THE CHIROPRACTIC REPORT

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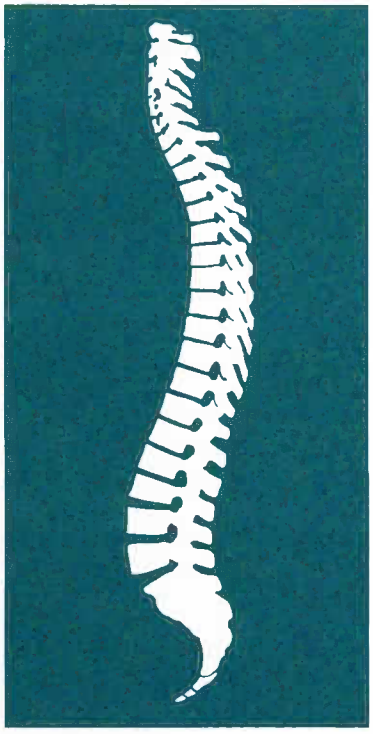

PROFESSIONAL NOTES

Chronic Neck Pain — What Works?

Chronic neck pain is an area of common suffering and high cost.

An impressive new controlled trial from Minnesota published in *Spine* has compared chiropractic manipulation, high-tech exercise, and low-tech exercise and chiropractic manipulation. It reports that patients receiving exercise, whether high-tech or low-tech, had more lasting benefit than those receiving chiropractic manipulation — and that the patients receiving chiropractic manipulation plus exercise were much more satisfied than those receiving exercise only.

Principal investigators were Gert Bronfort, DC PhD and Roni Evans, DC from Northwestern Health Sciences University and Brian Nelson, MD from the Physicians' Neck and Back Clinic and details are:

1. **Patients**. Patients were 191 adults between ages 20 and 65 who had a primary problem of chronic mechanical neck pain (pain for 12 weeks or more "having no specific identifiable etiology

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TRUST ME, I'M A DOCTOR

The True Colors of Dr. Murray Katz

A. INTRODUCTION

THERE is to be an inquest in Canada next month. Inquests are usually called soon after a person dies, to find and explain the cause of death. Very unusually, this inquest was called more than four years after the death in question.

Lana Dale Lewis, a 45-year-old Toronto woman with substantial medical risk factors for stroke, died as the result of a stroke in September 1996. Why is an inquest to be held in these circumstances? The superficial reason is that she received chiropractic treatment for headaches — as she had often before without incident — approximately one week before her first symptoms of stroke and three weeks before her death and the coroner is investigating a possible connection. The weakness of this explanation is exposed by the fact that there were two earlier decisions by the Coroner's Office that an inquest was not warranted on the medical evidence.

The real reasons emerge from a remarkable tale of intrigue and deception orchestrated by a physician and journalist from Montreal, Dr. Murray Katz. It is now known that Dr. Katz, exploiting Ms. Lewis' unfortunate death as part of his long-term and increasingly bitter campaign against the chiropractic profession:

• Incited the Lewis family to action by telling them that the chiropractor was negligent and "killed Lana."

• Persuaded them to commence litigation and engage in a media campaign against the chiropractor, his malpractice insurers, his former chiropractic school and even his government-sanctioned licensing authority.

• Pushed the Lewis family to press the Coroner's Office themselves, and through him, for an inquest.

• In a letter sent to his private home address, threatened the investigating coroner, Dr. Naiberg, that his career would end in shame unless an inquest was called — Dr. Katz would orchestrate media exposure, litigation and an official complaint to Dr. Naiberg's medical licensing body.

But the most dismaying aspect of Dr. Katz's behavior is that he did these things, and provoked the inquest, aware that the medical evidence did not suggest any relationship between Ms. Lewis' stroke and the chiropractic treatment she received several days before her first symptoms. He was prepared to use the Lewis family as a tool, involving them in emotional and financial turmoil, for his own political goals as a physician seeking to undermine the growth and acceptance of the chiropractic profession. His true mission was to generate public fear about the safety of chiropractic treatment in order to:

• Oppose the impending affiliation of Canada's main chiropractic school, the Canadian Memorial Chiropractic College in Toronto, with York University, a public university that had proposed and now given Senate approval for affiliation.

• Persuade physicians not to continue referring patients to chiropractors because of alleged newly-discovered clinical and legal risks.

2. Many in the chiropractic profession know Dr. Katz's background. He is a long-discredited medical critic who has fought the chiropractic profession since the 1970s. However, many people in his own profession and the media are unaware that independent authorities have long found him guilty of a "deliberated and calculated policy of lies and fraud" in his dealings with the chiropractic profession, "a witch hunt against chiropractic", and have concluded "we are

abundantly satisfied that it would be quite unsafe to rely on his opinions or on any of his evidence on matters of fact which were not completely verified from an independent and reliable source."

3. Accordingly, this issue of the Report, published a month in advance of the Lewis inquest, exposes Dr. Katz's true motives and record of misrepresentation and deceit. Dr. Katz will be endeavoring to exploit the media at the time of the inquest — the media and his colleagues, most of whom will be deeply offended by his conduct, should know his true colors.

But first, what is the practical significance of this to chiropractors, physicians and patients in Ontario and elsewhere? This is illustrated by the following related story. As can be seen there is much significance — whether you are a health professional or simply a patient hoping that professionals will stop playing turf games and work together in your best interests.

4. Family physician Dr. Paul Smith and his patients in New Brunswick, Canada, like so many physicians and patients throughout the world, have been greatly helped by good local relations between chiropractors and physicians. Dr. Smith works at the largest military base in Canada, has practised family medicine for 20 years, and throughout that time has referred patients to several local chiropractors for a range of treatments including cervical manipulation for headache and neck pain.

There is good evidence that chiropractic manipulation is safe, effective and appropriate in these circumstances,[1-5] and chiropractors are recognized and regulated by law in New Brunswick as throughout North America. No one has questioned his behavior.

In the last several months all that has changed. Physicians in the military responsible for setting policy have decided that Dr. Smith should not be allowed to refer patients with neck problems for chiropractic treatment. Why, when the literature and clinical experience support this? Because of a January 2001 article titled *Chiropractice as Risky Business*[6] by Dr. Katz. In this article, published in the lay press — not a scientific journal where he would have been subject to peer review — Dr. Katz claims:

- Upper cervical manipulation by chiropractors is so dangerous "it should be prohibited".
- A woman named Lana Dale Lewis has died as the result of chiropractic manipulation. (This is actually implied but in a manner obviously intended to be read as fact. As you now know, the inquest is yet to be held and Dr. Katz wrote his article aware that his implication was not supported by the evidence).
- "Chiropractic philosophy and upper cervical manipulation *are the thalidomide of manual therapy*." (Emphasis added).
- "The only legal protection for the physician" wanting to refer a patient for manipulation or manual therapy, "is to refer the patient to an orthopractic manual therapist". What is not explained is that this is a competing group of professionals, essentially physical therapists, organized by Dr. Katz and his allies in medical associations to replace chiropractors in the health care system. More on this below.

In this article Dr. Katz claims that he teaches at the prestigious Faculty of Medicine, McGill University, and passes himself off as a "well-known legal expert into cases of stroke following chiropractic neck manipulation." Partly as a result of this, no doubt, he is being taken seriously at Dr. Smith's military base in New Brunswick, and thus in the military health care system across Canada.

In a related development, a physician consultant at the Workers' Safety and Insurance Board in Ontario, the largest workers' compensation insurer in Canada, has recently distributed Dr. Katz's article to nurse claim managers, also warning them against allowing injured workers to receive chiropractic cervical manipulation.

Similar unwarranted fears may be arising in your country and community, much of this from Dr. Katz, since his campaign is international. To be completely blunt, in this latest article and his treatment of the Lewis family Dr. Katz has reached a new low-point. It is time that this medical henchman's disgraceful conduct was exposed and answered in uncompromising terms.

B. Dr. Katz's Background

5. Dr. Katz is a pediatrician from Montreal who doubtless saw some cases of inappropriate chiropractic care in Quebec in his early years, consulted with colleagues, and then launched himself upon an extraordinary career of unremitting opposition to the chiropractic profession. He has been a leading voice for medical interests in their efforts to contain and control chiropractic services since the 1970s, becoming increasingly biased and reckless with the truth over time.

Initially he worked with the Consumers' Association of Canada, claiming to be a consumer advocate. His North American partner was Dr. Stephen Barrett, working for the US Consumer's Union. Both have been prolific authors and speakers, and highly successful in cultivating contacts in the media, which have loved the controversy. Dr. Katz describes himself as a journalist as well as a physician.

6. In the 1990s Dr. Katz's tactics changed from simple condemnation of the chiropractic profession, which clearly was not working, to trying to create a medically-controlled alternative profession that would replace chiropractors in the health care system. Accordingly in 1994 he founded the Orthopractic

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Manipulation Society International, a new North American-based organization with a new professional name or designation. He told the public that the development of orthopractic manual therapy was necessary for reasons of competence and safety, but medical audiences that it was really for political reasons. Thus:

a) Writing in Canada's major weekly newspaper on medical matters *The Medical Post* in May 1994, as he launched his new specialty, Dr. Katz claimed "orthopractic means to provide manual therapy in a safe, scientific and responsible manner".

b) Two weeks later, speaking about orthopractic behind closed doors to the Ontario Medical Association, he explained "I am going to be talking about politics. We are not talking about clinical competence, not talking about science. The point is the political reality that there are 60,000 chiropractors treating millions of people by manipulation.

"The name *orthopractic* was meant to mimic *chiropractic*. . . . We have no idea whether the people joining (the Orthopractic Society) are good or bad manipulators and quite frankly we don't care . . . Orthopractic can now solve largely political problems . . . we are asking government to fund orthopractic only."[7]

The contradiction is plain. These are the words of an advocate for medical monopoly, not a consumer advocate. Leaders in the physical therapy profession whom Dr. Katz had contacted for support, such as Dr. Stanley Paris from the Institute of Physical Therapy, Florida, and Robin McKenzie of the McKenzie Institute International, took a principled approach and walked away when they saw that the Orthopractic Society was "nothing more than the personal tool of one or two of its principals"[8] and "a conduit for a witch-hunt against chiropractic."[9] Dr. Paris' considered opinion was that the new orthopractic movement was "not worthy of physical therapy membership."[8]

7. One major problem facing Dr. Katz and those who would criticize the chiropractic profession is that its methods of treatment are so safe — in absolute terms and especially in contrast to medical practice. Over 95% of chiropractic practice represents spinal adjustment or manipulation for patients with neuromusculoskeletal problems such as headache, neck pain, back pain and radiating pain into the arms and legs.[10] Critics can try to chip away at a few cases of misdiagnosis, a few emotive cases of harm to children, but still the core areas of chiropractic practice were demonstrably safe, effective and appropriate. There was greatly increased cooperation between chiropractic and medical doctors, and patients were increasingly demanding this.

In 1998 a new opportunity presented itself. In the history of the Canadian chiropractic profession, which was established and first regulated in the 1920s and now numbers approximately 6,000 chiropractors, there had never been a death following chiropractic treatment. Now there was, following a neck manipulation in Saskatoon, and an inquest was called. Although Dr. Katz had no academic qualifications in chiropractic, manual therapy, neurology, orthopedics, or any other relevant specialty, and had never published any clinical or scientific research in those fields, he offered his services as an expert witness to the family of the deceased, which accepted. What followed is instructive:

- When Dr. Katz appeared as a witness for the family he endeavored to produce prepared written testimony covering a wide range of criticisms of the chiropractic profession not relevant to the proceedings. This testimony was rejected by the coroner — over Dr. Katz's protestations it was not admitted and not read by the coroner or his jury.
- It is clear from the transcript that Dr. Katz was not regarded as expert or helpful by the court. The coroner's jury did not ask him a single question. The coroner repeatedly prevented him from giving oral evidence on the matters he had tried to present in writing.
- True to his previous history of misrepresentation, Dr. Katz subsequently claimed in many publications and letters that he was called as "the coroner's expert witness" at the Saskatoon inquest. He only stopped after this had drawn a letter of complaint from Dr. John Nyssen, Chief Coroner, requiring that he cease and desist.[11]

8. Dr. Katz now scoured Canada for any other possible case of stroke or death where there might have been chiropractic treatment in the weeks or months beforehand. He enlisted the help of various medical allies including Toronto neurologist Dr. John Norris, who established a Stroke Consortium to invest the search with some structure. He soon heard of the case of Lana Dale Lewis, unfortunately for her family. We now look more closely at subsequent developments.

C. The Lewis Inquest

9. The Lewis Inquest will prove to be the downfall of Dr. Katz, the point in his career when he came into so much moral question that medical associations and colleagues had to distance themselves from him, that the media had to acknowledge his extreme bias and lack of credibility as a source.

Dr. Katz has threatened the integrity of the Coroner's Court and has toyed with the emotions and finances of a family in distress. By a preliminary order he has already been ejected from the inquest and, far from being a "well-known legal expert" as he claims, will be allowed no role in the court. Relevant summary details are:

a) Putting pressure on his colleagues in the Coroner's Office in 1999, he readily obtained medical evidence not being made available to Ms. Lewis' chiropractor and his legal advisers. This, as the inquest will reveal, did not actually support any causative link between Ms. Lewis' unfortunate death and her various chiropractic and medical treatments. It would be interesting — but improper until this evidence is given and tested in court — to give further details. Significantly, Dr. Katz had the medical details by May 1999.

b) Next, he approached the Lewis family claiming with certainty that the death resulted from chiropractic treatment and urging them to commence a lawsuit against the chiropractor and three chiropractic organizations that had participated in a "cover up." In an August 1999 letter to the family, in an obvious attempt to incite them to action, he describes the chiropractor as the one "who killed Lana."

c) Speaking at a seminar for physicians on alternative medicine in Toronto in October 1999, Dr. Katz was explicit about his goals. Family physicians were at major legal risk, he explained, if they referred patients to chiropractors for cervical manipulation because it was now known to be far more dangerous than previously understood. A woman had died recently, he was aware of several court cases presently being

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. . . (and) that could be reproduced by neck movement or provocation tests.")

2. **Treatment groups**. Patients were randomly assigned to 1 of 3 treatment groups:

i) **Spinal manipulation and low-tech exercise**. Chiropractic adjustment to the cervical and thoracic spine plus supervised progressive strengthening exercises.

ii) **MedX exercise**. Dynamic progressive resistance exercises on MedX machines.

iii) **Spinal manipulation**. Chiropractic adjustment as in Group 1 plus detuned or sham micro current therapy.

In all groups patients attended 20 one hour visits during an 11 week study period. Interventions are more fully described in the paper. All patients were also instructed in the use of home exercises.

3. **Outcome measures**. Pain (Numerical Rating Scale), disability (Neck Disability Index), functional health status (Short Form SF-36), satisfaction with care and degree of medication use were measured at baseline, 5 and 11 weeks after the start of treatment, and then 3, 6 and 12 months after treatment.

4. **Results**. During the 11 weeks of treatment there was no significant difference in results in the 3 treatment groups — except for patient satisfaction which was significantly higher in the group receiving manipulation plus exercise.

However at one year follow up after treatment it was found that the groups receiving exercise, whether low-tech exercise in combination with chiropractic manipulation or just high-tech exercise, did significantly better than the group receiving chiropractic manipulation alone.

This trial, following earlier studies which have suggested that patients with chronic neck pain have weak neck muscles, adds to the growing body of evidence that best practice for patients with chronic mechanical back or neck pain — as opposed to acute problems — should combine manipulation and exercise. It is the experience of many chiropractors in North America that third party payers are much more ready to pay them $3,000 for a course of chiropractic care involving manipulation plus exercise than they are $1,000 for care involving manipulation or adjustment alone.

(Bronfort G, Evans R et al. (2001) *A Randomized Clinical Trial of Exercise and Spinal Manipulation for Patients with Chronic Neck Pain*, Spine 26(7):788-700.)

We Do What We Do — PTs and Back Pain

The US journal *Physical Therapy* has just published a rather interesting survey of physical therapists (PTs) and their attitudes towards the management of patients with low-back pain and the use of clinical guidelines.

In summary this survey found that "only 46.3% . . . agreed or strongly agreed that practice guidelines were useful for managing lumbar impairment" and that, regardless of what guidelines said, PTs continued to deliver the treatment methods in which they were trained.

In a survey of a representative sample of 787 PTs in Ontario, Canada, PTs were asked to comment on how they would management three hypothetical cases — one involving acute low-back pain, a second sub-acute low-back pain and a third acute low-back pain with sciatica.

Although PTs had been circulated with the US AHCPR guidelines, there was a clear trend to using exercise, physical modalities and work modification, the management approaches they were trained in. A majority agreed "that ultrasound (61.4%) and TENS (53%) were effective interventions even though the practice guidelines suggest otherwise."

Spinal mobilization was mentioned by 83.7% of PTs for patients with sub-acute back pain, but spinal manipulation was only selected by 9%. The authors note that this low suggested use of spinal manipulation is not consistent with guidelines — but can probably be explained "by the small number of therapists who were trained to perform spinal manipulation." Most of the respondents had received postgraduate training in manual therapy but only 8.8% "completed courses that included joint manipulation"— i.e. the same percentage trained in manipulation selected it as useful.

Here is further evidence that all health professionals — including chiropractors — have strong biases towards the treatments for which they have training, regardless of what research and guidelines say. This is natural, and far from surprising. However it is also natural and far from surprising that third party payers — workers' compensation, motor vehicle accident insurers, employee benefit plans, etc. see this bias and over time — especially in this evidence-based era — will prefer and reward professionals who are flexible enough to provide an evidence-based program of care. For most patients with back and neck pain that now includes skilled manual care, rehabilitative exercises and patient education.

(Li LC, Bombardier C (2001) *Physical Therapy Management of Low Back Pain: An Exploratory Survey of Therapist Approaches*, Physical Ther 81(4):1018-1027.)

Injection Therapies for LBP

Here is another example of professionals "doing what we do". Evidence-based back pain guidelines published in the US (AHCPR), the UK (RCGP) and elsewhere during the 1990s broadly reject epidural, trigger point, ligamentous and facet joint injections for patients with back pain. However use of these injection therapies remains common in medical practice. This new evidence review from P.J. Nelemans, MD PhD et al. from the Netherlands is of particular interest because:

• It confirms that "many controversies exist regarding the effectiveness of injection therapy", that in fundamental principle "it is not clear why an injection with a short-acting anesthetic would provide prolonged pain relief", and that the state of evidence is such that "evidence for short and long term

effectiveness of facet joint, epidural and local injection therapy is lacking."

• This review differs from previous reviews in that it was restricted to trials where patients had low-back pain persisting longer than one month. This was done to exclude patients who recovered spontaneously rather than in response to injection therapy. There are 21 randomized trials of such injection therapy but "statistically significant results are lacking, and well-designed trials are scarce."

(Nelemans PJ, deBie RA et al. (2001), *Injection Therapy for Subacute and Chronic Benign Low Back Pain*, Spine 26(5):501-515.)

Non-NMS Complaints in Chiropractic Practice

Previous surveys from North America and Europe have shown that under 5% of chiropractic practice is for non-neuromusculoskeletal (non-NMS) conditions. This new survey from Cheryl Hawk, DC PhD et al. from Palmer College analyses data from 7,651 patients of 161 chiropractors across North America and is interesting for these reasons:

• It actively recruited chiropractors that saw a higher-than-average proportion of patients with non-NMS complaints and, even with these chiropractors, found non-NMS complaints "still account for a relatively small proportion of the chief complaints — 10.3% overall." By far the most common chief complaint was back pain— 46% of patients.

• Patient characteristics most commonly associated with a non-NMS chief complaint were being less than 14 years old, being female, and being from a small town/rural location.

• Interestingly, chiropractors with high non-NMS practices made least use of common adjustive techniques, and made much greater use of non-adjustive care than practitioners with high musculoskeletal practices. Use of non-adjustive care by high non-NMS chiropractors, as compared with high NMS chiropractors, included diet/nutritional counselling (86.4% vs 34.6%); nutritional supplementation (80.8% vs 26.9%); herbal preparations (38.5% vs 3.9%); naturopathy (19.2% vs 3.9%) and homeopathy (19.2% vs 0%). High non-NMS practices also made much greater use of "other" procedures (30.7% vs 0%) which included, for example, stress reduction and Ayurvedic medicine.

• Hawk et al. also conclude that their study "does not support the hypothesis that DCs serve as primary care providers for conditions other than musculoskeletal ones." Chiropractic patients were more likely to present with a non-NMS chief complaint when they were already receiving care for that complaint from a medical doctor — they were seeking chiropractic as complementary health care rather than primary care. [167/2/4]

(Hawk C, Long CR, Boulanger KT (2001) *Prevalence of Non-musculoskeletal Complaints in Chiropractic Practice: Report from a Practice-based Research Program*, J Manipulative Physiol Ther 24(3):157-169.)

Country Reports in Paris

From the World Federation of Chiropractic Congress, May 2001

(continued from the last issue)

Bolivia. Dr. Ronald Lee Firestone reported that chiropractic is now on a secure footing in his country. The long process of legal recognition of a health profession that is adopted in most Latin American countries is nearly complete. Firstly, the Ministry of Education must validate and accept the chiropractic degree qualification and then an Association must be legally formed and recognised by the Ministry of Health. Both those steps are now complete in Bolivia. Then either the Association or its related College must be authorised to grant new *cedulas* or licences. That authorisation is now imminent.

Finland. FCU President, Dr. Raine Mäkelä, reported that the number of chiropractors in Finland is expected to double from approximately 30 to 60 during the next five years, given the number of students in school. The practice of chiropractic is regulated by law in Finland. The current law does not offer full protection of title but that will arrive with amended legislation coming into force on January 1, 2002. This will pave the way for public funding for chiropractic services and negotiations to establish chiropractic education in Finland.

France. Dr. Sylvain Parny, AFC President, reported that while the practice of chiropractic remains unauthorised in France, a series of meetings were held with the Ministry of Health through to October 2000 and that the Minister of Health has now received a confidential expert report on the future regulation of chiropractic, manual therapy and osteopathy. The contents of the report, and what action will be taken, are not known. Meanwhile France's chiropractic school, Institut français de Chiropratique (IFEC) in Paris, continues to grow in size and status.

The Netherlands. Dr. Arjan Kuipers, NCA President, explained that the number of chiropractors in The Netherlands has increased from about 20 in 1980 to about 160 at present. Chiropractic is flourishing and chiropractors may use a full scope of practice, including diagnostic x-ray, even though there is no licensing legislation. A major barrier to recognition of the profession is the lack of a chiropractic school in the country.

Spain. Dr. Claudia Sandino of Valencia, representing the Asociación Española de Quiropráctica (AEQ), reported that approximately 85% of Spain's 100 chiropractors are members of the AEQ. There are many expatriates — only 25% of the profession is Spanish. Although the practice of chiropractic remains technically illegal, Spaniards and nationals from other European Union countries are able to get permits to practise. There seems to be much less risk of any prosecution now that two recent cases against chiropractors have been defended successfully.

prepared against chiropractors for stroke and death, and physicians should refer to orthopractors — a far safer alternative in both clinical and legal terms. The Canadian Medical Protective Association was even considering not covering physicians for malpractice cases involving referrals to chiropractors. A list of addresses of orthopractic therapists was distributed.

d) On November 2, 1999, the Lewis family launched their lawsuit with a major press conference attended by television networks, the print media and Dr. Katz. Weeks of extensive media coverage followed, which included fresh calls for an inquest.

e) On a preliminary motion heard in March 2000 the Lewis family's lawsuit against the three chiropractic organizations alleged to be guilty of a cover up and conspiracy was dismissed. Judge Carvazan dismissed the conspiracy allegations as "wholly inadequate" and ordered the Lewis family to pay substantial costs. Because of the financial difficulties they now faced they could no longer afford lawyers for their continuing lawsuit against the chiropractor — on which no further action has been taken to date.

f) Dr. Katz still pressed constantly for an inquest. This was finally called on November 22, 2000. The chiropractic profession was staggered to see that the Coroner's news release referred to a possible connection between chiropractic treatment and the death, but made no mention of Ms. Lewis' substantial risk factors for stroke. Broad media coverage focussed on the alleged dangers of chiropractic treatment. Dr. Katz's plan was working.

g) The Lewis family could not afford lawyers for the inquest. Dr. Katz now offered to act pro bono as their legal agent, since this role can be filled by a non-lawyer, and was so appointed by the family in February 2001. The inquest was set for hearing in April, 2001.

h) The lawyers acting for the chiropractor and his insurers now had a stroke of luck. Someone disenchanted with Dr. Katz's behavior provided them with a classic brown paper envelope containing a large amount of his personal correspondence relevant to his pursuit of the inquest. This was dynamite. Correspondence included a letter dated January 30, 2000, written by Dr. Katz to the chief investigating coroner on the case, Dr. Murray Naiberg, at his private address. This threatened Dr. Naiberg with litigation, a disciplinary complaint and media exposure through Dr. Katz's many close contacts in the media unless he helped call an inquest. Specifically:

- "The legal bottom-line is that you were the principal Coroner responsible for the investigation of the case. It was your decision not to hold an inquest."
- "The family has sued all the chiropractors . . . They could easily have sued you in particular as you were the main person involved. They saw you involved in a cover up then and they see you involved in another one now."
- "That family WILL drag you into court and I will be pointing out their legal rights against you to them in that regard."
- "The family is now considering an official complaint to the Ontario College of Physicians and Surgeons. You have to extricate yourself from that. It is not the way to end a career."
- "I am asking and recommending to you Murray . . . to take my advice and to do it now. You are a good man but don't be naive. You welcomed me into your home and your hearts and I owe you something in return."

For the full text of this chilling communication visit www.wfc.org.

i) Armed with evidence of this nature, the lawyers representing the chiropractor and his insurers moved to have Dr. Katz disqualified on legal, ethical and moral grounds from any further participation as a legal agent in the inquest.

j) In a ruling by presiding coroner Dr. Barry McLellan on April 18, 2001, Dr. Katz was duly disqualified. Grounds for the decision included behavior representing a threat to "public confidence in the administration of justice" and "the integrity of the inquest process." Dr. McLellan made primary reference to the above "threatening letter to a public official." The inquest was further adjourned to October to give the family an opportunity to retain new legal counsel.

Accordingly, Dr. Katz has been banned from participation at the inquest next month. One would hope that, in light of the above facts, and as a matter of common fairness, he will be given no credibility by the media. The Lewis family has been gravely misused.

D. Message v Messenger

10. With the media in the past Dr. Katz has complained that chiropractors focus on him, the messenger, rather than the questions he raises about the chiropractic profession, the message. The inference is that the chiropractic profession is avoiding difficult questions.

The problem is that like the Hydra of Greek mythology, which grew many new heads as soon as the old ones were severed, Dr. Katz has a constantly renewed list of misrepresentations — on chiropractic education, competence to practice, scope of practice, safety, ability to use diagnostic x-ray, treatment of children, immunization, the findings of research, the findings of government committees, legal issues, insurance issues, etc. In most media situations, including television debates and letters to the editor responding to his articles, there is simply insufficient time or space to answer all the issues.

Dr. Katz knows that — we are not accusing him of lack of intelligence, only integrity — and this explains his style. Hercules had to slay the Hydra by going for the body. The chiropractic profession has no option but to do the same, attacking Dr. Katz's overall credibility. In the remaining space available, the *Chiropractic Report* looks at two issues. The first issue continues to look at Dr. Katz's credibility, the second addresses one of his major claims — that independent inquiry has found that chiropractors should only practice upon medical referral.

E. Issue 1 — The Alleged Apology

11. **Dr. Katz's Claim.** When he appeared before the New Zealand Commission of Inquiry into Chiropractic in 1978, funded by medical and physiotherapy associations, Dr. Katz was rejected as a witness on chiropractic. He had become "so emotionally involved," said the Commission, "that over a period of years he has allowed his enthusiasm to override his judgement, his sense of reality, and his sense of what is proper."[12] (This, you are reminded, was over 20 years ago.)

To explain away this Dr. Katz has made these claims:

a) "The remarks of the Commission were based on completely false and misleading information."[13]

b) The chiropractors have known this since 1980, and in that year "the Canadian Chiropractic Association formally apologized to me in a successful . . . lawsuit by admitting completely and fully that everything I said in New Zealand was 100% correct . . . and if anyone wants to know anything I would be glad to furnish you with the legal apology from the Canadian Chiropractic Association."[7]

c) "On that basis I dropped my legal action."[13]

12. **The Real Facts**.

a) The NZ Commission formed its opinions on Dr. Katz from various aspects of his evidence including several he has never challenged, such as attempting to represent and pass off a report of his own as "an official document emanating from the Ontario Ministry of Health" and the Commission's assessment of his "general demeanor as a witness as we observed him during the three days of his submission and evidence."[12]

b) Neither the CCA nor any other chiropractic organization ever agreed that the NZ Commission had its facts wrong, or offered or gave any type of apology, much less a formal one.

Dr. Katz, in your above quoted comments to the Ontario Medical Association, when you were seeking to establish your credibility, you offered to furnish the apology to anyone. Please now do so to this publication.

c) Finally Dr. Katz pursued his lawsuit for over four years after the alleged apology, serving a notice of readiness for trial in 1983 but ultimately withdrawing his claim without remedy or costs in July 1985. This was not a successful lawsuit.

F. Issue 2 — Need for a Referral

13. Patients have the right to consult a chiropractor directly, without the need of a medical referral. Although organized medicine has fought this fact throughout the world, licensing laws acknowledge that chiropractors are qualified to perform a diagnosis and to see patients on a primary contact basis.

Dr. Katz has long fought this, misrepresenting the quality of chiropractic education and independent expert findings on the subject. We have just considered the NZ Commission of Inquiry, which assumes importance because it was the most thorough inquiry into chiropractic ever conducted and was charged with reporting on chiropractic education and practice. The issue of whether or not chiropractic services should continue to be provided without the need for a medical referral was a major one before the Commission. Dr. Katz argued that a medical referral should be necessary.

14. **Dr. Katz's Claim**. In a letter to the editor, published in *The Medical Post* on February 9,1999, Dr. Katz repeated a claim he had made frequently over the years, namely that "the Commission accepted my basic advice *on the three most essential points* . . . first, *the need for a medical referral before a chiropractor should undertake therapy* . . . The Commission recommended *that patients not see chiropractors without a medical referral*." (Emphasis has been added in this quote — it would be unfortunate for Dr. Katz to be wrong after calling this one of the most essential points).

15. **The Real Facts**. Dr. Katz's comment is a reckless untruth or an outright lie. The Summary of Principal Findings in the Report of the NZ Commission of Inquiry includes the following:

"Patients should continue to have the right to consult chiropractors direct."[12]

In the body of its report, under the heading *Chiropractors as Partners, Not Medical Auxiliaries*, the Commission notes:

"It is clear that the chiropractor must come into the health care team as a partner, not as an auxiliary. He must not be required to give up his independent professional status."[12]

In other principal findings the NZ Commission affirms the education and ability of chiropractors to perform an adequate diagnosis for the purposes of seeing patients directly, and referring those who need medical or other care. In other words Dr. Katz is dead wrong and, as on so many issues over so many years, is simply pushing heavy disinformation to drive a wedge between physicians and chiropractors and discredit chiropractic skills and services. How good it would be for everyone if he acted upon the following sentiment, found in another principal finding of the Commission and echoed in the findings of several independent studies since:

"In the public interest and in the interest of patients there must be no impediment to full professional cooperation between chiropractors and medical doctors."

16. Dr. Katz's second and third "most essential points" also evaporate upon examination. They involve use of the title "doctor" and aspects of scope of practice — the points were not most essential, are misrepresented, and there is not a word to suggest the Commission accepted Dr. Katz's advice.

G. Conclusion

17. It is obviously wrong to judge medical practitioners generally by Dr. Katz. Equally it is wrong to judge them by other examples of deceit and human frailty, such as over-treatment or insurance fraud. Most physicians provide skilled and conscientious service to their patients under increasingly difficult circumstances in contemporary health care systems.

So do chiropractors. And in similar fashion, the chiropractic profession should not be judged by its outliers. Further, it should not be judged by the claims of persons with evident grounds for bias. If one wants to know the safety of chiropractic cervical manipulation one should go to scientific evidence, not anecdotal reports from the newspaper, or informal recollections or surveys of neurologists — who, as a specialty, have a formidable record of bias in this field. If one wants to know what the Canadian chiropractic profession thinks about the scope of chiropractic practice or a public health issue such as immunization, one should go to its professional associations or educational institutions, not individuals or anecdotal media reports on their actions.

18. As chance would have it, there is now a particular irony with respect to Dr. Katz's campaign against the chiropractic profession on the issue of safety, and the media feast surrounding the Lewis case. This is that, although there is no credible evidence linking Ms. Lewis' death to her chiropractic manipulation a week before her first symptoms, there is now clear evidence that the recent death of 44-year-old Johnny Ditosto in Calgary, Canada, on May 23, 2001, was the result of manipulation by a physiotherapist.

Where are you Dr. Katz? Where is the outcry, where are the media, where is the national examination of all limitations that can be found in the education and practice of the physiotherapy/physical therapy profession?

Plainly, there should be no outcry. The physiotherapy profession, like chiropractic and medicine, is a major and integral part

of the health care system. Since May, thousands of patients in Canada have died from medical treatments and errors — tens of thousands in the U.S., according to the Institute of Medicine.[14] By any standards cervical manipulation is an extremely safe and effective treatment for many patients. In rare cases people have strokes from turning their necks to paint the ceiling, have a shampoo, back the car down the driveway, from coughing — and from neck manipulation by a health professional.[15] Best evidence is that isolated people are at risk because of a connective tissue disorder weakening the walls of their vertebral arteries. The risk rate is approximately 1 in 1 million treatments.[15]

19. As previously explained, however, the issue for Dr. Katz is not really safety — that is simply his preferred current path to exploit a death, to attract publicity and to try to undermine the chiropractic profession. One of Dr. Katz's declared main goals in fomenting the Lewis Inquest has been to frustrate plans to bring chiropractic education in Ontario into the public university system, as in Quebec and in other countries such as Australia, Denmark and the United Kingdom. Here, then, is a difficult final question for Dr. Katz.

If you have genuine concerns in the public interest about the quality of chiropractic education and practice, wouldn't those concerns be better addressed by placing chiropractic education in a public university environment, as recommended by the Ontario Ministry of Health's Chiropractic Services Review Committee in 1994? The Committee noted that chiropractic was the only regulated health profession without public funding for its education and listed these benefits of university affiliation:

"1. Exposure of chiropractic students to a multidisciplinary atmosphere.

"2. Development of a more constructive relationship between chiropractors and physicians and other health professionals. Chiropractic education, because it takes place in a private college, is presently misjudged and not well understood by many members of the public and other health providers.

"3. More cooperation in practice between chiropractors and other health professionals, especially physicians and physiotherapists. The Manga Report comments that "lack of cooperation has been a major factor in the current inefficient management of low-back pain".

"4. More effective patient care.

"5. Facilitation of necessary basic science and clinical research, including clinical research comparing treatment outcomes that requires interdisciplinary cooperation.

"6. An appropriate basis for formal human health resource planning.

"7. More equitable access to a career as a chiropractor. At present financial barriers prevent most Ontarians from considering such a career.

"8. A chiropractic profession more representative of the Ontario population."[16]

Why, in the public interest, would anyone oppose that? TCR

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