The John A. Sweaney Lecture: Durbin, South Africa, April 2013, given by Dr Louis Sportelli. The 100 year test: can that tell us something?

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Abstract The following is *The John A. Sweaney Lecture* delivered by Dr Louis Sportelli at the Biannual Assembly of the World Federation of Chiropractic in Durban, South Africa, on April 12, 2013.

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Ladies and gentlemen, good morning and thank you for being here and for participating in this most auspicious conference and helping celebrate the 25th anniversary of the World Federation of Chiropractic (WFC). Twenty-five years ago, lofty dreams and audacious goals were outlined by the WFC founding group (some of whom are thankfully in the audience today and still actively participating). Whether we will admit this or not, deep down in our hearts, there existed that lingering shared doubt of how this organization we were attempting to give birth to could survive and how those goals and dreams we aspired to could be achieved. But never was there a doubt as to why it was necessary to form the WFC; and so 25 years later, here it is strong, viable, and relevant. For a moment, let us take this opportunity to collectively savor this incredible accomplishment.

To those of you who have participated directly and/or indirectly to make this dream a reality, thank you! Take a moment and delight in the internal satisfaction of a job well done. To those who have not participated in the past but are determined to be here 25 years from now to witness a totally transformative WFC at its 50th anniversary, decide what and how you will contribute and begin doing so today (Fig 1).

Enough of this frivolity ... this is the John Sweaney lecture; and the charge was ... well, there was no charge. The rules are that the speaker can choose his/her theme and is encouraged to give a challenging message. Having that autonomy could be a very dangerous and an open-ended invitation to wreak havoc, but I will try not to be the one to break tradition. I have been known to be likened to the “cock-eyed” discus thrower; I don’t throw very far, but I keep folks on their toes.

This is the fourth lecture in this series. The first was delivered by Dr John Sweaney; the second lecture, his wife Dr Inger Villadsen; and the third

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Fig 1. Dr Louis Sportelli. Dr Sportelli received his Doctor of Chiropractic degree from Palmer College of Chiropractic in December 1962 and has been in private practice since 1963 in Palmerton, PA. He has been active in his state, national, and international associations. He served as Chairman of the Board of the American Chiropractic Association in 1989 and as President of the World Federation of Chiropractic from 1998 to 2000. Currently serving as President of the NCMIC Group in Iowa, Dr Sportelli is also on the advisory board of *The Chiropractic Report* newsletter and is a trustee of Blue Mountain Health Systems, a partnership of local community hospitals.

lecture, by our own Dr Scott Haldeman. Each of these individuals talked about chiropractic, the pursuit of professionalism, identity, and the future of chiropractic and spine care. This fourth address to this assembly will, I hope, be somewhat historical in nature. I want to impart the observations and thoughts of someone who has been involved with and seen some changes to our profession in my career. I am indeed honored and humbled by the confidence and selection of the WFC Board.

It is 2013, WFC is 25 years old, I am just closing my 50th year since graduation from Palmer College, and the profession is now well over 100 years old. There are lots of milestones to recognize. Let me begin by stating the significance of lasting 100 years. In 1995, the board of the NCMIC Insurance Company decided that it was time to take a look at the future of chiropractic; and rather than assembling a group of chiropractors and friends of the profession in a room to discuss the future, we decided that perhaps we should go outside to the professional group known as *Futurists*. We searched

the databases, looked at the firms, and decided upon the Institute for Alternative Futures.^{1,2}

Many of you may have heard or met Clem Bezold, PhD. Our first meeting with Dr Bezold was interesting in that immediately after the social niceties of the initial handshakes and greetings, Dr Bezold asked, “When did chiropractic begin?” We looked at him rather quizzically and said, “1895.” He thought for a second and said, “Ok, we can talk, because anything that has not existed at least 100 years is simply not ready to be investigated.” This concept is being reaffirmed over and over and most recently in a new book *Antifragile* by Nassim Taleb, where he states, “The longer a technology lives, the longer it can be expected to live. Every year that passes without extinction doubles the additional life expectancy.”³ And so the profession has passed the first-100-year hurdle, and it appears that we may be here for a long time. But there is always the loud cry, “Where is the evidence for chiropractic?” thus mistaking “absence of evidence for evidence of absence,” and the usual debate ensues.

Clem Bezold and the Institute for Alternative Futures have a stellar record working as futurists for many professions, particularly the health professions; for the WHO; and for large corporations. As Bezold developed those first chiropractic scenarios, he developed his “100 year rule”—that is, that any healing system or health profession that survives for 100 years (without some form of regulatory propping up) must have value even if it not fully understood. One cannot fool consumers or patients that long without value.

I would like to share with you a few issues from my personal involvement that happened recently in order to emphasize the short 50-year progress of our profession. I recall back in the early 1960s, “vertebral subluxations” or “spinal dysfunction” along with “pinched nerves” was referred to as nothing but figments of chiropractors’ imaginations. Fast forward to the end of the 20th century and most spinal specialists of every variety recognize and understand the lesion we know as spinal segmental dysfunction and the value of segmental-motion restoration. As time and research evolve, so will the concepts involving mechanobiology, mechanoreceptors, epigenetics, and cellular communication, which will reveal many other possibilities regarding control of human physiology.

Unquestionably, spinal manipulation provides benefits to human beings; however, the mechanisms of action are likely to be different than what were believed 100 years ago; and thus, the evolution of tomorrow’s chiropractic concepts are inextricably linked to tomorrow’s research and researchers. Nothing will remain stagnant. Today, we have DC, PhD researchers at work

not only in Europe and North America but also in Australia, New Zealand, Brazil, and Israel. The *Journal of Manipulative and Physiological Therapeutics* is publishing chiropractic studies on management of eye, ear, nose, and throat problems in Norway; chest pain in Denmark⁴⁻⁶; and infant colic in the United Kingdom.^{7,8}

Other concepts that were early chiropractic hypotheses and scoffed at by the established community, such as the concern for the common use of hormone replacement therapy, unnecessary tympanostomy tubes, tonsillectomies, or the indiscriminate use of antibiotics, all were health issues that the chiropractic profession was aware of and spoke out against; not because of a bias or prejudice toward established medicine, but rather a fundamentally different paradigm and understanding of health and disease. These concepts permitted chiropractic practitioners to respect and acknowledge that the body is truly the hero and unless heroic measures were truly needed, the body will determine its destiny if not interfered with.

Yet despite the knowledge and warnings of chiropractic physicians about the various health risks, the world moved rapidly to accept and acknowledge that “man and science” knew better than “God and body.” The ensuing irreparable harm to individuals and the health care system in general has resulted in an epidemic of iatrogenic disorders that created destructive long-term health risks by ignoring the immediate evidence of the consequences of delayed harm. So the original thinking of the doctors of chiropractic in using the most conservative approach and watchful waiting, although not immediately recognized as “valid” by the established medicine, has become a practical and more widely accepted thought process in the world of increasing frequencies of iatrogenesis.

There is no question that the chiropractic thinking of today will substantially influence the future health care model by focusing on less reliance on prescriptive medicines, the increased use of nutrition and diet to ward off obesity and influence health, the ongoing concepts of physical activity/exercise/rehabilitation as major factors in overall wellness, and reducing the overmedicalization of daily aches and pains. This will become the dominant health care paradigm as we move into the next decade that will focus on wellness everywhere in the world.

In the United States in the early 1960s, it was uncommon knowledge that the American Medical Association (AMA) was plotting, planning, conniving, scheming, and conspiring to “contain and eliminate” the profession of chiropractic.⁹ We had no knowledge or direct evidence to support the contention that “chiropractic” was a target; but we had empirical suspicion that something was wrong, but we did not

know what it was! The smooth “invisible hand” of the AMA was not revealed because the dastardly deeds were so unimaginable and abhorrent, not to mention illegal, that the young profession of chiropractic could not fully comprehend this clandestine plan to do away with an entire profession.

We now have established the factual history of this occurrence, not from our vivid imaginations, but rather from the 1 million historical and legal documents that chronicled the events prior to, during, and post the AMA’s guilty verdict, which was posted September 25, 1987. The judge ruled that the AMA violated the Sherman Antitrust Act and was found guilty of Restraint of Trade.⁹ In 1979, the New Zealand Commission played a significant role in creating a report that was also felt worldwide. A fringe benefit of that report was the young barrister, David Chapman-Smith, who became interested in chiropractic and ultimately provided the leadership and governance for the WFC.¹⁰

Somehow, certain dates and years seem more significant than others. In London, England, in September 1987, the same month as the decision against the AMA, there was held the First International Chiropractic Conference; and I was privileged to address this group. Those of you who were present at that first historic conference realized that “something big” was happening, something was different, and the winds of change were blowing and carrying our fledgling profession to new heights.

Twenty-five years ago, in that speech, I highlighted the future major issues that needed to be addressed in tomorrow’s health care delivery. Sometimes, it is nice to have “age” as a viable partner to reflect both historically and into the future while functioning in the present. Some factors seemed rather clear at that time:

1. The closer international community: Who would have known just how small and close the world would get?
2. The ever-greater government involvement in health care: Who could have imagined the intrusion by government to the degree it has into the health care delivery system evidenced by the US passage of Obamacare and highlighting the many countries around the world already providing universal coverage and challenged on how to pay for it?
3. The ever-present third-party influences: Who could have predicted just how much influence they would exert? Perhaps not so much in other countries, but third-party payers certainly have influence in the United States.

4. The increasingly overcrowded health care marketplace

Who would have accurately predicted just how onerous and competitive the changing marketplace would be? Additionally, in that address, I outlined 3 items of importance for the chiropractic profession:

1. The need for unity without uniformity
2. The need for interprofessional relations
3. The need for national and international public relations

There have been impressive gains in all 3 of these areas, and one of them is from an unlikely source: a documentary film entitled *Doctored* (<http://www.doctoredthemovie.com>). I am hopeful that many of you have seen this documentary (or perhaps will see it during this conference). It was a joy for me to have participated in this simply because it brought about a sense of history that many in the profession have lost or are losing. We must never forget the clandestine plots devised and cleverly executed with the intent of destroying the entire profession of chiropractic. Does that mean we hold a grudge today? Of course not. What we have is more powerful than propaganda and more lethal than guns. What we have are facts and knowledge of what actually transpired. What we have is evidence produced by the incredible work of researchers around the world consistently adding to the body of knowledge that no longer can chiropractic be deemed irrelevant or unnecessary in terms of *patient satisfaction, outcomes, effectiveness, or cost*.

The documentary *Doctored* did something very unusual, something I call the *law of unforeseen consequences*. This documentary exposed the largest and most powerful nemesis of chiropractic, the AMA, and in the process did 2 things that were beneficial beyond the imagination or expectation of anyone involved in the process.

The first was that it brought out those medical professionals who could no longer sit back and be satisfied with the status quo. They had to speak out from within their own profession. Their comments were powerful, their voices strong, their motivation honorable, and their message the start of a tipping point for a new paradigm for the consuming public.

The second unforeseen benefit was that, quietly while the documentary was being filmed, every ideological faction in the chiropractic community was independently asked to participate by the producer and director of the documentary, each group unaware of

what the other group was saying or doing. When the final product was done, each of these groups truly saw and heard with their own eyes and ears that the perceived deep divide was not so deep, the differences between the groups were mostly in style rather than substance, and the commonality was greater than the conflict. What appears to be happening, in the style of spontaneous combustion, is that all factions are now looking at each other differently. What divides us is so small and what unites us so big that perhaps it is time to understand that unity without uniformity is possible.

I would like to share with you one small ironic anecdote to the documentary. Fifty years ago, as a doctor of chiropractic, I could not have a patient's urine specimen analyzed at my local hospital because of their bias against chiropractic. Fast forward 50 years later. The director of the documentary needed some background footage of a hospital, and that very same hospital that once denied me as a practitioner rolled out the red carpet to provide staff and access in order that film footage of that same hospital could be used for this documentary. That is progress.

A professionwide thank you should definitely be extended to Jeff Hays and Bobby Sheehan, director and producer of the documentary, who innocently helped a profession unite without trying. Undoubtedly, time, patience, confidence, and maturity will advance the profession in the future as they have these past 25 years, evidenced by the global expansion and impressive influence of the current WFC.

Here is an example of a situation that recently occurred and would have only been in the delusional imagination of the chiropractors of yesteryear, when the inclusion of chiropractors or even the minimal utilization of any of the hospital facilities was unthinkable. Several months ago, I received a call from the director of professional relations of one of our sizable regional hospitals. She obtained my name from looking up chiropractors and hospitals and found that I serve on a hospital's board of trustees. She indicated that they were considering opening up their hospital to doctors of chiropractic for diagnostic privileges and permitting the local regional chiropractic association to use their facilities for monthly meetings. I agreed to speak and started off my comments with, "It is hard to believe that this hospital has been in a time-warped for 30 years," and then proceeded to discuss the economic, professional, social, cultural, and patient-centric benefits of removing barriers to entry for this facility. The mood was friendly and receptive, the attitudes were cooperative and surprisingly interested in the past history, and the bottom line was simply a

new beginning of cooperation and understanding that will benefit all involved, another sign of progress only dreamed about during those struggling years of growth.

Just over a year ago, the *British Medical Journal* published a commentary jointly written by Dr Jan Hartvigsen of Denmark, who is a chiropractor and researcher, and a British professor of family medicine and physiotherapist. Their article argued that primary care management of spinal problems should be transferred from general medical practitioners to other better qualified professionals—including chiropractors. As well, in Massachusetts, Dr Ian Paskowski, a bright young graduate of New York Chiropractic College, was appointed Medical Director for Spine Care at his local community hospital, Jordan Hospital. Dr Hartvigsen and Dr Paskowski will be speaking at this year's Congress.

My final example of an event only possible in the world of dreams and dreamers is the collaboration or integration between mainstream health care facilities and chiropractors. As those of you who have been in practice for several decades may recall, collaboration was nonexistent. In stark contrast, I recently witnessed the recent acquisition of a chiropractic practice by one of the major leading hospital facilities in Eastern Pennsylvania. Imagine the hospital approaching a doctor of chiropractic to evaluate and purchase his practice and to make him, his associate, and all his staff employees of the hospital because of the changing health care system and the creation of a Spinal Center of Excellence, and the recognition that such a center could not truly achieve its goals unless doctors of chiropractic were part of the health care team. The longer the association continues, the greater recognition of the value that chiropractic care brings to the patient experience and the global value to the organization. Who would have dreamed 50 or even 25 years ago that these kinds of events would be taking place?

Add to this dream the inclusion of doctors of chiropractic to serve the military through the Department of Defense and the veterans in the Veterans Administration programs in various countries like the United States and Canada. The recognition of their worth creates future demand; and this does not require political, legal, or other coercive methods to enable this inclusion to occur, but rather the simple recognition of worth and value providing the impetus for expansion.

How far we have come on this road less traveled, and yet how far we still must go to achieve parity and equality as doctors of chiropractic. Consider that doctors of chiropractic are practicing in over 100 countries in all world regions, with 90 countries having a national association as a member of WFC. Consider the fact that there are 41 programs in 16 countries around the

world—more outside the boundaries of the United States, the birthplace of chiropractic, than within—in only 20 short years.

Chiropractic has gained recognition in countries such as Denmark and Switzerland and here in South Africa as an accepted and recognized part of their national health care program and major university systems. At the university medical school here in Durban, spinal anatomy is taught by a faculty member who is a doctor of chiropractic. Think about the fact that WFC now has had nongovernmental organization status with WHO since 1997, which was only a dream a generation ago. Think about WFC and the chiropractic profession asked by WHO to administer its first symposium on manual health care in Beijing in 2008. Other accomplishments include doctor of chiropractic Molly Robinson and chiropractic interns and fellows at WHO, adoption of the chiropractic Straighten-Up Exercise Program by the Bone and Joint Decade, the incredible Spine Care Centers launched by World Spine Care and Dr Scott Haldeman, and his and other major researchers' roles with The Neck Pain Task Force of the Bone and Joint Decade, where we maintain an active leadership presence through Canadian Deborah Kopansky-Giles. Greg Kawchuck, also from Canada, is building a database of our research folks from around the world. Doctors of chiropractic are publishing in peer-reviewed research journals and doing things never before imagined.

I conclude with the one area that I believe has the most significant part to play in the future advancement of our profession, and that is research. As many of you know, the NCMIC Foundation was formed 10 years ago with a goal of establishing a core capital investment of US \$25 million. Reaching this goal would ensure at least US \$1 million annually from the investment income alone to fund future research endeavors in perpetuity. Although US \$1 million is not a lot of money, it is enough to provide the seed money for many larger research grants. My goal is to accomplish our US \$25 million goal by 2017 in order to do in the United States what the Canadian Chiropractic Association and its partners have done in Canada—to fund research chairs and centers of chiropractic postgraduate doctoral studies in major universities across the country.

The methodology of science is very exacting. Its process is a result of the proven ability of the mind to fool itself and to be fooled and to try to overcome these limitations. The philosophy of the science of chiropractic refers to the explanation of the science of chiropractic. Since DD Palmer rightly contended science is ever-developing (and thus changing), so also does the philosophy of chiropractic develop

Fig 2. Dr Sportelli addressing the Assembly of Members at the WFC 2013 Congress.

(change) with it.¹¹ The two not only go hand in hand with each other, they essentially are each other. The shadows of ignorance too often created and maintained by a misuse of the term *philosophy* are being pushed back by the light of an ever-increasing amount of research.¹² The illumination is enlightening, and I hope that, 25 years from now, we can look at the progress of 2013 and think that it was only modest by comparison to where we will be in 2038.

Ladies and gentlemen, the ride has been exhilarating. In your hands, working together as I see you doing today, the profession is only going to get better. Chiropractic is now truly arriving in our world (Fig 2).

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