see chiropractic remain a separate and distinct profession. Chiropractic has no corner on manipulative therapy. Osteopathy has already preceded them down the road which began with a cultist belief in the universal value of manipulative therapy and, after having adopted the scientific method, ended with practices practically indistinguishable from allopathic medicine. Anybody with an understanding of the natural sciences must admit that there is only one reality, and anyone conducting basic research will discover the same reality as others have. This being the case, the best chiropractors reaching out to science can hope for is that its unique version of manipulation (which involves the "dynamic thrust" as opposed to the more conservative techniques of the osteopath, physiotherapist or orthopaedist) will be shown to be of value in certain limited situations. (At present, their technique is viewed with apprehension because of its ability to inflict serious injury under certain circumstances).

The chiropractor who wishes then to ally with science faces the distinct likelihood that chiropractic will disappear as an entity leaving only a trace of itself in the form of a manipulative procedure of limited value in the medical armamentarium. As for his own fate, he will probably find that, through additional training, he would at best be qualified to join the ranks of the physiotherapists. Scientifically he would have advanced himself, but politically he would have lost his position as a primary health deliverer (a status he never really deserved in the first place) for the lesser designation of a practitioner without the title "doctor." Human beings being what they are, it is too much to believe that many chiropractors are going to be willing to let that happen without a fight.

As an outside observer I am waiting with curious anticipation to see how the dilemma the "mixers" have placed themselves in will be resolved. As I see it, they must either return to the original philosophy of chiropractic as embraced by the "straights" with the belief in the Innate and all that it represents, or drop the title of chiropractor and become known as naturopaths.
As such they would be no less abhorrent to scientific medicine, but they would end the confusion within chiropractic. As naturopaths they could still perform chiropractic manipulation as well as all other modalities allowed by state law without apology to chiropractic straights.

**SCIENCE OF CHIROPRACTIC**

The dictionary gives many meanings for the word "science," which requires that a definition be given of how I am using the term in the context of my comments. As a university professor who teaches health professionals graduate research methods my opinion as to the proper definition of the word has been developed only after a considerable amount of study. Basically, science is as science does - it is its methods which makes it what it is. These are methods that have proved themselves to be reliable and valid and that can be employed by ANYONE seeking to discover truth in the natural world, and the intellectual products those methods yield which are the beliefs of science, i.e., scientific knowledge - included is a code of behavior which requires that those beliefs be advanced on the basis of merit and not persuasive rhetoric. These methods are the products of ages of observation and study by the greatest minds of human history. They are the greatest legacy of mankind. They represent man's best and most systematic thinking. They are not esoteric but open. No one person, professional group, or culture owns the scientific method. Chiropractic is free to avail itself of these methods if it is of a mind to do so. All that is required is a hunger for truth that supercedes all other interests.

Application of the scientific method by chiropractic would result in its fulfilling of at least the most basic requirements for any system deserving to be called a science. First, there is the matter of definition. As we saw under the philosophy of chiropractic, it can't ever be agreed upon as to what a chiropractor is, so chiropractic must begin by defining itself. Also, under definition, they must define the theory of chiropractic. The Royal Commission on Chiropractic, which was appointed by the Quebec legislature (1963) to study the chiropractic question stated it succinctly when they said:

Chiropractors claim that subluxations, or partial displacements of the vertebrae cause a perturbation of the distribution of nervous impulses to tissues and cells. Neurophysiologists have developed methods of recording the passage of impulses in nerves. Exceptionally sensitive apparatus is available to anyone wishing to use it. No scientific study has been published on the subject by a chiropractor. No chiropractor has ever defined, either quantitatively or qualitatively, what chiropractic means by perturbation of nervous impulses. Is it their number, their amplitude, their frequency, the speed of their propagation, or their wave patterns which are affected? All of these qualities can be identified, recorded, and studied.

The situation remains today exactly what it was then.
Secondly, chiropractic must determine its limitations. The universality of its claims for spinal manipulation as a panacea for all manner of disease is ludicrous and insults the intelligence of learned men. This is especially true presented as it is without a shred of evidence and in light of modern medical progress which has revolutionized the world. Chiropractic boldly asserts that if anyone would submit to its methods a utopian era of health would emerge, and yet history has failed to record one single contribution by chiropractic to mankind's age old struggle against disease.

In their publicity chiropractors try to maximize the failings of conventional methods of health care. It is not difficult for them to find grist for their mill because one of the most important features of a scientific enterprise is that it not only makes no attempt to hide its failures but discusses them openly so that it might learn how to avoid future errors. No such self-criticism will be found regarding chiropractic's therapeutic modalities. Their literature abounds only with stories of success - both clinical and financial. The only criticisms regularly found have to do with the politics of chiropractic. These constitute an inordinate amount of effort for a group which supposedly has as its primary purpose the treatment of disease.

I have been asked many times if I felt there was any scientific validity to chiropractic at all. To that I can only answer that I do not know - and neither does anyone else including the chiropractors themselves. There have been a number of patient satisfaction studies which show that many people are happy with chiropractic care. In some cases they have outdone the regular physicians in this regard, but as we shall see when we examine chiropractic practice, there are some good reasons for these findings which do nothing to validate chiropractic's scientific standing.

Many chiropractors or their patients have related stories to me of individuals who were not being helped by conventional means who engaged the services of a chiropractor as a last resort. The story always ends heroically with the patient getting up and walking after having been carried into the presence of the healer. While I'm sure like all stories they have gained something in the telling, I have no doubt but many of them are substantively true. The great tragedy is that when it does happen the chiropractor is more capable of explaining exactly what happened than is the patient. The event is entirely fortuitous for the patient because the chiropractor is incapable of predicting the probabilities of the outcome prior to administering treatment (including the possibilities of inflicting injury which has been documented as substantial).
Thus, if chiropractic has stumbled onto some advancement for medical science which will contribute to alleviating the suffering of mankind, they themselves are unable to quantify it. The chiropractic profession itself is the greatest loser in this case. Their failure to apply the scientific method to their field has wasted more than 80 years of clinical experience in manipulative therapy. This is what I term the "chiropractic tragedy!"

No doubt there will be chiropractors who will wish to dispute the dismal picture I have presented of the scientific status of chiropractic. They may put together a group of fragments such as the research being conducted at the University of Colorado, Pettibone's work on bio-mechanics, Ilie's motion picture X-rays, and so forth, but none of these represent a serious attempt to define chiropractic, test its basic theory of the subluxation and its alleged interference of nerve transmission or, most importantly from a clinical point of view, answer the question of whether or not it works under double-blind conditions.

The only way chiropractors can make their field appear to be a science is to change the definition of what a science is to something so impotent that any organized body of activity would qualify from witch-doctoring to the flat-earth society. To those chiropractors who wish to challenge my assessment, I invite them to submit to a test of either their theory or practice based upon a randomized, double-blind test designed by an independent group of scholars qualified in bio-medical research design - not medical doctors who can be accused of stacking the deck against them, but Ph.D.'s who will clearly lay out all of the rules and alternatives a priori and let the chips fall where they may. If one settles for anything less than that it would have to amount to submitting to persuasive rhetoric or political pressure. For far too long chiropractic has been allowed to get away with circumventing the scientific test in favor of the political accommodation.

**CHIROPRACTIC PRACTICE**

Up to this point most of what I have had to say has been decidedly negative, not out of any animosity for I hold none toward chiropractic as a profession, but rather because it is the simple truth as I have found it to be. It is in this area of chiropractic practice that some positive things can be said. As was mentioned before, several studies have shown that a major portion of patients who have sought chiropractic aid, particularly for musculo-skeletal complaints of the back, have been satisfied with the service. It is this ability to satisfy their patients which gives chiropractic its political
clout. It is reasonable to ask that if the situation is as bad as it has been made out to be up to this point, how is it that chiropractic manages to perform so well in the clinic? Let us examine that question.

Any practice of healing involves both art and science. The art has to do with handling the patient emotionally and the science with treating the disease. Throughout most of history medical men have relied primarily upon art because their science was so woefully lacking. Nevertheless, the doctors of the past were deemed successful much of the time, and were particularly loved by their patients. Recently, I heard a physician publicly lament how, at one time, doctors could go anywhere with the black bags and be revered as angels of mercy, but today, physicians are forced to remain anonymous for fear of being mugged by felons or verbally thrashed by some malcontented patient of modern assembly-line health care. Today, physicians have more science than ever before in history - so much, in fact, that they have apparently forgotten much of the art. Indeed, much of the cause behind the current malpractice crisis in the United States stems from the breakdown of the doctor/patient relationship which represents a failure in the art of handling the emotional needs of patients.

The chiropractors, who are so deficient in science, have compensated by having developed the art of their practices to a high degree. This has not come about purely by happenstance, but is to no small degree the result of deliberate effort. Chiropractic publications are laced with articles and ads by promoters of programs to teach successful practice building. The methods they teach run from emotional-battery recharging revivals to instruction in practice gimmicks which are clearly out-and-out fraud and deception. The goals of many of these courses is to make the patient a regular recipient of care even though no immediate health problem exists. This kind of ruse is promoted as "preventive chiropractics," as a take-off of the old gimmick called the "yet disease." The reasoning goes like this:

Patient complains of a problem in the left shoulder, most likely bursitis, which is an inflammation of the bursa.

The chiropractor asks, "Has it reached the right shoulder yet?"

Patient says, "No."

Chiropractor says, "These things usually spread. I'm not sure how much we can do for the left shoulder, but we're going to do our best to keep this from spreading to the right shoulder."

Since bursitis is a localized problem, it never does spread and the pat-
ient is led to believe it was because of the efforts of the chiropractor. If patients can be convinced that regular care is preventive and can thus be led to believe that any health they enjoy is due to regular spinal adjustments, the chiropractor can make a good living on healthy people. This is particularly valuable to a profession which has demonstrated so little in the way of ability to treat real pathology.

Recently, sociologists studied chiropractic practice in the chiropractic office to determine the nature of chiropractic patients and the way in which they were handled. They report that the focus of attention is more on the personal emotional needs of the patient rather than the disease he is suffering from. Even the office help is trained to take notes on personal aspects of the patients and their families. Enquiry is made into matters which may have been discussed during previous visits to the office such as a son's success on the little league baseball team or where the family is planning to go on their vacation, etc. The patients are made to feel important by the whole office team. In a world where there is a great deal of depersonalization, such efforts are greatly appreciated. The relationship is often so close that even when a patient is the victim of incompetence he is apt to be forgiving, saying, "I don't believe he (the chiropractor) really meant to harm me." There are times when malpractice suits, which should have been carried out to protect the public from future harm by chiropractors who are repeated bunglers, are thwarted by patient loyalty.

In addition to the deliberate artful handling of patients by psychological manipulation, chiropractic enjoys some unique features which enhances its effects on the psyche. Most obviously is the laying on of hands that is involved. The importance of touching and physically handling is well-known and becoming more appreciated in conventional circles, especially among nurses. In my work with graduate nurses this aspect of patient care is currently a topic of major interest and study. The need for such physical contact is laid down very early with the handling which begins with the mother/infant relationship. As a coach I was taught and came to appreciate the importance of the pat on the back to the athlete who has just succeeded, or the reassurance of the gentle tap on the "fanny" of the athlete who needs encouragement. It would take more space than practical here to elaborate all of the instances throughout human experience which is enhanced by touching and handling. Suffice it to say that its deep emotional implications coupled with other factors can build a strong and important bond between chiropractor and patient.
In addition to this, Homola, who is a chiropractor himself, describes how important the placebo effect is in chiropractic practice. He points out that the "popping" sound that a patient hears, and more importantly, feels during the chiropractic adjustment gives an added reinforcement to the process and makes the patient believe that something really important has just happened within his body. He describes this as part of the genius of the system which has managed to perpetuate itself primarily on the placebo effect. Interestingly, a study done for the chiropractic profession itself indicated that patient satisfaction rates correspond very closely to what can be expected with a combination of the self-limiting nature of most illnesses and the placebo effect, a figure of about 70% success.

Concerning the workmen's compensation records which show chiropractic as comparing favorably to treatment by conventional methods, it has been pointed out by at least one authority that it is very likely the more severe cases end up in the hands of the regular surgeons while the ones more likely to be self-limiting are more apt to constitute a greater percentage of the chiropractic cases. If I were a governmental agency considering chiropractic as a viable alternative to conventional medicine, I would at least want to examine that possibility.

Essentially every scientific study of the clinical outcomes of chiropractic have pointed to the importance of the methods chiropractors use to make their patients happy which are basically unrelated to the actual treatment which is rendered for the physical complaint which brought them into the office.

I wish I could say unequivocally that conventional medicine could learn from chiropractic about how to handle patients and increase their loyalty and satisfaction. Certainly, they can take note of the fact that more needs to be done in the area of handling the patient's emotional needs, but unlike chiropractors, medical doctors are not trying to sell their philosophy to patients or make converts of them to some off-beat view of reality. They are only in the business of fighting disease.

A certain amount of success of chiropractic practice stems from its functions as a belief system. This provides energy and vitality for the practitioner, often giving him an added aura of enthusiasm and religious sincerity which also potentially enhance the placebo effect. Chiropractic theory provides the patient with a simplistic explanation of his physical problem which he can grasp and relate to such as the notion that his back is "out" and the chiropractor puts it back "in." In addition, for those patients who will listen,
the concept of the spinal subluxation theory is presented in diagramic form on various charts or fancy electrically lighted display models showing nerve impulses flowing from the spine. This provides a simplified model patients can use in their attempt to understand the complexity of their bodies. There is an enormous amount of paraphernalia found in chiropractic offices which are designed to carry out an on-going patient indoctrination program, most of which is pointed toward enlisting the patient for a lifetime.

In my opinion it is not possible to completely separate aspects of patient handling employed by chiropractors that can be considered legitimate from those who are deceptive and misguided. For that reason I cannot commend the chiropractor for having excelled in the art of practicing the healing trade nearly as much as I can criticize them for their lack of science and personal integrity.

THE CONSUMER HEALTH VIEWPOINT

Health products and services are items to be found in the free enterprise marketplace along with those of a less vital nature. Like all items in the marketplace they are subject to the law of caveat emptor (let the buyer beware) to a substantial degree. Granted, laws have been passed which protect the health care consumer to some degree from blatant fraud and poisonous nostrums, but in some matters governments have failed to act sufficiently.

The guiding principle for consumer protection in the case of health care products has been that they be shown to be both safe and effective. Recently, in the United States the requirements for this has been tightened up in that now something must be proven safe before it be introduced into the marketplace. Previously, the rule was that something was innocent until proven guilty as is true under law for a criminal. The new requirements reflect the rule of science which says an item is to be considered worthless until it is proven to be useful. It is within this context that the dilemma now facing your legislative body can best be understood.

As lawmakers, legislators are used to acting according to rules of law rather than rules of science. The more government finds itself interposed into the scientific community, the more it will no doubt find itself in conflict with the difference between these two principles. I believe that it is imperative that government understand the importance of proving the safety and effectiveness of health products and services before qualifying them for subsidy before a precedent is set which in effect institutionalizes quackery by legislative fiat.
If legislative bodies do not adopt the criteria of science to judge the qualifications of those seeking access to the public purse in the name of health care, I wonder just what the criteria will be. If it is strictly based upon the amount of agitation any group can stir up in the absence of a well-organized opposition I can see some potential problems for the future. What would your legislative body do if the shamans or witch-doctors of your native groups led an organized attempt to have their services reimbursed by the government health plan? I submit that any criteria other than that used by science must ultimately give recognition and financial aid to any group which can make itself heard in the halls of parliament. As to whether or not this is appropriate, only society can decide, but before this very critical decision is made, I think it is essential that it be placed in the perspective of history.

From all we have been able to learn from a study of ancient civilizations, man has not changed very much in recorded history. Man for man, we are apparently no smarter today than were the ancient Greeks, Egyptians, Chinese, or Incas. They were as frustrated by death and disease as we, and were as dedicated in their attempts to conquer the scourges that ravaged their loved ones and friends. The same can be said of the Romans and those of the Middle Ages. The reason we today enjoy a level of health never attained by our forebears is a result of the scientific method which has painfully evolved over the years. Prior to the advent of experimental science which arrived in the eighteenth century, man's survival and health status was similar to the wild creatures of the earth. We shared with them the necessity of a high birth rate in order to perpetuate our species because of the effects of not only a persistently high death rate, but the periodic disaster of plagues and epidemics. Prior to the age of scientific enlightenment we could expect a fifty-percent mortality rate before adulthood. Many of us alive today would never have seen the light of a single day without the benefits science has brought. As a matter of fact, you would not even be considering governmental involvement in health care had it not been for the progress of scientific medicine. Can you imagine what it would have been like to underwrite medical care previous to the scientific era?

The current trend of governmental involvement in health care can be seen as part of the evolution of mankind's improving status on the earth. As a health educator dedicated to the cause of disease prevention through better living habits, I can see much of value in a system of health care based upon central planning, quality control and the economics of prevention. I have a
high level of appreciation of this due to my training in public health. Many of the programs which have the most to contribute to the health and welfare of the public are dependent upon enlightened governmental involvement. It is my appreciation for the importance of government's role in setting the trend for the future that makes me apprehensive over the inclusion of cultism and unproven methods into the system. In the case of chiropractic, I am doubly concerned because of what I know of their persistent efforts to develop chronic patients which would waste limited public dollars.

Government has never shown itself to be able to cope effectively with chiropractic. It wasn't too many years after its beginning that an attempt was made. Palmer asserted his "discovery" of chiropractic in 1895. In 1906 the first Food and Drug Act was passed, driving many quacks out of the nostrum business. In 1910 the Flexner report caused many second-rate medical schools to close. It was in this climate that chiropractic grew. Some believe that it became a sanctuary for those gravitating from other areas of unorthodoxy. In 1913 the State of Kansas made an attempt to regulate chiropractic practice by passing a licensing law. Many other states, believing this to be the answer to the chiropractic, followed suit. It wasn't long, however, before chiropractic turned this attempt of government to regulate its activities into a public relations device. The public was, and still is, led to believe that such licensure is a form of "recognition" by the government which validates chiropractic. Chiropractic has repeatedly shown its ability to advance itself by political accommodation. Each time government concedes a little, chiropractic uses the gain as a stepping stone to something more. They have built upon minor gains here and there until they have constructed a profession that has the public appearance of a legitimate health care entity.

In 1972 and 1973 the United States made the chiropractors partially eligible for reimbursement for limited services under Medicare. This was the result of a well-organized letter-writing campaign by chiropractors and their patients. The final criterion for inclusion used was popular demand. This past year a dozen states legalized Laetrile in the face of overwhelming scientific evidence that it was worthless, again on the basis of popular demand. Today in the United States we face an organized effort to remove the necessity of proving "effectiveness" in products and services in the health care marketplace. The forces which seek to have this foisted upon us are the same ones who previously fought to have chiropractic included in Medicare and Laetrile legalized. As a consumer health specialist I can only say that if these groups are allowed to continue the erosion of regulatory laws they will succeed in
turning back most of the progress consumer health protection has made in this century. The most amazing part of this whole movement is that it is advanced under the disguise of consumer effort to obtain "health freedom."

Consumer health specialists do believe that people should have the right to make informed choices whenever it is possible to do so in health care, but the choices must be between items which have been demonstrated to be both safe and effective. We oppose a system of choice that is in reality a game of chance consumers are forced to play as they try to evaluate the value of health care on the strength of their ability to separate fact from fancy or persuasive rhetoric from true merit. The kind of freedom advocated by those who would delete the need to prove effectiveness would in fact represent freedom for quacks to promote their intrinsically harmless wares without prosecution. It would not be "health freedom" but a "hunting license" for quackery. Despite what the efforts of well-organized special interests groups to have themselves included in government programs would have you believe, most people expect the government to act responsibly in these matters, and they look to the legislature for leadership and protection.

From my perspective the choice you have is very clear. It is not a matter of whether or not chiropractic per se is to be included in the government health plan, but rather, upon what basis should anyone be included or excluded? Will the criterion be political or scientific?

Another point deserving of consideration is what basis can coverage be discontinued once qualification is granted. It might be well to ask what will happen when the public becomes aroused and finds that it has been paying for unproven methods of health care often deserving the label of quackery. I believe the only safe and rational course to follow is one where a defensible criteria is established based upon proof of safety and effectiveness via the scientific method, and let the burden of proof shift to the applicant who wishes to be included. Exclusion should not be based upon the organized efforts of a political pressure group wishing to be included or the efforts of their opposition such as is currently being done. The current procedure places the legislature in the difficult position of having to choose sides. Adopting the rules of science in such matters not only protects the consumer, but it relieves the lawmaker of an uncomfortable role. Such a policy would not solve all of the problems of which paramedical groups will or will not be included in the state health care plan, but it would serve as an effective screen against quackery funding its way into the program. Such a policy is also the only one which will stand up well before the judgment of history.