

# Why I no longer support prescribing rights for chiropractors

BCA President, **Richard Brown**, addresses the issue of prescribing rights for chiropractors and shares why, on reflection, he has subsequently changed from his original stance on the issue.

**C**onfucius once said, "There are three methods by which we gain wisdom: firstly, by reflection, which is noblest; secondly, by imitation, which is easiest; and thirdly, by experience, which is bitterest."

Being President of the BCA has been an incredible privilege. As I approach the end of my term of office I find myself pondering the events that have hopefully made me wiser by all three of Confucius's methods. I have met extraordinary people whose wise words have been a constant source of inspiration, I have experienced events that have tested me beyond my imagination and I have made decisions by which I shall rightly be judged.

Among these decisions has been one to support prescribing rights. The concept of pursuing prescribing rights for chiropractors came about as a result of the 2002 Health and Social Care Act, which permitted professions allied to medicine, including chiropractic, to attain rights for limited prescribing. As a consequence, in 2009 the BCA undertook a postal ballot of its members to determine whether there was support for pursuing these rights, the results of which were announced on the opening day of my presidency.

Two thirds of those eligible to vote chose not to express a view, but of those who did nearly eighty per cent supported a proposal to further explore prescribing rights for UK chiropractors. The results were duly announced and so commenced the characterisation of the BCA, rightly or wrongly, as an association willing to sacrifice one of the sacred pillars of the profession: the provision of care without the use of drugs or surgery.

I was one of those who voted positively in the ballot. I argued that the scope of practice for chiropractors should not



be restricted and that an opportunity for the profession to compete with its physiotherapy colleagues in the competitive marketplace of musculoskeletal services would be strengthened by permitting limited prescribing of drugs.

At the WFC's 2011 Congress in Rio de Janeiro I defended this view in a debate with other leaders in the profession. I made representations to the General Chiropractic Council, maintaining that the declared view of the membership of the UK's largest national association should be acted upon. I defended the democracy of the ballot process and supported the will of the voting members.

Despite the BCA not having made any public comment in recent years, its stance has continued to attract criticism from quarters of the profession for whom the concept of drug prescription was an anathema. Yet, from being a strong

defender of the rights of chiropractors to prescribe, I have, over the past 12 months, felt my attitude cooling to the point where my conscience no longer enables me to support such a move.

Some may say that such an about-turn represents a frailty of leadership. Some may consider such an abandonment of a held position to be a betrayal of others who supported prescribing rights. Some may simply seek to use this change of view as an opportunity to make political capital. I have considered all of these potential criticisms, and stand prepared for the arrows that will no doubt be fired in my direction but, after examining my conscience and considering the issue in the light of current evidence, I feel compelled to admit I was wrong and declare my opposition to the use of drugs and surgery in chiropractic.

It is not a decision that has been taken lightly. In the course of my four years in

office I have had the opportunity to travel widely to speak at conferences but more importantly, I have had the opportunity to listen. I have heard the passion that so many colleagues have for the chiropractic profession and have learned of the sacrifices that have been made to ensure its survival.

I am mindful of a passage of the New Zealand Commission of Inquiry's 1979 report, *Chiropractic in New Zealand*: "25. As we have seen, much is made by chiropractors of the drugless and non-surgical nature of their therapy. But modern chiropractors do not suggest that there is only one cause of disease; they admit there are limits to their expertise; and they acknowledge the need for medical intervention and medical monitoring. They do, however, place emphasis on the body's natural functioning and its natural recuperative powers.

26. In these matters of emphasis we see some value in the contribution that the chiropractic outlook can make to healthcare generally. There cannot be any fundamental objection to an attitude to healthcare which restricts drugs to cases where they are shown to be a matter of necessity rather than a matter of mere convenience. Nor can it seriously be suggested that anyone is unreasonable to believe that it is better for the body's disorders to be relieved if possible, by natural rather than artificial or chemical means."

Despite being over 30 years since these words were published, I am of the view that they continue to hold validity and support the core values of the chiropractic profession. Whilst philosophical interpretation has been used as a convenient vehicle for excusing some distasteful activities perpetuated by some members of the profession, it would be foolish to throw the baby out with the bathwater. The fundamental philosophical tenet of chiropractic as a drug-free profession undoubtedly remains alive throughout the world.

Yet it is modern developments and the emergence of scientific evidence that, for me, has tipped the scales. Our work as chiropractors must be predicated on serving the best interests of our patients. It is these patients who, day in and day out, tell me that they are increasingly looking away from drugs and surgery and are seeking effective, research-driven natural healthcare.

As recently as February 2013 experts from Imperial College have criticised the overuse of Diclofenac, one of the most commonly prescribed painkillers for musculoskeletal pain, citing the increased risk of heart attack and stroke. This follows a 2011 study from Bern University which showed

that commonly-prescribed non-steroidal anti-inflammatories, including Ibuprofen and Naproxen, increased the risk of death from stroke or heart attack by two to three times. Notwithstanding the cardiovascular risk, users of NSAIDs were found to be three times more likely to suffer serious gastrointestinal adverse events than non-users. A report in 2012 cautioned against the use of paracetamol, having found evidence of hepatotoxicity in those taking even a modest dose in excess of the recommended maximum of 4g per day.

These are precisely the drugs which, were chiropractors to be successful in obtaining limited prescribing rights, they would be advocating for their patients.

There are other complications: the lack of access to the patient's general health record to identify other prescribed medications and known drug interactions; the complexity of setting up and maintaining a specialist register for chiropractic prescribers and the assurance of continued fitness to practise in the light of new pharmaceutical products and developing evidence. Even more significant than these, perhaps, is the potential for over-prescription by those newly-qualified at the expense of traditional manual methods of care.

Chiropractic seeks to establish a clear and respected identity in healthcare as the spinal care experts in the health care system. Throughout the world, in most jurisdictions, one of the pillars of chiropractic is the avoidance of drugs and surgery. While our scope of practice may not be defined, global unity of the profession must coalesce around a consistency of identity, education and standards of practice.

A famous British economist, John Maynard Haynes, was credited with the following quote when challenged over his apparent inconsistency:

"When events change, I change my mind. What do you do?

When the facts change, I change my mind. What do you do?

When my information changes, I alter my conclusions. What do you do?

When someone persuades me I am wrong, I change my mind. What do you do?"

Changing one's mind can be fraught with mental turmoil and endless self questioning, particularly when the nature of the change is made public. However, persistence in the prosecution of an argument for which an appetite no longer exists is undoubtedly far more traumatic.

## BCA Council

At its meeting on 20th February 2013, the BCA Council considered its views on the issue of Prescribing Rights for chiropractors, following the President's reflection and change of opinion on this emotive issue for the profession. The history is that following a vote by BCA members at the AGM in 2008, a proposal was agreed to hold a postal ballot of all eligible members on whether to submit an application to the relevant authorities for limited prescribing rights for chiropractors. In 2009, the BCA circulated 1,141 ballot papers to eligible members and the outcome was that of the total votes cast (661 – 57.% return on voting papers), 519 members were in favour and 142 members voted against. 78.5% of all members who voted were in favour of the BCA Council approaching the GCC to ask them to consider application for limited prescribing rights. This approach was made on 1st September 2009 and the matter has yet to be considered by the GCC as other more significant issues have dominated their agenda. In the intervening years, public perceptions of health care are very much different and the world in which we find ourselves continues to question the over reliance on prescription drugs. Whilst there are some benefits in acquiring limited prescribing rights, there are major issues of regulation, practicality and competence that would need to be overcome. In reflecting on its position Council was mindful of the fundamental belief that Chiropractic is a healthcare profession whose unique selling point is the effective delivery of symptomatic relief without the use of drugs or surgery.

BCA Council unanimously supports the President's stance and believes that the BCA and its members should continue to strive to position Chiropractic in its role as the non-surgical experts in the treatment of MSK conditions.

It is, therefore, in the light of events, facts, information and opinions that I support the view that chiropractic is and should remain, a profession free of drugs and surgery.

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