

# Original Research Paper

## GPs and chiropractors: an improving relationship

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### Key Points

- The relationship between GPs and chiropractors has improved dramatically over the last 20 years
- None of the GPs interviewed said they would refuse to refer a patient who asked to see a chiropractor. However, less than half reported referring patients to chiropractors if the patient did not suggest this themselves
- GPs with extra training in musculoskeletal problems were more positive towards chiropractors and more likely routinely to send some patients to chiropractors
- Most chiropractors interviewed relied on referrals from GPs for a substantial proportion of their practice
- Chiropractors in rural areas seemed to have more positive relationships with GPs, involving mutual referral and discussion of problematic cases, than chiropractors in urban areas

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### ABSTRACT

In the 1970s, the relationship between the medical profession and chiropractors was very acrimonious. It has improved substantially in recent years.

In this paper, interviews with GPs and chiropractors in rural and urban areas are used to describe the current relationship between members of the two occupations. These suggest that almost all GPs refer patients to chiropractors if patients request this, but a smaller number suggest chiropractors themselves. Some chiropractors and GPs, particularly in smaller towns, reported very positive relationships.

### INTRODUCTION

In 1979, the Commission of Inquiry into Chiropractic noted that "the opposition of the New Zealand medical establishment to chiropractic is, for all practical purposes, intense and absolute".<sup>1</sup> At the time it was considered unethical for doctors to refer patients to chiropractors. By 1997, this situation had changed dramatically. This paper draws on interviews with GPs and chiropractors to describe the present state of the relationship between the two occupations.

### Method

This research examines the division of labour in the treatment of musculoskeletal problems. The study involved semi-structured interviews with 83 practitioners from a range of occupations that claim to treat musculoskeletal problems. These included GPs, physio-

therapists, chiropractors, osteopaths, orthopaedic surgeons, podiatrists, massage therapists, acupuncturists, naturopaths and others. Fourteen interviews were also carried out with relevant professional associations. The interviews were carried out between March and November 1997.

Research was carried out in two urban areas: Christchurch and the greater Wellington region, and two rural areas: the Wairarapa and the West Coast of the South Island.

This paper describes some of the results from the interviews with chiropractors and GPs. Seventeen GPs and eight chiropractors were interviewed. In the rural areas most or all of the chiropractors in the region were interviewed, and I attempted to interview at least one GP from each town.

This was achieved for all but one town in each region. In the urban areas, chiropractors were selected to ensure that suburban and central city, solo and group practitioners were included.

A random sample of GPs from each urban area was invited to participate, but the response rate from GPs was very low.

Of the 45 people in the whole study who refused to participate when sent invitation letters, 38 were GPs. Those GPs who had extra training in musculoskeletal medicine or related fields seemed to be more interested in participating than others, so the sample is skewed towards them.

I made a particular attempt to locate others who would talk to me. This involved an extra visit to Christchurch, discussing the response rate problem with the RNZCGP, writing to the major IPA in Christchurch, and sending out many extra letters inviting other GPs to participate. The last of these strategies was the most fruitful. In spite of these efforts, the GPs interviewed are not representative of the profession as a whole.

The interviews were carried out face to face, and lasted between 15 minutes and 1 hour. Practitioners were asked about where their patients came from (eg, self-referred, referred from other practitioners), what kinds of treatment they offered, where they referred patients to and about funding for their treatment.

This paper focuses largely on responses to the questions about referral from, and to, other practitioners. Both GPs and chiropractors provided information about referrals between their two occupations. The advantage of interviewing both groups was that the same questions could be addressed from both perspectives.

### **The respondents**

I interviewed two female chiropractors and six male. Three were in the rural areas, five in the urban areas. Three practised in group practices with other chiropractors, two others worked in practices with massage therapists and the other three practised in solo practices. One of my respondents worked part time in a general practice in a small rural town as well as having his own practice in a larger town. The chiropractors I interviewed ranged in age from a young person who had started practising in the last year to an older chiropractor who was semi-retired.

Eleven of the GPs I interviewed were male, six female. Eight were from the rural areas studied, nine from the urban areas. All but three practised with other GPs. Two of the solo practitioners worked in small rural towns without any other GP. Six of the GPs I interviewed had a special interest in musculoskeletal or sports medicine. Six had a physiotherapist either in their practice or in very close proximity (eg, down the same driveway). Five of the GPs did acupuncture, and three did manipulation. One of the GPs shared premises (on a part time basis) with one of the chiropractors I interviewed. None of the other GPs shared premises with chiropractors.

### **Chiropractic in New Zealand**

Chiropractic was founded in the USA in the late 19th century by Daniel Palmer.<sup>2</sup> It was introduced to New Zealand around the time of World War I.

Chiropractors rely on manipulation to realign any structural or functional abnormalities of the spine. Most New Zealand chiropractors focus largely on treating musculoskeletal problems. However, because chiropractors believe that the function of the spine and the nervous system are closely interrelated, they sometimes claim that other illnesses may be alleviated by correcting spinal problems, and maximising the body's ability to maintain health.<sup>1,3</sup>

The greatest animosity between the medical profession and chiropractors has surrounded claims to treat non-musculo-skeletal problems.

Chiropractic is the most legislatively recognised alternative therapy in New Zealand. The Chiropractors' Act 1960 prohibits unregistered people from practising as chiropractors. It allows registered chiropractors to accept and treat patients who approach them directly, without medical referral.<sup>1</sup> The Chiropractors' Board is appointed by the Minister to administer the act. Most chiropractors also belong to the New Zealand Chiropractors' Association.

X-rays play a major role in chiropractic diagnosis. Chiropractors are licensed under the Radiation Act for chiropractic diagnostic purposes. In the past all chiropractors used to perform their own x-rays, but increasingly they are contracting these out to medical x-ray facilities.

There are about 135 chiropractors currently practising in New Zealand. Until recently, New Zealanders wishing to train as chiropractors had to do so overseas. However, in 1994 a new training course started in Auckland. This is a five-year course involving a BSc plus basic chiropractic studies, and a two-year clinical component (interview with New Zealand Chiropractors' Association).

### **History of the relationship**

As noted above, relationships between the medical profession and chiropractors have sometimes been extremely acrimonious. The 1979 Commission of Inquiry uncovered considerable medical antagonism towards chiropractic and made recommendations which were strongly in favour of an increased role for chiropractors in the health care team.

The NZMA's policy toward referring to chiropractors changed in 1984. It is now regarded as unethical to refer to any practitioner without adequate training or experience.<sup>4</sup>

My respondents reported considerable change since this time, and described much more positive relationships between GPs and chiropractors. However, the relationship is still very different from the much closer one between GPs and physiotherapists.

Since 1974 chiropractors have been eligible to receive Accident Compensation (ACC) subsidies for patients referred by a medical practitioner. However, the NZMA ruling that it was unethical for doctors to refer patients to chiropractors effectively excluded chiropractors from this source of funding.

Today it seems that ACC encourages a closer relationship between chiropractors and GPs. Because ACC puts GPs into the position of gatekeepers to funding, patients wanting to see a chiropractor have a strong financial incentive to discuss this with their GP. Eligibility for ACC funding may also give chiropractic a sense of legitimacy. The publication of clinical practice guidelines on the assessment and treatment of acute low back problems in adults, which reviewed evidence for different treatment options and recommended the use of spinal manipulation, may also have increased the legitimacy of chiropractors.<sup>5</sup>

### **Do general practitioners refer to chiropractors?**

Less than half of my GP respondents reported referring patients to chiropractors if the patient did not suggest this themselves. However all said that they would refer patients who

asked. None would refuse. In general most suggested that they went along with any reasonable referral request made by patients. Only one was really reluctant about this:

"I'd tend to stay away from chiropractors. I don't believe, personally, that chiropractors are very useful... I've had some very bad experiences with chiropractors who have been purely out to fatten the wallet... So, I don't believe, I basically stick to physios and mainstream medicine I'm afraid." (GP H).

However, this doctor did know of one chiropractor with whom he had had good experiences, and he sent patients to him if they asked.

Rather than being actively opposed to referring to chiropractors, most practitioners simply did not consider it as an option unless the patient suggested it. Some were unaware of what sort of problems they would send for:

"It wouldn't even occur to me to refer them to the chiropractor unless they specifically wanted to go. But my knowledge of chiropractors is that's not where they... I've got nothing against the chiropractor. It's just, you know, I've got a physio here who I've got lots of confidence in." (GP B).

Another GP said that patients usually had to suggest chiropractors themselves before he would refer to them. He felt that people had to have "some inclination towards chiropractors" before he would send them, partly because of previous experiences:

"I know a couple, so I tend to send people there. Both of those people, I must say, have been a bit... people have objected and said to me that they were far too violent with their manipulation, so I'm a bit put off about sending people there again. Unless they specifically ask for them." (GP K).

Another GP said his preference for referring to physiotherapy was because patients would have to travel to another town to the nearest chiropractor, whereas there was a physiotherapist on the premises. Several GPs suggested the proximity of physiotherapists compared to chiropractors as a reason for preferring physio-therapists. However, the proximity is also a result of the much closer relationships between GPs and physiotherapists.

Those who did actively refer patients to chiropractors (ie, suggested this themselves) were the one rural GP who had a chiropractor available on site once a fortnight, five GPs who had a special interest in and/or expertise in musculoskeletal medicine and one other GP who was convinced by evidence from controlled trials that chiropractors were effective for some people.

There was a distinct difference between those GPs who had extra training in musculoskeletal problems and those who did not. The former were much more positive toward chiropractors and more likely to routinely send some patients to chiropractors.

The chiropractors I interviewed varied considerably in how many of their patients were referred to them by GPs. One worked in a practice in which about 10 per cent of patients were referred from GPs, while another estimated that up to 90 per cent of the patients were.

Most chiropractors seemed to rely on GP referrals for a substantial proportion of their practice: often over a half. Two chiropractors noted getting referrals from orthopaedic surgeons as well.

Some of the GP referrals were clearly suggested by the doctor him/herself, ie, the GP had a positive relationship with a chiropractor and actively referred suitable patients to him/her. Others were clearly patient-initiated referrals. The proportions of each were difficult for chiropractors to determine.

Some chiropractors suggested they were second line referral options for many GPs. That is, patients would be sent for physiotherapy first, and then to a chiropractor if the physiotherapy had not achieved the desired results. However, there were also chiropractors who reported that some GPs sent patients to them very soon after an injury, without trying

physio-therapy first.

### **What sort of problems are referred?**

GPs provided some information about the sorts of problems they refer to chiropractors. These were mostly spinal rather than peripheral joint problems. They were problems with spinal alignment or those relating to disk problems rather than soft tissue problems.

One GP mentioned that he was more likely to send people who wanted to get better in a hurry, and adults rather than children, to a chiropractor. He would be more likely to send children to an osteopath, which he regarded as being gentler.

One GP who did not usually refer to chiropractors mentioned sometimes doing so on request from physiotherapists who were having problems manipulating a particular joint.

Both the physiotherapists and the chiro-practors I interviewed sometimes suggested that GPs varied in their level of skill in assessing musculoskeletal problems. Like the responses from the GPs, they tended to suggest that those with more training in the area were less likely routinely to refer to a physiotherapist, and more likely to refer different problems to different providers.

"There are some GPs that send patients here who will say "right, you've got a locked L4/5. You need to go to the chiropractor." And that same GP will say "you have torn a muscle in the side of your back. You need physio." And as gatekeepers, those guys are good because they're pre-selecting their patients, figuring out where the most appropriate treatment provider is. But there will be others whose skills are nowhere near that good. And they will go, blanket: "physio." "What's wrong with me?" "I don't know, but go to the physio.".... So that's not particularly discriminating on behalf of the GP." (chiropractor E).

### **Feedback from chiropractors to general practitioners**

Interviews with GPs suggested a mixed picture about how often chiropractors contacted them, gave feedback on treatment and sent patients back if they failed to progress.

Some GPs reported having a good relationship with chiropractors, with whom they discussed patients.

"We talk either informally or formally. So if there's anything which is not following the expected improvement then we get together and work out where to go from there. So there's a lot of consultation that goes on between us and communication." (GP A)

Some reported not usually receiving any feedback from chiropractors when they referred patients to them. Some said that the quantity and quality of feedback was an important factor in their decisions about which chiropractor to refer to. One GP reported limiting the number of treatments allowed on ACC, in part to get good feedback letters from chiropractors (and physios) about treatment progress.

Chiropractors said they returned patients to their doctor if they were not getting better or if they presented with medical symptoms which had been previously undetected. They recounted instances where they suspected a problem might have had a medical basis, and recommended that patients see their GP, "With massaging, the tummy should feel a certain way, with a couple of patients it's like 'no, that doesn't feel right. I'm not sure what it is. But just have your general practitioner check it out.'"(chiropractor H)

Compared to other treatment providers, chiropractors tended to have very orthodox referral patterns. Most referred patients exclusively or primarily to GPs, orthopaedic surgeons and physiotherapists, rather than to alternative treatments.

### **Relationships**

I interviewed three chiropractors in rural areas, and four in city areas. All three rural chiropractors had very positive relationships with orthodox practitioners such as GPs and

physiotherapists. These often involved mutual referral, discussion of problematic cases, and sometimes working in tandem on difficult problems. In the cities the picture was more mixed. The city chiropractors seemed to experience more of what one chiropractor referred to as "a political conflict or a prejudicial view that they [ie, GPs] have which discriminates against their patients coming to see us." (chiropractor E). Nonetheless, apart from one practice that was fairly new and had not yet established a strong base of GP-referred patients, all the urban practices did have good relationships with at least some GPs.

Those chiropractors who had positive relationships with doctors reported putting considerable effort into this.

"I came from [Europe] to here, where in [Europe] chiropractors are very well respected. And when I arrived here years ago they were really hated, like [in this area] they were not very good news at all. And it took me probably about four years to build up relationships with doctors and the hospital and physios. And that really works well now." (chiropractor A)

Several chiropractors reported presenting talks to groups of medical practitioners, and that this had increased the level of referrals from doctors. One mentioned that clarifying that he only treated musculoskeletal problems was an important part of allaying the fears of medical practitioners. He knew that this had been an important issue in the antagonism between the medical profession and chiropractors.

"I said I'm doing musculoskeletal, I'm not interfering with anything else they do. And they seemed to accept that more than chiropractors who do a bit of this and a bit of that. And they send me patients whose problems I treat. And if I see another problem, a stomach problem, or whatever, I send them back to the doctor." (chiropractor A)

Another way chiropractors became known and trusted by GPs was through patients:

"My patients would go back to the doctor and whether the doctor concerned has referred initially or not, the person... in 50 per cent or more of cases – would have come outside of the doctor's knowledge to start with. And then when they've got treatment result or effect and have been quite happy with that, then they've said to the doctor 'oh, I went to so and so and I've not had any trouble since.' And that then gives the doctor a kind of feedback." (chiropractor C)

Some also reported having GPs as patients themselves (one even reported treating an orthopaedic surgeon), and that this had led to referrals. Some reported GPs taking the initiative and contacting them, suggesting meeting and discussing referring patients.

## **Discussion**

From the time of the Commission of Inquiry into Chiropractic in 1979 there has been considerable improvement in the relationship between doctors and chiropractors.

My research suggested that GPs almost always refer to chiropractors when this is suggested by the patient, and that some GPs actively suggest this themselves. This tends to be more common among GPs who have additional training in musculoskeletal or sports medicine. Those with additional training seemed to be more aware of what chiropractors do and can contribute to treatment of musculoskeletal problems.

Some GPs and chiropractors seemed to have established very good relationships, with mutual referral and discussion. This seemed particularly to be the case in rural areas. This may be because there are fewer practitioners in rural areas, so all have more need to cooperate, or because living in small communities is more likely to lead to personal acquaintance and friendship.

Relationships between the two professions have been improved on a local level by discussion between practitioners, by chiropractors being invited to talk to groups of GPs, by patients providing feedback to GPs, and by medical practitioners sometimes experiencing chiropractic treatment themselves.

## References

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