

# Paradigm Shift. Are We Serious? Part 2

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So what does it take to change a scientific paradigm? What does it take to have a revolution in science?

Two things:

1. Discontent/Dissatisfaction with the current paradigm, to the extent to which it overcomes adherence to the current paradigm
2. A replacement paradigm.

## 1. Discontent/Dissatisfaction with the current paradigm

Discontent arises from the inability of the current model to solve problems or anomalies, which arise and cannot be explained away with current model thinking.

Trends across the globe indicate that there is a shift in people's perspective regarding their health. For some years now, people have been increasingly choosing alternatives to conventional health care and they are looking for health choices that are more aligned to their values, beliefs and philosophies towards life and health.<sup>1</sup>

A study conducted in 1990 and then again in 1997, indicated that the probability of users visiting an alternative medicine practitioner increased from 36.3% to 46.3%. In both surveys, alternative therapies were used most frequently for chronic conditions including: back problems, anxiety, depression and headaches.

Extrapolations to the US population suggest a 47.3% increase in total visits to alternative medicine practitioners, from 427 million in 1990 to 629 million in 1997, thereby **exceeding** total visits to all US primary care physicians. Estimated expenditures for alternative medicine professional services increased 45.2% between 1990 and 1997. **Total 1997 out-of-pocket expenditures relating to alternative therapies were conservatively estimated at \$27 billion**, which is comparable with the projected 1997 out-of-pocket expenditures for all US physician services.

**CONCLUSIONS:** Alternative medicine use and expenditures increased substantially between



*Dr David Cahill*

1990 and 1997, attributable primarily to an increase in the proportion of the population seeking alternative therapies, rather than increased visits per patient.<sup>2</sup>

Clearly, a largely reactive, outside-in, disease-treatment model of health-care is not meeting the needs of a sizeable and growing proportion of the population.

By 2007, this had increased in the United States to 38.1 million adults who made an estimated 354.2 million visits to practitioners of CAM. \$33.9 billion was spent on visits to CAM practitioners and purchases of CAM products, classes and materials. **About three-quarters of both visits to CAM practitioners and total out-of-pocket costs spent on CAM practitioners were associated with manipulative and body-based therapies.**<sup>3</sup>

Reflected in a study published in 2007 is an indication of just how effective increased visits to chiropractors could be, even using the markers of the current paradigm: Over a 7 year period, commencing in 1999, a major Illinois HMO participated in a study where chiropractors

served as primary care physicians in its network. The results, based on 70,274 member-months over a 7 year period demonstrated **decreases of 60.2% in-hospital admissions, 50% less hospital days, 62% less outpatient surgeries and procedures and 85% less pharmaceutical costs** when compared with the performance with conventional medical doctors serving as the primary care physicians. Note that the comparison was made within the same health maintenance organisation product, in the same geography and same time frame .<sup>4</sup>

Despite these figures demonstrating a public groundswell and growing evidence to support the outcomes of a new way of looking at things, the scientific arena as it relates to health-care appears to have changed very little. Public discontent obviously does not necessarily reflect discontent within the scientific arena. Pure science contains many examples of scientists recognising the limitations of the current paradigm and calling for change. In physics, the hardest of sciences, this has been happening for nigh on 50 years now. Some cell biologists are doing the same. Yet the pure sciences seem removed somewhat from the applied science of medicine, which appears to remain firmly rooted in mechanism.

There are good reasons for this. Looking to Kuhn's work, he explains that adherence to the pervading paradigm is the **very thing** that permits the period of normal science to ensue. Commitment to what he calls the 'disciplinary matrix' is even a pre-requisite for normal science, meaning that there is an extremely strong conservatism and resistance to the attempted refutation of key theories. Further, scientific and academic careers are built upon and depend upon adherence to the paradigm. Thus, revolutions will only come about under extreme circumstances.

In this current situation regarding health care, the adherence to the paradigm is even more tenacious. Big Pharma, its extensive infrastructure, financial might and its reach into governmental policy, determines that this is no

longer a purely scientific evolution along Kuhnian terms. These forces do not want the very basis of their economic existence shaken and we can only presume they will fight hard to prevent that from happening.

The anomalies and dissatisfaction will not only have to become so great that scientists the world over will be forced to rethink their frame of reference. The public groundswell will need to become so great that it influences government to courageously question the current model and begin to critically look at to whom it is listening.

Drives at the grass roots level have created societal change throughout history. Let's not forget that scientists and politicians are also members of the public. They have families, people they care about, who are experiencing limitations with the current method. We can observe this with medical doctors, researchers and politicians who, sadly, have vaccine-injured children and become vocal in their advocacy of free-choice and in their criticism of the conflicted interests of policy makers on the issue.

The extraordinary epidemic of iatrogenic disease may well become the anomaly which is great enough to topple the current paradigm.

## 2. A Replacement Paradigm

That the required degree of dissatisfaction will eventuate seems inevitable yet, even so, humanity could stagnate for decades, or even centuries, unless the second requirement for a revolution is in place. A replacement paradigm, which can explain the imposing anomalies and offer different solutions, needs to be available and understandable because current thinking will not be thrown out to enter into a vacuum.

This is where the chiropractic profession has the opportunity (and I would say moral responsibility) to lead the way. We also therefore have this challenge ahead of us.

We need to elegantly articulate the replacement paradigm and then declare it fully and publicly. We need to get it out into the public domain so the world has a different option. I know many of us have been doing that within our offices for many years. It is time for us to stand up collectively to meet the challenge.

Funnily enough, if we don't choose to do this, there are those within our profession that would have us all adhere to and work within the medical paradigm. This then threatens our way of practicing individually. I hope you, like me, cannot abide the thought of being restricted to the treatment of conditions and resolve to support the paradigm change, which it could be our destiny to lead.

*By Dr David Cahill*

*Governor,  
Australian Spinal Research Foundation*

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