

***The Perceptions of Selected Stakeholders on the Integration
of Chiropractic into the KwaZulu-Natal Healthcare System***

A dissertation in partial compliance with the requirements for a Master's Degree in
Technology: Chiropractic, in the Department of Chiropractic at the Durban University of
Technology.

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ACKNOWLEDGEMENTS

- To my precious parents, Ivan and Andaleen, for their immeasurable love and care, and all they have done to get me this far.
- To my brothers - Peter for his constant unfailing encouragement and friendship.
- Bruce and Shaun for their support and encouragement.
- To my Oupa for his kind words of wisdom.
- To my Ouma for her constant love and interest.
- To Grandpa and Granny for their unfailing love.
- To Ryan for being like an elder brother who always offered his support.
- To all my friends for their irreplaceable friendship.
- To my co-supervisor, Dr Nikki de Busser, for all her effort in helping me to complete this thesis.
- To my supervisor, Dr Dee Pratt, for her guidance.
- To Bronwyn Jones for proof reading this thesis.

ABSTRACT

Background: Chiropractic in South Africa seems to be gaining acceptance by medicine with increased recognition from the private healthcare sector. This trend is reflected by the recognition of private healthcare providers of chiropractic services. Integration would accelerate the growth of the chiropractic profession in this country. It is therefore important to understand how chiropractic is currently perceived with respect to integration into the KwaZulu-Natal (KZN) healthcare system. As well as to determine factors perceived to facilitate or hinder this integration.

Objectives: To explore and describe the perceptions of selected stakeholders about the integration of the chiropractic profession into the KZN healthcare system.

Method: The sample included ten selected stakeholders within the KZN healthcare sector. Each participant participated in a semi-structured interview. Questions included participants' experience of chiropractic, the role and scope of chiropractic practice, and key developmental issues affecting integration. Interviews were captured on a digital voice recorder and transcribed into text. Data was analysed by the use of NVivo software (NVivo 8, developed and designed in Australia, copyright 2008 QSR International Pty Ltd. ABN 47 006 357 213).

Results: The majority of participants ($n = 7$) had a positive experience of chiropractic, but few ($n = 2$) recognised the diagnostic role of chiropractic. All participants, except two doctors, believed that integrating chiropractic into the public healthcare system would benefit the healthcare fraternity, the chiropractic profession and patients.

However, hindering factors perceived by the participants included: chiropractors practicing non-evidence based techniques; chiropractic being registered with a different council and being taught at a different institution to conventional medical professionals; and most importantly a lack of knowledge of the profession. Facilitating factors were

perceived to be: increased education of stakeholders about chiropractic; improved communication between chiropractors and medical doctors; improved marketing strategy; and lastly improved patient management.

Conclusions: A positive experience of chiropractic is directly affected by a positive exposure to the profession. The profession itself is responsible for dispelling some of the confusion it has created, by collectively practicing evidence based medicine, and marketing a united message to stakeholders.

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LIST OF ABBREVIATIONS

AHPCSA:	Allied Health Professions Council of South Africa
AMA:	American Medical Association
CASA:	Chiropractic Association of South Africa
DUT:	Durban University of Technology
e.g.:	For example
<i>et al.:</i>	And others
HPCSA:	Health Professions Council of South Africa
i.e.:	In other words
KHC:	Kimberly Hospital Complex
MBCbB:	Bachelor of Medicine and Bachelor of Surgery degrees
M.Tech:	Master's Degree in Technology
SA:	South Africa

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Chiropractic in South Africa seems to be moving into the mainstream medical health sector (Myburgh and Mouton, 2007). This trend is reflected by the recognition of private healthcare providers of chiropractic services (Myburgh and Mouton, 2007). It is therefore important to understand how chiropractic practice is currently perceived with respect to the level of institutionalization and professionalization, in other words, how well chiropractic is integrated into the KwaZulu-Natal healthcare system.

In view of the above concerns, it is important to define and understand perception and integration. According to Soanes and Hawker (2006), integration can be defined as “the making into a whole or the unification of all elements in a society.” Perception is defined by Soanes and Hawker (2006) as “the act or faculty of apprehending by means of the senses or of the mind; cognition; understanding.” According to Chaffee (1997) this apprehension is reached through personal and particular selection, interpretation and organization of the information that the individual is exposed to. Kehoe (1998) noted that the perception formed by an individual is not necessarily an accurate reflection of the actual perceived object or event. For this reason, Chaffee (1997) states that people need to re-examine and possibly adjust their interpretation of the stimuli that they receive, due to their perceptions possibly not being the correct/authentic reality of the object or event. Bergh and Theron (1999) suggested that perception will be affected by factors in the environment, factors in the object, and factors in the perceiver (these factors will be dealt with in more detail in Chapter Two).

The chiropractic profession has a history dating back to 1895 when the first official manipulation / adjustment was administered (Chiropractic Association of South Africa (CASA), 2009). Since its inception chiropractic has sought to become more recognized and integrated with the medical fraternity (Meyer, 2009). Previously an unpublished

study conducted by Rubens (1996) established that many medical specialists including Orthopaedic surgeons, Neurosurgeons and Neurologists were not comfortable with the chiropractic profession and thus not favouring integration of chiropractic into the South African healthcare system. Added to this the chiropractic profession appeared to have an unclear identity and position within the healthcare system which could have reinforced the negative perception of chiropractic in the eyes of allopathic practitioners (Myburgh and Mouton, 2007; World Federation of Chiropractic, 2005). It is however possible that factors that influence perception might have caused a change in these limited views and perceptions by the medical profession over the past decade. These factors would be those related to the chiropractic profession, to the external environment, and to participants' former knowledge and expectations of management (Robbins, 1996; Eysenck and Keane, 1996; Hayes, 1994; Coren and Ward, 1989). The ongoing communication by the Chiropractic Association of South Africa (CASA) with professional organisations and associations within the healthcare system may also have affected previously held perceptions (CASA, 2009).

Recent South African studies have indicated that public allopathic practitioners have a limited knowledge of chiropractic (Meyer, 2009; Myburgh and Mouton, 2007). Although the knowledge of chiropractic has not improved when comparing the results of Meyers (2009) and Langworthy and Smink (2000) studies, the perception of the chiropractic profession is noted to have improved when comparing these two studies.

Currently, chiropractic is becoming more accepted by mainstream medicine in South Africa (Myburgh and Mouton, 2007). However, according to Meeker and Haldeman (2002) the next decade will determine whether chiropractic remains an alternative healthcare profession or whether it becomes fully integrated into the healthcare system. Integration could accelerate the growth of the chiropractic profession due to increased recognition and thus increased referrals to chiropractors. It is thus important to determine any factors that might facilitate or hinder the chiropractic profession from being integrated into the South African healthcare system. It is thought that perceptions

about integration, as well as the roles which various practitioners might play within a unified system, might be powerful mechanisms facilitating or hindering the integration process. Researching perceptions of the integration of chiropractic into the KwaZulu-Natal (KZN) healthcare system would help identify these factors.

The traditional inter-relationship between chiropractors and other orthodox healthcare providers has in the past been strained. However, a general shift away from medication to treating musculoskeletal disorders is occurring in the public healthcare system on an informal level (Bar-Gil, 2009). Therefore it is important to explore inter-professional communication and how this relationship might be improved in the future to improve integration of chiropractic into the healthcare system. This is because consumers have placed pressure on various professions to communicate more clearly about patient management (Bar-Gil, 2009).

This dissertation documents an exploratory study of a qualitative nature carried out within a post-positivist approach, namely critical realism (Bhaskar, 1978). The researcher identified persons from stakeholder groups to gain their opinions on the integration of chiropractic in the KZN healthcare system. The sample included ten participants: a member of the Health Professions Council of South Africa (HPCSA), a member of the Allied Health Professions Council of South Africa (AHPCSA), a member of Chiropractic Association of South Africa (CASA), a medical aid representative, a hospital manager of a public hospital, a representative from two tertiary training institutions (University of KwaZulu-Natal (UKZN) School of Medicine, and Durban University of Technology (DUT) Chiropractic department), a medical officer of a public hospital, a member of parliament (MP) for health, and a patient. Each of the above participated in semi-structured interviews. The questions included the participants' experience of chiropractic, the role and scope of chiropractic practice, and key developmental issues affecting integration. The interviews were conducted in English, captured on a digital voice recorder and transcribed into text. The data were then

analysed with the aid of a computer assisted qualitative research analysis using the NVivo 8 software.

1.2 Aims and Objectives of the Study

The aim of the study was to explore and describe the perceptions of selected stakeholders about the integration of the chiropractic profession into the KZN healthcare system.

The objectives of the study were:

1. To determine the perceptions and experience of the stakeholders of chiropractic in KZN.
2. To determine what stakeholders believe to be the role and the scope of practice of chiropractors in the KZN healthcare system.
3. To identify what stakeholders believe to be key developmental issues affecting integration into the KZN healthcare system.

1.3 Research Question

What are the perceptions of key stakeholders to chiropractic integration into the KwaZulu-Natal healthcare system?

1.4 Rationale for this study

The traditional inter-relationship between chiropractors and allopathic healthcare providers has been strained. However, a general shift away from medication to treating musculoskeletal disorders is occurring in the public healthcare system on an informal level (Bar-Gil, 2009). Therefore, it is important to explore inter-professional communication and how this relationship might be improved in the future. This would allow for better integration of chiropractic into the healthcare system, especially since

consumers have placed pressure on various professions to communicate more clearly about patient management (Bar-Gil, 2009).

In countries where the chiropractic profession has integrated into their state healthcare system, chiropractic has become more well known and highly sought after (American Academy of Hospital Chiropractors, 2006). This is all the more reason for investigating how integration could be facilitated. The results of this study could go some way towards providing an understanding of the current position of chiropractic with regards to the integration into the KZN healthcare system thus providing a platform from which to work.

The researcher hopes to further highlight issues in the chiropractic field that could have been overlooked in previous research studies, in order to facilitate the development of chiropractic practice in South Africa.

1.5 Delimitations

It was assumed that all the participants in this study responded accurately, openly and honestly, thereby allowing the researcher the best approximation of the perceptions held by the chiropractic stakeholders.

The type of recruitment used to select participants may not have been totally representative of the stakeholders and may hence may have led to errors in the results. However, according to Mouton (1996) it is inevitable that, no matter how carefully the sampling process is executed, any sampling process will always result in a sample that is less than perfectly representative of the population.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

A perception of an object is formed by the combination of the information provided by a person's senses (sensation) (Chaffee, 1997). Sensation entails the registration and coding of light, sound and other energies that act on the sense organs (Bergh and Theron, 1999). However, there are a number of factors that affect perception. These factors have been identified in the Neiss classification which is presented by Bergh and Theron (1999). These factors suggest that perception will be affected by environmental, object, and perceiver factors. From a chiropractic perspective these factors will be used to evaluate:

2.2 Factors Affecting Perception

In terms of factors in the environment:

- The socio-economic conditions prevalent in the country
- Media
- Accessibility

In terms of factors in the object (chiropractic profession):

- Chiropractic history and development
- Legal barriers
- The education of chiropractors in South Africa
- Accessibility barriers and
- Chiropractor's self-imposed barriers to primary care provider roles

In terms of factors in the perceiver (stakeholders):

- Personal history / exposure to chiropractic
- Expectations
- Values and attitudes and
- Cultures

According to Bergh and Theron (1999) these factors affect all sectors of the population to a greater or lesser extent over time, and, dependant on the interaction of these factors within the individual person, the degree of the effect will vary. It is therefore possible to state that these factors over time could generally influence perceptions on the integration of chiropractic into the KZN health care system.

2.3 Factors in the Environment Affecting Perception

- The socio-economic conditions prevalent in the country

Socio-economic conditions are important to understand as the stakeholders' perceptions on integration into the KZN healthcare system could be influenced by the socio-economic circumstances enveloping the healthcare in KZN (Botha, 2009).

South African healthcare ranges from the most basic primary services which the state offers free of charge, to services offered by the private sector at various charges. This also includes highly specialized technological health services (About South Africa, 2009). The majority of chiropractors in South Africa work in the private sector and their services are covered by medical aid schemes (CASA, 2009). According to Myburgh and Mouton (2007) chiropractic caters for a market that is able to afford complementary and alternative medicine as an out-of-pocket expense. This means that the middle and high income earners and those who belong to medical aid schemes (18% of the population) are catered for (About South Africa, 2009). Van As (2005) points out that household

income, medical aid cover and socio-economic differences have been thought to affect healthcare access between the various sectors of the population.

Studies by the Health Systems Trust (2009) found that there was a poverty prevalence in South Africa (SA) of 43.2% (in 2006) and an unemployment rate in South Africa of 25.5% (in 2006). These figures may indicate the reason such a low percentage (18%) belong to medical aid schemes (About South Africa, 2009), most of which contribute to chiropractic management. It is therefore believed that the previously disadvantaged still have little knowledge and understanding of the chiropractic profession (Rattan, 2007). This demonstrates that the population is divided in terms of their access to the extremes of the healthcare that is available. This means that an individual's perception of the integration into the allopathic healthcare systems could be prejudiced by their encounter related to their point of entry into the healthcare system (Botha, 2009).

It could be assumed that the stakeholders of the chiropractic profession taking part in this study were middle and high income earners (Myburgh and Mouton, 2007), and so it is likely that they had access to the healthcare in the private sector, and the chiropractic profession. This should have facilitated the exposure of these chiropractic stakeholders to the chiropractic profession.

- How Chiropractic is portrayed by the media

According to Chapman-Smith (2000), the media (major daily newspapers and radio/television networks) are in the position to influence strongly the perceptions and attitudes of the public, and thus the stakeholders of chiropractic, towards the chiropractic profession. He further states that the media have generally influenced the public perception of chiropractic negatively, because they have predominantly been promoting allopathic medicine. By contrast, the media have been slow to produce positive information regarding chiropractic (Chapman-Smith, 2000).

The increase in research and support for the principles of evidence-based medicine within the chiropractic field (Van Tulder, Furland and Gagnier, 2005; Langworthy and Smink, 2000; Brantingham and Snyder, 1999) appears to be causing a change in the trend regarding the attitude of the media towards chiropractic (Hughes and Wingard, 2006; Wojcikowski, Johnson and Gobe, 2006). As stated above, the media is in a position to influence strongly the chiropractic stakeholders' perceptions of the chiropractic profession, and thus it could be assumed that with increasingly positive media coverage there is a possibility that chiropractic stakeholders' perceptions could be improved.

- Accessibility of chiropractors

According to Stevens (2007) there are a number of accessibility barriers, such as transportation, cost, insurance, and belief systems, that play an important role in the utilization of chiropractic management. The above was reinforced by Rattan (2007) who stated that unaffordability and poor accessibility were accessibility barriers that tended to be responsible for the poor knowledge and perceptions of much of the population towards chiropractic.

According to Gaumer, Koren and Gemmen (2002) difficulty in consulting a chiropractor may stem from a shortage of chiropractors in the area. Taking this into account, the majority of chiropractors in South Africa practise in urban areas within the private sector (CASA, 2009). This means that the majority of the population may not be able to afford, or have access to chiropractic care (CASA, 2009). Reinforcing the above, in 2004 there were 237 chiropractors practising in South Africa and an estimated 2200 chiropractors were needed in the country at that time (Chiropractic Diplomatic Corps, 2009). This meant that, with a population of approximately 45 million people in South Africa (About South Africa, 2009), there was about one practising chiropractor to every 190 000 people. Four years later in 2008, there were 512 registered chiropractors in South Africa (Theron, 2008) with a population of approximately 48 million people (Health Systems

Trust, 2009). This meant that there was one chiropractor per every 94 000 people. The above indicates that the accessibility barrier between the South African population and chiropractic has marginally improved (Botha, 2009). Internationally, Chiropractic is inaccessible to the vast majority of the world's population (Chiropractic Diplomatic Corps, 2009). In an estimated 76% of people across the globe there is a ratio of only one chiropractor to every 100 000 to 10 000 000 people (Chiropractic Diplomatic Corps, 2009).

Currently there is only one government hospital, Kimberly Hospital Complex (KHC), in South Africa in which there is a resident chiropractor with hospital privileges offering chiropractic services to the local low income community (Engelbrecht, 2008; Strelbel, 2004). Chiropractic students have been doing hospital integrated internship in the KHC since 1996 (Korporaal, 2009). Offering chiropractic services in a hospital setting provides an ideal opportunity to expose chiropractic to chiropractic stakeholders who may have never previously been exposed to chiropractic management (Till and Till, 2000).

In addition to the above, chiropractic students have been involved in promoting and educating the public (Korporaal, 2009). Noting this, sixth year chiropractic students have taken part in community service involving low income earners at Marburgh Haven (old age home) since 2004 (Korporaal, 2009). There is also a cycle tour that has been taking place since 2007, from Empangeni to Uvongo, in order to create an awareness of chiropractic and thus promote the profession (Korporaal, 2009).

The current lack of accessibility of chiropractors could be an influencing factor with regards to the chiropractic stakeholders' knowledge and thus their perception of the chiropractic profession (Botha, 2009; Rattan, 2007). In support of the above, Louw (2005) stated that the general practitioners (n= 596; located in the five main metropolitan cities of South Africa) who took part in the research were inclined to believe that less than 15% of their patients and less than 15% of the South African population

had regular consultations with chiropractors. In view of the above figures, it could be concluded that accessibility is affected negatively by the low numbers of chiropractors in South Africa, especially low numbers of chiropractors in state facilities.

2.4 Factors in the Perceived Object Affecting Perception

- Chiropractic history and development

The history of chiropractic dates back to 1895 when the first official manipulation / adjustment was administered (CASA, 2009). The history of chiropractic and thus its official recognition differs from country to country. This tends to be due to the variations in the dates of chiropractic entrance into the countries, and the differences in the laws governing the profession (Chiropractic Diplomatic Corps, 2009). According to the Chiropractic Diplomatic Corps (2009) chiropractic is legally and lawfully protected in 41 countries across the globe.

In order to gain a better understanding of the progression in South Africa with regard to the integration of chiropractic into the healthcare system, it is important to discuss briefly the history of the American chiropractors' integration into the healthcare system. Until 1980 the American Medical Association (AMA) stated that it was unethical for a medical doctor to refer a patient to a chiropractor. This prohibition resulted in an antitrust suit being filed in 1976 against the AMA and two other medical associations by Chester Wilk, a Chicago Doctor of Chiropractic (DC), together with three other DCs. The AMA lost the antitrust suit leading to such prohibitions against medical doctors working with chiropractor being erased. Approximately a decade later in 1987 the AMA, the American College of Surgeons (ACS) and the American College of Radiology (ACR), were found guilty of conspiracy and abstinence of trade against the Chiropractic profession. Following this the AMA's appeal to the Supreme Court was lost, indicating that the communication of its members with chiropractors was authorized (Chapman-Smith,

2000). This victory meant that the full acknowledgement of the national chiropractic associations was accomplished (Chapman-Smith, 2000).

Since the commencement of chiropractic education in South Africa in 1989 (CASA, 2009), various aspects of the profession have been disputed by certain groups, in particular, the medical and sociology professions (Myburgh and Mouton, 2007; Wardwell, 1994). In this regard the allopathic medical profession has previously been both wary and critical of the chiropractic profession (Curtis and Bove, 1992). In the past mainstream medical practitioners were prohibited from having anything to do with chiropractic, as it was allegedly based on a “false system of teaching” (Hupkes, 1990).

Sanchez (1991) claimed that chiropractic was disregarded because it lacked the scientific proof to substantiate its claims. To reinforce this past scepticism, many still believed there was little scientific proof to confirm certain claims made by the chiropractic profession (Brantingham and Snyder, 1999). However, in the decade since their claim was made a substantial number of chiropractic-related studies were published in multidisciplinary/mainstream publications and journals, which should have increased the knowledge of chiropractic practice amongst allopathic practitioners internationally and in South Africa (Morris, 2006; Nelson, Metz and LaBrot, 2005; Chapman-Smith, 2000; Langworthy and Smink, 2000). According to Chapman-Smith (2000) the public, and thus the chiropractic stakeholders’ acceptance of chiropractic has grown since the 1990s. This has been reinforced by a greater number of inter-referrals occurring between allopathic practitioners and chiropractors (Chapman-Smith, 2000). This increasing acceptance is possibly due to the above mentioned growing focus on research along with the publication of scientific articles in reputable medical journals (Chiropractic Report, 2005; Chapman-Smith, 2000).

In spite of this, the negative perceptions held of chiropractic still appear to persist to a certain extent (Botha, 2009), a possible reason being that scientific publications of such research studies (Langworthy and Smink, 2000; Wardwell, 1994) were not read by a

large number of the medical community or public, and, as a result, limited understanding of the same information may still be evident (Botha, 2009). The British Medical Association stated that the education and training of complementary practitioners, for example in chiropractic, is grounded in orthodox medicine, and that they therefore share a common language which should allow for close dialogue with medical colleagues (Langworthy and Birkelid, 2001).

According to Myburgh and Mouton (2007) chiropractic falls into the “complementary and alternative medicine” category. This is the group of medicine that functions together with and alongside conventional medicine (Langworthy and Birkelid, 2001). Chiropractic is currently one of the largest, most recognised and most regulated professions traditionally falling outside the mainstream medical health system umbrella (Meeker and Haldeman, 2002).

- Legal barriers with regards to inter-professional communication and laws that restrict the growth of chiropractic

In 1971 a bill was passed which prevented chiropractors and chiropractic students from registering, preventing any further growth of chiropractic in South Africa (Brantingham and Snyder, 1999). However, in 1982 the Associated Health Service Professions Act No 63 was announced. This Act established the Allied Health Professions Council of South Africa (AHPCSA, 2009), a legislative body that wrote chiropractic into law, and with which all students and practising chiropractors must register (CASA, 2009). This means that the allopathic practitioners who graduated before 1982 may have a negative perception about chiropractic, owing to the negative press that resulted in the closure of the chiropractic register between 1971 and 1982 (Brantingham and Snyder, 1999). Thus their perception and knowledge of chiropractic could be limited if they are unaware of this legislation changing in favour of the chiropractic profession (Botha, 2009).

In terms of the extent of progress in the integration of chiropractic with mainstream medical practice, Rule 7 (2) needs to be highlighted. This rule prohibited cooperation between chiropractors and doctors registered with the Health Professions Council of South African (HPCSA). In the mid 90s Rule 7 (2) was partially abolished in South Africa, and therefore, with its abolishment, the chiropractic profession could increase the scope of inter-professional communication (Sidley, 1994). To add to this, most medical aid schemes, the compensation for occupational injuries and disease act and the Road Accident Fund now also cover chiropractic in South Africa (Chiropractic Association of South Africa information booklet 2008/2009). However, this rule was never fully abolished, but merely changed to a less prohibitive rule, Rule 9.1. Subsequent to this, multi-disciplinary practices, which included chiropractors, became more common in South Africa (Engelbrecht, 2008).

- The education of chiropractors in South Africa – chiropractic ability to manage various pathologies

The first students were registered for chiropractic in 1989 at what then was the Technikon Natal, now the Durban University of Technology. Thus it has been only 20 years that the chiropractic profession has been actively educating and promoting itself in South Africa as an alternative healthcare profession (Brantingham and Snyder, 1999; Till, 1997). In this regard there is a possibility that the mainstream medical practitioners or chiropractic stakeholders, who graduated prior to 1989, may still believe that there are no accredited chiropractic courses in South Africa. This could lead to the understanding that the chiropractic profession is disorganised, and thus could add to a lack of knowledge that these allopathic practitioners have of the chiropractic profession (Botha, 2009; Wardwell, 1994).

According to Botha (2009) even if orthopaedic surgeons, neurosurgeons and neurologists, and thus chiropractic stakeholders are aware that chiropractic programmes are offered at the Durban University of Technology and at the University of

Johannesburg, they may still have a lack of knowledge of the requirements of the chiropractic programmes at these institutions. This may be due to the possibility that most worldwide chiropractic qualifications are limited to the Honours level or Baccalaureate level as compared to the Master's level training in South Africa (CASA, 2009). To add to the above a study carried out by Meyer (2009) showed that 79.6% (n= 43) of general practitioners (GP) in Kimberly Hospital did not realise that chiropractic in South Africa was a Master's level qualification.

Hunter (2004) conducted a study investigating the perception and attitudes of South African (SA) physiotherapists (n= 177) about the chiropractic profession. This study showed that two-thirds (n= 133) of the physiotherapists felt insufficiently informed about the chiropractic profession, particularly in the area of chiropractic education, the management protocols and chiropractic scope of practice. To reinforce this, a study conducted by Louw (2005), of 77 general practitioners (GPs) in South Africa (SA), suggested that GPs who have insufficient knowledge of chiropractic are hesitant to refer patients to chiropractors. But, 42.9% (n= 33) of the SA GPs questioned by Louw (2005) had communicated with a chiropractor via letter or telephone, more than half (51.5%, n= 17) of these GPs found it to be a positive and beneficial experience. Internationally a study conducted in Norway, by Langworthy and Smink (2000), on 112 GPs demonstrated that many GPs do not have sufficient knowledge of the chiropractic profession, and thus they are reluctant to refer patients to them. The above mentioned studies demonstrate the importance for the chiropractic profession to improve inter-professional communication with general practitioners and thus with chiropractic stakeholders (Langworthy and Birkelid, 2001 and Louw, 2005).

Since the start of chiropractic training at institutions in South Africa there has existed the possibility of a greater exposure than before of chiropractic to chiropractic stakeholders. This can be attributed to the fact that there are a larger number of chiropractors (330 in January 2009), giving stakeholders a greater understanding of the profession (Chiropractic Diplomatic Corps, 2009). Thus it could be assumed that, the more

chiropractors that qualify, the greater the potential access the chiropractic stakeholders have to information on the skills that chiropractors possess. However, this would only be true if there were not accessibility barriers preventing contact with chiropractors.

- Chiropractor's self-imposed barriers

According to the practice of the Allied Health Professions Act 63 of 1982, it is within the chiropractic scope of practice for them to act as primary contact practitioners (AHPCSA, 2009). It is however noted that some chiropractors do not appear to be including their full scope of patient management within their practice (Myburgh and Mouton, 2007). In support of this, it is apparent that some chiropractors have limited their practice to that of neuromusculoskeletal conditions. The reason for the above could be due to the way in which the chiropractic program was structured, as chiropractic students have done ward rounds informally at hospitals only since 2004 and formally only since 2007 (Korporaal, 2009). This has allowed chiropractic learners to be exposed to a wide variety of pathologies, thus providing them with the confidence that they may need to act as primary healthcare practitioners (Korporaal, 2009).

Furthermore, due to the chiropractic profession's apparently unclear boundaries, and lack of a clear definition (Myburgh and Mouton, 2007; Wardwell, 1994), allopathic practitioners may continue to have a limited knowledge and a negative perception of the chiropractic profession. It would appear that a major concern would be directly related to the confusion among prospective and existing patients about the exact role of chiropractic in the health care system (Van As, 2005).

Adding to the above, chiropractors occasionally use the same terminology as the medical professionals to describe something different, such as manipulation or adjustment, and subluxation (Gatterman, 1995). According to Longe and Gale (2006) a manipulation (adjustment) is usually done with the hands, although some practitioners may use an adjusting tool. The classic manipulation or adjustment involves a high

velocity, low amplitude thrust that can produce a painless popping noise, and this improves the range of motion of the joint that was treated. Keating (2003) and Gatterman (1995) noted that in chiropractic terms a subluxation is a joint in which the alignment, movement integrity, and/or the physiological function is altered, even although the contact between the joint surfaces remain intact. According to Merriam-Webster Medical Dictionary (2009) in medical terms a subluxation is a “partial dislocation (as of one of the bones in a joint)”. With this in mind the public, and thus chiropractic stakeholders cannot be expected to construct an authentic perception of the chiropractic profession (Myburgh and Mouton, 2007).

According to Botha (2009) the above factors could indicate that the information available to the public, as well as to other health professionals, is unclear and thus limited due to the negative factors that the chiropractic profession imposes on itself.

- Public Relations – How well do the chiropractors communicate or advertise the Chiropractic profession to the public

Since the chiropractic professions inception in 1895 it has come under attack by a number of influential groups including conventional medicine (Chapman-Smith, 2000; Wardwell, 1994; Coulter, 1992). The media reports of the influential medical groups may still tend to have a negative slant in an attempt to discredit and eliminate the Chiropractic profession (CASA, 2009; Rattan, 2007). For this reason the stakeholders of the chiropractic profession may have a negative perception and a low level of knowledge with regards to Chiropractic (CASA, 2009; Rattan, 2007).

Noting the above, the area of public relations appears to be a shortcoming in the chiropractic profession (Rattan, 2007; Myburgh and Mouton, 2007, Van Zyl, 2007). Due to the lack of public education by chiropractors, Van Zyl (2007) blames the chiropractic profession for the lack of knowledge among the public and allopathic practitioners on chiropractic. Butt (2008) supports this noting that the general public (including

chiropractic stakeholders) have no idea what disorders or injuries can and cannot be managed by chiropractors. This suggests that chiropractors have floundered with regards to educating the public. He thus advises a more aggressive public education drive.

2.5 Factors in the Perceiver Affecting Perception

According to Soanes and Hawker (2006) experience can be defined as: “practical contact with and observation of facts or events.” This definition is supported by studies which have shown that individuals who have had no previous exposure to a topic are less likely to be knowledgeable about the topic than individuals who have either had first hand exposure to, or received information regarding the topic (Botha, 2009; Brussee, Assendelft and Breen, 2001). According to Botha (2009), this would imply that exposure (either first hand or through another source) to the chiropractic profession may change an individual’s perception towards it. Chiropractors generally operate within the private sector (CASA, 2009), focusing on the middle to high income earners (Myburgh and Mouton, 2007), meaning that the participants in this study should have a certain degree of knowledge of the profession, and thus their perception could be influenced.

Adding to the above, Brussee, Assendelft and Breen (2001) stated that a large number of general practitioners’ information about chiropractic was assembled by patients who had received chiropractic management. This is an important factor influencing medical practitioners’ opinions and perceptions about chiropractic because they have been negatively or positively influenced by their patients’ experience. Due to chiropractors primarily functioning in the private sector (CASA, 2009) it could well be the case that the large majority of South Africa’s population may have an inaccurate perception of chiropractic owing to their limited exposure to the profession. This could result in allopathic practitioners having a skewed knowledge of chiropractic even although they are high income earners (Dreyer, 2004; Jamison, 1995).

Considering all the above points, the contradictory information regarding the experience, understanding and the perception of the chiropractic profession is so diverse, vast and sometimes perplexing (Chapman-Smith, 2000; Wardwell, 1994; Coulter, 1992), it is reasonable to assume chiropractic treatment will be confusing to stakeholders.

- Expectations, values and attitudes

A person's expectations, values and attitudes affect how he/she reacts to a particular subject (Eysenck and Keane, 1996; Robbins, 1996; Hayes, 1994). This is supported by a number of studies that demonstrated the major role that values and attitudes play on influencing perception (Postman, Bruner, McGinnies, 1948; Carpenter, Weiner, Carpenter, 1956; Worthington, 1969). In view of the above, it would seem likely that the answers to the questions posed to participants in the interviews would have been influenced by their expectations, values and attitudes towards chiropractic.

Research has shown that people base their attitudes on previous experience of care they received (Ingle, 2005; Van Noordwyk, 2005). Ingle (2005) and Van Noordwyk (2005) demonstrated that individuals who received previous chiropractic care positively promoted the profession, believing that chiropractic enhances their wellbeing. Thus based on the experiences that chiropractic stakeholders have been exposed to, an attitude towards the profession is developed.

- Cultures and Ethnicity

According to Soanes and Hawker (2006), culture can be defined as the art, customs, ideas, and social behaviour of a nation, people, or group. According to Botha (2009) culture is part of an individual from birth, and thus it would have a significant impact on how the individual perceives different factors, including health related issues. Therefore it could be assumed that, if an individual is exposed only to a culture that endeavours to

make use of traditional allopathic medicine for the treatment of disease, he/she would be reluctant to seek management from “alternative” medical practitioners such as chiropractors. In South Africa, in particular there is a culture, among the black population that involves a consultation with a traditional healer. It is possible that these traditional cultural healthcare differences may tend to limit access of individuals to healthcare practices outside of their culture (Dreyer, 2004).

According to Van As (2005) ethnicity greatly affects an individual’s perception of different factors. Van As (2005) also noted that any cultural, income, health insurance cover and socioeconomic variations could affect healthcare access between the different population groups. This indicates that the previously disadvantaged (black South Africans) members of the population would have a limited understanding and knowledge of Chiropractic (Myburgh and Mouton, 2007; Rattan, 2007). This is reinforced by Myburgh and Mouton (2007) who stated that the role and value of chiropractic is under-recognized among the black population in South Africa. Black South Africans make up 79.6% of the population (SouthAfrica.info, 2009) thus more than three quarters of the population may have little regard for chiropractic.

Noting the above factors, it could be assumed that the perception of the participants towards chiropractic could be biased, depending on the individual’s culture and their previous exposure to the profession.

- Knowledge / interests

A lack of public and chiropractic stakeholder’s education, including the medical fraternity, could be one of the most important reasons for a lack of knowledge of chiropractic (Meyer, 2009; Ingle, 2005; Van Noordwyk, 2005). According to Van Zyl (2007) the chiropractic profession is to blame for this lack of knowledge due to chiropractors failing to adequately educate the public.

Research by Botha, 2009; Meyer, 2009; Kew, 2006; Louw, 2005; Hunter, 2004; Rubens, 1996 has been carried out on the population of South Africa regarding their knowledge and thus their related perception of the chiropractic profession. It has been shown that there is a general lack of knowledge among allopathic healthcare practitioners, physiotherapists, and the general public in South Africa (Botha, 2009; Meyer, 2009; Kew, 2006; Louw, 2005; Hunter, 2004; Rubens, 1996). The results of these studies were echoed by international studies where it was also found that there was a general lack of knowledge of the chiropractic profession (Gaumer et al., 2002; Langworthy and Smink, 2000; Wardwell, 1994; Coulter, 1992). Based on these international studies it has been found that a greater knowledge of chiropractic is associated with higher levels of respect and acceptance of the profession (Langworthy and Smink, 2000).

It could be considered that there is a relationship between the perception that an individual has of an object (chiropractic) and the knowledge that they have of the object (Kew, 2006). The above information could indicate that the current limited knowledge, by chiropractic stakeholders, with regards to Chiropractic may be the reason for the general poor perception of the chiropractic profession. Due to the above mentioned factors, Van Zyl (2007) recommends a more aggressive public education drive.

2.6 Integration

Myburgh, Hartvigsen and Grunnet-Nilsson (2008) indicated that there are six factors that affect integration, namely; education (academics), government (e.g. government health care representative), business (e.g. medical insurance companies), the competition (e.g. from mainstream medical care), the practitioners and patients. Hupkes (1990) identified three factors that have led to a crisis in the South African healthcare system; these include high healthcare costs, a deficiency of resources and an absence of inter-professional cooperation. In order to relieve this crisis Hunter (2004) feels that a

greater level of cooperation and communication between all healthcare providers is vital.

With regard to professional integration, chiropractic is positioned outside the conventional referral pathway (Myburgh and Mouton, 2007). Educationally, chiropractic was considered to be separated from mainstream medicine owing to its curriculum not including contact with the public (government) sector and other medical practitioners (Myburgh and Mouton, 2007). This incomplete integration tended to be frustrating for patients, because it could have implied less authenticity (Myburgh and Mouton, 2007). However, chiropractic students have formally been doing ward rounds since 2007, within public hospitals, which has increased the contact with practitioners within the public sector (Korporaal, 2009). The above-mentioned perceived lack of professional integration and academic institutionalization tended to be counterbalanced, to a certain extent, by the social desirability of chiropractic (Myburgh and Mouton, 2007).

Although patients appear to have a practical understanding of the clinical approach used by chiropractors and tend to be satisfied with it, the inability of the profession to settle and market a particular model tends to undermine their confidence (Myburgh and Mouton, 2007). Adding to the above, the failure to commit to a particular niche counteracts the action of positioning chiropractic within the broader healthcare setting, and thus integration and acceptance is limited (Myburgh and Mouton, 2007).

2.7 Conclusion:

It would appear that chiropractors in countries such as the USA and Canada where the profession has sought to integrate with state authorities (i.e. education and healthcare), are maturing professionally (Bar-Gil, 2009). The end result is that the profession is more secure and can claim a higher status in society (American Academy of Hospital Chiropractors, 2006). It therefore stands to reason that the factors which contribute to this type of development should be developed as soon as possible in countries where

chiropractors practice. In this regard, the sooner the position of the profession can be understood, the sooner a developmental plan can be set in South Africa, taking into account the lessons learnt from other parts of the world.

CHAPTER THREE: METHODOLOGY

3.1 Research Approach

The research approach was post positivist. The paradigm of the research was that of critical realism (Basden, 2004; Bhaskar 1979; Kaboub, 2003) which had been used in clinical studies to investigate the effect perceptions have on patient health (Moren and Blom, 2003). Perceptions could then be identified with Bhaskar's (1978) "generative mechanisms" in terms of effecting change in a system. It was thought that critical realism will provide a useful perspective for explaining the way in which changes in social systems such as health care might be influenced by participants' perceptions.

3.2 Study Design

The study design is exploratory and interpretive in nature, using semi-structured interviews to capture emerging themes. Based on the above study design this research was approved by the Faculty of Health Sciences Research and Ethics Committee (FHSEC 031/07) (Appendix E) indicating that the research protocol satisfies the Ethical requirements set out by the Faculty of Health Sciences Research and Ethics Committee for such studies. Furthermore, this approval indicates that the research protocol is in line with the Declaration of Helsinki, 1975.

3.3 The sampling process

Purposive sampling was used, as individuals were specifically targeted for their knowledge in a certain area. Initially open sampling took place, where the participants were provided with data relevant to the study (Holloway, 2005).

3.3.1 Trustworthiness

Trustworthiness of the sample was a key criteria to establishing the validity of the sample (Babbie and Mouton, 2001). In this instance there was incentive for the individuals to provide a few other insights other than their true opinions. This research combined different research methods, investigations or data collection (Triangulation approach). The researcher engaged with potential participants by drawing on their emotions. The researcher tried to establish trust and rapport before the actual interview in order to gain credibility throughout the interviews. This helped me, as the researcher, to achieve the authenticity required for data collection and analysis in this study. The interview was focused whereby questions progressed regarding relevant and emerging issues. It was important to demonstrate consistency and coherence while remaining flexible.

It was important for me to also complete a member check by returning to the participants with a summary of their answers and discussion in order to establish whether my interpretation truly presents their ideas.

One could argue that patients might know more or less about the debates informing this study. In order to provide a mirror reflection as to the position of the profession in the health care system, however, it was imperative to use a sample of patients that had been exposed to a variety of therapeutic modalities, including chiropractic.

3.3.2 Sample

Recruitment and Inclusion Criteria: The following stakeholders representing different aspects related to Chiropractic integration into the public healthcare system in KZN were secured.

All the participants needed to:

1. Live in KwaZulu-Natal
2. Be registered with their respective council, if applicable
3. Read and agree to the Letter of Information
4. Agree to be interviewed and recorded with informed consent
5. Excluding the chiropractors, patients, and the member of parliament all the other participants were medical doctors, as it was believed they best represented the audience we wished to target.

The chiropractic representative on the Allied Health Professions Council (AHPCSA) had to be:

1. A qualified chiropractor
2. A council and board member of the AHPCSA
3. A representative of the AHPCSA for three years or more.

The Chiropractic Association of South Africa (CASA) representative had to be:

1. A qualified chiropractor
2. Member of the council of CASA
3. A representative of CASA for three years or more.

The Health Professions Council of South Africa (HPCSA) representative had to:

1. Have a Bachelor of Medicine (MBChB) qualification or equivalent
2. Be a council and board member of the HPCSA
3. Be a representative of the HPCSA for three years or more.

The Medical Aid representative had to:

1. Be employed by or do work for a medical scheme in medical planning/policies.

The hospital manager from the government hospital had to:

1. Have a MBChB qualification or equivalent
2. Be registered with their respective council
3. Be the hospital manager of a government hospital.

The representative from the Durban University of Technology (DUT) chiropractic department had to be:

1. A qualified chiropractor
2. A lecturer of a chiropractic subject at DUT.

The representative from the University of KwaZulu-Natal (UKZN) School of Medicine had to:

1. Have a MBChB qualification or equivalent
2. Be a lecturer at the UKZN School of Medicine.

The representative from Member of Parliament (MP) for health had to:

1. Be involved with the health portfolio of the KZN Health Care System.

The medical officer had to:

1. Have a MBChB qualification or equivalent
2. Have been practicing for more than five years in the public health care sector.

The patient had to:

1. Be able to understand the level of questions asked
2. Have been exposed to various types of therapies (Including chiropractic, biokinetics / physiotherapy, and conventional medicine).

Exclusion Criteria:

1. If a participant had not read and agreed to the Letter of Information page
2. If Letter of Informed Consent Form was not signed.

3.4 Interview method:

The participants were approached by me (the researcher) and asked whether they would be willing to participate in the research. If they agreed, they completed the Letter of Information and Informed Consent Form (Appendix A). If the respective participants read the letter of information and agreed to the Informed Consent questions and signed the Informed Consent Form, then the interview progressed. I discussed questions relating to the following topics during the face-to-face interview: the participants' perception and the scope of practice of chiropractic, and the key developmental issues of the profession. The duration of each interview was approximately 30 minutes.

3.5 Research Procedure:

Initially the participants were contacted either by telephone or electronically. I introduced myself as a Master's student who was conducting research about the issues relating to chiropractic integration, which required discussion of certain topics. At this point I explained what interview participation entailed, and discussed a convenient time to make an appointment for the interview.

At the appointment, I the researcher:

- Explained that the research entailed discussing certain topics.
- The researcher discussed the inclusion and exclusion criteria.
- The researcher confirmed the participant's identity, their current and previous professional position.
- Confidentiality was explained. (All the participants agreed to have their names published.)
- The researcher explained that it was the participant's personal opinion and not the opinion of the group that they represented.

- Once the participant had agreed to allow the interview to be conducted, the interview started.
- The interview was captured electronically by digital voice recorder throughout the entire interview.

3.6 Data collection tools and interpretation:

The interview was conducted in English. The data were recorded electronically by the researcher and was transcribed into a word document. The researcher then analysed the data into themes and a coding system using the NVivo analysis software (NVivo 8, developed and designed in Australia, copyright 2008 QSR International Pty Ltd. ABN 47 006 357 213). Information regarding certain topic and themes that emerged was gathered from the interviews and inserted into the NVivo program allowing for easier analysis and interpretation. In order to facilitate comparisons of the participants responses, their responses were presented in tables and figures. The analysis was interpretative. The recordings will be stored for five years at the Durban University of Technology in a safe facility of the Chiropractic department and will then be destroyed after five years.

The interviews consisted of three basic areas of focus. The first area of focus pertained to the participants' experience of Chiropractic, the second area pertained to the role and scope of practice and the final area related to the key developmental issues affecting integration.

A brief description of each basic area is noted below.

A. Participants' experience of chiropractic:

Identifying the participants' experience of chiropractic gave insight into the interviewee's response to the questions and their perception of the profession.

B. Question related to the role and scope of chiropractic:

This question was aimed at clarifying the identity and role of the profession. This section was important in order to understand the factors affecting the level of professional integration.

C. Questions related to the key developmental issues affecting integration:

These questions were aimed at highlighting issues in the chiropractic profession that had not been considered previously, thus facilitating the development and integration of chiropractic in KZN.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

This chapter involves data that has been gathered from the interviews. The data were analysed, using NVivo, in order to demonstrate the relevant factors and issues related to chiropractic integration in the KwaZulu-Natal healthcare system. The tables recorded below represent a summary of the information gathered from the interviews or the results of the study. In this study the results, analysis and discussion is combined into one chapter (chapter four), thus allowing for an easier understanding of the interpretation of the information that was captured.

4.2 Personal details related to participants

There were ten individuals that were approached and who fitted the inclusion and exclusion criteria. All the participants were from KwaZulu-Natal and were interviewed at their work place. The participants included three chiropractors, five medical doctors, one member of parliament and one patient.

The Three Chiropractors are as follows:

- Dr C Korporaal

M.Tech: Chiropractic, CCFC, CCSP, ICSSD

A chiropractic lecturer at the Durban University of Technology since 2000, and is currently the head of the chiropractic department.

An executive member of the Chiropractic Association of South Africa (CASA) since 2003.

On the Allied Health Professions Council of South Africa (AHPCSA) education committee since 2004.

- Dr J Shaik

M.Tech: Chiropractic, MMedSci (SportsMed) (UKZN)

A chiropractic lecturer at the Durban University of Technology - since 2000.

- Dr B Bromfield

M.Tech: Chiropractic

Currently a private practitioner in practice in Amanzimtoti.

Former KZN regional CASA secretary.

Former CASA National executive member.

Former CASA president.

Former professional board member for chiropractic and osteopathy (5 years).

Currently on the Allied Health Professions Council for chiropractic (3 years).

The Five Medical Doctors are as follows:

- Dr G Hagemann

MBChB, Dip Anaes, MMedSci (SportsMed)

Currently working at Managed Health Risk Monitors (Bay Union).

Medical Aid representative - Healthcare (13 years).

- Clinical (20 years).

- Dr L Mayet

MBChB, Mmed (Sc)

Private Medical officer (15 years).

Medical officer (9 years) at Netcare Umhlanga Hospital and Addington Hospital.

- Dr K Naidu

MBChBAO, LRCP/LRCS, advanced diploma in occupational health, diploma in health services management, certificate in managing health welfare in SA.

Hospital manager of King George V Hospital since 1999.

- Professor GHM Vawda

BSc (UDW), MBChB(Natal), FCS(I)SA, ATLS (NZ), ACLS(NZ), PhD(Wits)

Formerly a lecturer at the chiropractic department at DUT.

Currently a Professor of Anatomy at the Nelson R. Mandela School of Medicine.

- Dr J Giddy

MBChB, DipPHCEd, MFam Med

Currently a practitioner at McCord Hospital since 1995.

Currently a Health Professions Council of South Africa (HPCSA) board member since 2004.

The Member of Parliament:

- Mr R Maharaj

BA

Member of KZN legislature – for 6 years

Served on the following portfolio committees: education, arts, culture and tourism, health, sport and recreation, transport, human settlement, environmental and conservation.

The Patient:

- Mr G Manley

Been treated by physicians, GPs, chiropractors, and a biokineticist over a period of ten years.

4.3 Topic discussed

Three main areas of focus or topics were discussed. The first area of focus pertained to the participants' experience of chiropractic, the second area pertained to the role and scope of chiropractic practice and the final area related to the key developmental issues affecting integration of chiropractic.

4.3.1 Topic 1: Participants' experience of chiropractic

The question that was asked in order to understand the participants' experience of chiropractic was: Has your experience of chiropractic been positive or negative and why?

Noting the results from Table 4.1 the participants had a positive experience with chiropractic (70%; n= 7). It is noteworthy that the participants who came into direct contact with chiropractic, whether as a patient, practitioner or as an educator, tended to have a positive experience of the profession. The participants whose exposure to the profession was limited tended to have a neutral or a negative experience of chiropractic (which included three medical doctors).

A number of reasons were identified as factors which lead to a positive experience; most notably a good education and positive treatment outcomes. It was noted, by a chiropractic lecturer, that the chiropractic lecturers are highly qualified and they are constantly furthering their education to stay up to date with the latest research. To reinforce the positive education facet it was also noted, by a medical doctor (a former lecturer at DUT), that chiropractic students are dedicated and have an extensive knowledge base. Five of the ten participants pointed out that chiropractic is an effective form of management, in some cases (some pathologies) being placed above conventional medicine. Other points that were identified were the fact that chiropractic has gained credibility, is evidence based, and has grown as a profession.

Negative factors that were highlighted were that certain chiropractors tended to exceed their expertise and get involved in therapies that are not evidence based. Other negative facets that were pointed out were negative feedback from the public, and a lack of interaction with the health ministry. Table 4.1 summarises the information gathered from question one.

Table 4.1: A summary of the participants experience of chiropractic.

Experience	Reasons
Negative	<p>Dr Giddy -</p> <p>And so I don't know a lot about it and I suppose that I would be slightly hesitant to maybe recommend it to somebody, because I don't know enough and I have occasionally heard something slightly negative...</p> <p><i>Exceeding Expertise –</i></p> <p>Dr Hagemann -</p> <p>...sometimes chiropractors exceed the limits of their expertise. They maybe get involved in things that are beyond, that are maybe not so evidence based and over-sell their services.</p> <p><i>Negative Information –</i></p> <p>Dr Giddy -</p> <p>I don't know enough and I have occasionally heard something slightly negative.</p> <p><i>Poor communication –</i></p> <p>Dr Shaik -</p> <p>There are a few little things that we need to work on like more interaction with the health committee or the health ministry so that we can be fully integrated...</p>
Neutral	<p>Dr Hagemann -</p> <p>I think it's been positive and negative</p> <p><i>Lack of knowledge –</i></p> <p>Dr Giddy -</p> <p>I don't know a lot about it and I suppose that I would be slightly hesitant to maybe recommend it to somebody, because I don't</p>

Positive	Dr Naidu -	know enough and I have occasionally heard something slightly negative.
	So my experience is neither negative or positive, it's more neutral	Dr Naidu -
		I've had very little experience with chiropractors, both in the public and in my private life.
	Dr Bromfield -	<i>Credibility-</i>
	It's been very positive	Dr Korporaal -
	Dr Korporaal -	...have gained a lot of credibility for the profession in various circles. A lot of those are principally from an educational perspective, which is the portfolio of all of CASA, but also just in terms of things like medical aids, medical aid coverage and all those types of things.
	I would say probably more positive than it has been negative	
	Dr Mayet -	<i>Good Education –</i>
	My experience of chiropractors has always been positive.	Dr Shaik -
	Dr Shaik -	On the education side of things; generally it's been very positive. There are quite a few developments, we are always getting positive reports from the external committees, the staff here is camaraderie, you know, trying to better their qualifications trying to keep up to date.
...generally it's been very positive...		
Mr Maharaj -		
Positive, very positive.		
Mr Manley -	Professor Vawda -	
Positive...	I've found that their knowledge base is very extensive, they have dedication which is an essential element of practice which should be present in all health professions.	
Professor Vawda -		
I've had a very positive experience with chiropractic	I've found that the chiropractic students, that I've interacted with over the years that I have lectured, have been very interactive in terms of motivation and application of knowledge.	

Evidence based –

[Dr Hagemann](#) -

...the benefit that chiropractic can provide is evidence based in many respects.

Professional involvement –

[Dr Bromfield](#) -

Along the professional lines – I've been in practice for now 13 years and I've had, in those 13 years, so much more professional involvement than anything else that to me has been my greatest reward. That's where I've seen the positive side of it

Chiropractic has developed in leaps and bounds since I've started. With regards to the internship program we've developed so much, since about 2001/2002 it's developed a lot. So, there was absolutely nothing to start off with, and now there's a huge program that's been instituted so that to me is major, that's a positive step.

Positive patient management –

[Dr Bromfield](#) -

The treatment is so amazing, what I love is that it's natural and you get an extremely good response from the patients; particularly with regards to children, that aspect I enjoy, they respond very well to the treatment.

...on a smaller scale because I started in Toti as a practitioner, doctors didn't refer any patients to me what – so - ever, and the last three years that has changed to such an extent that I'm now treating doctors and I'm now treating medical students.

[Dr Mayet](#) -

In diabetes mellitus cases that need chiropractic care I have referred patients to the Technikon. In diabetes you always need a chiropractor.

[Dr Shaik](#) -

From a personal point of view I think from my interaction with patients they generally have very positive outcomes or results. Patients are generally happy with chiropractic...

[Mr Maharaj](#) -

...the treatment has been highly successful; it has relieved me of excruciating pain which my GP could not help.

[Mr Manley](#) -

Over the years I've found them [chiropractors] to have been very beneficial. I've had a look at normal type medicine, especially your normal aches and pains. I drive a lot and so it's actually relieved a lot of stress and pain, especially in my shoulders and also once I developed tennis elbow and that was sorted out as well.

Figure 4.1 gives an overview of the factors influencing the participants' experience of chiropractic, showing how negative, neutral and positive factors impact on the stakeholders' experience. It is interesting to note that the factors leading to negative experience are predominantly concerned with poor information or communication about chiropractic.

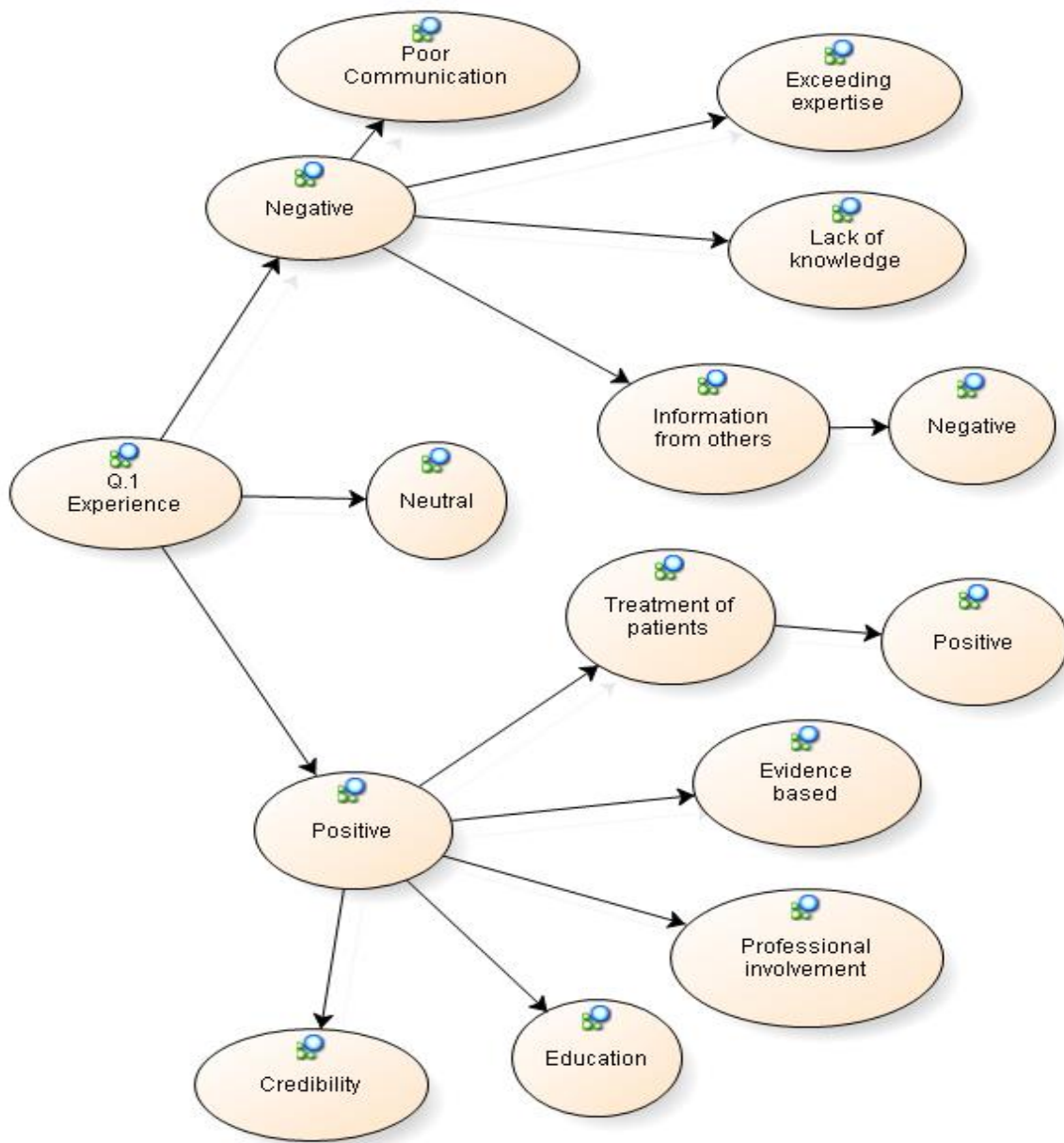


Figure 4.1: The relationships between the factors influencing the participants' experience of chiropractic.

4.3.2 The role and scope of chiropractic

The question that was asked in order to understand the participants' understanding of the scope and role of chiropractic was: From a public (or medical doctors or chiropractors) perspective what is the role of the chiropractic profession in today's healthcare system? What reasons would rank in the top three for a patient to seek chiropractic care?

Table 4.2 and Figure 4.2 demonstrates that there were primarily four roles, identified by the participants, that a chiropractor plays in today's healthcare system: One is a diagnostic role, two is educating the public regarding general healthcare, three is a supportive or complementary role to other medical professions, and finally chiropractors play an important role in the management of musculoskeletal conditions and pain. It was noted, by a medical doctor, that a lack of knowledge of the chiropractic profession leads to an uncertainty as to the role that chiropractic could play in today's healthcare system.

According to Table 4.2 and Figure 4.2 only three of the ten participants (two chiropractors and the member of parliament) identified that chiropractors have a role beyond treatment. It is also interesting to note that one of the chiropractors did not mention a role beyond treatment suggesting that chiropractic could be part of the problem too. From this it can be assumed that a large number of chiropractors are not including their full scope of practice when managing patients. Thus stakeholders are not being exposed to the full range of chiropractic practice. This is reinforced by Myburgh and Mouton (2007) who stated that some chiropractors do not appear to be including their full scope of patient management within their practice. Noting this, the practise of the Allied Health Professions Act 63 of 1982, states that it is within the chiropractic scope of practice for them to act as primary contact practitioners (AHPCSA, 2009). This could lead to participants not fully understanding the extent of chiropractic scope of practice.

Table 4.2: A summary of the information gathered on the role of chiropractic.

Role of chiropractic

<p>Diagnostic</p>	<p>Dr Korporaal -</p> <p>...one is a diagnostic...</p> <p>Mr Maharaj -</p> <p>Chiropractic has to get to the root of the problem, to isolate the area of pain and then actually to cure...</p>
<p>Educating the public</p>	<p>Dr Shaik -</p> <p>Our role can also be used in terms of educating the public about general healthcare.</p>
<p>Supportive</p>	<p>Dr Hagemann -</p> <p>I certainly think they have a role in supporting the other medical professions in certain areas. I'll take for example backache; chiropractic plays a critical role in managing certain backache.</p>
<p>Treatment</p>	<p>Dr Bromfield -</p> <p>Lower back pain, and headaches, and extremities.</p> <p>Dr Korporaal -</p> <p>...one is principally treatment...</p> <p>Dr Mayet -</p> <p>They are absolutely important for foot care. We need to have a chiropractor around to have a look at patients feet minimum annually, and I think three monthly if there is a problem. Foot care is high on the list for diabetes.</p> <p>Professor Vawda -</p> <p>...should do a manipulative type of treatment and you find that with the cost of medication so high, noting their side-effects and a large population out there with musculoskeletal problems including arthritis.</p>

Uncertain

[Dr Shaik](#) -

...definitely play a role in treating musculoskeletal conditions especially those of mechanical origin.

[Mr Maharaj](#) -

...fundamental role to play in terms of relieving pain...

...muscular pains...

[Dr Shaik](#) -

...we can get involved in rehabilitation.

Post surgical rehabilitation...

[Dr Naidu](#) -

They [chiropractors] can tend to spinal problems and manipulations...

[Mr Maharaj](#) -

...backache...

[Dr Giddy](#) -

Well, I don't know. I think it depends once again; you can't talk about a role without knowing what their scope of practice is, and how it would overlap with orthopaedics or physiotherapy...

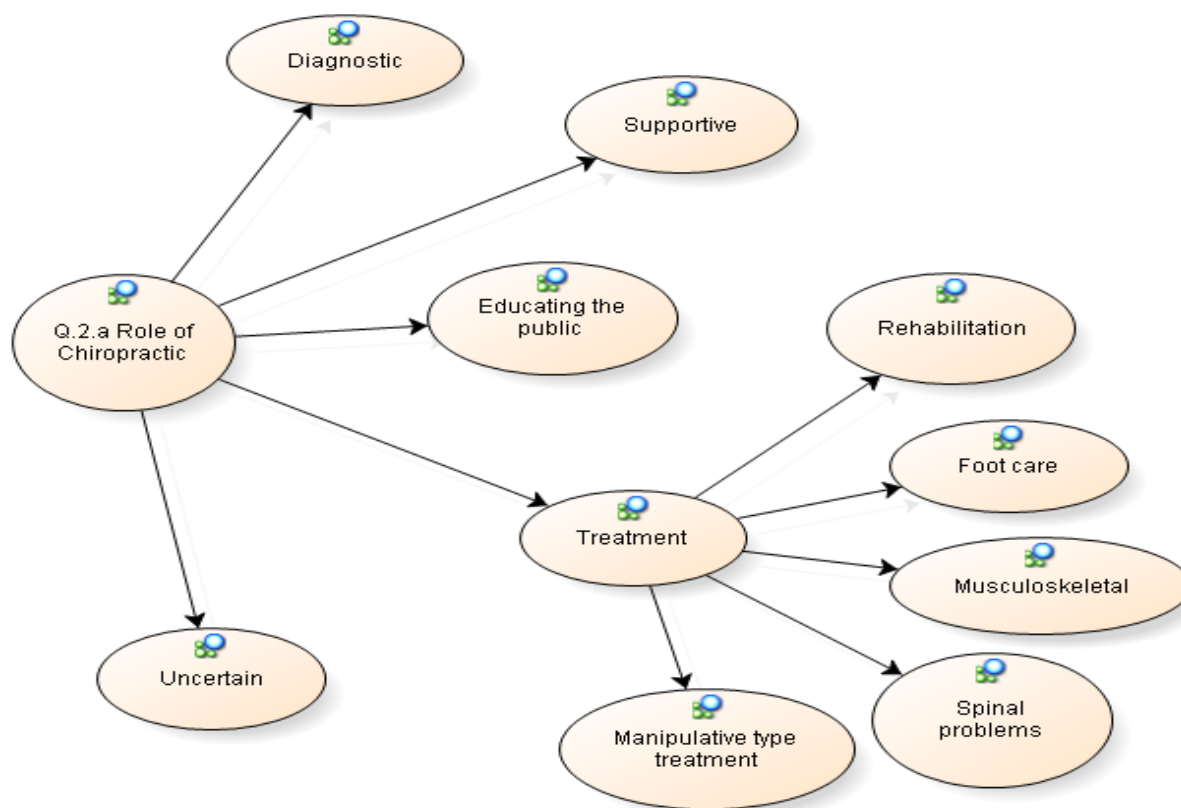


Figure 4.2: The roles that chiropractic plays in the healthcare system.

An overview of some of the reasons for patients seeking chiropractic care is given in Figure 4.2. Key points of the data leading to identification of these reasons are given in Table 4.3. The most notable reasons that became evident for a patient to seek chiropractic care were treatment related; in particular, the treatment of musculoskeletal conditions, headaches, pain in general, sports injuries, stress and trauma. Other less prominent reasons for a patient to seek chiropractic care that were identified was for advice, a diagnosis, holistic management, rehabilitation and the monitoring of certain pathologies.

Van Zyl (2007) noted that the general public (including medical professionals) still have little idea what disorders or injuries can and cannot be managed by chiropractors. Although in this study it is interesting to note that the medical doctors, in particular,

appeared to have the least knowledge about the reasons for a patient to seek chiropractic care, Van Zyl (2007) suggested a more aggressive public education drive.

Table 4.3: A summary of the reasons to seek chiropractic care.

Reasons to seek chiropractic care

Advice	<p>Dr Korporaal -</p> <p>...to go to a practitioner to seek advice...</p> <p>Dr Shaik -</p> <p>...for general advice people will come to chiropractors...</p>
Diagnosis	<p>Dr Korporaal -</p> <p>...to seek a diagnosis for any presenting condition...</p>
Holistic management	<p>Dr Hagemann -</p> <p>I know chiropractors have a more holistic approach to illness management, and illness and injury, and possibly when that is required.</p> <p>Dr Shaik -</p> <p>Chiropractors are known as holistic practitioners and patients find that they interact or talk with them.</p>
Headaches	<p>Dr Bromfield -</p> <p>Headaches...</p>
Monitoring	<p>Dr Mayet -</p> <p>...to check on the monitoring of other problems that could occur in patients with Diabetes.</p>
Musculoskeletal conditions	<p>Dr Korporaal -</p> <p>...treating the patient for a particular musculoskeletal condition...</p>

[Mr Maharaj](#) -

...muscular pains...

...the rest of the musculoskeletal pains...

[Mr Manley](#) -

...bone or tendon type problems...

[Dr Mayet](#) -

General foot care...

[Dr Bromfield](#) -

...extremities...

[Dr Bromfield](#) -

Lower back pain...

[Dr Giddy](#) -

...bad back...

[Dr Hagemann](#) -

...management of lower backache I would definitely refer...

[Dr Naidu](#) -

I'm certain that in chiropractic there may be some person whose particular field will be the lumbar spine.

[Dr Shaik](#) -

Generally you find that chiropractic being historically associated with back pain, and neck pain...

...falls or back pain of unexplained origin...

Pain	<p>Mr Maharaj -</p> <p>...backache...</p> <p>...neck pain...</p> <p>Professor Vawda -</p> <p>...backache problems...</p> <p>Dr Shaik -</p> <p>Well the most important reason is if the patient is in pain...</p> <p>Mr Maharaj -</p> <p>Chiropractic has a fundamental role to play in terms of relieving pain...</p>
Rehabilitation	<p>Mr Manley -</p> <p>Normally aches and pains...</p> <p>Dr Shaik -</p> <p>...a patient might come is for their rehabilitations...</p>
Sports injuries	<p>Dr Shaik -</p> <p>...for sports injuries...</p> <p>Mr Maharaj -</p> <p>...also sports injuries...</p>
Stress	<p>Professor Vawda -</p> <p>Stress...</p>
Trauma	<p>Dr Shaik -</p> <p>...people that have being involved in whiplash incidences...</p> <p>Professor Vawda -</p> <p>Trauma...</p>

4.3.3 Key developmental issues affecting integration

The questions that were discussed in order to obtain a better understanding of this topic was:

- What is your perception of the chiropractic profession, compared to all Health Professions Council of South Africa (HPCSA) professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.
- What factors are affecting integration into the KZN health care system?
- What benefit, if any, would chiropractic offer in the health care system?
- What are the current strengths, weaknesses, opportunities and threats of the chiropractic profession in KZN?
- After having discussed the various aspects of the chiropractic profession in this interview, where do you see the chiropractic profession in KZN in the next 10 years?
 - What factors do you think would hinder and facilitate the development of chiropractic?

4.3.3.1 Perception of integration

The question that was asked in order to understand the participants' perception of integration was: What is your perception of the chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.

The large majority of the participants were in favour of chiropractic integration into the KZN healthcare system, as reflected in Table 4.4 and Figure 4.3. It was suggested by a chiropractor, a medical doctor, and the member of parliament, that integration would not only benefit patients but also the chiropractic profession and the healthcare system in general. Most participants were of the opinion that chiropractic treatment is not only effective and efficient, it is also very affordable. Many also suggested that in order for the accessibility of chiropractic to the public to be improved, integration into the current healthcare system would have to take place. One of the benefits to this system was said to be that chiropractors would be able to help to relieve the load placed on the health system, and especially on medical officers. The final positive aspect regarding integration that was identified was that it would help chiropractic to gain recognition and increase the awareness of the profession, thus allowing for greater growth of the profession.

Two medical doctors highlighted their lack of knowledge resulted in them feeling uncertain about integrating chiropractic into the healthcare system. It must be noted that none of the participants were against integration. It has been found that a greater knowledge of chiropractic is associated with higher levels of respect and acceptance of the profession (Langworthy and Smink, 2000). From this it could be surmised that a limited knowledge, of participants, with regards to chiropractic may be the basis for an uncertain feeling towards chiropractic integration.

Table 4.4: An outline of factors perceived to affect chiropractic integration into the KZN healthcare system.

Perception of integration

For integration	<p>Dr Bromfield -</p> <p>It should definitely be integrated...</p> <p>Dr Korporaal -</p> <p>...it's in its baby stages...</p> <p>Dr Mayet -</p> <p>Having worked without one for a few years makes us know how important it is for us to have chiropractors in our clinic.</p> <p>Dr Naidu -</p> <p>It seems like it can play an important role in integrating it into the healthcare system...</p> <p>If they can add any value to a patient's health, then why not.</p> <p>Dr Shaik -</p> <p>For some strange reason we are not taking the first step.</p> <p>Mr Maharaj -</p> <p>I believe it must be integrated...</p> <p>Mr Manley -</p> <p>...chiropractic should have been integrated years ago.</p>	<p><i>Affordable –</i></p> <p>Mr Maharaj -</p> <p>...it's very affordable...</p> <p>...very effective, it's very efficient and it's cost effective, it's very affordable...</p> <p><i>Basic health services –</i></p> <p>Dr Bromfield -</p> <p>There's a huge need out there for basic health services...</p> <p>...going to relieve the burden to the health system, the health department as it is...</p> <p>Dr Mayet -</p> <p>...to the healthcare giver because then it takes load off the education and the follow up of patients...</p> <p><i>Gain recognition –</i></p> <p>Dr Bromfield -</p> <p>...we lose that only white appearance that we've got, then we will gain more recognition by the minister of health, and by the other professionals out there...</p>
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Uncertain

[Professor Vawda](#) -

I would strongly advocate that, and I have always spoken out at various public forums that we need to integrate chiropractors into the mainstream medical profession.

Improved management –

[Dr Mayet](#) -

They are an advantage first of all to the patients if they need to have their chiropractic problems sorted out...

Increased accessibility –

[Mr Maharaj](#) -

That would mean a greater accessibility to the healthcare.

To make it accessible to the general population it has to be integrated into the general healthcare system.

Increasing awareness of chiropractic –

[Dr Bromfield](#) -

In treating patients I think it's going to increase the public awareness of chiropractic...

I think that if we are given the ability to go into the rural clinics we will increase the awareness...

[Dr Giddy](#) -

I don't know enough about it.

[Dr Naidu](#) -

I can't say yes or no.

Lack of knowledge –

[Dr Giddy](#) -

I'm sure there is a body of knowledge and a scientific aspect to it but I don't know enough about it.

[Dr Naidu](#) -

I can't say yes or no. That would be very ignorant.

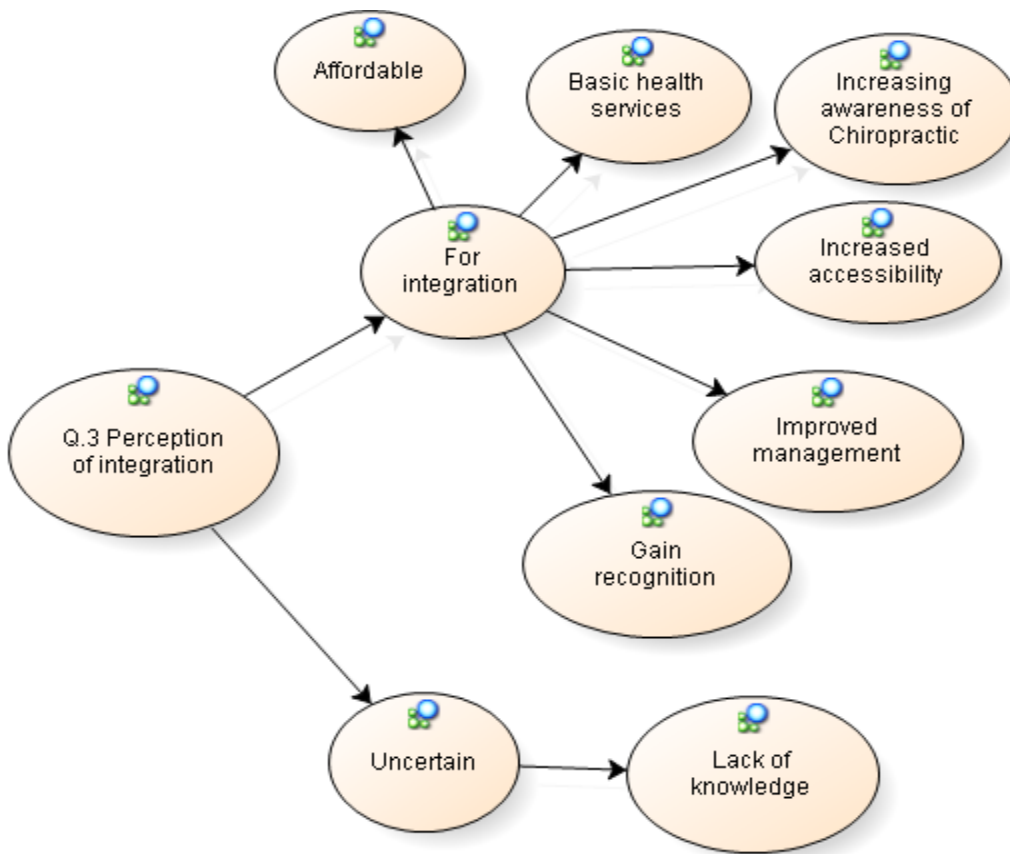


Figure 4.3: The factors associated with the perception of integration of chiropractic into the KZN healthcare system.

4.3.3.2 Factors affecting integration

The question that was asked in order to understand the factors affecting integration was: What factors are affecting integration into the KZN healthcare system?

There was a common consensus, as summarized in Table 4.5, that due to a lack of knowledge of healthcare professionals of chiropractic, and a lack of communication between chiropractors and other medical professionals, integration is being hindered. Other less prominent factors that were identified were acts and laws, limited budget and a poor perception of the profession. This was also discussed in previous studies where

it was identified that a lack of public education about chiropractic, including the medical fraternity, could be one of the most important reasons for a lack of knowledge of chiropractic (Meyer, 2009; Ingle, 2005; Van Noordwyk, 2005). This was also echoed in a local study by Louw (2005), and in an international study conducted by Langworthy and Smink (2000), who suggested that GPs who have insufficient knowledge of chiropractic are thus hesitant or reluctant to refer patients to chiropractors. The above mentioned studies demonstrate the importance for the chiropractic profession to improve inter-professional communication so as to promote interaction with chiropractic stakeholders.

According to Hupkes (1990) three factors have led to a crisis in the South African healthcare system; these include high healthcare costs, a deficiency of resources and an absence of inter-professional cooperation. This is reflected in Table 4.5 where it can be identified that affordability, a lack of knowledge of chiropractic and a lack of communication are factors affecting integration. In order to relieve this crisis a greater level of cooperation and communication between all healthcare providers is vital (Hunter, 2004).

Table 4.5: A summary of the factors affecting integration.

Factors affecting integration

Acts and laws	<p>Dr Korporaal -</p> <p>The act and the laws are a problem.</p> <p>If you are defining the healthcare system in terms of a public healthcare system; A it will be the acts, purely because of a relationship to malpractice, public indemnity insurance, and those types of things.</p>
Budget	<p>Dr Mayet -</p> <p>...they have always said that there isn't a budget to accommodate chiropractors.</p>

Lack of education

[Dr Bromfield](#) -

...a lack of education...

In other words they are not aware of what we do as chiropractors, and because of that they are not aware of what role we can actually play or what position we can fill, what job we can do within the existing system.

Lack of communication

[Dr Bromfield](#) -

I think the biggest one [factor] is a lack of communication.

I don't know if it's because there's a hole within the legislation, and if that hole was then filled that we would then be able to communicate better.

I don't know if it's maybe coming from the educational aspect that they should then do more communication with the regional hospitals...

[Dr Shaik](#) -

...poor communication...

[Mr Manley](#) -

...from the hospital side where actually you are getting involved in the hospitals promoting what you do, which isn't been done at the moment.

Lack of knowledge

[Dr Giddy](#) -

It may be a lack of knowledge...

[Dr Hagemann](#) -

I think ignorance on what chiropractors actually do, or what they can do...

[Dr Korporaal](#) -

I think it is in part ignorance of people who run those systems in terms of what chiropractors or other Allied Health Professions could bring to the system.

That is fairly evident from previous research, were they actually had no idea about what chiropractors did.

Lack of knowledge

[Dr Mayet](#) -

...we aren't aware of the importance of the chiropractic profession...

[Dr Naidu](#) -

I don't have enough knowledge on chiropractic in order to know what factors are affecting integration.

[Dr Shaik](#) -

...probably related to a lack of knowledge...

[Mr Maharaj](#) -

...people in authority do not have the correct perspective of chiropractic.

I think people do not have the necessary information or knowledge of how effective chiropractic can be.

[Professor Vawda](#) -

...the great institutions that teach traditional medical syllabi and health professions has not highlighted what the chiropractors do. I personally didn't know about it until I engaged in the Durban University of Technology in the teaching and education of chiropractors.

Poor perception

[Dr Shaik](#) -

...a poor perception of chiropractic.

[Professor Vawda](#) -

...traditional healthcare professions who have always looked upon alternative healthcare practitioners, like chiropractors, with a certain degree of distaste.

4.3.3.3 Benefit of chiropractic

The question that was asked in order to understand the benefit that chiropractic could offer was: What benefit, if any, would chiropractic offer in the healthcare system?

Table 4.6 shows that there is a collective understanding, by participants, that chiropractic would be important in adding another management modality to the healthcare system. As pointed out, by a chiropractor, this is important as this would decrease the amount of medicines being prescribed for musculoskeletal conditions, thus decreasing the co-morbid conditions that are related to the chronic use of these medicines. It was identified that another profession and thus another opinion, focused on neuromusculoskeletal conditions, will benefit patient management as a whole. It was also mentioned that chiropractic would help to decrease the load placed on the health system. Adding to this it would help to act as a cost saver as less medication will be used. One of the participants (a medical doctor) noted that she was uncertain as to the benefit that chiropractic could offer. This appeared to be due to a lack of exposure and knowledge about the profession.

Recent research has shown that there is a general shift, occurring in the public healthcare system, away from medication to actually manually treating musculoskeletal disorders (de Gouveia, 2009). Two of the participants from this study identified this change by noting that chiropractic management would decrease the co-morbid conditions associated with chronic medication usage.

Table 4.6: A summary of the benefit of chiropractic.

Benefit of chiropractic

Another management modality	<p data-bbox="591 394 776 426">Dr Hagemann -</p> <p data-bbox="591 468 1458 604">It's another management modality, treatment modality that in many cases is relevant, its evidence based and it works. That expertise is not necessarily found elsewhere, because you are uniquely trained and it's a unique kind of practice.</p> <p data-bbox="591 642 760 674">Dr Korporaal -</p> <p data-bbox="591 716 1458 810">In terms of benefit to the patient means you are not going to get co-morbid conditions like stomach ulcers, and other things that come with repeated chronic medication use.</p> <p data-bbox="591 848 716 879">Dr Mayet -</p> <p data-bbox="591 921 1458 989">I think any musculoskeletal input or any musculoskeletal bent on medical problems needs to be helped by a chiropractor.</p> <p data-bbox="591 1026 716 1058">Dr Naidu -</p> <p data-bbox="591 1100 1458 1197">They answer and say that they have been to an orthopaedic surgeon and they were getting no joy, I've been to a physiotherapist and I'm getting no joy, but I've been to this chiropractor.</p> <p data-bbox="591 1234 711 1266">Dr Shaik -</p> <p data-bbox="591 1308 1430 1339">...surgical rehabilitation, not only of the back but also of the extremities.</p> <p data-bbox="591 1381 1458 1478">We can get involved in treating cases of arthritic conditions, so that these patients don't become over reliant on medication, in exercise therapy, nutritional advice, and back pain of non pathological origin.</p> <p data-bbox="591 1516 743 1547">Mr Maharaj -</p> <p data-bbox="591 1589 1458 1726">Chiropractic deals with ailments that are very common, that the majority of people suffer from, I think in that respect chiropractic can play a big role to help to relieve pain and suffering, where the majority of people are concerned.</p>
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[Mr Manley](#) -

It's the area where once the problem has been dealt with a lot of the medicines being used won't be used anymore, like the anti-inflammatories and so on.

[Professor Vawda](#) -

...it will give the patient the option of having an alternative modality of treatment where the traditional healthcare professions have not been able to alleviate the symptomatology...

...your medical measures will benefit the treatment and benefit the patient in terms of stress, headaches, muscle spasms which accompanies various other problems, such as psychosomatic problems.

...there's always room for another opinion to be expressed on a patients chronic problem...

Cost saver

[Dr Korporaal](#) -

I think it would in affect be a cost saver...

You have less medication expense.

[Mr Maharaj](#) -

...provide healthcare that is affordable to as many people as possible, including the poorest.

Relieve the load

[Dr Bromfield](#) -

I definitely think relieving the load that the poor old health department has trying to get health services out there to the people, to the patients.

[Dr Korporaal](#) -

If chiropractic could treat 50% of those people from the musculoskeletal pain control perspective you have saving of the doctors that would more efficiently be able to deal with cases that really need care.

Uncertain

[Dr Shaik](#) -

Musculoskeletal conditions, rheumatological conditions, trauma play a huge role in burdening the healthcare, especially the public healthcare system almost to the point of collapse. So you find that doctors and nurses they appreciate any help that will come.

[Dr Giddy](#) -

I don't know because I don't know what they do, and I suppose what I feel about any form of healing, it's got to be evidence based.

4.3.3.4 Current strengths, weaknesses, opportunities and threats of chiropractic

The question that was asked in order to understand the current strengths, weaknesses, opportunities and threats of chiropractic was: What are the current strengths, weaknesses, opportunities and threats of the chiropractic profession in KZN?

Table 4.7 and Figure 4.4 illustrates that the two main strengths of the profession are sound education and evidence based practice. It was noted by a medical doctor that with chiropractic being on a separate council to mainstream medical disciplines this leads to a sense of uncertainty of the profession. It was also noted that the weaknesses were related to a lack of knowledge of the chiropractic profession, and this seems to stem from limited or poor marketing of chiropractic, decreased exposure to stakeholders, and the small numbers of practitioners in the profession. This was echoed in the study conducted by Rattan (2007) who stated that unaffordability and poor accessibility were barriers that are responsible for the poor knowledge and perceptions of much of the population towards chiropractic. Adding to this, Louw (2005) concluded that the accessibility barrier is affected negatively by the low numbers of chiropractors in South Africa, and the especially low numbers of chiropractors in state facilities.

Participants believed that the opportunities of chiropractic were dependent on becoming more widely recognised by stakeholders and getting included into the soon to be established National Health Insurance (NHI). It was also noted that even though opportunities for chiropractors are currently limited the demand will grow as the profession taps into the black ethnic market and the public health sector; and due to life expectancy increasing (this would increase the prevalence of degenerative musculoskeletal problems). The threats were identified as being both external and factors within the profession. The external threats that were noted were competition from other health professionals that treat similar conditions (e.g. physiotherapy), continued ignorance of chiropractic, and not being accepted by the NHI. The factors that were identified as being internal factors was complacency of practitioners, failure to recognise the unique South African environment, small numbers and the profession remaining undefined. Previous research identified that due to the chiropractic profession's apparently unclear boundaries, and lack of a clear definition (Myburgh and Mouton, 2007; Wardwell, 1994), allopathic practitioners may continue to have a limited knowledge and a negative perception of the profession. It was also noted by Myburgh and Mouton (2007) that the failure to commit to a particular niche counteracts the action of positioning chiropractic within the broader healthcare setting, and thus integration and acceptance is limited.

Table 4.7: A summary of the current strengths, weaknesses, opportunities and threats of chiropractic.

Current strengths,
weaknesses, opportunities
and threats of chiropractic

<p>Strengths</p>	<p><i>Cost effective –</i></p> <p>Dr Mayet -</p> <p>...to identify these long term problems which financially adds to patients burden I think we really need to catch these problems at base.</p> <p><i>Education –</i></p> <p>Dr Bromfield -</p> <p>...after six years we are such a good diagnostic profession.</p> <p>Dr Mayet -</p> <p>I think chiropractors are well educated.</p> <p>Mr Maharaj -</p> <p>...the people studying chiropractic, studying from the universities, are highly qualified...</p> <p>Mr Manley -</p> <p>...they are very well trained; they have a tremendous amount of ability.</p> <p>Professor Vawda -</p> <p>Chiropractors are highly qualified and highly trained in musculoskeletal problems.</p> <p><i>Evidence based –</i></p> <p>Dr Hagemann -</p> <p>There is some literature out there which shows the benefit of what you guys do, so that's the positive side.</p>
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[Dr Korporaal](#) -

I think the strengths are that we have a core group of practitioners that are very much evidence based centered. I can't say that all of them are, but the majority is of that mould, which allows for greater collaboration with medical professionals.

[Dr Shaik](#) -

I think our strengths is based on the way we practice especially from the educational side, we are evidence based. So you find that we are up to date. We don't practice anything that is wishy-washy.

Holistic –

[Dr Hagemann](#) -

Personally, I'm very much in the holistic approach to health and also the idea that the body heals itself, that process and that philosophy.

Patient management –

[Dr Mayet](#) -

When we did have a chiropractor on our clinic he took care of all the foot problems. He picked up problems early and could be sent along to the surgeon early if necessary.

Chiropractors can identify problems early and prevent long term effects or complications which in most cases are more important than the original pathology. So then they reduce the burden on the patient and add to the resources.

[Dr Naidu](#) -

...many people have got joy and relief from chiropractors.

Positive relations –

[Dr Korporaal](#) -

In terms of DUT being in KZN I think the fact that DUT has good relations with the medical school, with key medical personnel, with government and that type of thing is also strengths.

Weaknesses

Unity –

[Dr Shaik](#) -

To a certain degree there is some unity among chiropractors...

Apathy –

[Dr Korporaal](#) -

I think the apathy of practitioners to get involved when they are requested to participate in activities that have an impact on integration, or lack thereof, is sometimes a problem.

Decreased exposure –

[Dr Bromfield](#) -

As a profession we don't put ourselves out there.

[Dr Hagemann](#) -

The Health Professions or the doctors are not being exposed to it.

Income in the private sector –

[Dr Bromfield](#) -

There is more money to be gained for the private practitioner within the private health sector.

Lack of knowledge of health care professionals –

[Dr Giddy](#) -

It may be a lack of knowledge...

[Dr Mayet](#) -

I think that the MOs [Medical Officers] need to be educated about chiropractic services...

[Dr Naidu](#) -

...we still don't see the value because we are not convinced that the role you are playing is going to add value.

[Mr Maharaj](#) -

...lots of people haven't even heard of chiropractic.

[Mr Manley](#) -

But the problem is that although they are trained they are not perceived by the general GP and medical professional as such, who consider them as being like 'quacks'.

Little exposure to organic pathology –

[Professor Vawda](#) -

...based on their training from different institutes, not particularly in DUT, but in some other institutes, is that they may not be trained in general diagnostic medicine because they might not have seen a patient or interacted with patient histories and so on, in terms of in general health. That would be a weakness, and perhaps a greater input into general exposure to a whole range of medical conditions would overcome that particular weakness.

Little published research –

[Dr Hagemann](#) -

...do more scientific based research, and publish that, to show that much of what you do is evidence based.

Minority racial group–

[Professor Vawda](#) -

Durban University of Technology was kind of segregated and therefore the number of chiropractors that it produces varies from a particular racial group and the other racial groups neither had exposure to chiropractic practice nor were there trained professionals in that area as well.

Marketing –

[Dr Bromfield](#) -

...we are very restricted and limited with regards to advertising and so our hands are tied with regards to advertising. That is once again where the onus, I think, lies on the educational institutions; they are allowed to do advertising, so they should go and advertise for us, and they should start finding placement for us within the public health fields.

[Dr Hagemann](#) -

I think you guys, as a profession, can market yourselves better.

Poor patient management –

[Dr Naidu](#) -

...you get stories of where they went to chiropractors and they have got no joy...

Segregated –

[Dr Giddy](#) -

I think if it was integrated firstly in the training process, so the fact that's it's at DUT gives a certain kind of perspective to the rest of the medical fraternity that it's different, it's alternative...

...it all get's lumped together; that's them and this is us.

[Dr Shaik](#) -

...chiropractic profession is that it generally tends to stay very close nit and a closed body. For some reason it's not gelling with the health care ministry and the public healthcare system.

Small numbers –

[Dr Bromfield](#) -

The weaknesses, I think are our numbers. I think that if we were as large as physiotherapy we would be taken more seriously and we would be listened to.

Opportunities

[Dr Korporaal](#) -

I suspect that if, let's say for example we do get access into hospitals through the NHI or some other mechanism, the roll out will be national, so we won't have the numbers to deal with it.

Border of mainstream medicine –

[Dr Bromfield](#) -

...we are partly orthodox, and we are partly mainstream, but we are sitting on the Allied Health Professions with the unorthodox, with the alternate, with the traditional medicines. We are maybe one of the only that actually straddles that and we should use that to our benefit...

Getting included into the National Health Insurance (NHI) –

[Dr Korporaal](#) -

Getting included into the national health insurance will allow us access into public hospitals...

Growing demand –

[Dr Hagemann](#) -

There is certainly a demand and a need for what chiropractors have to offer, the opportunities are huge.

[Mr Maharaj](#) -

...it is not a saturated market.

[Professor Vawda](#) -

...generally over the last 15 years the life expectancy of patients has increased. When that happens you find that the degenerative musculoskeletal problems are a prominent feature medical care and this is where chiropractics can come in.

Increased acceptance of all race groups –

[Professor Vawda](#) -

...because the trends changing and DUT being open to different race groups, I think that's going to change now and perhaps more opportunities will present themselves.

Limited –

[Professor Vawda](#) -

Opportunities for chiropractors are limited at the moment, because the general public does not fully accept chiropractors as part of the healthcare team.

I've got several chiropractors who are part of my temporary part-time staff, who are engaged in the teaching of my medical students, so it shows me that while the Durban University of Technology are training chiropractors, the job opportunities out there are limited.

More widely recognized –

[Dr Hagemann](#) -

The opportunity is to be more widely recognised, and more widely reimbursed by healthcare funders.

[Dr Naidu](#) -

Opportunities in terms of if there is no such threats in terms of physiotherapists saying hold on, I think we can work complement each other, an opportunity to increase the capacity of the team, where you are getting more stakeholders or more role players involved in the management of the patient and better outcomes for the patient. Then I feel that, besides an orthopaedic surgeon, I'm talking about a neurologist, you can work as a team as well.

[Dr Shaik](#) -

So the opportunity for chiropractic expanding into communities that have never heard of chiropractic or hardly had any contact with them is tremendous. We could expand into these communities by having satellite clinics where we offer services to the community.

Threats

...getting involved with doctors and nurses in those communities and educate them about the role we play and how we can help, so that they can refer patients as well. When we approach the minister with a proposal we have to make sure that is sound, it's concrete, it's workable, it's not going to be any tremendous cost. So we've got to emphasize the cost effectiveness also. That's important in any healthcare profession.

[Mr Maharaj](#) -

Once you make people aware of this profession, it will open doors...

[Mr Manley](#) -

...it's going to mean that you are going to have to get in there so they recognise that you have some valid reasons for being in the profession that you are in.

Competition –

[Dr Hagemann](#) -

Competition from other professionals I don't see that as a threat, but I see competitions always good. As long as it's fair competition it has a positive factor.

[Dr Naidu](#) -

...if we go back to the physiotherapists, they will say now hang on why do we need the chiropractor to come and do the stuff.

[Dr Shaik](#) -

...another threat is the physiotherapy profession, because there's a big tussle with physiotherapists being involved in manipulative work, so there's a bit of antagonism.

[Professor Vawda](#) -

They feel that if they give chiropractors full recognition and integrate it with mainline healthcare teams then it's going to limit their income in terms of patients that they would see...

Complacency –

[Dr Shaik](#) -

...the practitioners who go about every day practicing, we could become too complacent not concerned about moving forward.

Decreased communication –

[Dr Shaik](#) -

We also need to make sure that our dialogue with other members of the healthcare profession is continued because if we don't we can easily get smaller.

Don't recognize unique environment –

[Dr Shaik](#) -

I think another threat is that we don't recognise that socioeconomic and cultural environment that's unique to South Africa, so we need to adapt to that as well.

Ignorance –

[Dr Hagemann](#) -

Ignorance, medical professionals could also be a potential threat; although I don't think that's a big threat.

[Dr Korporaal](#) -

I think that the biggest threat is ignorance in this country...

National Health Insurance –

[Dr Hagemann](#) -

The threats to you are the same threats that face other medical professions; national health insurance has to be a huge threat to you, because chiropractors are on the infringement and more bottom of the queue, or the bottom end of the queue for funding. When I think funds are going to be tight.

Small numbers –

[Dr Bromfield](#) -

The threats is our numbers, I think that would be the basis of it.

[Dr Korporaal](#) -

As much as we do in terms of education of people we are less than 0.01% of the entire populous. If you are looking at general stats you need to be 11% of the population before you can start making an impact. We are nowhere near 11% to make any impact. So I think that the biggest threat is for us to grow within the constraints that we have, without burdening the private sector but maximising what we have to impact on the private sector.

Undefined –

[Dr Bromfield](#) -

The threat is that there is a lot of blurring between the professions of physiotherapy and chiropractic. Chiropractors are doing a lot of physiotherapy adjuncts instead of sticking to the main chiropractic identity. I think that the physiotherapists are treading on a lot of professional territory that is chiropractic. They are in other words doing manipulation courses.

To me that is the biggest threat; that within chiropractic we don't have a proper identity. Now the WFC has actually gone through this whole identity exercise, but it's not being integrated into the public health sector within our country, that is the problem.

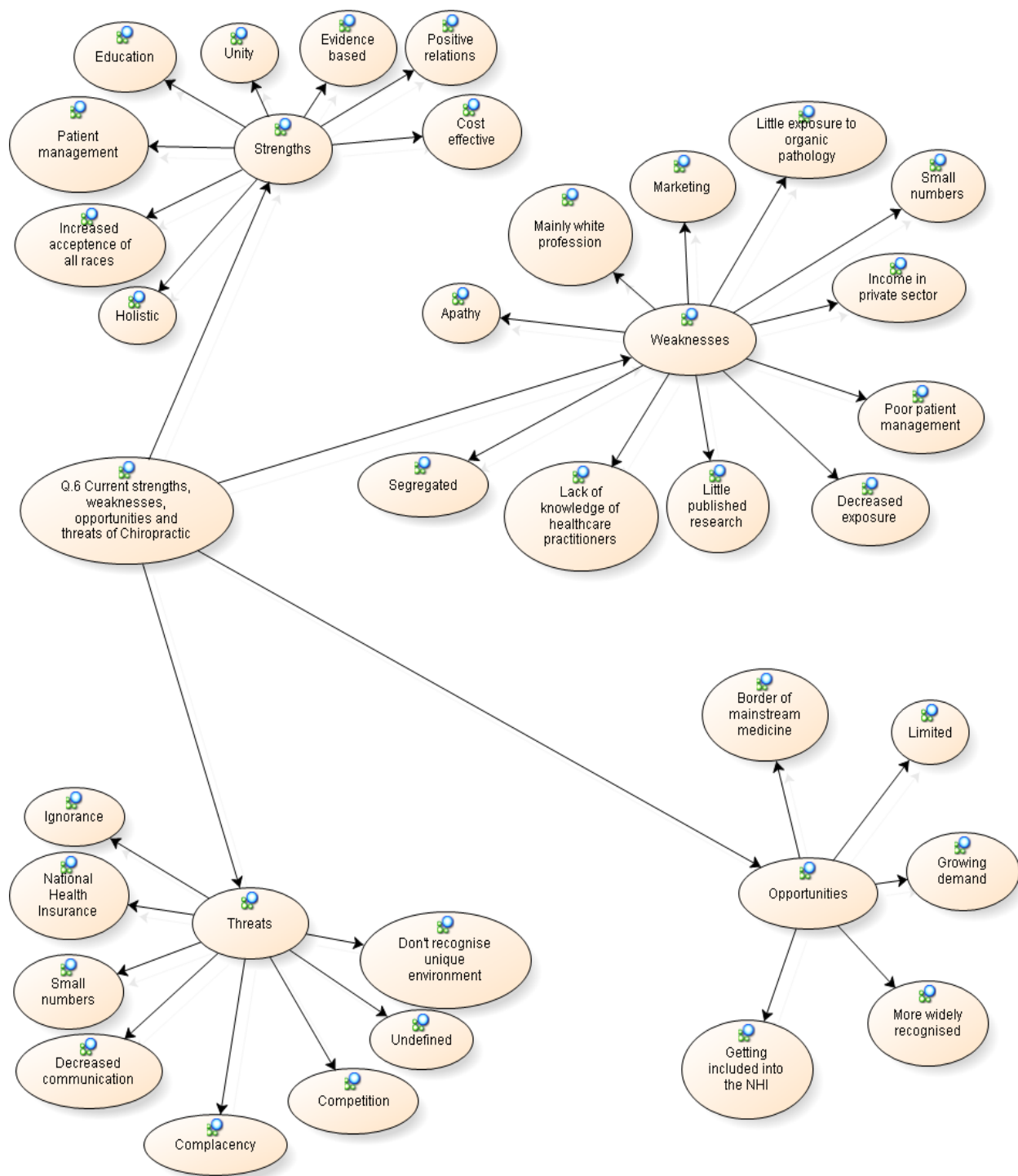


Figure 4.4: The factors associated with the current strengths, weaknesses, opportunities and threats of chiropractic.

4.3.3.5 Chiropractic in ten years

The question that was asked in order to understand the possible position of chiropractic in ten years time was: After having discussed the various aspects of the chiropractic profession in this interview, where do you see the chiropractic profession in KZN in the next ten years?

It is noted in Table 4.8 that 50% (n = 5) of the participants (two medical doctors, one chiropractor, the member of parliament and the patient) thought that there will be significant growth in the profession. An equal number of participants were uncertain of the professions future as they believed it depends on a number of factors (noted in Table 4.9). It is interesting to note that one chiropractor was uncertain of the future of chiropractic (as it depended on many factors), and another chiropractor said that there would be little growth in the profession.

Table 4.8: A summary of chiropractic progress in ten years.

Chiropractic profession in 10 years

Little growth	<p>Dr Bromfield -</p> <p>The reason why I don't see it very positively is that the best predictor for the future is to look at the past, and if you look at the history of chiropractic in the last 10 years, I don't see much happening in the next 10 years.</p>
Significant growth	<p>Dr Hagemann -</p> <p>I think people are getting tired of traditional medicine, and they are looking for alternatives. For that reason alternative medicine (or Allied medicine) the opportunity is growing.</p> <p>I personally can only see professions like chiropractic becoming more and more popular.</p> <p>I can only see the chiropractic profession growing...</p>

Uncertain

[Dr Mayet](#) -

I think privately chiropractic should grow...

[Dr Shaik](#) -

I see us being involved in not only the urban areas but also in the rural areas.

[Mr Maharaj](#) -

I can see phenomenal growth...

[Mr Manley](#) -

I can see it can be a tremendously beneficial part of our normal healthcare services.

[Dr Giddy](#) -

The thing is the physios and the orthopaedic surgeons work closely together and I'm not quite sure where the biokineticists and the sports medicine people fit in and chiropractors as well.

[Dr Korporaal](#) -

I would say it would depend mainly on the next year and a half, maybe two years, or this next electoral period to see where we go in the ten year time frame.

[Dr Mayet](#) -

I don't know about state.

[Dr Naidu](#) -

It's difficult for me to say...

[Professor Vawda](#) -

...unless the regional healthcare authorities integrate chiropractors into public hospitals these problems will not be overcome.

There was a common consensus (noted in Table 4.9 and Figure 4.5) that in order for the growth of the profession to be facilitated there needs to be a strong drive in educating the medical professionals and the public. A growing focus on research along with the publication of scientific articles in reputable medical journals could lead to an increased acceptance (Chiropractic Report, 2009; Chapman-Smith, 2005). On the other hand, poor communication and education of stakeholders will hinder the growth of the profession. It was noted that political issues regarding the profession combined with chiropractic segregation are also strong hindering factors to the growth of the profession. Myburgh and Mouton (2007) identified that the chiropractic profession appeared to have an unclear identity and position within the healthcare system which could lead to allopathic practitioners having a continued limited knowledge and a negative perception of the profession.

Table 4.9: A summary of the facilitating and hindering factors impacting on chiropractic growth.

Hindering and facilitating factors

Facilitating factors	<p><i>Doctor patient interaction –</i></p> <p>Dr Hagemann -</p> <p>A lot of that is driven by the traditional medical GP or doctor being able or not been willing to spend enough time listening to their patient. Whereas I think some of the Allied Health professions provide that.</p> <p><i>Educate stakeholders –</i></p> <p>Dr Mayet -</p> <p>Educate the healthcare providers, educate the powers that be, educate the people who are doing the budgets.</p>
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[Dr Naidu](#) -

I think that chiropractors need to put forth a concerted effort to go out and educate people...

I think education...

[Dr Shaik](#) -

If we can emphasize how that the majority of our population can actually benefit from this, and at the same time emphasize its safety, and cost effectiveness, and the fact that we are not out to encroach on any ones turf, then we can go a long way in having chiropractic fully integrated into all levels of healthcare in this province and in South Africa as well.

[Mr Manley](#) -

...talking to the medical directors and the ministers of health in the different provinces, putting your case forward, and actually running a bit of treatment sessions free of charge, at the top level, who will recognise that you are valid.

[Professor Vawda](#) -

I have spoken in favour of chiropractic where there is a forum and I have absolutely no problem with that, and when I am teaching I also bring chiropractic to my students as a modality of treatment, and also in the holistic approach to the management or clinical management of a patient.

Formal meeting –

[Dr Bromfield](#) -

What would facilitate this is if you get the roll players in a room, preferably over a weekend, to discuss and have a multipronged approach...

[Dr Giddy](#) -

...the curriculum developers, planners etc...would need to sit down with people in those related fields like biokinetics, or physiotherapy, or sports medicine or whatever.

[Dr Naidu](#) -

...making a case to the health department and the Health Professions Council of South Africa...

Good patient management –

[Mr Maharaj](#) -

...importantly the practitioners themselves doing a decent job...

Improved communication –

[Dr Bromfield](#) -

Coming back to a lack of communication maybe if there could be some sort of a weekend where everybody were to come that would help a lot.

Improved integration –

[Dr Korporaal](#) -

If we go through the NHI or the hospital access route then that would facilitate development in the public sector that we never had before.

Improved marketing –

[Dr Hagemann](#) -

Chiropractic would do more to market themselves...

[Dr Naidu](#) -

...promoting yourself...

[Mr Maharaj](#) -

...it's more marketing...

Increasing demand –

[Dr Hagemann](#) -

I think people are getting tired of traditional medicine, and they are looking for alternatives.

Hindering factors

Increasing research amount and quality –

[Dr Hagemann](#) -

...more research. I mean more scientifically evidence based research with good methodologies, sound methodologies.

Practicing out of their scope of practice –

[Dr Naidu](#) -

...the chiropractors will have limitations.

Economic factors –

[Dr Hagemann](#) -

...the economic factors prohibit that, like the national health insurance and you lose whatever funding you have from the health insurance; and it becomes purely a privately funded transaction, when the patient pays you privately; which I always think that is much harder than the medical aids paying...

I think it's going to be the economy; the economy climate and the national health insurance are the two major hindrances to the growth of chiropractic.

Lack of communication –

[Dr Bromfield](#) -

...a lack of communication...

[Dr Shaik](#) -

If we don't start talking now we probably will never do it.

Lack of education of health professionals –

[Dr Bromfield](#) -

...perhaps a lack of education...

[Dr Mayet](#) -

I think if the other healthcare providers are educated then maybe they will get somewhere.

So the hindering factor is a lack of education and a lack of awareness of your services.

[Dr Naidu](#) -

I said I have limited knowledge, and limited interaction.

Chiropractors aren't promoting or educating the public.

[Professor Vawda](#) -

Factors that would hinder it is narrow mindedness of mainline healthcare professions.

Legal factors –

[Dr Bromfield](#) -

The only hindrance would maybe be from their side and maybe the legal aspect; in legislation we are not allowed to work together within the same environment, I think that might be the only hindrance.

Other professions feeling threatened –

[Dr Bromfield](#) -

I think other professions are perhaps threatened by us for whatever reason...

Politics –

[Dr Bromfield](#) -

...nothing happens very quickly within politics unfortunately.

[Professor Vawda](#) -

The lack of greater provision by decision makers in the chiropractic departments, associations and so on.

It may be guarding itself from having too many of chiropractors out there in the market to provide a service, feeling threatened that if they do so it will decrease their generation of income from patients that are coming to the chiropractors that are already well established.

Poor patient management –

[Mr Maharaj](#) -

Some of the practitioners do not do a good job, and people talk...

Segregated –

[Dr Hagemann](#) -

...the perception of chiropractic is that it's an Allied or an alternative...

[Dr Korporaal](#) -

If we go through the NHI or the hospital access route then that would facilitate development in the public sector that we never had before. Whereas if that doesn't happen that would be a hindrance.

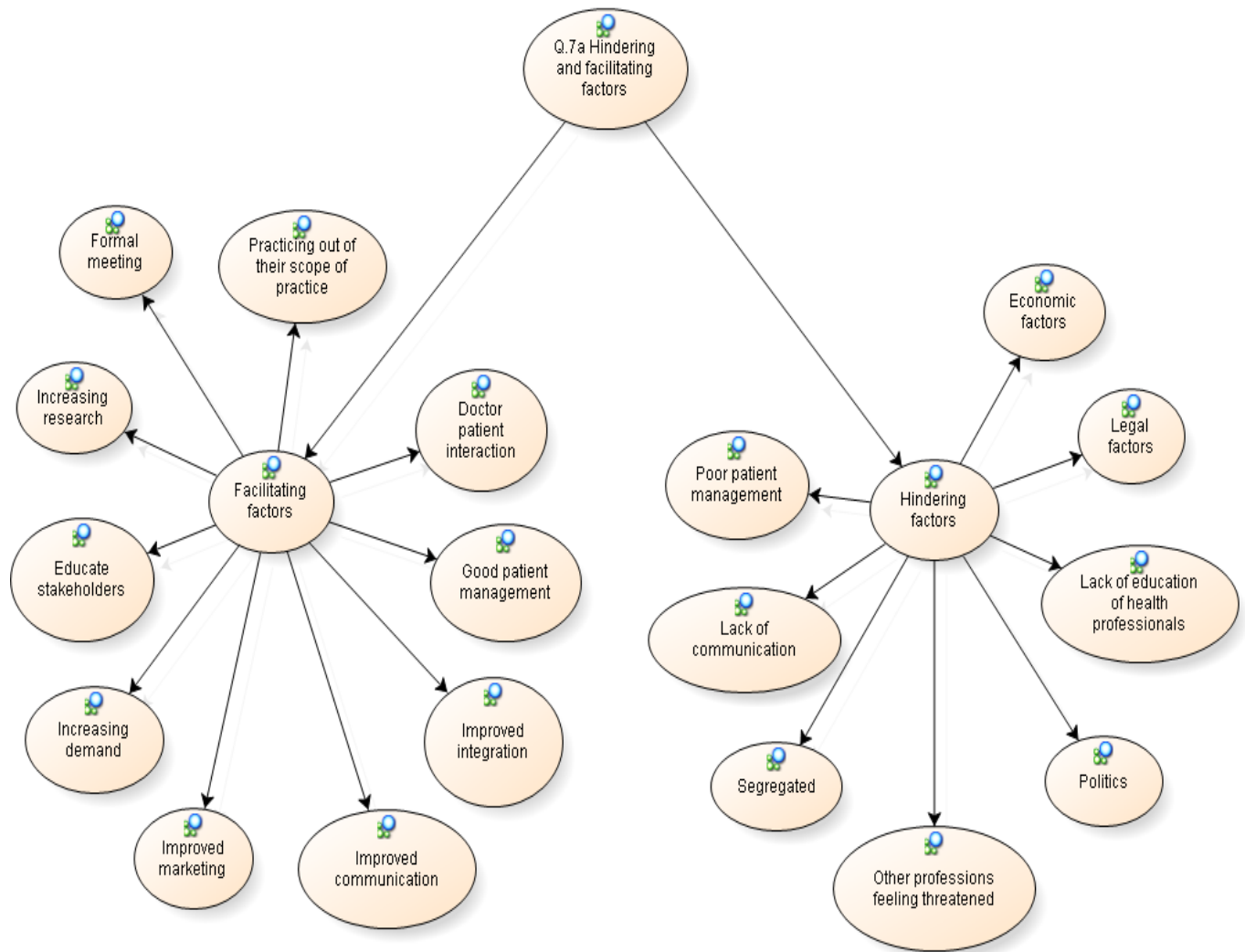


Figure 4.5: The factors that could facilitate and hinder the development of chiropractic.

4.4 Summary:

A number of themes were uncovered when comparing the results of each question within the three sections. Certain factors were identified as common areas affecting the integration of chiropractic into the KZN healthcare system. The common themes that emerged across the sections are summarized below.

4.4.1 Stakeholders knowledge

It is notable that the participants that had little or no personal contact with a chiropractor tended to have little knowledge of the profession. This echoed earlier studies which showed that individuals who have had no previous exposure to a topic (chiropractic) are less likely to be knowledgeable about the topic than individuals who have either had firsthand exposure to, or received information regarding the topic (Botha, 2009; Rattan, 2007; Brussee, Assendelft and Breen, 2001; Brantingham and Snyder, 1999). This would imply that exposure (either firsthand or through another source) to the chiropractic profession may change an individual's perception towards it (Botha, 2009). In this case it can be identified that those participants who had little exposure, and little knowledge of the profession, tended to have a neutral to negative perception of chiropractic. Whereas, those participants who were directly exposed to chiropractic, and had a greater knowledge of the profession, tended to have a positive perception of the profession.

A lack of knowledge of chiropractic was also noted as an important factor regarding an uncertainty of the need for chiropractic to be integrated into the healthcare system. This was reinforced by Meyer (2009), Ingle (2005) and Van Noordwyk (2005) whose studies indicated that a lack of public and chiropractic stakeholder's education, including the medical fraternity, could be one of the most important reasons for a lack of knowledge of chiropractic. According to Van Zyl (2007) the chiropractic profession is to blame for this lack of knowledge due to chiropractors failing to adequately educate the public. Previous research (Botha, 2009; Meyer, 2009; Kew, 2006; Louw, 2005; Hunter, 2004; Rubens, 1996) has been carried out on different population groups of South Africa regarding their knowledge and thus their related perception of the chiropractic profession. This research has shown that there is a general lack of knowledge among allopathic healthcare practitioners, physiotherapists, and the general public in South Africa (Botha, 2009; Meyer, 2009; Kew, 2006; Louw, 2005; Hunter, 2004; Rubens, 1996). The results of these studies were echoed by international studies where it was

also found that there was a general lack of knowledge of the chiropractic profession (Gaumer et al., 2002; Langworthy and Smink, 2000; Wardwell, 1994; Coulter, 1992). Based on these international studies it has been found that a greater knowledge of Chiropractic is associated with higher levels of respect and acceptance of the profession (Langworthy and Smink, 2000).

From the above results and previous studies it could be considered that there is a relationship between the perception that an individual has of an object (chiropractic) and the knowledge that they have of the object (Kew, 2006). It is possible that the limited knowledge, of some participants in the current study, with regards to chiropractic may be the basis for the poor perception of the chiropractic profession.

It was suggested by participants, that due to chiropractors' relative lack of communication with the public health sector and poor marketing regimes, the public and the medical fraternity are being poorly exposed to the profession, and thus have a limited knowledge of chiropractic. It was noted by three participants (one chiropractor and two medical doctors) that due to the profession not being clearly defined and certain chiropractors sometimes exceeding their expertise (getting involved in things that are not evidence based) this has tended to add to the negative aspect of the profession. A previous study reinforced this by noting that due to the chiropractic profession's apparently unclear boundaries, and lack of a clear definition (Myburgh and Mouton, 2007; Wardwell, 1994), allopathic practitioners may continue to have a limited knowledge and a negative perception of the profession. It is thus important for chiropractic to clearly define its boundaries and remain within evidence based practices to eliminate this negative factor.

Participants identified four ways of overcoming this lack of knowledge: firstly, the stakeholders would have to be educated; secondly, the communication between the chiropractors and the stakeholders should be improved; thirdly, the chiropractic profession should market itself better; and fourthly, it was noted that a formal meeting

between key role players discussing a multipronged approach, including chiropractic, would improve the public's recognition of chiropractic.

4.4.2 Academic

A common consensus that was noted across the sections was that chiropractors have a strong academic foundation. It was noted that in most cases the management of patients was evidence based, although some of the medical doctors pointed out that there is not enough published research supporting chiropractic treatment. This is reinforced by a study conducted by Brantingham and Snyder (1999) who identified that many still believed there is little scientific research to confirm certain claims made by the chiropractic profession. However, it must be noted that a substantial number of chiropractic-related studies have in fact been published in multidisciplinary/mainstream publications and journals, which should have increased the knowledge of chiropractic practice amongst allopathic practitioners internationally and in South Africa (Morris, 2006; Nelson, Metz and LaBrot, 2005; Chapman-Smith, 2000; Langworthy and Smink, 2000). Although there is a lack of knowledge, there is a growing acceptance of the profession, as noted by Chapman-Smith (2000), and this could be due to the above mentioned growing focus on research along with the publication of scientific articles in reputable medical journals.

4.4.3 Patient management

Patient management was identified as an extremely positive factor of the profession, although it was noted by two medical doctors that they had received some negative feedback (about chiropractors) from some colleagues and patients. The evidence based holistic approach to patient management tended to add to this generally positive view point. Previous research, conducted by Brussee, Assendelft and Breen (2001), noted that a large number of general practitioners' information about chiropractic was assimilated by patients who had received chiropractic management, which is an

important factor influencing medical practitioners' opinions and perceptions about chiropractic. From this it could be surmised that patient management plays an important role in how chiropractic is perceived by the participants of this study, and by stakeholders in general.

4.4.4 Competition

Competition was seen by participants as a major factor when considering other professions that treat similar conditions. Physiotherapy was identified as the biggest competition to chiropractic as the fields tend to overlap, when considering the conditions treated. Myburgh, Hartvigsen and Grunnet-Nilsson (2008) noted that competition (e.g. from physiotherapists) is one of the important factors affecting integration.

4.4.5 Affordability

Participants felt that chiropractic is a cost effective profession as the treatment is affordable. It was pointed out that not only less money will be spent on medication but less co-morbid medicine related side effects will also be seen. According to Stevens (2007) the cost of healthcare is a factor that acts as an accessibility barrier and thus due to chiropractic being affordable this barrier should be decreased. But until such time as chiropractic is integrated into the public healthcare system of SA, the profession will remain unaffordable to a large percentage of our population.

4.4.6 Basic health services

By integrating chiropractic into the public healthcare sector participants believed that chiropractic would help to relieve the load placed on the basic health services, and on medical officers in particular. Chiropractors could benefit the public healthcare sector by helping diagnostically and by treating musculoskeletal conditions, thus allowing the other medical professionals to focus more on organic pathologies. The American

Academy of Hospital Chiropractors (2006) stated that countries where chiropractic is more integrated in the healthcare sector enjoy more security and claim a higher status in society.

4.4.7 Accessibility

The small number of chiropractors in KZN was identified by participants as a major accessibility barrier. It was noted in previous research that this lack of accessibility of chiropractors could be an influencing factor with regards to the chiropractic stakeholders' knowledge and thus their perception of the chiropractic profession (Botha, 2009; Rattan, 2007). It could be assumed that the more chiropractors, that are in KZN, the greater the potential access the chiropractic stakeholders have to information on the skills that chiropractors possess. Botha (2009) noted that the accessibility barrier between the South African population and chiropractic has marginally improved in recent years, due to more chiropractors qualifying. It could be concluded that the accessibility barrier is affected negatively by the low numbers of chiropractors in South Africa, and the especially low numbers of chiropractors in state facilities.

4.4.8 Acts and laws

It was noted, by the board member of the Allied Health Professions Council, that legislation previously prevented chiropractors from working together with Health Profession Council professions. Engelbrecht (2008) echoed this by noting that Rule 7 (2) (this rule prohibited cooperation between chiropractors and doctors registered with the HPCSA) was never fully abolished, but merely changed (in the mid 1990s) to a less prohibitive rule, Rule 9.1. As the rule now stands, chiropractors are allowed to practise with HPCSA members (Engelbrecht, 2008).

4.4.9 Segregation

Segregation is a hindering factor that was identified by two medical doctors and one chiropractor. Firstly it was noted that due to chiropractic training taking place at the Durban University of Technology; and secondly due to chiropractic belonging to the AHPCSA and not the HPCSA, the profession is seen as different and alternative. Myburgh and Mouton (2007) previously noted that chiropractic falls into the “complementary and alternative medicine” category. Langworthy and Birkelid (2001) suggested that this is the group of medicine that functions together with and alongside conventional medicine. From this it could be assumed that integration on an educational and professional level would lead to improved recognition by HPCSA professions. Meeker and Haldeman (2002) stated that the next decade will determine whether chiropractic remains an alternative healthcare profession or whether it becomes fully integrated into the healthcare system.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Conclusions

The research question set for this dissertation was “What are perceptions of key stakeholders to chiropractic integration into the KwaZulu-Natal healthcare system?”

The main conclusions that can be drawn from the question are three fold: based on the experience of chiropractic, the role and scope of practice of chiropractic and finally key developmental issues affecting integration.

5.1.1 Experience of chiropractic

The majority of the participants (three chiropractors, two medical doctors, the member of parliament and the patient) had a positive experience of chiropractic. It is notable that the participants who came into direct contact with chiropractic had a positive experience of the profession. The three medical doctors who had no personal exposure to the profession had a neutral to negative experience of chiropractic. From this it can be surmised that an increase in the exposure of other healthcare professionals to chiropractic would improve their experience of the profession. This could be achieved by improved communication between chiropractors and medical doctors, an improved marketing strategy, and the integration of chiropractic into the public healthcare sector.

5.1.2 Role and scope of practice

Even though chiropractors according to law are primary contact practitioners, only two of the participants recognized the diagnostic role of chiropractic. From this it could be assumed that some chiropractors are not including their full scope of practice. This tends to lead to a confused understanding of the role that chiropractic plays in the healthcare system. To add to this it was noted that some chiropractors are including

non-evidence based methods of practising into their practice. Noting the above, chiropractors are part of the problem regarding a lack of understanding with regards to their role. A better control of the scope of chiropractic practice by management boards would go a long way to dispelling the lack of understanding of the scope of chiropractic practice.

5.1.3 Key developmental issues affecting integration

All participants, except two doctors, noted that integrating chiropractic into the public healthcare system would be beneficial to the healthcare fraternity, the chiropractic profession and patients. It was suggested that due to chiropractic having the necessary diagnostic skills of a primary healthcare practitioner, and being focused on musculoskeletal conditions a huge load would be taken off the healthcare system. Integration into the public healthcare sector would greatly improve the accessibility and exposure of chiropractic to the general public thus aiding growth of the profession. Once integrated chiropractic would offer another effective and affordable form of management to patients.

There are a number of factors that have been identified as hindering integration. One of these factors is directed at some chiropractors practising non-evidence based techniques which add a negative connotation and an element of confusion to the profession. The fact that chiropractic is registered with a different council and is being taught at a different institution to conventional medical professionals appears to add a barrier of separation between the chiropractic profession and the medical doctors. The above mentioned factors appear to confuse stakeholders.

It is apparent that the greatest hindering factor to integration was a lack of knowledge of the profession. In other words medical doctors appear hesitant to refer patients to chiropractors and have chiropractic integrated within their environment, because they

do not know enough about the profession. In order for integration to take place successfully these barriers would have to be overcome.

A number of factors were identified as factors that would facilitate chiropractic integration. Firstly stakeholders would have to be educated about chiropractic; secondly it is important to improve the communication between chiropractors and medical doctors; thirdly an improved marketing strategy would have to be put in place; and finally it is important for all chiropractors to manage patients effectively, and use evidence based practices.

Thus, in conclusion, a positive experience of chiropractic is directly affected by the level of contact a person has with the profession; increased exposure playing a fundamental role. The profession itself is responsible for dispelling some of the confusion it has created, by collectively practising evidence based medicine, and thus marketing a united message to stakeholders. If a National Health Insurance is created then now is indeed the right time to educate and effectively communicate with those who have the authority or means to allow for our integration in this system.

5.2 Recommendations

Only ten participants took part in this study. This small sample size places a limitation on the representation of the chiropractic stakeholders. Ideally, the study should be repeated on a larger scale focusing on each group that comprise of chiropractic stakeholders. This would add to the accuracy of the results and would help to possibly identify further factors affecting integration.

Further studies need to be conducted on improving the understanding of the factors affecting the knowledge of healthcare professions and the public regarding chiropractic.

Programmes need to be instituted to educate the medical professionals on chiropractic and the benefits to them. An awareness of chiropractic amongst the public in general needs to be nurtured. The result will be increased co-operation between chiropractors and medical professionals as the scope of practice is better understood and certain barriers (lack of knowledge and communication barriers) are removed.

These educational programmes could include offering presentations at medical schools and medical institutions, and publishing more articles in medical journals, sports, health and fitness magazines.

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APPENDIX A

Letter of information and informed consent:

Dear Participant, I, Robin Ivan Wise, am a student currently pursuing my M. Tech: Chiropractic qualification at the Durban University of Technology.

Title:

The Perceptions of Stakeholders on the Integration of Chiropractic into the KwaZulu-Natal Health Care System

Supervisor:

Dr D Pratt {M.A. Applied Linguistics (cum laude) DTech Language Practice}

Dr Nikki de Busser {M.Tech: Chiropractic; MMedSci (SportsMed)}

Brief Introduction and Purpose of the Study:

The aim of this interview is to shed some light on important issues, which may inform me about **your personal perception** (not the body that you represent perceptions) of Chiropractic integration into the KwaZulu-Natal health care system.

The aim of this study is to explore and describe the perceptions of selected stakeholders about the integration of the Chiropractic profession into the KZN health care system. This research is necessary to the Chiropractic profession because:

1. It would appear that Chiropractors in countries where the profession has sought to integrate with state authorities i.e. education and healthcare, are maturing professionally (American Academy of Hospital Chiropractors, 2006). The result being that the profession is more secure and can claim a higher status in society (American Academy of Hospital Chiropractors, 2006).

2. The information gathered from this research may help with the integration of Chiropractic into the KwaZulu-Natal health care system.

Outline of the Procedures:

You will receive an informed consent form (which needs to be signed). After which the interview will take place.

Please be aware that the interviews have to be recorded for transcription and data analysis purposes. Recordings will be stored for five years at The Durban University of Technology in a safe facility of the Chiropractic department and then destroyed.

Benefits:

The benefit of this information is that it can be used to understand the current position of Chiropractors in KZN, and to determine steps that would help the Chiropractic profession to become more established in the health care system.

Contact Persons:

Should you have any questions regarding the research please contact the researcher (Robin Wise) on the following number: 084 300 2195.

If the researcher cannot be contacted please contact the supervisor (Dr D Pratt) on the following number: 031 373 2904.

Statement of agreement:

I,(full name)(I.D), have read this document in its entirety and understand its contents. Where I have had any questions or queries, these have been explained to me by Robin Wise to my satisfaction. Furthermore, I fully understand that I may withdraw from this study at any stage without any adverse consequences and my future health care will not be compromised. I, therefore, voluntarily agree to participate in this study.

Subject's name:.....

Subject's signature.....

Date.....

Researcher's

name:.....

Researcher's signature.....

Date.....

Witness name.....

Witness signature.....

Date.....

Thank you for your participation.

APPENDIX B

Questions to the Participants:

TITLE OF THE RESEARCH STUDY:

The perceptions of stakeholders on the integration of Chiropractic into the KwaZulu-Natal health care system

A. Participants experience of chiropractic:

Identifying the participant's experience of chiropractic will give insight into the interviewee's response to the questions and their perception of the profession.

B. Question related to the role and scope of chiropractic:

This question is aimed to clarify the identity and role of the profession. This section is important in order to understand the factors affecting the level of professional integration.

D. Questions related to the key developmental issues affecting integration:

These questions were aimed at highlighting issues in the chiropractic profession that had not been considered previously, thus facilitating the development and integration of chiropractic in KZN.

Questions/Topics to be discussed

1. Has your experience of Chiropractic been positive or negative and why?
2. From a public (or medical doctors or chiropractors) perspective what is the role of the Chiropractic profession in today's healthcare system? What reasons would rank in the top 3 for a patient to seek Chiropractic care?

3. What is your perception of the Chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN health care system? Substantiate your answer.
4. What factors are affecting integration into the KZN health care system?
5. What benefit, if any, would Chiropractic offer in the health care system?
6. What are the current strengths, weaknesses, opportunities and threats of the Chiropractic profession in KZN?
7. After having discussed the various aspects of the Chiropractic profession in this interview, where do you see the Chiropractic profession in KZN in the next 10 years?
 - a. What factors would hinder and facilitate the development of Chiropractic as you propose?

APPENDIX C

**HEALTH PROFESSIONS COUNCIL OF SOUTH
AFRICA**

GUIDELINES FOR GOOD PRACTICE IN
THE HEALTH CARE PROFESSIONS

**CONFIDENTIALITY: PROTECTING AND
PROVIDING INFORMATION**

(SECOND EDITION)

BOOKLET 11

PRETORIA

30th May 2007

Health Professions Council of South Africa

Post Office Box 205

Pretoria 0001

Telephone: (012) 338 9300

Fax: (012) 328 4863

E-mail: hpcs@hpcs.co.za

Website: <http://www.hpcs.co.za>

THE SPIRIT OF PROFESSIONAL GUIDELINES

Practice as a health care professional is based upon a relationship of mutual trust between patients and health care practitioners. The term "profession" means "a dedication, promise or commitment publicly made".¹ To be a good health care practitioner, requires a life-long commitment to sound professional and ethical practices and an overriding dedication to the interests of one's fellow human beings and society. In essence, practice as a health care professional is a moral enterprise. In this spirit the **HPCSA** presents the following ethical guidelines to guide and direct the practice of health care practitioners. These guidelines form an integral part of the standards of professional conduct against which a complaint of professional misconduct will be evaluated.

[Note: The term "health care practitioner" in these guidelines refers to persons registered with the **HPCSA**].

8.2.4.2 In all such cases the health care practitioner must weigh the possible harm (both to the patient, and the overall trust between practitioners and patients) against the benefits that are likely to arise from the release of information.

8.2.4.3 Examples of circumstances to protect the patient or other persons from death or serious harm, include, but are not limited to:

a. Access to prophylactic treatment for a person who has had contact with an

infectious disease, or

b. An employee with a health condition which may render him or her unable to

work safely posing a danger to co-workers or clients

c. A driver of a vehicle who requires medication to control an illness that might

impair his or her driving ability.

9. PUTTING THE PRINCIPLES INTO PRACTICE

The remainder of this booklet deals with circumstances in which health care practitioners are most frequently asked to disclose information, and provides advice on how the principles should be applied.

9.1 DISCLOSURES WHICH BENEFIT PATIENTS INDIRECTLY

9.1.1 Monitoring public health and the safety of medicines and devices:

9.1.1.1 Professional organisations and Government regulatory bodies that monitor the public health or the safety of medicines or devices, as well as registries of notifiable conditions, rely on information from patients' records for their effectiveness in safeguarding public health. For example, the effectiveness of the system of notifiable conditions depends on information provided by clinicians. Health care practitioners must co-operate by providing relevant information wherever possible. The notification of some communicable diseases is required by law and in other cases health care practitioners should provide information in anonymised form, when that would be sufficient.

9.1.1.2 Where personal information is needed, health care practitioners should seek express consent before disclosing information, whenever that is practicable. For example, where patients are receiving treatment there will usually be an opportunity for a health care practitioner to discuss disclosure of information with them.

9.1.1.3 Personal information may sometimes be sought about patients with whom health care practitioners are not in regular contact. Practitioners should therefore make sure that patients are given information about the possible value of their data in protecting public health in the longer-term, at the initial consultation or at another suitable occasion when they attend a health establishment.. It should be clear that they may object to disclosures at any point. The health care practitioner must record any objections so that patients' wishes can be respected. In such cases, the practitioner may pass on anonymised information if asked to do so.

9.1.1.4 Where patients have not expressed an objection, health care practitioners should assess the likely benefit of the disclosure to the public and commitment to confidentiality of the organisation requesting the information. If there is little or no evident public benefit, they should not disclose information without the express consent of the patient.

9.1.1.5 Where it is not practicable to seek the consent of patients for disclosure of personal information for these purposes, or where patients are not competent to give consent, health care practitioners must consider whether the disclosures would be justified in the public interest, by weighing the benefits to public health of the disclosure against the possible detriment to the patient.

9.1.1.6 The automatic transfer of personal information to a registry, whether by electronic or other means, before informing the patient that information will be passed on, is unacceptable, save in the most exceptional circumstances. These would be where a court has already decided that there is such an overwhelming public interest in the disclosure of information to a registry that rights of patients to confidentiality are overridden; or where health care practitioners are willing and able to justify the disclosure, potentially before a court or to the **HPCSA**, on the same grounds.

9.1.2 Administration and financial audit:

9.1.2.1 Health care practitioners should record financial or other administrative data separately from clinical information and provide it in anonymised form wherever possible.

9.1.2.2 Decisions about the disclosure of clinical records for administrative or financial audit purposes, for example where medical scheme staff seek access to patients' records as part of the arrangements for medical benefit payments, are unlikely to breach the ethical rules of the **HPCSA**, provided that, before allowing access to patients' records, they follow the guidelines as set out in this booklet.. Only the relevant part of the record should be made available for scrutiny.

9.1.3 Medical research:

Where research projects depend upon using identifiable information or samples, and it is not practicable to contact patients to seek their consent, the data should be anonymised and this should be drawn to the attention of a research ethics committee.

9.1.4 Publication of case-histories and photographs:

Health care practitioners must obtain express consent from patients before publishing personal information about them in media to which the public has access, for example in journals or text books, whether or not the practitioners believe the patients can be identified. Express consent must, therefore, be sought to the publication of, for example case-histories about or photographs of patients. Where health care practitioners wish to publish information about a patient who has died, they should take into account the guidelines in this booklet before deciding whether or not to do so.

9.2 DISCLOSURES WHERE HEALTH CARE PRACTITIONERS HAVE DUAL RESPONSIBILITIES

9.2.1 Situations arise where health care practitioners have contractual obligations to third parties, such as companies or organisations, as well as obligations to patients. Such situations occur, for example when practitioners:

9.2.1.1 Provide occupational health services or medical care for employees of a company or organisation;

9.2.1.2 Are employed by an organisation such as an insurance company;

9.2.1.3 Work for an agency assessing claims for benefits;

9.2.1.4 Provide medical care to patients and are subsequently asked to provide medical reports or information for third parties about them;

9.2.1.5 Work as district medical officers or forensic pathologists;

9.2.1.6 Work in the armed forces; or

9.2.1.7 Work in correctional services.

9.2.2 If health care practitioners are asked to write a report about or examine a patient, or to disclose information about a patient from existing records for a third party to whom the practitioners have contractual obligations, they must:

9.2.2.1 Be satisfied that the patient has been told at the earliest opportunity about the purpose of the examination or disclosure; the extent of the information to be disclosed; and the fact that relevant information cannot be concealed or withheld. Health care practitioners should show the form to the patient before they complete it to ensure that the patient understands the scope of the information requested;

9.2.2.2 Obtain, or have seen, written consent to the disclosure from the patient or a person properly authorised to act on the patient's behalf.

9.2.2.3 Disclose only information relevant to the request for disclosure.

9.2.2.4 Include only factual information that they can substantiate, and ensure that it is presented in an unbiased manner;

9.2.2.5 Patients may wish to see reports written about them before they are disclosed, In all circumstances health care practitioners should check whether patients wish to see their reports - unless patients have clearly and specifically stated that they do not wish to do so.

9.2.3 Disclosures without patients' consent to employers, or any other relevant third party, can be justified only in exceptional circumstances, for example when they are necessary to protect others from risk of death or serious harm.

APPENDIX D

Scripts

Dr Bromfield

Q. 1 Experience

Has your experience of Chiropractic been positive or negative and why?

It's been very positive, but I've had frustrations and that's not necessarily a negative thing. Frustrations with regards to the profession and how much we could be doing for the people of South Africa; there is so much we could be doing but we just can't get there. I wouldn't see that as a negative thing though. The treatment is so amazing, what I love is that it's natural and you get an extremely good response from the patients; particularly with regards to children, that aspect I enjoy, they respond very well to the treatment. Along the professional lines – I've been in practice for now 13 years and I've had, in those 13 years, so much more professional involvement than anything else, that to me has been my greatest reward. That's where I've seen the positive side of it, and also on a smaller scale because I started in Toti as a practitioner, doctors didn't refer any patients to me what so ever, and the last three years that has changed to such an extent that I'm now treating doctors and I'm now treating medical students. That has been awesome for me, so that has definitely been a positive change, I mean in my private capacity. To me what's more important is the profession as a whole. In that I've seen huge, Chiropractic has developed in leaps and bounds since I've started. With regards to the internship program we've developed so much, since about 2001/2002 it's developed a lot. So, there was absolutely nothing to start off with, and now there's a huge program that's been instituted so that to me is major, that's a positive step. With regards to that we are making inroads into other professions like with going into the hospital environment, the hospital settings. My frustrations coming back to what I said earlier on is that I'm now in an arena where we are one profession of thirteen. So I'm now within the Allied Health Professions council. I love Chiropractic but dealing with so

many other professions that have so many other problems within themselves, they're fledgling professions, we are seen as one who've spear-headed the Allied Health Professions together with the homoeopaths. Because of our internship program we are so much more advanced than what they are, and also with our course and accreditation of our course we are more advanced. As a result within the council we are then seen that we are supposed to now be big brother to the other professions, and we are supposed to be instead of forwarding our profession even further, we are now having to hold hands and bring the other up, which is necessary but frustrating. It's frustrating as a Chiropractor within Chiropractic.

Q.2 Role of Chiropractic

From a public (or medical doctors or chiropractors) perspective what is the role of the Chiropractic profession in today's healthcare system? What reasons would rank in the top 3 for a patient to seek Chiropractic care?

At this point in time the way I see it is we are not playing much of a role within the public health sector, and that is a bit of problem. We are playing a much bigger role in the private health sector. I would like to see a big change, that there'll be a big shift within the role of Chiropractic that we start to play a more active role in the public health sector. The health bill says that the health should be accessible and affordable to all within South Africa. I see that within the internship program within Chiropractic we should be able to work and co-exist with the orthodox medicines, as a complementary health profession, so that we can provide that accessibility and the affordability to the man on the street. It's not like that at present and that is what needs to be addressed at present. The addressing of this problem is not unfortunately from one aspect. There's a certain line of thought in the profession that its basically each practitioner that needs to win that war, in other words I should make contact with my local medical doctors, and yes that would win the war with regards to the private health sector, but with regards to the public sector that's not going to win the war. That war's going to be won coming down from the minister of health, coming down through the KZN premier of health,

coming from the educational institutions and how they make inroads into maybe our local hospitals and use that as our teething grounds, and to show the greater powers how we can be if we are integrated into the public health sector. So it's not ideal the way it's been run and there's so much we could be doing, not just within the hospital environment, but within clinic settings and taking it out into the rural areas, so there's a lot of work to be done. I find that there's a lot of frustration on my part that everything moves so slowly.

Lower back pain, and headaches, and extremities. I see that the greatest referral of patients to Chiropractors is by word of mouth. Through my practice, over the 13 years, I've realised that you can advertise, you can go and sell yourself as much as you want to, but if you do a good job with one person then they are going to refer you patients in their own circle of friends. It's funny how it works because if you help a patient with a headache, they will send all their headache friends to you, so you can build up a name. If I've got an inroad into a midwife for instance or a paediatrician and if all of a sudden I treat a few cases of colic I will build up a practice that will have a lot of paediatric cases. So I think it depends on where you go and who you are interviewing as to which problems they will see mostly. My interest is not I sport so if you interview me or if you interview somebody else you might find that they will treat a lot of different sports patients or cases. I treat a lot of paediatrics, and I get a lot of teachers in a school that come to me themselves or the children being sent to me.

Q.3 Perception of Integration

What is your perception of the Chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.

It should definitely be integrated. There's a huge need out there for basic health services and even though people might not be educated as to Chiropractic and what we can do and what we previously mentioned; we can offer so much more. We can do the initial consult; we can do the blood pressure taking, whatever just to get our foot into the

door, just to do the initial integration, and after that we can do the neuromusculoskeletal conditions. There definitely needs to be so much more integration. I'm looking at this more from the public perspective simply because of the position that I'm with at the moment dealing with council, and council we're all about protecting the public, as appose to the association side which is dealing with the profession itself. Integration is important because it's going to relieve the burden to the health system, the health department as it is. In treating patients I think it's going to increase the public awareness of Chiropractic. Within the clinic settings there are so many more different avenues than what there is within the private health sector. Our little practices, being us, that we are so outnumbered by doctors and by physios, I think that if we are given the ability to go into the rural clinics we will increase the awareness. One of the problems that we've got is being an only white profession, and the problem is that there is no awareness, and the learners are not realising that they can become Chiropractors instead of becoming physiotherapists, and so if they were in the clinic environment then at least the people would be aware of Chiropractic. They would then come to the institutions or universities, they would then study to be practitioners, they would become practitioners, they would become more involved in the profession, more involved in the healthcare system. Once they are more involved in the healthcare system we lose that only white appearance that we've got, then we will gain more recognition by the minister of health, and by the other professionals out there.

Q.4 Factors affecting integration

What factors are affecting integration into the KZN healthcare system?

I think the biggest one is a lack of communication and a lack of education. In other words they are not aware of what we do as Chiropractors, and because of that they are not aware of what role we can actually play or what position we can fill, what job we can do within the existing system. I think the reason for that is a lack of communication between the different therapies, in other words the orthodox and the complementary and alternative medicines. Where that comes in I don't know; I don't know if it's because

there's a hole within the legislation, and if that hole was then filled that we would then be able to communicate better. I don't know if it's maybe coming from the educational aspect that they should then do more communication with the regional hospitals, I haven't an answer to that. I do know that from my experience these are the two aspects: a lack of communication and a lack of education.

Q.5 Benefit of Chiropractic

What benefit, if any, would Chiropractic offer in the healthcare system?

Relieve the load definitely. To me I definitely think relieving the load that the poor old health department has trying to get health services out there to the people, to the patients. We have interns that are needing to find hours and we have very little locals available to us, little areas available to us, and yet these clinics are sitting there and we could ease the load.

Q.6 Current strengths, weaknesses, opportunities and threats of Chiropractic

What are the current strengths, weaknesses, opportunities and threats of the Chiropractic profession in KZN?

The weaknesses, I think are our numbers. I think that if we were as large as physiotherapy we would be taken more seriously and we would be listened to. We are not being listened to and they kind of see us as being too small to make a difference. As a profession we don't put ourselves out there. I'm looking at it also from a council perspective; we are very restricted and limited with regards to advertising and so our hands are tied with regards to advertising. That is once again where the onness, I think, lies on the educational institutions; they are allowed to do advertising, so they should go and advertise for us, and they should start finding placement for us within the public health fields. Within educational institutions they got the opening within the public health sectors then private health sectors might see more of an advantage to go into the public health sectors. At the moment it doesn't pay the private practitioner to go into a public

health sector, because they are losing money. There is more money to be gained for the private practitioner within the private health sector. The Allied Health Professions Council, the Health Professions Council, the associations, and the educational institutions all need to sit down. There should be an arena where everybody gets to sit down and say, right this is our problem, this is where we lack, this is our strengths, this is where we can help you out, but there's one that will allow that, that is maybe one negative factor of our environment.

Strengths: After six years we are such a good diagnostic profession. I think that has been down played, that has not been listened to. The fact that we can make a difference within neuromusculoskeletal fields, conditions.

The threats is our numbers, I think that would be the basis of it. The threat is that there is a lot of blurring between the professions of physiotherapy and Chiropractic. Chiropractors are doing a lot of physiotherapy adjuncts instead of sticking to the main Chiropractic identity. I think that the physiotherapists are treading on a lot of professional territory that is Chiropractic. They are in other words doing manipulation courses. They are trying to train physiotherapists to do what is Chiropractic, the main identity of Chiropractic, which is the manipulation in a weekend. We study this basically over four of the six years. That worries me because within the council environment you are there to protect the public. In other words a member of the public comes to you and they might have a complaint, and they lay it against a Chiropractor; then you've got to assess whatever the transgression that they had, were they in their rights as a Chiropractor or where they not, were they doing techniques that is within their scope of practice or were they not. Then you go ahead and judge that particular incident per say. Whereas now physiotherapists are doing all the adjusting, they are starting to encroach on our territories and our scopes of practice. To me that is the biggest threat; that within Chiropractic we don't have a proper identity. Now the WFC has actually gone through this whole identity exercise, but it's not being integrated into the public health sector within our country, that is the problem.

I think the opportunities is that we've got our foot in both worlds; we are partly orthodox, and we are partly mainstream, but we are sitting on the Allied Health Professions with

the unorthodox, with the alternate, with the traditional medicines. We are maybe one of the only that actually straddles that and we should use that to our benefit, and I don't think that's being used. I don't think that we actually have even any avenues for, once again, communication to actually say this is how we can help. We don't speak with a loud enough voice. I think it's coming again to our numbers.

Q.7 Chiropractic profession in 10 years

After having discussed the various aspects of the Chiropractic profession in this interview, where do you see the Chiropractic profession in KZN in the next 10 years?

This must be the only negative aspect to this interview. I've been involved in the politics for the last 8 years on the professional board and on the council, and two years before that as president of the association. The reason why I don't see it very positively is that the best predictor for the future is to look at the past, and if you look at the history of Chiropractic in the last 10 years, I don't see much happening in the next 10 years. I wish it were different but nothing happens very quickly within politics unfortunately.

- a. *What factors would hinder and facilitate the development of Chiropractic as you propose?*

What would facilitate this is if you get the roll players in a room, preferably over a weekend, to discuss and have a multipronged approach; to get the orthodox medicine, the mainstream medicine to get together with the alternative therapies and not just Chiropractic but homoeopathy as well and the traditional therapies and just get them all together. I think that would be the answer. If that could happen in the near future then I see a lot happening for Chiropractic within the next 10 years. I think it needs to be in the non-threatening environment. I think other professions are perhaps threatened by us for whatever reason, perhaps a lack of education, I don't know, or a lack of communication once again. Coming back to a lack of communication maybe if there could be some sort of a weekend where everybody were to come that would help a lot.

I don't think there are any hindering factors. I know that from ourselves, with so much frustration in the past, I think that we are very ready to get together and talk. I've got a feeling that maybe there's a lot of frustration sitting on the orthodox medicine and the public health sector as well. I think there's a lot of frustration sitting there as well. The only hindrance would maybe be from their side and maybe the legal aspect; in legislation we are not allowed to work together within the same environment, I think that might be the only hindrance.

Dr Giddy

Q. 1 Experience

Has your experience of Chiropractic been positive or negative and why?

I suppose my experience has been based on what other people have said, I have no personal experience. It's a bit like, whenever you hear about something that's outside of your realm you probably hear the funny stories. Like when you hear about traditional healers you hear this or that went wrong, so you may not get a fully representative view. So, I have heard of people going to the Chiropractor who manipulated, and then there back was much worse afterwards. And so I don't know a lot about it and I suppose that I would be slightly hesitant to maybe recommend it to somebody, because I don't know enough and I have occasionally heard something slightly negative.

Q.2 Role of Chiropractic

From a public (or medical doctors or chiropractors) perspective what is the role of the Chiropractic profession in today's healthcare system? What reasons would rank in the top 3 for a patient to seek Chiropractic care?

Well, I don't know. I think it depends once again; you can't talk about a role without knowing what there scope of practice is, and how it would overlap with orthopaedics or physiotherapy, or if somebody has a bad back, or some joint or bone problem would

you send them to a Chiropractors, would you send them to a physio, would you send them to an orthopaedic surgeon, would you send them to a neurosurgeon; I don't know because I don't know what they do, and I suppose what I feel about any form of healing, it's got to be evidence based. So you've got to know what the body of knowledge is, what's the scientific basis, what's the research thereby the modalities of treatment etc...and I've never had a friend who's a Chiropractor, I've never really gone into it, I just know it intersects with those things, so I can't say how it should integrate.

Q.3 Perception of Integration

What is your perception of the Chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.

Acupuncture or homoeopathy, it falls into that realm of far into the extremist of traditional healers, but what I do know, and why I know it's different from traditional healers is traditional healers don't have a standard form of training programs and they don't have curricula, and they don't have exams etc...Whereas I know that with Chiropractic and homoeopathy etc...It's located within tertiary accredited institutions. I'm sure there is a body of knowledge and a scientific aspect to it but I don't know enough about it.

Q.4 Factors affecting integration

What factors are affecting integration into the KZN healthcare system?

I think its multifactoral. It may be a lack of knowledge; it may be that at a very high level like say at medical schools; the question is why is Chiropractic not in a health science facility. I mean there's a health science facility that's part of UKZN and they have speech therapy, and physiotherapy, and occupational therapy, and nursing, and medicine etc...So, I don't even know if sports science is part of the health science faculty so at some senior level the deans or the people that make the decisions about

what's in and what's out need to agree. I think if it was integrated firstly in the training process, so the fact that's it's at DUT gives a certain kind of perspective to the rest of the medical fraternity that it's different, it's alternative, and we know there's lots of alternative treatment modalities, like, I gave examples, there's a whole spectrum of them like arurvedic healing and crystal this'es, and this and that, and it all get's lumped together; that's them and this is us. I think at many high levels there's an us and them feeling.

Q.5 Benefit of Chiropractic

What benefit, if any, would Chiropractic offer in the healthcare system?

I don't know. If somebody has a bad back, or some joint or bone problem would you send them to a Chiropractors, would you send them to a physio, would you send them to an orthopaedic surgeon, would you send them to a neurosurgeon; I don't know because I don't know what they do, and I suppose what I feel about any form of healing, it's got to be evidence based.

Q.6 Current strengths, weaknesses, opportunities and threats of Chiropractic

What are the current strengths, weaknesses, opportunities and threats of the Chiropractic profession in KZN?

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It's located within tertiary accredited institutions. I'm sure there is a body of knowledge and a scientific aspect to it but I don't know enough about it.

Q.7 Chiropractic profession in 10 years

After having discussed the various aspects of the Chiropractic profession in this interview, where do you see the Chiropractic profession in KZN in the next 10 years?

I think that the curriculum developers, planners etc... would need to sit down with people in those related fields like biokinetics, or physiotherapy, or sports medicine or whatever. They need to say this is what our discipline or field does and this is what yours does, and do we complement each other, or do we compete with each other. I don't know, maybe there's competition, maybe you are competing for the same patients; and maybe if someone's got chronic backache the orthopaedic surgeons will say this and the physios will say this. The thing is the physios and the orthopaedic surgeons work closely together and I'm not quite sure where the biokinetisists and the sports medicine people fit in and Chiropractors as well. So it's like defining this is our body of knowledge, this is what we can do for these kinds of patients and is it competition or is it complimentary.

a. What factors would hinder and facilitate the development of Chiropractic as you propose?

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Dr Hageman

Q. 1 Experience

Has your experience of Chiropractic been positive or negative and why?

I think it's been positive and negative. From a positive view I think there's a lot of evidence based; well the benefit that Chiropractic can provide is evidence based in many respects. I think from a negative point of view is that sometimes Chiropractors exceed the limits of their expertise. They maybe get involved in things that are beyond, that are maybe not so evidence based and over sell their services.

Q.2 Role of Chiropractic

From a public (or medical doctors or chiropractors) perspective what is the role of the Chiropractic profession in today's healthcare system? What reasons would rank in the top 3 for a patient to seek Chiropractic care?

I think it definitely supports; call it mainstream doctors, physios, that kind of thing. My understanding is that Chiropractors register as an alternative, with the Allied Health Profession Council. So when I talk about mainstream I talk about those professions registered with the Health Professions Council. I certainly think they have a role in supporting the other medical professions in certain areas. I'll take for example backache; Chiropractic plays a critical role in managing certain backache.

I would refer patients to Chiropractors in those areas where I know Chiropractic is done, or Chiropractic therapy or intervention is known to be scientifically proven to have an effect. So things like the management of lower back ache I would definitely refer. What I would be less likely to refer for is maybe soft tissue management; I think other professions are maybe more appropriately trained to treat this. Maybe from, I know Chiropractors have a more holistic approach to illness managing and illness and injury, and possibly when that is required.

Q.3 Perception of Integration

What is your perception of the Chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.

My perception is that, the Chiropractic profession is still quiet independent or marginalised, and the relationship between GP's and Chiropractors is not as good as it could be; it could be better.

Q.4 Factors affecting integration

What factors are affecting integration into the KZN healthcare system?

I think ignorance on what Chiropractors actually do, or what they can do. I think, maybe also, I think that some Chiropractors oversell their services and that creates a negative perception of the Chiropractic profession. So, I think that there is an ignorance of what Chiropractors can do, and then the perception that maybe Chiropractors do too much; more than what they are trained to do.

Q.5 Benefit of Chiropractic

What benefit, if any, would Chiropractic offer in the healthcare system?

It's another management modality, treatment modality that in many cases is relevant, its evidence based and it works. That expertise is not necessarily found elsewhere,

because you are uniquely trained and it's a unique kind of practice. It's where that practice overlaps with other professions that it becomes a bit grey, like with soft tissue management. My perception is that maybe physios are better trained at this, but that's a perception. It comes back to ignorance.

Q.6 Current strengths, weaknesses, opportunities and threats of Chiropractic

What are the current strengths, weaknesses, opportunities and threats of the Chiropractic profession in KZN?

Starting with the weaknesses I think you guys, as a profession, can market yourselves better. I think as a profession you can do more scientific based research, and publish that, to show that much of what you do is evidence based. I think there's generally in kind of the Allied Health Professions there's not enough research. Or certainly, if there is research, it's not being published. The Health Professions or the doctors are not being exposed to it. So, I think those are the weaknesses. There is some literature out there which shows the benefit of what you guys do, so that's the positive side. Personally I'm very much in the holistic approach to health and also the idea that the body heals itself, that process and that philosophy.

The opportunity is to be more widely recognised, and more widely reimbursed by healthcare funders. I think that's certainly an opportunity. There is certainly a demand and a need for what Chiropractors have to offer, the opportunities are huge. I think the challenge is positioning yourself in the market, positioning yourself with the funders, the medical aids.

The threats to you are the same threats that face other medical professions; national health insurance has to be a huge threat to you, because Chiropractors are on the infringement and more bottom of the queue, or the bottom end of the queue for funding. When I think funds are going to be tight. I believe there's not enough money in the pot to fund the national health insurance scheme. So, the lower down on the ladder the less likely there is to be funding available for that. So I think that's your biggest threat. Ignorance, medical professionals could also be a potential threat; although I don't think

that's a big threat. Competition from other professionals I don't see that as a threat, but I see competitions always good. As long as it's fair competition it has a positive factor. It keeps you on your toes, and it keeps you honest.

Q.7 Chiropractic profession in 10 years

After having discussed the various aspects of the Chiropractic profession in this interview, where do you see the Chiropractic profession in KZN in the next 10 years?

I think the perception of Chiropractic is that it's an Allied or an alternative. I think that's the perception that's widely held by both the public and the medical profession. There's a significant and evident growth of people looking; I think people are getting tired of traditional medicine, and they are looking for alternatives. For that reason alternative medicine or Allied medicine the opportunity is growing. I personally can only see professions like Chiropractic becoming more and more popular. The solution with western or traditional medicine, are looking for other solutions for the healthcare problems. A lot of that is driven by the traditional medical GP or doctor being able or not been willing to spend enough time listening to their patient. Whereas I think some of the Allied Health professions provide that. That's one reason why I think there's that shift and why I think there's a disillusionment with the traditional GP. So I can only see the Chiropractic profession growing, unless the economic factors prohibit that, like the national health insurance and you lose whatever funding you have from the health insurance; and it becomes purely a privately funded transaction, when the patient pays you privately; which I always think that is much harder than the medical aids paying.

a. What factors would hinder and facilitate the development of Chiropractic as you propose?

Facilitate as I said more research. I mean more scientifically evidence based research with good methodologies, sound methodologies. I think any profession that any person

has to market themselves. Chiropractic would do more to market themselves and I'm not just picking on Chiropractic, all professions can market themselves better. I think it's going to be the economy, the economy climate and the national health insurance are the two major hindrances to the growth of Chiropractic.

Dr Korporaal

Q. 1 Experience

Has your experience of Chiropractic been positive or negative and why?

I would say probably more positive than it has been negative. To substantiate that would be I think that the development that I've seen in the last 7 years, have been for improvement within the profession, and have gained a lot of credibility for the profession in various circles. A lot of those are principally from an educational perspective, which is the portfolio of all of CASA, but also just in terms of things like medical aids, medical aid coverage and all those types of things. So in totality I would say more positive than negative.

Q.2 Role of Chiropractic

From a public (or medical doctors or chiropractors) perspective what is the role of the Chiropractic profession in today's healthcare system? What reasons would rank in the top 3 for a patient to seek Chiropractic care?

I would go from the point of view of in terms of the practitioners and the way they are trained in South Africa at this point, they have two potential roles that they can fill; one is a diagnostic, one is a principally treatment perspective. So in Chiropractic we tend to define ourselves principally by how we treat and not by how we assess patients. A lot of people will define themselves by the treatment modalities that they use or don't use, which is where a lot of problems come in. But, I think that if we were to play a greater role in public healthcare it would have to be a blend of both the diagnostic and the

treatment abilities, purely because of the case mixed with patient types that we see in the South African context is different from over-seas.

I think that would depend entirely on which way the profession is going to move, in terms of the emphasis on the diagnostic or treatment outcomes. Because if you are going to have a diagnostic person, the top three conditions could be anything, because they are principally coming to see you for a diagnosis, referral and treatment. If you focus on the treatment only option then it will be principally musculoskeletal in nature or musculoskeletal/pain related. So, it's difficult to say that there's particularly three top conditions when I don't think the profession has defined exactly what sort of mix between those two, if they are mutually inclusive, mutually exclusive or a blend between them are the way to go. I think that if you are looking at a principle entry into a public system the emphasis would have to be on a diagnostic level, in order to assist the public domain with their problems that they have currently. The treatment at this point would be an add on, however if you look at the discussions that I've had with some medical people principally the queues outside hospitals are chronic pain related issues, so maybe diagnostic will be a portion of dealing with that, and then the next step would be to look at the issues related to treatment, maybe assisting with the pain related treatment of musculoskeletal care. At this point in time I wouldn't make the top three reasons diagnosis related, I would make them: to go to a practitioner to seek advice, to seek a diagnosis for any presenting condition and advice on treatment and/or referral, the lastly, the most obvious would be the one of treating the patient for a particular musculoskeletal condition.

Q.3 Perception of Integration

What is your perception of the Chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.

I would say it's in its baby stages. In terms of network and inter-referral I think within KZN the structure is relatively sound and relatively strong, but if I'm looking at a public

healthcare sector it's relatively weak. If you look at the individual practitioners out there they all have relations with doctors and other medical personnel from the HPCSA. So, in that regard there's a strong inter-referral network, but again it's the private doctors and the private Chiropractors that are networking together. In terms of public there's very little interaction and that's purely dictated by the acts and laws that govern public service structures, not so much the actual Health Professions Council individually as much as the institutions.

Q.4 Factors affecting integration

What factors are affecting integration into the KZN healthcare system?

The act and the laws are a problem. If you are defining the healthcare system in terms of a public healthcare system; A it will be the acts, purely because of a relationship to malpractice, public indemnity insurance, and those types of things. Secondly I think it is in part ignorance of people who run those systems in terms of what Chiropractors or other Allied Health Professions could bring to the system. That is fairly evident from previous research, were they actually had no idea about what Chiropractors did. Those are the people who run the systems that are enacted. Other than that I think there are positive enabling factors purely because there are people that are starting to recognise the mandate of the world health organisation were healthcare currently is in a crisis mode. They have no doctors, they are losing nurses, they are haemorrhaging specialists because the public healthcare sector doesn't have the infrastructure to finance to retain the people, or they have the finance and are not using it appropriately. They are now looking beyond their boundaries to try and find people, under the WHO mandate, and because of their constraints to assist them to keep the system together. They are at a point now where they have no choice. So, those are factors that will, in the next four to five years, will affect where we stand within healthcare in South Africa, potentially KZN.

Q.5 Benefit of Chiropractic

What benefit, if any, would Chiropractic offer in the healthcare system?

Well, I think it would in affect be a cost saver. Going back to the queues outside all the various hospitals; those people who come for repeat chronic medication for pain and things that cannot be alleviated in any other way. If Chiropractic could treat 50% of those people from the musculoskeletal pain control perspective you have saving of the doctors that would more efficiently be able to deal with cases that really need care. You have less medication expense. You are spending it on one doctor who's taking out a huge amount of having to employ ten pharmacists and everything else in the system, so in terms of the benefit to the system there are a lot. In terms of benefit to the patient means you are not going to get co-morbid conditions like stomach ulcers, and other things that come with repeated chronic medication use.

Q.6 Current strengths, weaknesses, opportunities and threats of Chiropractic

What are the current strengths, weaknesses, opportunities and threats of the Chiropractic profession in KZN?

I think the strengths are that we have a core group of practitioners that are very much evidence based centred. I can't say that all of them are, but the majority are of that mould, which allows for greater collaboration with medical professionals. In terms of DUT being in KZN I think the fact that DUT has good relations with the medical school, with key medical personnel, with government and that type of thing is also strengths which would not be evident in, let's say Cape Town, Western Cape, Eastern Cape and that sort of area.

In terms of weaknesses I think the apathy of practitioners to get involved when they are requested to participate in activities that have an impact on integration, or lack thereof, is sometimes a problem. I suspect that if, let's say for example we do get access into hospitals through the NHI or some other mechanism, the roll out will be national, so we won't have the numbers to deal with it. So we would have to do a role out on an annual

basis, which maybe the health department doesn't want, they may want a global blanket, I don't know. It all depends on how it pans out.

Opportunities are huge; it's just taking calculated risks to take advantage of those opportunities, and making sure that the calculations are such that you are on safe ground most of the time. It's not like the profession wants to take the gamble, or the majority of the profession wants to take the gamble to bridge and go from Allied Health to Health Professions council, that gamble has more cons than it has pros. Getting included into the national health insurance will allow us access into public hospitals is a gamble that has less cons and more pros. It's one of those how you calculate your risks to get maximum benefit without any disadvantage to the profession.

I think that the biggest threat is ignorance in this country to be very honest. As much as we do in terms of education of people we are less than 0.01% of the entire populous. If you are looking at general stats you need to be 11% of the population before you can start making an impact. We are nowhere near 11% to make any impact. So I think that the biggest threat is for us to grow within the constraints that we have, without burdening the private sector but maximising what we have to impact on the private sector.

Q.7 Chiropractic profession in 10 years

After having discussed the various aspects of the Chiropractic profession in this interview, where do you see the Chiropractic profession in KZN in the next 10 years?

I would say it would depend mainly on the next year and a half, maybe two years, or this next electoral period to see where we go in the ten year time frame. If we do get into the hospitals through the NHI or another mechanism to enter hospitals, I think that the outreach of the profession would be a lot greater and the integration in terms of co-operative work, research and all that sort of stuff would be a lot greater. Having said that if it doesn't happen in ten years time I don't think that would be a negative thing, because there are still huge areas within KZN, and South Africa generally, that have absolutely no Chiropractors. I mean if you think about it the first Chiropractor to be in the

Freyheid Dundee area is only recently qualified. There's been no one from Howick to Blomfontein. In that ambit there's been no one, so the expanse of the development of the profession; if we can get people out into more the smaller towns, not necessarily the rural rural, but into the smaller town where there is nobody, that potential still exists, and I don't think there will be any market saturation not, at least, in the next ten years, that is a given.

a. What factors would hinder and facilitate the development of Chiropractic as you propose?

If we go through the NHI or the hospital access route then that would facilitate development in the public sector that we never had before. Whereas if that doesn't happen that would be a hindrance. I think in terms of general development the profession still has huge ways to go. If you compare Davenport Iowa to here, Davenport Iowa has almost a 1000 Chiropractors in a space that's maybe four times the size of Durban. If we apply the same ratio here you've got 70 times 4, is 280 in a space of what would be Davenport. So in terms of populous and population ratios, in terms of masses, there is still a lot of growth. If you look at the Chiropractic Diplomatic Corp website they project that South Africa should have a minimum of 2500 Chiropractors, and we are barely making 500 at the moment.

Dr Mayet

Q. 1 Experience

Has your experience of Chiropractic been positive or negative and why?

My experience of Chiropractors has always been positive. In DM cases that need Chiropractic care I have referred patients to the Technicon. In diabetes you always need a Chiropractor.

Q.2 Role of Chiropractic

From a public (or medical doctors or chiropractors) perspective what is the role of the Chiropractic profession in today's healthcare system? What reasons would rank in the top 3 for a patient to seek Chiropractic care?

My perception is specific and specialised as far as foot care goes. They are absolutely important for foot care. We need to have a Chiropractor around to have a look at patients feet minimum annually, and I think three monthly if there is a problem. Foot care is high on the list for Diabetes.

General foot care; to check on the monitoring of other problems that could occur in patients with Diabetes.

Q.3 Perception of Integration

What is your perception of the Chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.

Having worked without one for a few years makes us know how important it is for us to have Chiropractors in our clinic. They are an advantage first of all to the patients if they need to have their Chiropractic problems sorted out, and to the healthcare giver because then it takes load off the education and the follow up of patients.

Q.4 Factors affecting integration

What factors are affecting integration into the KZN healthcare system?

I think first of all that we aren't aware of the importance of the Chiropractic profession, secondly they have always said that there isn't a budget to accommodate Chiropractors. I think those are the two main ones. There may be problems with space.

Q.5 Benefit of Chiropractic

What benefit, if any, would Chiropractic offer in the healthcare system?

Foot care and I'm sure any other orthopaedic problems. I think there are lots of musculoskeletal problems that patients have that can be sorted out by a Chiropractor rather than make specific appointments with an orthopod or a special clinic, maybe a rheumatology clinic where the rheumatologist needs to deal with certain issues, but I think there is definitely a place. I think any musculoskeletal input or any musculoskeletal bent on medical problems needs to be helped by a Chiropractor.

Q.6 Current strengths, weaknesses, opportunities and threats of Chiropractic

What are the current strengths, weaknesses, opportunities and threats of the Chiropractic profession in KZN?

Well, we don't have any Chiropractors. When we did have a Chiropractor on our clinic he took care of all the foot problems. He picked up problems early and could be sent along to the surgeon early if necessary were as because our clinics are so overloaded we sort of remember that we need to do foot examinations. When we had a Chiropractor on board he was there every once a week to see all the patients and because I had new patients on a specific day he would also be there on that day. So I think the whole thing here is to pick up problems early. I think Chiropractors are well educated, I think that the MOs need to be educated about Chiropractic services. They tend to just poo poo them. But I think in the long run if you are going to be preventing long term complications it becomes very important, besides musculoskeletal problems, to identify these long term problems which financially adds to patients burden I think we really need to catch these problems at base. I don't think there are any threats. Opportunities like I say Chiropractors can identify problems early and prevent long term effects or complications which in most cases are more important than the original pathology. So then they reduce the burden on the patient and add to the resources.

Q.7 Chiropractic profession in 10 years

After having discussed the various aspects of the Chiropractic profession in this interview, where do you see the Chiropractic profession in KZN in the next 10 years?

I think privately Chiropractic should grow if they market themselves properly but I don't know about state. That's another ball game. And this is because they tend to poo poo the profession. I think if the other healthcare providers are educated then maybe they will get somewhere.

a. What factors would hinder and facilitate the development of Chiropractic as you propose?

Educate the healthcare providers, educate the powers that be, educate the people who are doing the budgets. So they will really need to go through all the tears of management before they get to where they want to be. So the hindering factor is a lack of education and a lack of awareness of your services.

Dr Naidu

Q. 1 Experience

Has your experience of Chiropractic been positive or negative and why?

I've had very little experience with Chiropractors, both in the public and in my private life. I have never visited a Chiropractor. None of my immediate family members have visited a Chiropractor. I've only learned about Chiropractors through the interaction of people, especially students who I have met, who when I asked them what are they studying they have told me Chiropractic. So my conversation with them it deals with

musculoskeletal problems and they study six or seven years, as I recall. It involves mainly spinal problems and manipulation of joints and things like that. So personally I must say I'm limited in terms of exposure to this particular field. So my experience is neither negative or positive, it's more neutral.

Q.2 Role of Chiropractic

From a public (or medical doctors or chiropractors) perspective what is the role of the Chiropractic profession in today's healthcare system? What reasons would rank in the top 3 for a patient to seek Chiropractic care?

Looking at the limited knowledge that I have, I would think that I see it fitting into a similar line like physiotherapy, similar to that field. It's all allied sciences, so I would regard it as one of the allied health sciences as well. They can tend to spinal problems and manipulations so it's also what physiotherapists do. One problem that I have is how do they complement each other, do they do something different? That's where I need to know more information in what are the differences between Chiropractors and physiotherapists. I may know about physiotherapy but I don't know the difference with Chiropractors. You don't want to have two sets of professionals doing the same job, but if they can complement each other then that's fine.

What I have seen from families and friends, when I ask them why have they gone to see a Chiropractor? They answer and say that they have been to an orthopaedic surgeon and they were getting no joy, I've been to a physiotherapist and I'm getting no joy, but I've been to this Chiropractor. I'll give you an example, my friend she got pain relief from this person. I'll be honest, I've been almost tempted to take my wife because she's got a spinal problem and, you see, they deal in that particular field. I'm certain that in Chiropractic there may be some person whose particular field will be the lumbar spine, just to give an example. Like you get orthopaedic surgeons who specialise in the shoulder joint, and lumbar spine etc.

Q.3 Perception of Integration

What is your perception of the Chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.

Again, I think what we need to get is first of all, to say to be integrated, what is it based on, what do Chiropractors usually do, do they add value to the treatment of a patient. I do believe, from what I've seen that people have got relief from it. It seems like it can play an important role in integrating it into the healthcare system. I'm certain that maybe in other countries, I don't know and have never delved into what the role of Chiropractic is in other countries, are they integrated into their health systems, I don't know. Maybe they are - we need to look into that. If they can add any value to a patient's health, then why not. So I can't say yes or no. That would be very ignorant.

Q.4 Factors affecting integration

What factors are affecting integration into the KZN healthcare system?

I suppose the Chiropractic association would need to motivate very strongly and say yes we can play a very important role in terms of healing a patient and this is what we can do, and we have a supportive or complimentary role to physiotherapists and we will work together in terms of a multidisciplinary team approach. So they would have to put in a strong presentation. I don't have enough knowledge on Chiropractic in order to know what factors are affecting integration.

Q.5 Benefit of Chiropractic

What benefit, if any, would Chiropractic offer in the healthcare system?

I've really covered this question already. What I have seen from families and friends, when I ask them why have they gone to see a Chiropractor? They answer and say that they have been to an orthopaedic surgeon and they were getting no joy, I've been to a physiotherapist and I'm getting no joy, but I've been to this Chiropractor. I'll give you an

example, my friend she got pain relief from this person. I'll be honest, I've been almost tempted to take my wife because she's got a spinal problem and, you see, they deal in that particular field. I'm certain that in Chiropractic there may be some person whose particular field will be the lumbar spine, just to give an example. Like you get orthopaedic surgeons who specialise in the shoulder joint, and lumbar spine etc.

Q.6 Current strengths, weaknesses, opportunities and threats of Chiropractic

What are the current strengths, weaknesses, opportunities and threats of the Chiropractic profession in KZN?

Again, as I said that many people have got joy and relief from Chiropractors. They've been to health practitioners and have got no joy, and they've come up. So that means that something must be good out there, when they have got joy. Then you get stories of where they went to Chiropractors and they have got no joy as well so I really can't say. I think I've covered that as well. So if they can add value and work in a multidisciplinary team approach, not necessarily the orthopaedic surgeon maybe there are other fields they can work with. So, I would say that if the Chiropractic society were to meet with the department, including the Health Professions council as well, and do a presentation and say that we need to be integrated and considered like the other health sciences, like physiotherapy, occupational therapy etc...People can then interrogate what you are saying, and those who have some reservation about Chiropractic can say hang on, we still don't see the value because we are not convinced that the role you are playing is going to add value.

Opportunities in terms of if there is no such threats in terms of physiotherapists saying hold on, I think we can work complement each other, an opportunity to increase the capacity of the team, where you are getting more stakeholders or more role players involved in the management of the patient and better outcomes for the patient. Then I feel that, besides an orthopaedic surgeon, I'm talking about a neurologist, you can work as a team as well.

I don't think there will be any threats coming from the medical field, but I'm not certain how the physiotherapists would look at this. An example I will give you is that in the field of dentistry you have dentists, dental therapists and you have occupational hygienists. Now the dental therapists have a four year training course, but they are able to do certain procedures that a dentist can do, for example extractions. So sometime you get this common problem where the dentists say that the dental therapists are taking our business away. Similarly now, if we go back to the physiotherapists, they will say now hang on why do we need the Chiropractor to come and do the stuff. So there may be that perception. I'm not sure about OT, because that's a slightly different field, but maybe that does cross into Chiropractic.

Q.7 Chiropractic profession in 10 years

After having discussed the various aspects of the Chiropractic profession in this interview, where do you see the Chiropractic profession in KZN in the next 10 years?

It's difficult for me to say because as I said I have limited knowledge, and limited interaction. My interaction is limited to that of some students and friends and family. I think that question needs to be dealt with by the Chiropractic society as well. They need to say where do we see ourselves going from here. I would think they need to benchmark themselves against other Chiropractic societies in other parts of the world and use that as an example to strengthen their case, and say hang on this is what's happening in other countries, why should we be different. There were many professions who were not recognised as disciplines, specialist disciplines in medicine. One example would be family medicine. It took them a long time to be recognised by the Health Professions Council as a discipline. So science is a dynamic thing, there is always a change. So it doesn't mean to say that because 20 years ago Chiropractic was on the borders or fringes on health sciences that it must remain so, because I certain that developments have taken place. The length of study one wonders, its 6 years, so they spend a lot of time studying similar subjects like anatomy, physiology and things like that. So it's such

a long time and such a long course, so they must be pretty clued up in human anatomy and physiology and things like that.

a. What factors would hinder and facilitate the development of Chiropractic as you propose?

Chiropractors aren't promoting or educating the public. I think that Chiropractors need to put forth a concerted effort to go out and educate people about the do's and don'ts. An example would be traditional healers; they have all sorts of limitations. For example if someone has got TB a traditional healer should not fool the person and say that I can treat you and cure you. There's only one way to treat TB and that's through the intervention of TB drugs. Similarly the Chiropractors will have limitations. You wouldn't go and do certain manipulations on the neck, for example, without getting the advice from an orthopaedic surgeon or neurosurgeon as well, because there is the possibility that you could do more harm, that's where physiotherapy takes it's guidance from. When you go to a doctor with a spinal injury, whether they are an orthopaedic or neurosurgeon, he normally puts you on treatment and then gives you a referral letter to a physiotherapist to please do this. Sometimes this is discussed as a team, because sometimes the orthopaedic or neurosurgeon may think he know is all, but we are all learning. He may recommend this manipulation but the physiotherapist comes back as says that if we pursue this it may cause more harm. Similarly I would think the Chiropractor, if they were accepted into the integration into the state health, and they worked as a team, and take advice; basically I would see things would work as a multidisciplinary team approach. So I think education, promoting yourself and making a case to the health department and the Health Professions Council of South Africa. I think the balls in your court, because there may be other medically qualified people who know more about this, but honestly I don't know enough about this.

Dr. Shaik

Q. 1 Experience

Has your experience of Chiropractic been positive or negative and why?

On the education side of things; generally it's been very positive. There are quite a few developments, we are always getting positive reports from the external committees, the staff here are camaraderie, you know trying to better their qualifications trying to keep up to date. So with respect to that part of things I think its ok. There are a few little things that we need to work on like more interaction with the health committee or the health ministry so that we can be fully integrated. I think that is something that we can work on. From a personal point of view I think from my interaction with patients they generally have very positive outcomes or results. Patients are generally happy with Chiropractic. From a publics point of view I think there we would say it's also positive but there we can do some work in terms of publicising Chiropractic and its role in the community. So far we haven't had any incidences surrounding Chiropractic negative publicity, it has been especially positive.

Q.2 Role of Chiropractic

From a public (or medical doctors or chiropractors) perspective what is the role of the Chiropractic profession in today's healthcare system? What reasons would rank in the top 3 for a patient to seek Chiropractic care?

Well, historically the Chiropractic profession is described as a drugless profession and encourages a very healthy lifestyle, and incorporates various modalities, manipulation, electrotherapy etc... nutritional supplementation as well, but I think in South Africa we have to look at in the broader context of the social situation, socioeconomic situation in South Africa were you find that a significant segment of the population doesn't have access to Chiropractic and doesn't even know about it and also the cultural beliefs are very important and needs to be taken into account and I know from my interaction, for example with the black population, they are very much into medicine, appointments,

pills and you find that generally if you don't prescribe that they don't tend to come. So yes we can definitely play a role in treating musculoskeletal conditions especially those of mechanical origin. Obviously the pathological conditions need to be treated by a specialist or someone in the medical field. We can get involved in rehabilitation. Post surgical rehabilitation, I think, is another huge area where we are simply underutilised, but I think that will be if we have talk about access into a public healthcare system, such as the hospital. Our role can also be used in terms of educating the public about general healthcare, and I also feel in doing that we may need to broaden our scope of practice. It started off with, you can't prescribe over the counter medication and I think lower schedule drugs, injectables and natural medication we can involved in more, and thereby playing a more integrated role in the public healthcare system.

Well the most important reason is if the patient is in pain. Generally you find that Chiropractic being historically associated with back pain, and neck pain, people that have being involved in whiplash incidences and falls or back pain of unexplained origin will generally come to the Chiropractor for that, provided they have heard of a Chiropractor, or they would go to a physiotherapist or a medical doctor. Other reasons why a patient might come is for their rehabilitations and for sports injuries. Another possible reason why is because Chiropractors are known a holistic practitioners and patients find that they interact or talk with them, so for general advice people will come to Chiropractors.

Q.3 Perception of Integration

What is your perception of the Chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.

I think it's very weak at this point and I'm not really sure where the problem is. Whether it's the healthcare ministry or if it's the Chiropractic profession, because every ones

afraid of taking the first step. There's smatterings of communication but nothing that's formal. There's no linkage basically, so as a result of that we are seen as outcasts and we are not even seen as part of the ministries plans for the future. The Chiropractic profession is keeping very quiet about this. For some strange reason we are not taking the first step.

Q.4 Factors affecting integration

What factors are affecting integration into the KZN healthcare system?

It's probably related to a lack of knowledge, a poor perception of Chiropractic, or poor communication. I certainly think that's one area that we can work on.

Q.5 Benefit of Chiropractic

What benefit, if any, would Chiropractic offer in the healthcare system?

Well, if you look at the general healthcare system it's almost in the state of collapse. Musculoskeletal conditions, rheumatological conditions, trauma play a huge role in burdening the healthcare, especially the public healthcare system almost to the point of collapse. So you find that doctors and nurses they appreciate any help that will come. I think as Chiropractors we have the training, the knowledge and the know-how to get involved in these types of cases that I mentioned earlier. Adding to that surgical rehabilitation, not only of the back but also of the extremities. We can get involved in treating cases of arthritic conditions, so that these patients don't become over reliant on medication, in exercise therapy, nutritional advice, and back pain of non pathological origin.

Q.6 Current strengths, weaknesses, opportunities and threats of Chiropractic

What are the current strengths, weaknesses, opportunities and threats of the Chiropractic profession in KZN?

I think our strengths is based on the way we practice especially from the educational side, we are evidence based. So you find that we are up to date. We don't practice anything that is wishy-washy. At least, we don't encourage it here. To a certain degree there is some unity among Chiropractors, I think that is a strength as well.

I think that one of the weaknesses of the Chiropractic profession is that it generally tends to stay very close nit and a closed body. For some reason its not gelling with the heathcare ministry and the public healthcare system.

Theres a lot of opportunities. If we combine the practitioners, academics, and if we combine the people who are involved in law and ethics and so forth we can present a combined front to the ministry and get involved in the healthcare system. So the opportunity for Chiropractic expanding into communities that have never heard of Chiropractic or hardly had any contact with them is tremendous. We could expand into these communities by having satellite clinics where we offer services to the community. I think also translation of brochures into the local languages, and make them quite simple. Also getting involved with doctors and nurses in those communities and educate them about the role we play and how we can help, so that they can refer patients as well. When we approach the minister with a proposal we have to make sure that is sound, it's concrete, it's workable, it's not going to be any tremendous cost. So we've got to emphasize the cost effectiveness also. That's important in any healthcare profession.

Threats can come from within the Chiropractic profession. If we are just quite content to go about our ways, especially when we talk about the academics who produce the Chiropractors, the practitioners who go about every day practicing, we could become too complacent not concerned about moving forward. I think another threat is that we don't recognise that socioeconomic and cultural environment that's unique to South Africa, so we need to adapt to that as well. We also need to make sure that our dialogue with other members of the healthcare profession is continued because if we don't we can easily get smaller. I think that another threat is the physiotherapy profession, because there's a big tussle with physiotherapists being involved in manipulative work,

so there's a bit of antagonism. Since physiotherapy is a little bit more favoured by the medical profession they have the power to break Chiropractic down.

Q.7 Chiropractic profession in 10 years

After having discussed the various aspects of the Chiropractic profession in this interview, where do you see the Chiropractic profession in KZN in the next 10 years?

Ideally I would like to see it as part of the integrated healthcare system. I would like for us to be fully accepted by the medical and healthcare insurance system. I see us being involved in not only the urban areas but also in the rural areas. The problem we have is that we have to encourage people to go to those areas. The internship requirements will probably change and become more aligned in the medical internship that is in place.

a. What factors would hinder and facilitate the development of Chiropractic as you propose?

Hindering factors, as I said earlier, can be internal or external. If we don't start talking now we probably will never do it. Facilitation would be for us to take the first step. There is talk amongst various government levels about the need to radically change the healthcare system so that all South Africans can benefit. If we can emphasize how that the majority of our population can actually benefit from this, and at the same time emphasize its safety, and cost effectiveness, and the fact that we are not out to encroach on any one's turf, then we can go a long way in having Chiropractic fully integrated into all levels of healthcare in this province and in South Africa as well.

Mr Maharaj

Q. 1 Experience

Has your experience of Chiropractic been positive or negative and why?

Positive, very positive in fact because I've been treated by Chiropractors, and the treatment has been highly successful, it has relieved me of excruciating pain which my GP could not help.

Q.2 Role of Chiropractic

From a public (or medical doctors or chiropractors) perspective what is the role of the Chiropractic profession in today's healthcare system? What reasons would rank in the top 3 for a patient to seek Chiropractic care?

Chiropractic has a fundamental role to play in terms of relieving pain, especially in my case back ache, muscular pains and also sports injuries. Chiropractic has a very big role to play but I think that there has to be some announcement of public awareness of what Chiropractic has to offer.

Chiropractic has to get to the root of the problem, to isolate the area of pain and then actually to cure, or to put it right. I went to a doctor and got an injection, but the pain didn't really go away.

Lower back pain, neck pain, and then the rest of the musculoskeletal pains.

Q.3 Perception of Integration

What is your perception of the Chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.

I believe it must be integrated, because it's very affordable. That would mean a greater accessibility to the healthcare. To make it accessible to the general population it has to be integrated into the general healthcare system. This has to be because it is very effective, it's very efficient and it's cost effective, it's very affordable.

Q.4 Factors affecting integration

What factors are affecting integration into the KZN healthcare system?

I think, you know, people in authority do not have the correct perspective of Chiropractic. They have perceptions, but perceptions don't really help. I think people do not have the necessary information or knowledge of how effective Chiropractic can be. In my opinion there has to be some very vigorous marketing. If people are made aware, if they have knowledge of something they will then understand and appreciate what Chiropractic can do.

Q.5 Benefit of Chiropractic

What benefit, if any, would Chiropractic offer in the healthcare system?

The benefits are many, because I believe that the healthcare system is designed to relieve pain, and to provide healthcare that is affordable to as many people as possible, including the poorest. Now, because Chiropractic deals with ailments that are very common, that the majority of people suffer from, I think in that respect Chiropractic can play a big role to help to relieve pain and suffering, where the majority of people are concerned. Chiropractic deals with ailments and virtually every sector of a person's health.

Q.6 Current strengths, weaknesses, opportunities and threats of Chiropractic

What are the current strengths, weaknesses, opportunities and threats of the Chiropractic profession in KZN?

The strength, I believe, is that the people studying Chiropractic, studying from the universities, are highly qualified, they are actually doctors so that where the strength is. This inspires comfortableness in the patients.

The weaknesses are that, in my opinion, lots of people haven't even heard of Chiropractic.

The opportunities, there's lots of opportunities; I really think that the sky's the limit as far as Chiropractic is concerned. The opportunity comes because of the challenge that is

there. Once you make people aware of this profession, it will open doors; it is not a saturated market. That's what Chiropractors opportunities is, because it will open doors for people who open doors for the profession. This long road is suitable for Chiropractic once the doors are open, and I think that's where the gates of opportunity lie. It's not a profession that has reached the sealing. I really think that it's the beginning of a long road for Chiropractic.

Some people believe that the only people who can treat pain, lower back pain, and so on are GPs and physiotherapists. Those are perceptions that can easily be dispelled with knowledge.

Q.7 Chiropractic profession in 10 years

After having discussed the various aspects of the Chiropractic profession in this interview, where do you see the Chiropractic profession in KZN in the next 10 years?

I can see phenomenal growth, because I have the opportunity of meeting students and lecturers, and I see a very committed group of people who can really drive Chiropractic to a position that it deserves. I can see Chiropractic really growing, because to me it's a highly organised profession, I've seen the level position; there are lots of dedicated people and I can only see it growing from strength to strength in a very systematic way. I think that's very important to take it step by step, and I can see Chiropractic doing that.

a. What factors would hinder and facilitate the development of Chiropractic as you propose?

Some of the practitioners do not do a good job, and people talk; but I haven't come across any Chiropractor that has given the profession discredit yet. I've seen young people who are going ahead.

Facilitate is I think, it's more marketing and more importantly the practitioners themselves doing a decent job. They actually treat the patients where people start talking and word of mouth is the best advertisement you are going to get. I'm one of

them, I'm a walking testimony of the effectiveness of Chiropractic, because it has helped me. People like me talk to other people and that I think is really good to facilitate Chiropractic to the heights, above the normal markets.

Mr Manley

Q. 1 Experience

Has your experience of Chiropractic been positive or negative and why?

Positive. Over the years I've found them to have been very beneficial. I've had a look at normal type medicine, especially your normal aches and pains. I drive a lot and so it's actually relieved a lot of stress and pain, especially in my shoulders and also once I developed tennis elbow and that was sorted out as well.

Q.2 Role of Chiropractic

From a public (or medical doctors or chiropractors) perspective what is the role of the Chiropractic profession in today's healthcare system? What reasons would rank in the top 3 for a patient to seek Chiropractic care?

Very concerning because the general perception is that it's not the first line of call. From the average GPs point of view it's also not the first point of call. Most GP's will give a voltarin and tell you to live with it. They don't see it as a means for solving issues or sorting out perceived problem.

Word of mouth and previous experience are the two biggest ones as far as I'm concerned, and then just people deciding that they are not going the surgical root, or just trying something else.

Normally aches and pains, and bone or tendon type problems.

Q.3 Perception of Integration

What is your perception of the Chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.

At this point in time there's, speaking to all the guys in top levels and down. Most of them are very dubious that they have no concept of what Chiropractic is about and as a result there is the consideration that it is not a scientifically proven area or speciality. Chiropractic should have been integrated years ago. The problem is that they are not actually integrating because the general medical schools do not consider it part of the holistic treatment for the problems.

Q.4 Factors affecting integration

What factors are affecting integration into the KZN healthcare system?

There's a blockage. If you can get the blockage out the way then it will slide in easily, but you need to get it from the top down, as well as from the bottom up. From the top down you need to start at the departmental heads, the minister those people pushing it down from their side. As well as from the hospital side where actually you are getting involved in the hospitals promoting what you do, which isn't been done at the moment.

Q.5 Benefit of Chiropractic

What benefit, if any, would Chiropractic offer in the healthcare system?

The thing is it would reduce the amount of voltarin being used throughout the system. Its the area where once the problem has been dealt with a lot of the medicines being used won't be used anymore, like the anti-inflammatories and so on.

Q.6 Current strengths, weaknesses, opportunities and threats of Chiropractic

What are the current strengths, weaknesses, opportunities and threats of the Chiropractic profession in KZN?

Well they are very well trained, they have a tremendous amount of ability. But the problem is that although they are trained they are not perceived by the general GP and medical professional as such, who consider them as being like 'quacks'. The perception from medical schools whether it be Pretoria, Blomfontein, Cape Town, and around the country, even here in Durban is that you are 'quacks' and that you don't really know that much. Opportunities are going to mean knocking on doors and showing these guys what you are capable of doing. There are massive opportunities, but it's going to mean that you are going to have to get in there so they recognise that you have some valid reasons for being in the profession that you are in. Threats are because of the control that they have in medicine they can very easily say that they dissociate and lay charges on whatever is done on Chiropractic return, and say that you are causing more damage than you are actually healing. That is a big threat because they have tremendous clout with governmental sources.

Q.7 Chiropractic profession in 10 years

After having discussed the various aspects of the Chiropractic profession in this interview, where do you see the Chiropractic profession in KZN in the next 10 years?

I'd love to see it developing into something worthwhile. Provided you get your ducks in a row and get recognised I can see it can be a tremendously beneficial part of our normal healthcare services.

- a. What factors would hinder and facilitate the development of Chiropractic as you propose?*

Knocking on doors in Natal, and the rest of South Africa, and talking to the medical directors and the ministers of health in the different provinces, putting your case forward, and actually running a bit of treatment sessions free of charge, at the top level, who will recognise that you are valid.

If they don't get their ducks in line then they are going to be sitting there for the next ten years still sitting in the same situation where Kimberly accepts you and that's about it.

Professor Vowda

Q. 1 Experience

Has your experience of Chiropractic been positive or negative and why?

As an educator I've found it to have been extremely positive. I haven't had the opportunity of being a patient to a Chiropractor. I've had a very positive experience with Chiropractic. I've found that their knowledge base is very extensive, they have dedication which is an essential element of practice which should be present in all health professions. The other reason is that I've found that the Chiropractic students, that I've interacted with over the years that I have lectured, have been very interactive in terms of motivation and application of knowledge.

Q.2 Role of Chiropractic

From a public (or medical doctors or chiropractors) perspective what is the role of the Chiropractic profession in today's healthcare system? What reasons would rank in the top 3 for a patient to seek Chiropractic care?

I have a strong conviction that Chiropractors need to play a larger role than they are presently playing and their needs to be more holistic management of all patients. Chiropractic, in my opinion, should do a manipulative type of treatment and you find that with the cost of medication so high, noting their side-effects and a large population out there with musculoskeletal problems including arthritis. I feel that, that is where Chiropractors would play an extremely important role in the management of a patient, either on their own or in association with a traditional medical practitioner. That is where the holistic input comes in from a Chiropractic side.

Stress number one, number two trauma, and thirdly back ache problems.

Q.3 Perception of Integration

What is your perception of the Chiropractic profession, compared to all HPCSA professions available to you, in terms of integration in the KZN healthcare system? Substantiate your answer.

I would strongly advocate that, and I have always spoken out at various public forums that we need to integrate Chiropractors into the mainstream medical profession.

Q.4 Factors affecting integration

What factors are affecting integration into the KZN healthcare system?

I think it's a combination of a close shop between the traditional healthcare professions who have always looked upon alternative healthcare practitioners, like Chiropractors, with a certain degree of distaste and that is propagated down the line that Chiropractors don't have an important role to play. But I feel the time is ripe now for these sort of dogmas to be discarded and for Chiropractors to come onto the mainline health professions. This view is changing, but very slowly. Part of the problem for the slowness of change is the fact that the great institutions that teach traditional medical syllabi and health professions has not highlighted what the Chiropractors do. I personally didn't know about it until I engaged in the Durban University of Technology in the teaching and education of Chiropractors.

Q.5 Benefit of Chiropractic

What benefit, if any, would Chiropractic offer in the healthcare system?

Firstly, I think, it will give the patient the option of having an alternative modality of treatment where the traditional healthcare professions have not been able to alleviate the symptomatology, so there's an alternative modality of treatment, that's the first thing. Secondly since you are all primarily don't deal primarily with medical therapeutics, your

medical measures will benefit the treatment and benefit the patient in terms of stress, headaches, muscle spasms which accompanies various other problems, such as psychosomatic problems. So they have a role to play. The other reason is there's always room for another opinion to be expressed on a patients chronic problem, and that is where I feel that if you are brought on board as an official healthcare professional team to be integrated into the other main-line health professional teams. That would help in terms of alleviating the patients problems, and managing the patient holistically.

Q.6 Current strengths, weaknesses, opportunities and threats of Chiropractic

What are the current strengths, weaknesses, opportunities and threats of the Chiropractic profession in KZN?

Current strengths is that Chiropractors are highly qualified and highly trained in musculoskeletal problems, as I see it, and I think that would be a strength because the life expectancy of patients in general have increased, not talking about HIV and AIDS, but generally over the last 15 years the life expectancy of patients has increased. When that happens you find that the degenerative musculoskeletal problems are a prominent feature medical care and this is where Chiropractics can come in. Because unless you are involved in orthopaedics as a speciality general practitioners that qualify are not really conversant with the musculoskeletal problems as such and generally most of them are given, most of the patients, are treated with NSAIDS, and calcium supplements. This is where Chiropractors can come in and that would be a tremendous threat of that particular field of health professions.

Weakness, I feel, that Chiropractors, again, based on their training from different institutes, not particularly in DUT, but in some other institutes, is that they may not be trained in general diagnostic medicine because they might not have seen a patient or interacted with patient histories and so on, in terms of in general health. That would be a weakness, and perhaps a greater input into general exposure to a whole range of medical conditions would overcome that particular weakness.

Opportunities for Chiropractors are limited at the moment, because the general public does not fully accept Chiropractors as part of the healthcare team. This is reflected by the fact that my department, I've got several Chiropractors who are part of my temporary part-time staff, who are engaged in the teaching of my medical students, so it shows me that while the Durban University of Technology are training Chiropractors the job opportunities out there are limited. I think that would mean that the opportunities available to Chiropractors are limited. The other point is that the Natal Technikon, as it was called before the Durban University of Technology, was kind of segregated and therefore the number of Chiropractors that it produces varies from a particular racial group and the other racial groups neither had exposure to Chiropractic practice nor were they there trained professionals in that area as well. But because the trends changing and DUT being open to different race groups, I think that's going to change now and perhaps more opportunities will present themselves.

Threats vary from the mainline medical healthcare professions. They feel that if they give Chiropractors full recognition and integrate it with mainline healthcare teams then it's going to limit their income in terms of patients that they would see, and it's a perceived threat because the more health professionals you have onboard the greater it is that there will be too few patients. It's like going to a shopping mall. The more cell-phone providers you have the more competitive it becomes and the more keen the focus on service delivery and the same is with the healthcare professionals as well. If the perceived threat is actually overcome, then Chiropractors will be given more access and more recognition and greater referral.

Q.7 Chiropractic profession in 10 years

After having discussed the various aspects of the Chiropractic profession in this interview, where do you see the Chiropractic profession in KZN in the next 10 years?

The next ten years, unless the regional healthcare authorities integrate Chiropractors into public hospitals these problems will not be overcome. So I think the primary focus is for the decision makers in the Chiropractic association, and I know you have a very

informative association, plus the head of department in Chiropractic should make active attempts in seeking integration, not only in terms of post qualification but also pre qualification where Chiropractors have access to hospital patients in the greater KwaZulu-Natal, the patient delivery systems in public hospitals. This is where Chiropractors can play a very useful role, not only in training but also in educating the patient's, so that when they qualify the patient know that this is another healthcare provider that they can go to. This is one of the reasons why Chiropractors are marginalised; their practices don't go well, especially the younger Chiropractors. Most of the patients come from a particular racial group as such.

a. What factors would hinder and facilitate the development of Chiropractic as you propose?

Factors that would hinder it is narrow mindedness of mainline healthcare professions. The lack of greater provision by decision makers in the Chiropractic departments, associations and so on. If you have a qualified Chiropractor in location X, he or she will feel threatened if more Chiropractors come onto the market. We used to experience this sort of academic exfoliation or clinical exfoliation even with the normal medical professions. So that would actually be a hindrance. That might be one of the reasons why someone in Chiropractic is not doing something about this. I recall this problem about 6 years ago when I started and I actually raised this point to the head of department at the time. So weather something was done about it by your professional body and your professional association I don't know. So the hindrances are not only from the medical or traditional healthcare providers, but from the association itself. It may be guarding itself from having too many of Chiropractors out there in the market to provide a service, feeling threatened that if they do so it will decrease their generation of income from patients that are coming to the Chiropractors that are already well established.

Facilitation will tie in with this. I have a personal capacity as a practicing medical person who has an academic logging into various organisations, I have spoken in favour of Chiropractic where there is a forum and I have absolutely no problem with that, and when I am teaching I also bring Chiropractic to my students as a modality of treatment, and also in the holistic approach to the management or clinical management of a patient.

APPENDIX D



Faculty of Health Sciences

ETHICS CLEARANCE CERTIFICATE

Student Name:	Robin Luke Wise	Student No.:	20437934
Ethics Reference Number:	FHSEC 047/09	Date of FRC Approval:	30/10/2009
Research Title:	The perceptions of selected stakeholders on the integration of chiropractic into the KwaZulu-Natal healthcare system.		

In terms of the ethical considerations for the conduct of research in the Faculty of Health Sciences, Durban University of Technology, this proposal meets with Institutional requirements and confirms the following ethical obligations:

1. The researcher has read and understood the research ethics policy and procedures as endorsed by the Durban University of Technology, has sufficiently answered all questions pertaining to ethics in the DUT 186 and agrees to comply with them.
2. The researcher will report any serious adverse events pertaining to the research to the Faculty of Health Sciences Research Ethics Committee.
3. The researcher will submit any major additions or changes to the research proposal after approval has been granted to the Faculty of Health Sciences Research Committee for consideration.
4. The researcher, with the supervisor and co-researchers will take full responsibility in ensuring that the protocol is adhered to.
5. **The following section must be completed if the research involves human participants:**

	YES	NO	N/A
❖ Provision has been made to obtain informed consent of the participants	✓		
❖ Potential psychological and physical risks have been considered and minimised			✓
❖ Provision has been made to avoid undue intrusion with regard to participants and community	✓		
❖ Rights of participants will be safe-guarded in relation to:			✓
- Measures for the protection of anonymity and the maintenance of Confidentiality.			✓
- Access to research information and findings.	✓		
- Termination of involvement without compromise	✓		
- Misleading promises regarding benefits of the research	✓		

SIGNATURE OF STUDENT/RESEARCHER

13/4/2010
DATE

SIGNATURE OF SUPERVISOR

14.4.2010
DATE

SIGNATURE OF HEAD OF DEPARTMENT

14.4.2010
DATE

SIGNATURE: CHAIRPERSON OF RESEARCH ETHICS COMMITTEE

16.4.2010
DATE