Chiropractic as Part of the Solution to the World Crisis in Spine-related Disability

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ABSTRACT

The purpose of this article is to explore the concepts related to how chiropractic can contribute to addressing the issue of spine-related disability. This article is an edited transcription of the presentation made by Dr Richard Brown, Secretary General of the World Federation of Chiropractic, at the Florida Chiropractic Association National Conference on August 17, 2018, in Orlando, Florida. (J Chiropr Humanit 2018;25C:6-9)

Key Indexing Terms: *Chiropractic; Philosophy; Spine*

INTRODUCTION

Imagine that you are in the Southern Hemisphere in a remote village in southern Africa. Picture yourself in Botswana, a nation republic the size of France with a population of just 2.3 million, making it one of the most sparsely populated countries on the planet. Seventy percent of the country is covered by the Kalahari Desert, where the temperature does not drop below 105°F in the summer.

If you are over 50 years old in Botswana, you are considered elderly; in fact, the average life expectancy is 63 for men and 68 for women.¹ A quarter of the adult population is HIV positive.² Outside the main cities, if you do not work in the mines and if you are a man, you are likely to keep cattle. If you are a woman, the chances are that you are raising a family and maintaining your compound, sweeping your yard and feeding your loved ones with maize porridge.

Imagine that in these sweltering conditions, you have developed debilitating back pain. This may be mechanical back pain, such as the strains and sprains that, as chiropractors, we see every day in our practices. You may also have nerve root pain from a disc lesion or degenerative stenosis. In Africa, this back pain could also be due to untreated tuberculosis of the spine. The pain you experience impacts your ability to care for your family or eke out a basic livelihood.

Now, picture an elderly man, coming into your chiropractic clinic, propelling himself in a rusty, poorly maintained wheelchair, caked with dirt. He is catheterized and carries a half-full bag of urine at his side. He is clearly unable to manage matters of basic hygiene. You have to physically assist this paraplegic man from his chair to your treatment table to deliver whatever treatment you can to ease his suffering. His spine is rigid, his back muscles are locked, and his legs are withered. The likelihood of osteopenia is high, as is the likelihood of other comorbidities.

Yet, as you picture this scene, this is not imaginary. In fact, I saw the elderly man in the wheelchair. He was my second new patient when I worked in Shoshong with World Spine Care in rural Botswana back in 2015. Working at the second site, a general hospital in Mahalapye, waiting rooms were full with people, including those who had travelled from Francistown, 4 hours to the north, in an overcrowded bus with no air-conditioning, for chiropractic treatment before embarking on the return trip.

At first hand, I witnessed the realities of the struggles that people with spine-related disability face every single day in a country better known for the magnificence of its wildlife and breath-taking scenery. Yet, do not think for a moment that Botswana is a third-world exception. Botswana is one of the most prosperous and stable countries in Africa. Most other African countries are far worse off. I receive letters from our colleagues in the Congo telling me that they treat patients with the sound of gunfire in the next street. Many African countries have no access to any spine care whatsoever. There are 865 chiropractors registered in South Africa. And yet, there are less than 60 in the rest of the entire continent of Africa.

We hear the word “crisis” so often on the news. Financial crisis, diplomatic crisis, political crisis, environmental crisis—the list goes on. Every day, somewhere in the world, there is a full-blown crisis. So often it is someone else’s crisis, something remote from our lives and something about which we can do very little.

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Yet, there is a global crisis in spine-related disability. This is a crisis that we, as chiropractors, can do something about. There are 7.6 billion people on the planet. Low back pain is the single biggest cause of years lived with disability.³⁻⁵ The ageing population is expanding all over the world. People are living longer, but they are not necessarily living healthier. Back pain causes a loss of mobility, which in turn may lead to social exclusion, loneliness, and isolation. Lack of physical activity leads to other conditions, such as obesity, cardiovascular disease, depression, and diabetes, therefore having huge public health implications.⁶

This issue is not only facing Africa. Local communities and those on our doorsteps are facing the same issues. Back pain does not discriminate between rich and poor, and the global burden of disability is just as much a crisis in the high income countries as it is in what we consider developing nations.^{7,8} So, who holds the key to solving the crisis in spine-related disability? Is it surgeons, orthopedists, rheumatologists, pain specialists, family physicians, chiropractors, osteopaths, physical therapists, acupuncturists, or any one of the plethora of health practitioners to whom patients spend \$100 billion a year, searching for the holy grail of spine solutions?

I propose that the reality is that no one has the solution. While professionals have bickered among themselves as to who is the greatest, the crisis has continued, and the statistics tell a bleak story as it relates to the management of spinal disability. However, every chiropractor can be a part of the solution. Every one of you is already making a tremendous difference with your patients and doing an

amazing job to positively impact people's lives. All of you have had years of special training to be authorities in nonsurgical spine care and will be deserving of the respect that comes your way as recognized primary health care spine-care experts.

What remains are these questions: How do we position chiropractic to be a part of the solution to the global crisis in spine-care disability? How do we advance awareness of what we do? How do we ensure that we seize the opportunities that are available to us, as doctors of chiropractic, at a time when no single profession has seized the spine care marketplace?

DISCUSSION

I suggest that the answer is simple. All of us have a duty to be "EPIC." What do I mean by being EPIC? The acronym EPIC stands for evidence based, patient centered, interprofessional, and collaborative (Fig 1).

Evidence-Based

We must position chiropractic as evidence based. Chiropractic is a health care profession, not a treatment or modality. In 2018 health care, evidence is king. We all know evidence comes in different forms and that clinician experience and patient preferences are important components, but when the best available scientific evidence and current clinical guidelines tell us one thing, denial does not position us well. Being prepared to change how we work in response to emerging best evidence and current clinical

Fig 1. EPIC: evidence based, patient centered, interprofessional, and collaborative.

guidelines and being a profession that actively invests in research is our future. Doing this makes us no less chiropractors, and it does not disrespect our past. We did then what we could with the knowledge we had, and we must do the same now.

Patient-Centered

We live for our patients, and patients must be, in the words of Barry White, “our first, our last, our everything.” Patient-centered care, our unwavering devotion to our patients, is what chiropractors are best at. Surveys of chiropractic patients show great levels of satisfaction, and positioning chiropractic as patient-centered is a must.⁹⁻¹² Delivery of honesty, integrity, duty, and service is what patients expect from us.

Interprofessional and Collaborative

Not just modern spine care, but modern health care in general, can no longer function in silos.⁵ Addressing spine-related disability must include being interprofessional, working collaboratively with other health care providers, and giving the right treatment to the right patient at the right time. Chiropractors working in teams within and across professions have replaced those who have worked alone. No matter how we feel that chiropractic may have been wronged in the past, we must work with our colleagues in other health care disciplines to optimize outcomes for patients. When we position chiropractic as interprofessional and collaborative, we have the best chance of being a part of the solution to spine-related disability. Herein lies our greatest opportunity. To collaborate effectively, we must be open minded, humble, and willing to respect the contributions of others. We must recognize that we do not have all of the answers to spine-related disability. No one does. Pooling our knowledge, recognizing strengths and weaknesses, and working together with other professions is what patients want and can only optimize outcomes.

CONCLUSION

There can be no doubt, the world needs more chiropractors. Our nonsurgical, conservative approach and our manual and manipulative skills make us valued players in spine-care delivery. We are deserving of our place, as are medical physicians, surgeons, and others who dedicate their lives to spine-related disability. All of us know that chiropractic can be a positive life changer for those whose lives have been blighted by the misery of spinal disability.

But positioning for our profession is critical. No one should demand respect. However, by our actions, we can earn and thereby command respect. Opportunity lies before us. If we commit to being EPIC in everything we do, our

Fig 2. Richard Brown, DC, LL.M, FRCC.

future as valued experts in spine-related disability will be assured.

ABOUT THE AUTHOR

Richard Brown has served as the Secretary General of the World Federation of Chiropractic since 2015, prior to which he was a chiropractor in private practice for 25 years in the United Kingdom (Fig 2). Three years ago, Richard spent time working at the World Spine Care clinics in Africa and retains licenses in both his native United Kingdom and in Botswana. His work with the World Federation of Chiropractic takes him to every corner of the globe, where he works as an ambassador and an advocate for the chiropractic profession.

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No funding sources or conflicts of interest were reported for this study.

CONTRIBUTORSHIP INFORMATION

Concept development (provided idea for the research): R.B. Design (planned the methods to generate the results): R.B. Supervision (provided oversight, responsible for organization and implementation, writing of the manuscript): R.B. Data collection/processing (responsible for experiments, patient management, organization, or reporting data): R.B. Analysis/interpretation (responsible for statistical analysis, evaluation, and presentation of the results): R.B.

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