

**THE PERCEPTION OF SELECTED CHIROPRACTORS, MEDICAL
DOCTORS, HEALTH MAINTENANCE ORGANISATION
REPRESENTATIVES AND CHIROPRACTIC PATIENTS
REGARDING THE INTEGRATION OF THE CHIROPRACTIC
PROFESSION IN THE ISRAELI HEALTH CARE SYSTEM**

BY

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Master's Degree in Technology: Chiropractic at Durban University of
Technology in South Africa**

I, Moshe Charley Bar-Gil, do declare that this dissertation is representative of my
own work in both conception and execution.

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Abstract

Chiropractic in Israel has become a more integrated part of many aspects of health care policies, in that it is practised in multidisciplinary medical teams, is now included in HMOs and hospitals services, and has contributed to research, and military programmes. However, the chiropractic profession still has its problems. Without laws or legitimate recognition to protect chiropractors, the playing fields could never be levelled for all chiropractors in Israel. Patient use and demand for complementary and alternative practitioners, including chiropractors, is gradually increasing. However, there has been no research to investigate the perceptions of chiropractors, medical doctors and chiropractic patients (i.e. key stakeholders) regarding the integration of the chiropractic profession in the Israeli health care system.

The purpose of this study was to explore and describe the perceptions of a selected group of stakeholders about the integration of the chiropractic profession in the Israeli health care system. Such an exploration might help the profession to secure its position and claim a higher status in society. This is desirable to educate the public and the authorities on the many positive advantages of chiropractic, include access to chiropractic services for people who traditionally have not been able to use these services because of economic barriers or internal government and authorities limiting laws, as well as to enhance its public image such as honesty, integrity and objectivity in the health care, and to avoid any criticism of organized medicine. It therefore stands to reason that the factors that might contribute to this type of development should be considered as soon as possible in those countries where chiropractors practise. This type of investigation is important not only in the Israeli setting, but indeed in every country where the profession is aiming toward increased recognition and awareness of the contribution of chiropractic to health care. Chiropractic now has the opportunity to expand its influence and take a more active role in health care issues. Therefore, although geographically removed,

South Africa stands to gain interesting and useful information from an investigation of this nature.

The investigation was carried out within a post positivist approach close to that of critical realism, using an interpretive methodology. The sampling was purposive as individuals were targeted for their knowledge in three main topics, these being the scope of chiropractic practice, inter-professional relations between Doctors of Chiropractic (DCs) and Medical Doctors (MDs), and developmental issues. The participants included five chiropractors, three medical doctors and three chiropractic patients, who all resided in the metropolitan area of Tel Aviv. Data was analyzed manually to identify emergent themes. The themes were presented in tabular form in order to facilitate analysis and interpretation.

Although there were some discrepancies regarding the knowledge and background of the participants about the topics discussed, all the participants met the inclusion criteria. The results show that chiropractic stands at the crossroads of mainstream and alternative medicine. Therefore it is important to establish a leading statement on identity, which must be clear, concise and immediately relevant to both the public and the profession. Although inter-professional relations between MDs and DCs in Israel are improving, further research should be conducted to provide suggestions on how chiropractors can overcome barriers and improve communication with MDs and other health care professionals in the Israeli health care system. In general, the participants agreed that governmental legislation, recognition and support are important endorsements with respect to the societal relevance and development of the profession. Therefore issues such as public awareness of chiropractic education and scope of practice, research and evidence-based practice must be emphasized accordingly in order to facilitate the development of chiropractic practice in Israel.

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CHAPTER ONE: INTRODUCTION

The Chiropractic Organisation in Israel serves both the private and public sectors and provides an agenda intended to solve two major barriers to professional legitimacy, namely, by accepting the training and the title of Doctor of Chiropractic, and, most importantly, by recognising chiropractors as Primary Health Care providers (Baruch, 2007). In this regard this research will attempt to identify any barriers that might obstruct the integration process. Primary Health Care is a key issue in this account, as its various components are those which need to be considered as part of the integration process. According to WHO (1998b), Primary Health Care is essential health care made accessible at a cost which the country and community can afford, with methods that are practical, scientifically sound and socially acceptable. Primary care, then, is a term used for the activity of health care providers who act as a first point of consultation for all patients, and continuity of care is also a key characteristic of primary care (Starfield, 1998).

Currently the Israeli Chiropractic Society (ICS) is involved in chiropractic legislation using the American chiropractic legislative protocols (Baruch, 2006): the issues surrounding integration of Chiropractic into mainstream health care in Israel are being negotiated with the legislation authorities. There is no Educational Institute for Chiropractic in the Israeli health care system. Chiropractic is still developing, as there is no licensure, governmental recognition or regulation of this important profession. On the contrary, in the United States Chiropractic is clearly the largest complementary health care profession. Chiropractic is also the most professionalised of the complementary medicine practices available in the United States, with licensure in all 50 states, educational accreditation standards, continuing education and active research (Micozzi, 1998).

It is the contention of this study that the developmental issues facing chiropractic should be fostered, such as better integration through inter-professional communication between chiropractors and medical doctors, as well

as research and clinical protocols to support the integration of chiropractic in a way that promotes favourable clinical outcomes and better accessibility to the public. The researcher himself is a chiropractor with CAM experience, whose position is that integration is desirable in view of its potential benefits to the public, the medical fraternity, and the chiropractic profession itself. However, it is acknowledged that very different perceptions of integration may exist, which need to be clarified, as was attempted in the course of this research. The value of this research is thought to be that the resultant findings and conclusions might help to endorse or expedite the legislation needed in Israel to ratify the integration process.

According to Garner, Birmingham, Aker, Moher, Balon, Keenan and Manga (2008), an attempt was made to investigate the effects of integrating a chiropractor into a multidisciplinary team of physicians and nurses. The results showed that the participants expressed increased willingness to trust the chiropractors in shared care. Similarly, other complementary alternative medicine (CAM) therapists are in the process of integration and collaboration with mainstream medicine practitioners in two central government hospitals in Israel (Gamus and Pintov, 2007). This might suggest that the chiropractic profession and the general public which depends on the health care system in Israel can benefit from the kind of support from which mainstream medicine has benefited over the years. By definition (Definition of Mainstream medicine, 2004) "mainstream" implies medicine as practiced by holders of M.D. or D.O. degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses. The term "mainstream medicine" in fact implies that other forms of medicine are outside the mainstream ambit. With the support of evidence-based practice (EBP) and professional regulation, chiropractic perhaps should no longer be categorised as mainstream or complementary medicine: it should simply be called integrative medicine. EBP refers to a decision-making process which integrates the best available research, clinician expertise and client characteristics (Evidence – based practice, 2009).

In an overwhelming majority of cases (98 percent), chiropractic consumers considered medical doctors (MDs) to be the ultimate primary health care providers (Gaumer and Gemmen, 2006). Interestingly enough, chiropractors in Israel appear to fulfil the traditional role of complementary alternative medicine (CAM) therapists in the health maintenance organisation (HMO) clinics (public sector) and do not act as a first point of consultation (Baruch, 2007). Yet some also function in a more integrated fashion (much more like primary health care providers, where patients have direct access to a chiropractor) in other public health care sectors such as hospitals, where they appear to enjoy higher status and privileges (Baruch, 2007). One of the most important aspects that define the scope of practice and its legitimate recognition is whether it is evidence/scientific- based (EB). According to Wilson and Miles (Russell, 2005), EB-CAM addressed the importance of bridging between allopathic and CAM practitioners, facilitating a higher level of integrative approach to patient care. In the last few decades there have been a number of attempts to plan a health policy with respect to complementary and alternative medicine (CAM) in Israel; However, research-grounded evidence was difficult to obtain owing to the holistic nature of the CAM approach (Keshet, 2006).

It should be clear from the above that, at the outset of this study, there was a lack of research into the factors affecting integration, in particular, any barriers which might hinder integration, and how these could be resolved by the parties concerned. For this reason, this study set out to investigate factors affecting integration from the viewpoint of certain key stakeholders, namely, DCs, MDs and chiropractic patients. Representatives from these three groups were interviewed with regard to their perceptions of how chiropractic was integrating, and to what extent, in order to understand the factors involved in shaping both the success of and barriers to chiropractic integration.

The purpose of this research, then, was to explore and describe the perceptions of selected chiropractors, medical doctors, health maintenance organisation representatives, and chiropractic patients regarding the integration of the chiropractic profession in the Israeli health care system. The objectives were to explore and describe the meanings this selected group attach to their

experiences regarding the integration of the chiropractic profession into the Israeli health care system with respect to:

- The role/scope of practice of chiropractors
- The inter-professional relations between chiropractors and medical doctors, and
- Developmental issues facing the chiropractic profession in order to understand the issues affecting its integration.

This study attempted to find answers to the following research question:

What are the perceptions of key stakeholders on the integration of chiropractic in the Israeli health care system?

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1 Introduction

The Chiropractic profession is not developing and integrating uniformly throughout the world. There does not seem, at this stage, to be one type of professional model of practice which holds sway with respect to an ideal role in the modern health care system. It is therefore important for each chiropractic community to explore its own milieu in order to remain sensitive to and relevant in the health care context in which it functions.

In the following review the status quo of chiropractic in Israel will be considered through current documentation dealing with its integration and conditions of practice, as it appears that an interesting dichotomy exists in chiropractic professional practice. On the one hand, chiropractors appear to fulfil the traditional role of complementary alternative medicine (CAM) in the health maintenance organisation clinics (public sector). Yet some also function in a more integrated fashion in other public health care sectors such as hospitals, where they appear to enjoy higher status and privileges.

I will firstly explore the Israeli perspective with regard to selected topics about the integration of chiropractic into the health care system. Then I will use selected examples from around the world (i.e. the USA, Britain and South Africa). This will be done to give a descriptive insight of relevant integration issues of chiropractic practices abroad. More specifically, integration issues are viewed from a patient, chiropractic and medical perspective in order to present a balanced international view. I will conclude the chapter by summarizing those issues from these different contexts which could be relevant for the context of this study, as well as highlighting unique issues from the Israeli context.

2.2 The definition of integration in the health care context and chiropractic

In an ideal world, due to its growing popularity, it appears that the chiropractic profession should be an integral part of the health care system (i.e. as part of

mainstream practice). As health care providers, chiropractors, as well other CAM practitioners, should practise with integrity (as required in mainstream practice) and act appropriately with their patients, staff, and other health care professionals at all times. It is important for medical practices (both CAM and mainstream) to adopt a common direction which will integrate rather than isolate both practices.

Each person has the right to choose freely among safe and effective care or approaches, as well as among qualified practitioners who are accountable for their claims and actions and responsive to the person's needs. Partnerships are essential to integrated health care. Good health care requires teamwork among patients, health care practitioners (conventional and CAM), and researchers committed to creating optimal healing environments and to respecting the diversity of all health care traditions (White House Commission on Complementary and Alternative Medicine Policy, 2009).

Thus integrative health care (IHC) is of supreme importance for the professional regulation of chiropractic because this is a good way to apply evidence based medicine approach and by that to advance the chiropractic profession. It might also go some way towards earning MDs' (Medical Doctors) and other practitioners' respect and confidence. It would also help in providing meticulous care that is best for the patients, even if this required referral to other health care providers in addition to the chiropractic care. Furthermore integration should be designed to maintain affordability and sustainability of health care delivery to individuals who have natural health care needs and who are seeking an alternative medical care without sacrificing levels of good service or care.

The Consortium of Academic Health Centres for Integrative Medicine (2004) has issued a definition of Integrative medicine, as follows:

The practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person is informed by evidence and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.

According to Schroeder & Likkel (Hollenberg, 2006), the most basic definition of integrative health care (IHC) refers to health practitioners of different backgrounds and training working together for the benefit of the patient. It is

important however, to distinguish between “integrated” and “integrative” care. According to Bell *et al.* (Hollenberg, 2006), integrated refers to integrating CAM into biomedicine, with physicians in control. Integrative refers to merging biomedicine into a new health paradigm. In this regard, we are looking at concepts such as: establishing a non-hierarchical, collaborative relationship between practitioners that would form a trusting and respectful trans-disciplinary practice; focusing on the patients’ body/mind/spirit (“wholeness”) in the healing process; and offering a modelling of biomedical and non-biomedical outcomes, such as the occurrence of healing without medications. It is likely that the term “IHC” will continue to have multiple meanings. For the purpose of this study, the term integrative is more suitable as the Israeli Chiropractic society refuse to accept physicians in control, and choose rather to collaborate with the medical fraternity on a non hierarchical inter-relationship (Baruch, 2007).

Do chiropractors fit into these definitions? According to Garner *et al.* (2008), an attempt was made to investigate the effects of integrating chiropractors into a multidisciplinary team of physicians and nurses. The results showed that the participants expressed increased willingness to trust the chiropractors in shared care. Moreover, questions regarding the legitimacy and effectiveness of chiropractic became increasingly positive by the end of the study. A 2008 survey stated that 69 percent of DCs (Doctors of Chiropractic) disagreed with the categorisation of chiropractic as CAM, with 27 percent having some preference for the term “integrated medicine” (Chiropractic, 2008). In Israel it seems that chiropractic IHC is restricted to hospital and health maintenance organisation settings (Gamus and Pintov (2007). Nevertheless, to my understanding, most of the chiropractors in Israel practise in their private clinics for reasons such as economics, status, freedom and probably the notion that they do not have to work under the supervision of medical doctors.

2.3 Professional integration and how it can be observed

Chiropractic’s level of integration can be observed, as with any other health care professions, through the fundamental building blocks shown in Figure 1 (Myburgh, Hartvigsen and Grunnet-Nilsson, 2008). Figure 1 represents various

factors that are likely to affect professional integration, namely, Education, Government, Business, competition (e.g. from mainstream medical care), the practitioners themselves and patients. These components can be seen as the main domains that are relevant to health care integration. They could also be viewed as “situational mechanisms”, i.e. complex structures and forces affecting social processes (Morén and Blom, 2003). Governmental recognition and support are important endorsements with respect to the societal relevance of the profession (Myburgh and Mouton, 2007). Certainly, negotiations with the state are a means by which professions can seek to regulate market conditions to their advantage and enhance their own privilege and status through social closure (Kelner, Wellman, Boon and Welsh, 2004). Education is a key element both from the point of view of professional development, and in terms of the authority and credibility of health care practitioners in the eyes of colleagues and patients. From another perspective, the patients themselves can be seen as a crucial factor affecting integration, which is why patient perceptions were included in this study. Finally, competition from other professionals with a vested stake in health care may well affect the integration process. Some of the components have been studied previously with regard to the chiropractic integration, as will be dealt with in the following sections.

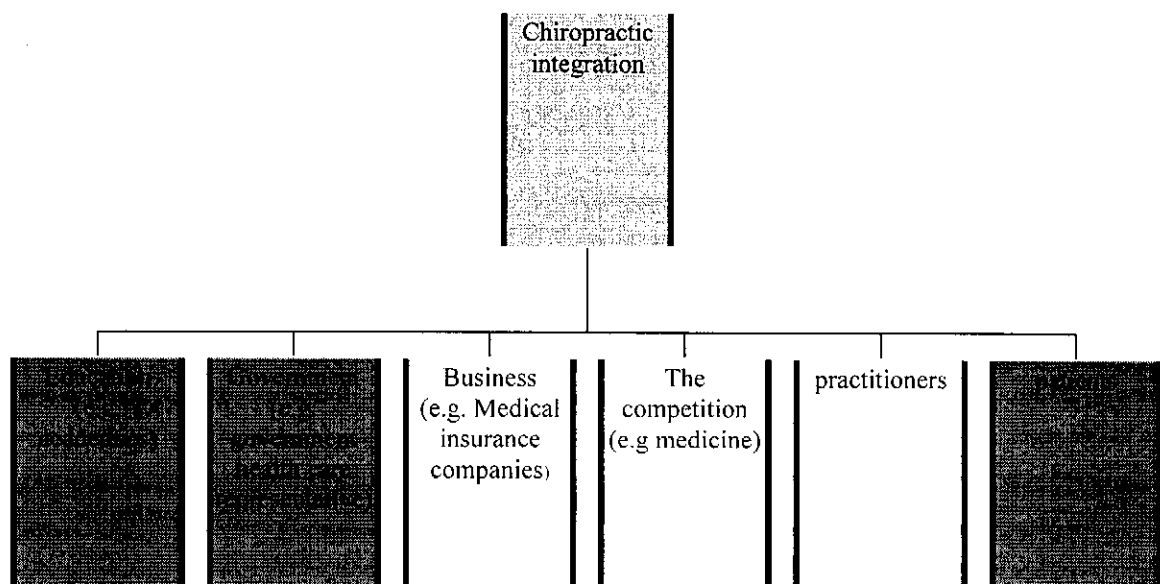


Figure 1: Myburgh's fundamental building blocks of chiropractic integration

2.4 Historical background of chiropractic in Israel

Historically, the ICS has fought for its members to gain legislation and protect their rights throughout the years. Negotiation with state authorities has brought some achievements. However, a number of important issues still remain unresolved. For instance, the recognition of the professional title "Doctor of Chiropractic (DC)" and the right of chiropractors to function as primary health care providers is still in the stage of finding the right professional definitions which will be acceptable both to the legislative authorities and the chiropractic society in Israel (Baruch, 2006). It is therefore important to understand how chiropractic is currently perceived with respect to the level of integration achieved (i.e. with regard to hospital involvement, relations with medical doctors and governmental support). In 1984 a group of 6 to 8 chiropractors formed the first chiropractic organisation in Israel, known as the Israeli Chiropractic Society (ICS) (Noiman, 2007), which put forward an agenda of independent chiropractic legislation using the American chiropractic legislative protocols (Baruch, 2006). In 2000, the Ministry of Health (MOH) demanded a comprehensive inquiry into the different venues of chiropractic education all over the globe in order to redefine the educational and training criteria for the certification of recognition (COR) and legislation in the future. This inquiry is still ongoing (Baruch, 2006). Since then, the ICS has been involved in an ongoing process with health legislators in order to include the profession among the group of practitioners functioning as primary health care providers (Baruch, 2007).

The Israeli Chiropractic Society (ICS), with the support of World Federation of Chiropractic (WFC), continues to refuse to accept a scope of practice that does not include diagnosis and protecting the right to practise as primary health care providers (Kenin, 2002). In 2004 the ICS members had voted, much like the world federation of chiropractic (Consultation on the Identity of the Chiropractic Profession, 2005), in favour of both chiropractic and the title "Doctor of Chiropractic" being accepted, recognised and legislated in Israel as mainstream health care, with the identity of "spine health care experts" (Baruch, 2007). It seems that the rationale for this decision was due to the fact that the WFC is a very influential body which is internationally accepted and has clear and concise

guidelines for practising chiropractic. Another factor is possibly that the majority of the chiropractors in Israel had had their training in the USA.

2.5 The nature of chiropractic practice in the contemporary Israeli health care system

There are no chiropractic laws, guidelines or examination board in Israel (Firestone and Haggy, 2000). In the Israeli health care system non-medical practitioners may practice unrestricted as long as they do not represent themselves as medical doctors (Haldeman, 1992). According to Baruch (2007), the chiropractic profession within the Israeli public health care system is caught up with the multi-paramedical and allied professions (CAM). This means that chiropractors are partially independent practitioners because they must work under a Medical Doctor's (MD's) approval and prior medical examination of the patient. The Israeli Physician Act states that only MDs are allowed to perform diagnosis. Chiropractors who work in government hospitals are ranked as senior medical consultants and can independently diagnose and provide specialist services. However, this status is limited in the Health Maintenance Organisation (HMO) clinics where chiropractors work under the supervision of MDs.

According to Gamus and Pintov (2007), CAM is in the process of integration with main stream medicine in two central government university hospitals in Israel. The therapeutic focus in these hospitals is treatment for chronic pain and disability. In this regard, the aim of this multi-professional teamwork of CAM and conventional practitioners is to emphasise the communication between the patient, the CAM practitioner and the physician. Both parties are integrated for mutual learning via educational programmes. CAM students attend various departments in the hospital environment as part of their apprenticeship, and medical personnel learn CAM methods. Evaluations of IM models require research designs such as clinical trials, qualitative studies or case studies, and are of the outmost importance. However, there is still a lack of evidence-based practice (EBP) that could support further implementation of integrated medicine (IM) models by gaining credibility and acceptance in the medical fraternity. EBP

refers to a decision-making process which integrates the best available research, clinician expertise, and client characteristics (Evidence-based Practice, 2009).

Currently, chiropractic services are available to the public health care system as CAM. For chiropractic in particular, the priorities are to develop in the areas of academic and scientific research in order to prove the effectiveness of chiropractic. This will validate practice procedures and will secure chiropractic a respectful position in mainstream medicine (Baruch, 2007).

One of the most important aspects which define the scope of practice and its legitimate recognition is whether it is evidence/scientific-based (EB). According to Wilson and Miles, (Russell, 2005), EBCAM addressed the importance of bridging between allopathic and CAM practitioners, facilitating a higher level of the integrative approach to patient care.

2.6 The status quo of the chiropractic profession with respect to integration in the Israeli health care

Chiropractic in Israel appears to be in the process of becoming integrated into the public health care system. This trend is reflected by the recognition of private health care providers of chiropractic services as well as the utilization of chiropractic services by the Health Maintenance Organisation (HMO) clinics in the public sector (Haldeman, 1992) and the Israeli Defence Army (IDA) (Firestone and Haggy, 2000, Kenin, 2002, Baruch, 2007). The IDA began recognising chiropractic, and initiated a pilot chiropractic reserve service plan for DCs to practice in a multidisciplinary medical centre of the IDA (Baruch, 1999). Kenin (2002), in his article, "Chiropractic in the Israeli Air Force Clinic", stated that the pilots and crew received chiropractic treatment twice a week at a base near Tel Aviv. Chiropractic in the Israeli Air Force Clinic was entering its sixth year. In addition, it was planned to establish chiropractic clinics in the north and south bases of Israel.

According to Firestone and Haggy (2000), in 1999 the "One-Year Zrifin IDA Military Chiropractic Project" was launched by the joining of Israeli army orthopaedist Dr. Haggy Amir and the Israeli Chiropractic Society (ICS). The ICS members who volunteered to serve their military reserve duties as practising chiropractors joined the main IDA Orthopaedic Clinic. Although there was clear evidence of significant patient satisfaction, patient recovery (75 percent) and a low disability average among the patients, some important conclusions were stated by the chief orthopaedist:

- Due to our lack of chiropractic background (academic and scientific), it was very difficult to oversee the quality of services provided.
- Some patient complaints of discrepancies in practices among the chiropractors revealed problems with the overall project.
- Most of the chiropractors in Israel preferred developing their own private practices.
- Chiropractic is not yet licensed in Israel, therefore it is important to establish legislature, scope of practice and clinical guidelines for the profession.
- The large distances to the Zrifin Army Medical Centre from remote areas seemed to be an obstacle for efficient professional health care services throughout the country.

However, by law, owing to state liability, all army personnel might only receive medical services from basic medical care professionals who were employed or recruited by the army in the army clinics or hospitals.

2.7 The advantages and pitfalls of chiropractic achievements

According to Baruch (2007), the following advantages and pitfalls can be found in chiropractic achievements in various categories:

2.7.1 Patient care in private practice

a. Advantages

- Chiropractors can provide and manage the best chiropractic care and duration of treatment per patient.
- There is no need for a physician referral for chiropractic treatment due to the current English legal system accepted in Israel.
- Chiropractors can refer for an MD or for a Radiographic investigation.
- Chiropractors can promote themselves through the media without a restricted law.
- Chiropractors can enjoy 100 percent of their profits

b. Pitfalls

- Chiropractors cannot be reimbursed by government funds as with other private providers such as physiotherapists and medical doctors for treating motor vehicle accident injuries. The same follows work or sport related injuries mainly due to the fact that the chiropractors are not included in the National Health Plan approved yearly by the Israeli government officials.
- Chiropractors have limited access to Private Health Insured patients because the insurance companies demand a referral letter from an MD and limit the amount of visits per patient, as well as providing a lower scale of payments.
- Patients who receive chiropractic services in private practice are complimentary health insurance for the HMO's partial chiropractic reimbursement.
- Chiropractors cannot have radiographic equipment in private clinics and a request for such an investigation depends on the willingness of the patient's HMO family physician to approve referral and request, otherwise it is the patient's responsibility to pay for the services privately.

2.7.2 Chiropractic within HMO clinics

Due to public demand for CAM and chiropractic, the HMOs, MDs and management view chiropractic as an opportunity and source of income.

a. Advantages for DCs

This option provides:

- An easy way to integrate into the health care system, as well as a good boosting venue for new DCs to build up their cliental and to flourish professionally and financially.
- Interaction with variety and large number of patients, and an opportunity to educate the general public about the benefits of chiropractic.
- The opportunity to build up private cliental referrals from and to other CAM therapists and MDs.

a. Pitfalls for DCs

- DCs are not independent therapists who must work under an MD approval and prior medical examination.
- HMO clinics hire osteopaths and naturopaths, which provides manipulative services, competing with chiropractors.
- The HMOs pays relatively low fees per treatment. These may hinder the service quality and could affect the reputation of the chiropractic profession. Subsequently it might also impact on the public view of chiropractic. This should be investigated via clinical trials.
- Patients from the public health care system cannot be reimbursed by the HMO if treated in private chiropractic clinics.

2.7.3 Private Health Insurance policies

Chiropractic care is included up to the limit of 20 visits with 60 percent to 80 percent reimbursement.

a. Advantages

- Patient can choose where and by whom to be treated, with the proviso that they use a provider under contract. However, patients still can receive 50 percent reimbursement if treated by a provider not under contract.
- This is financially beneficial to the patient.

- It allows chiropractors to compete for the Health Maintenance Organisations (HMO) complementary insurance.

b. Pitfalls

- Patients must provide a referral letter from an MD.
- Impostors may be included in the "chiropractic list" because the insurance companies do not track and verify registered chiropractors.
- Motor vehicle accidents are not covered, since the law insists on therapists who are credited by the National Health Plan.

2.7.4 Government hospitals' pain relief clinics under an "MD umbrella"

This involves prior MD evaluation and decision making regarding the patient's management protocol.

a. Advantages:

- In most government hospitals, DCs receive the professional status of a Senior MD.
- DCs can manage the patient according to the best chiropractic care, including diagnosis and investigation procedures.
- There is no need for a physician referral for treatment within the hospital's clinics.
- DCs are paid globally and not per patient. This may improve the care level by thorough clinical skills administration.
- DCs are part of a multi-disciplinary team that is exposed to complicated clinical cases.
- DCs can conduct research in various fields, which can stimulate chiropractic research funded by the hospital or the government.

b. Pitfalls:

No pitfalls have as yet been identified in this area.

2.7.5 Chiropractic in the Israeli defence army (IDA) reserves and main units

Currently there are no proper *administration* and regulation of chiropractic services in the IDA clinics due to the Israeli Physician Act (no diagnosis can be performed by a non-MD), and the fact that the chiropractic profession is not included in the National Health Plan funds.

2.8 Research from the USA, UK, and South Africa

2.8.1 The patient /consumer perspective of chiropractic integration

In order to understand the major issues affecting the integration of chiropractic into the health care system, it is necessary to review the patients' point of view. In general, some surveyed groups of chiropractors considered themselves as primary health care providers, but the consumer/patient perception of such might affect uniform practice success. Cambron, Cramer and Winterstein (2007) published a study to determine chiropractic patients' perceptions of chiropractors as primary care providers and to determine what disorders patients believed chiropractors could treat. The chiropractic patients were from three different groups: suburban, urban and university affiliated.

The findings showed the following:

- Only 19 percent (30/157) of the chiropractic patients surveyed saw their chiropractor as their primary care physician (PCP).
- However, when asked about primary care conditions, positive responses were 18 percent roughly.
- Many of the conditions had a positive response of roughly 50 percent.
- Patients overwhelmingly believed that chiropractors could treat musculoskeletal conditions.

Other research found a 25 percent growth of CAM use by the American public between 1990 and 1997. The number of visits to chiropractors in 1997 was almost a third compared to other CAM visits. The implications of the above to chiropractic and other CAM professions within the US health care system were:

- Research funding became available from the new US National Centre for Complementary and Alternative Medicine as a regular part of its scientific portfolio.
- New markets for CAM services, including chiropractic, were created by Health maintenance organisations and the general health care industry (Meeker, 2000).

Meeker also suggests that as a profession, chiropractic appears to be positioned somewhere between mainstream practice and CAM, with conflicting opinions held by the public, the health care industry, and chiropractors themselves. The benefits and risks of chiropractic being identified with the CAM movement must be weighed carefully.

A study done by the 1974-82 RAND Health Insurance Experiment concluded that chiropractors were perceived as a primary health care providers (i.e. could provide most of the care) in 40 percent of episodes of back pain (Shekelle, Markovich and Louie, 1995). This study also determined that 92 percent of the patients who had a second episode of back pain returned to their chiropractors as primary providers, compared to a 75 percent return to general medical practitioners. For at least this one common problem, many back pain patients considered chiropractic as being their first contact primary care provider.

From a patient point of view, in an American nationwide telephone survey done in 1998, participants (prior chiropractic users and non users) were asked about their use of, knowledge about, and attitudes towards chiropractic care (Gaumer and Gemmen, 2006). It was concluded that:

- In an overwhelming majority of cases (98 percent), primary providers were medical doctors (MDs). This is applicable to chiropractic users as well for non chiropractic users.
- Compared to non users, prior chiropractic users see the chiropractor to be effective in giving advice for routine problems, effective in diagnosis of problems, appropriately referring to specialists, and providing good advice for staying healthy.

- Both prior chiropractic users and nonusers are willing to consider using non-MDs for their usual or primary provider
- Among those persons who would be willing to use a non-MD as a primary or usual provider, neither the nonusers nor prior chiropractic patients would make doctors of chiropractic (DCs) their first choice for such a role.

Other health professionals appear to have better understanding about the chiropractic profession than the consuming public. One might suggest that this lack of knowledge could constitute a barrier to primary care scope of practice.

2.8.2 The chiropractic perspective on chiropractic integration

Mootz, Meeker and Hawk (1994) concluded that chiropractic integration into the American health care system had initially been impeded by its isolation from other professions in clinical settings, academic institutions, research, professional organisations, government, and the insurance industry. Since then, however, the chiropractic profession has shown a gradual and relative successful integration into today's health care system.

Let us review some of the opinions among chiropractors from different UK chiropractic associations with regard to the scope of practice.

- Almost two-thirds believed that chiropractic integration into the NHS (National Health Service) would be beneficial for patients and for chiropractic. Nearly three-quarters of the respondents (chiropractors) agreed that mainstream and chiropractic paradigms were compatible in practice.
- Most of the respondents (98 percent) considered a chiropractor to be a primary contact practitioner (PCP).
- 69 percent per cent did not see themselves as neuromusculoskeletal (NMS) specialists only.
- Chiropractors primarily treat NMS disorders and, to some degree, organic or visceral conditions (78 percent).

- Subluxation was considered central to chiropractic intervention (63 percent).
- Subluxation was not a barrier to integration and expanding primary care roles for chiropractors (43 percent).
- However, science was considered more important than traditional chiropractic beliefs/philosophy by 47 percent of the sample (Pollentier and Langworthy, 2002).

With regard to inter-professional relation in a clinical setting, Triano (Mootz, *et al.*, 1994) found that the profession had become increasingly integrated into the American health care system. Inter-professional contact in clinical settings has also increased, mostly by patient request, simple referrals and occasionally by multi- or interdisciplinary arrangements. Other research about inter-professional collaboration and job satisfaction of chiropractic doctors (DCs) concluded that a low relationship satisfaction exist between DCs and MDs. This is strongly linked to the quantity of referrals from MDs, as well as the extent to which MDs are engaging in collaborative practice. However, overall global job satisfaction of DCs has been shown to be unrelated to their relationships with MDs (Konrad, Fletcher and Carey, 2004).

The international chiropractors association (ICA) legislative team has been successful in helping to expand veterans' health care, which passed the House Committee on Veterans Affairs on May 2007. This important legislation would achieve the following:

- Improve, expand and speed up veterans' access to chiropractic services.
- Speed up the growth of the highly successful pilot chiropractic services program.
- Target and meet the high demand of the veteran population to chiropractic services (HR 1470 PASSES FULL US HOUSE OF REPRESENTATIVES, 2007a).

Myburgh and Mouton (2007), in their South African qualitative study from the chiropractors' (practitioners') perspective, found that practitioners distinguished between two main views of the chiropractic identity - the technician and physician. The technician has a limited diagnostic role, whereas the physician is responsible for a full primary contact care. Moreover, the chiropractic educational curriculum lacks contact with the public (government) sector and medical doctors (e.g. hospitals and health care clinics). These two problems are likely to be a barrier for the integration of the profession into the public health care system. Therefore a uniform identity of the profession and governmental openness to chiropractic should be addressed as soon as possible in the South African context, as seen in Israel and other parts of the world.

2.8.3 The medical perspective of chiropractic integration

According to Willis (Mootz, *et al.*, 1994), the differences between the orthodox and chiropractic approaches were intensified by the antipathy of organized medicine toward chiropractic, which for many years excluded chiropractic from every aspect of the American health care system. As the years go by, we can see some progress towards integration of chiropractic into the health care system. In 1972, the American Congress approved the use of manual manipulation of the spine to correct a subluxation diagnosed clearly on radiograph. In 1974, despite the absence of clear evidence of the efficacy of chiropractic therapy, the Council on Chiropractic Education (CCE) was recognised to accredit schools of chiropractic. Both political pressure and consumer acceptance over the years has won licensure for chiropractic in all 50 states (American medical association, 2008). In 1992 the AMA issued an important statement:

It is ethical for a physician to associate professionally with chiropractors provided that the physician believes that such association is in the best interests of his or her patient. A physician may refer a patient for diagnostic or therapeutic services to a chiropractor permitted by law to furnish such services whenever the physician believes that this may benefit his or her patient. Physicians may also ethically teach in recognised schools of chiropractic (American Medical Association, 1992).

This section will review some professionalisation trends. In the UK (United Kingdom), a government committee was asked to report to ministers on standards of care, access and availability of services for National Health Service (NHS) patients (Langworthy, Breen, Vogel and Collier, 2002). It was reported that:

- General practitioners should be referring patients to qualified chiropractors, osteopaths, or specialist physiotherapists for acute stage problems that were not resolved within a few weeks. This means a shift of resources to primary care for the treatment of back pain.

The rationale for this was:

- To reduce cost implications for both the NHS and DSS (Department of Social Security) by prevention of chronic disability and work loss.
- Referral to manipulative therapists led to fewer Med-3 certificates (sick notes), fewer GP consultations per patient, fewer referrals to secondary care, lower drug costs, faster access to treatment and faster recovery times. It was further suggested that reallocation of resources could lead to cost neutrality.

According to Clarke, Doel and Segrott (2004), complementary and alternative medicine (CAM) in the United Kingdom has witnessed increasing professionalisation, partly induced by a parliamentary inquiry that produced a report in November 2000. Practitioner associations have developed significant strategies to become more professional by being a key focus for the government, media and patients. It is the patients' and consumers' interest that have driven the concern for a better integration of CAM professions into the health care system.

An important aspect of integration into the health care system is the inter-professional referral pattern. Coulter, Singh, Iley and Der-Martirosian (2005) investigated the inter-referral patterns among physicians and complementary and alternative medicine (CAM) providers in an independent practice association integrated medical system. They reported that in a network of 42 PCPs (primary care physicians) providers, only 3 did not show actual referrals

to at least one CAM provider (doctors of oriental medicine - DOMs - and doctors of chiropractic - DCs - in this study) in a one year period. However, the total number of the PCPs referrals was quite low. We can conclude that CAM providers cannot rely solely on referrals in this kind of network to generate a patient flow. This finding might suggest either a patient population which does not show interest on referrals, or which may lack knowledge of what CAM is about. It also may reflect the inexperience of the PCPs with the type of CAM therapy offered by DOMs or DCs, and/or reluctance to use this option.

Louw and Myburgh (2007) found that the communication experiences of South African general practitioners (GPs) with chiropractors are less satisfactory than those of their European counterparts. However, 46.8 percent of the participating GPs referred patients to chiropractors. Interestingly enough, of this number, 90 percent of the referrals to chiropractors were for the purpose of physical therapy. All GPs wanted feedback reports from chiropractors; nevertheless, only 53.6 percent received such feedback after referring out. It also was found that GPs who did communicate with chiropractors and referred patients had a higher knowledge of chiropractic than GPs that did not.

The American Medical Association (AMA) in the "Report 12 of the Council on Scientific Affairs on alternative medicine "(AMA, 1997), criticizes the education level of chiropractic schools. Due to findings from a study in 1968, done by the US Department of Health, Education and Welfare, it was recommended that chiropractic services were not to be covered under Medicare (Medicare is the federally-funded medical plan for Americans age 65 and over that covers medical expenses such as doctor's visits, hospital stays, drugs and other treatments). This was because chiropractic levels of diagnosis were not considered adequate to treat patients.

2.9 Conclusions

It has been established, from the literature above, that the chiropractic profession in Israel shows some integration features in the health care system, but only to a certain degree. This integration is reflected through the relationship between DCs and MDs in government hospitals, HMO clinics and military

projects. The ICS is involved in legislation and regulation of the profession in various venues available to the general population, both in the private and the public sectors. The ICS has also protected its members against impostors for many years via the justice system. Nevertheless, it is clear that the professional status of chiropractic needs some legislative adjustments for it to become a fully recognised, regulated and legitimate profession.

The important advantages and disadvantages of the achievements of the chiropractic profession can be summarized as followed:

- DCs can practise freely in the private sector. However, they cannot get reimbursed by government funds as with other private primary care providers such as physiotherapists and medical doctors.
- The patient referral relationship between DCs and MDs is more developed and appreciated in the hospitals and the HMO clinics than in the private sector.
- DCs who are employed by the HMO clinics have to compete with other therapists who provide spinal manipulations. Moreover, only MDs can diagnose prior to referral of the patient to chiropractic treatment.
- Although the HMOs provide boosting venue for new DCs, the HMOs pays them relatively low fees per treatment.
- Chiropractic care is covered by some private insurers, but it is conditional to medical doctor referral.
- Some military projects have been done between the ICS and the IDA. However, it was recommended to put on hold all chiropractic services until the profession could be included in the national health plan funds.

From the above, one can see that the profession is facing some issues that could and should be developed. The lack of chiropractic research in Israel needs to be addressed as soon as possible. That could be done by means of clinical trials, case study presentation, and evidence-based practice. The literature review does not address issues such as means for referrals and communication between DCs and MDs in the private sector, where it is clearly

absent. However, in the public health care sector the profession shows an organized and positive structure of communication. Other fields not explored yet are as follows. The academic involvement of chiropractors in the health care system, and to what extent this occurs. The lack of chiropractic education and development in the sport arena also needs to be discussed. Although the HMO and hospital clinics are a good means of increasing the awareness of the public to the chiropractic profession, it is important to explore further other ways to promote the profession to an higher level of professionalisation, and perhaps to speed up the legislation and governmental recognition of chiropractors as a primary health care providers and to include the profession in the national health plan funds. From the Israeli perspective, there is a lack of qualitative perception studies and literature about the Integration of the chiropractic profession in Israel. It is important to discuss the above issues with DCs, MDs and chiropractic patients. These three groups need to be explored with regard to their perception on how chiropractic is becoming integrated, and to what extent, in order to understand the factors involved in shaping both the successes and the possible barriers to the integration process in Israel.

Patient perceptions are known to be important in health care. Patient demand for chiropractic services is growing worldwide, as well as in Israel. With regard to the scope of practice in other countries, chiropractic has been identified, in general, as partly a primary health care profession. It seems, according to the literature, that the majority of patients see MDs as the ultimate primary health care providers. However, for at least one common problem, back pain, many patients have considered chiropractors as the first contact primary care providers. Therefore, there is need for more research with regard to the factors affecting the patients' perceptions. This might help to improve patients' accessibility to chiropractic services, not only for back pain, but also to improve awareness of chiropractic skills as a gate to diagnostics procedures for general conditions.

Contrary to the patients' perceptions, most of the UK chiropractors (98 percent) considered themselves to be primary contact practitioners (PCPs). This perception is not so popular among patients/consumers. Almost two-thirds of

the chiropractors believed that chiropractic integration into the NHS (National Health Service) would be beneficial for patients and for chiropractic. This last notion makes sense, as the demand by the public for CAM therapies and chiropractic services is growing worldwide. According to the above, one can see the controversies existing in the different perceptions between chiropractors and patients.

What are the implications of the above? In order for the profession to develop uniformly and to prevent confusion, one international identity of chiropractic needs to be stated, as well a better distribution of that identity among the public and orthodox medicine. Although the review shows aspects of governmental intention for better regulation and legislation of the profession, it seems that the implementation of these recommendations is not established to a great extent.

The MD perspective shows some controversies. Some medical doctors use CAM in private practice more than in the government clinics and hospitals. In Israel it seems that the multi-disciplinary practice between MDs, DCs and other CAM providers is more acceptable and extensive in the public health care system. In terms of this review, the inter-professional relationship and referral pattern between MDs and DCs does not appear to have matured yet and need to be explored more as to the obstacles in this regard, as well as how to improve both aspects in the Israeli context in particular and worldwide in general.

2.10 Research questions

In order to explore the issues raised in this review, this study will investigate perceptions of selected Chiropractors, Medical Doctors, and chiropractic patients regarding the integration of the chiropractic profession in the Israeli health care system.

More specifically:

1. What are the perceptions of the above participants on
 - a. the scope of chiropractic practice,

- b. the inter-professional relationship between MDs and DCs, and,
- c. developmental issues of practice?

2. What are the implications of the above for integration of the chiropractic profession in the Israeli health care?

It is hoped that the answers to question 2 will suggest what kinds of developmental plans can be set in place for better integration of the chiropractic profession in the South African health care.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter deals with the participant interviews, research approach and study design, sampling of participants and data analysis.

3.2 Research approach and study design

The research approach was, to the researcher's knowledge, one of the first studies of its kind in chiropractic, where positivist approaches and methodologies tend to be the norm, as in mainstream medical research. The approach used was post positivist, in moving away from quantitative analyses of measurable data towards more interpretive methods (Guba, 1990:20-23). However, it must be emphasised that "interpretive" is not a position as such, and can fall under different research approaches or paradigms. As Yanow states, interpretive methods are not "a subfield of qualitative methods: they do not live under the same philosophical umbrella" (2003:1).

The position adopted by the researcher was in fact closer to that of critical realism (Basden, 2004; Bhaskar 1979; Kaboub, 2003) than interpretive positions such as social constructivism. Unlike post-modern approaches, critical realism views reality as external, and does not confuse reality with knowledge, a criticism of post-modern approaches made by critical realists (Basden, 2004). A critical realist approach represents social systems (e.g. health care) as being complex and layered, but fairly stable, i.e. not easily changed by human agency (Fleetwood, 2005). This meant that, while it was accepted that perceptions could be viewed as powerful mechanisms affecting human behaviour in adapting to changes in social systems (e.g. health care), they were not seen as constructing such systems (Fleetwood, 2005:206), which would be closer to a social constructivist position. It meant that, as happened in this case, where the research showed results in keeping with the trends shown in the literature, this did not necessarily compromise the findings or conclusions. This is because, according to critical realists, data which is "theory laden" is not necessarily "theory determined" (Sayer,

1992:73). Bhaskar in fact states that initial hypotheses or theories are necessary in order to make sense of the chaos of social phenomena (1979:62).

The study design was congruent with the research approach in being exploratory and interpretive in nature, and used semi-structured interviews so as to capture themes which might emerge during the study. The information was collected by personal interviews and was captured by digital voice recorder. This type of design was chosen because it was one of the first studies of its kind in chiropractic, and the topics discussed were meant to reveal emerging issues of a social phenomenon. The intention was to explore general trends, which possibly might inspire others to construct a platform for more research in the future with regard to professional integration.

3.3 The participants

Recruitment of the following 11 key stakeholders was made in order to present different views related to chiropractic integration in Israel. These included the following: five Chiropractors; three Medical Doctors; and three chiropractic patients.

3.4 Sampling the participants

The sampling process could be called purposive as individuals were specifically targeted for their knowledge in a certain area (Babbie and Mouton, 2001). One might argue that with such a small response sample, an explanation needs to be made to justify this representative group. Qualitative research in nature is centrally concerned with understanding things rather than with measuring them. The attempt here was not to make generalizations about populations from small samples, but rather to explore new ideas, to give them a unique interpretation and suggest how they could be studied in the future. The aim was to search for clues as to motivations, desires, beliefs, ways of thinking and words for description. However, if all participants expressed a similar opinion, for example, "awareness to chiropractic education is a key factor for a successful integration", it would suggest that this conclusion is likely to be valid, and could help in identifying what sort of component could be a barrier towards integration.

It has been argued that 'purposive sampling' is to be preferred to probability sampling when conducting qualitative research (Lincoln and Guba, 1985:202). Bock and Sergeant (2009) state that the purposive sampling is based on informational rather than statistical considerations:

Its purpose is to maximise information, not facilitate generalisation ... the criterion invoked to determine when to stop sampling is informational redundancy, not a statistical confidence level.

Initially open sampling took place, where the participants provided data relevant to the study. Another process used was 'snowballing' or chain referral sampling whereby one participant informs the researcher of someone else who might be willing to participate in the study (Holloway, 2005). However, some special characteristics for the individual respondents were set, as shown below (see the full explanation for the criteria in the Inclusion Criteria below).

Chiropractor 1 and 2

Practising for at least 4 years in both the private and public sectors. Former or present ICS president. Four years experience was a criterion in order to collect a valuable perception from a person who was experienced with the health care system.

Practising in the Israeli defence Army (IDA), public hospital or/and Health Maintenance Organisation clinic.

Chiropractor 3 and 4

Practising for at least 4 years in practice - specifically in a chiropractic clinic in a hospital.

Chosen by referral from an ICS management chiropractor member.

Chiropractor 5

Practising for at least 4 years, and was involved only in the private practice.

Medical Doctor 1

Practising at least 4 years in multidisciplinary pain clinic in public hospital.

Was involved in the chiropractic profession.

Medical Doctor 2

Practising at least 4 years. In some point was affiliated with chiropractic care services.

Medical Doctor 3

Representative of HMO (Health Maintenance Organisation) and CAM (Complementary Alternative Medicine) clinic.

Had at least at least 4 years experience in CAM.

Was involved in management of CAM in one of the 4 major HMO clinics and has had experience working with chiropractors.

Chiropractic Patient 1

64 year old male. Pensioner. Professor of chemical engineering.

Was outpatient in Assaf Harofe hospital. Was chosen randomly when arrived to chiropractic consultation. Was treated for back condition.

Chiropractic patient 2

45 year old female. Was a patient in private chiropractic clinic. Was chosen randomly when arrived to chiropractic consultation. Was treated for back condition.

Chiropractic patient 3

26 year old female. Dog trainer. Was outpatient in Assaf Harofe hospital. Was chosen randomly when arrived to chiropractic consultation. Was treated for foot injury.

3.5 Delimitation

It was assumed that the participants would have answered the questions openly and honestly therefore allowing the researcher the best approximation as to the

issues affecting the integration of chiropractic in the Israeli health care system. However, the most obvious limitation would relate to the ability to draw descriptive or inferential conclusions from sample data about a larger group. Therefore the sampling process was carefully carried out by including key stakeholders in the Israeli chiropractic arena. An attempt was made to include an interview with another medical doctor who had not been affiliated with any organisation delivering chiropractic services. Here again, some potential candidates were reluctant to participate in the research due to logistical issues and lack of knowledge (i.e. of the MDs) about chiropractic and its settings in the Israeli health care system. Eventually a participant was found. He had once been affiliated, but was no longer affiliated at the time of the interview.

Originally the intention was to interview equal numbers of medical doctors. However, time and logistical limits, as well the refusal of MDs to be interviewed, meant that this option was not feasible. Some questions had to be omitted due to their irrelevance, and to rule out ambiguity. However, the main issues from each topic were covered. Lastly, although it was difficult, the researcher made the attempt to show no bias, and rather give the participants a free space to express themselves without any interference.

3.6 Inclusion criteria

All participants were residents of the major city in Israel, Tel Aviv. This was because participants from the major city were more likely to meet the inclusion criteria. The participants had to comply with the following criteria.

The 5 chiropractors had to:

1. Be registered chiropractors of the Israeli Chiropractic Society (ICS).
2. Be English speaking.
3. Read and agree to the letter of information (see Appendix A).
4. Agree to be interviewed and recorded with informed consent (see Appendix B).
5. Four chiropractors had to practise at least 4 years in Israel in both the

private and public sectors in order to achieve a wider picture as for the difference between these two sectors.

6. Three chiropractors had to be involved in one or more of:
 - practice in an Israeli defence Army clinic (IDA)
 - practice in a public hospital
 - practice in one of the Health Maintenance Organisation (HMO) clinics in Israel.
7. Two chiropractors had to be former or present ICS president in order to collect valuable data as to the issues affecting contemporary chiropractics in Israel.
8. Two chiropractors had to be involved in or have attended at least one board committee meeting of the ICS or another governmental committee in order to have a political point of view that might relate to the integration process, mainly in terms of legislation.

It was more likely that ICS members, who were involved in the internal affairs of the organisation, would have elaborated on the topics discussed, and the data could be expected to be validated and authentic.

The Medical Doctors had to:

1. Be registered with the Israeli Medical Association (IMA).
2. Have practised at least 4 years in Israel in the private and public sectors, in order to achieve a wider picture regarding the difference between these two sectors.
3. Be English speaking.
4. Read and agree to the letter of information. (See Appendix A).
5. Agree to be interviewed and recorded with informed consent (see Appendix B).
6. One of the MDs had to be affiliated with any public hospital clinic through which Chiropractic care is delivered.
7. The second MD could not be affiliated with any organisation through which Chiropractic care is delivered.

The representative of HMO (Health Maintenance Organisation) CAM (Complementary Alternative Medicine) clinic had to:

1. Be involved in management position in one of the HMO's CAM clinics.
2. Have minimum 4 years of experience in the alternative/complementary medicine field.
3. Be English speaking.
4. Read and letter of information (see Appendix A).
5. Agree to be interviewed and recorded with informed consent (see Appendix B).

The three chiropractic patients had to:

1. Be between the ages of 18 to 70
2. Suffer from musculoskeletal injury or condition. With at least one chronic or acute condition of the spine or spine related.
3. Be associated with a painful condition.
4. Be English speaking.
5. Read and agree with the letter of information (see Appendix A).
6. Agree to be interviewed and recorded with informed consent (see Appendix B).

The patients were sampled randomly from any one of the chiropractic clinics in the health care system in Israel. One could argue that patients might know more or less about the debates informing this study. However, in order to provide a mirror reflection as to the position of the profession in the health care system it was imperative to sample patients who had been exposed to one or more other health profession excluding chiropractic.

3.7 Exclusion Criteria

Participants were excluded:

- If they had not read and agreed to the letter of information (Appendix A).
- If the letter of informed consent was not signed (Appendix B).

3.8 The initial contact with the participants

The first contact was made electronically from South Africa to Israel via e-mails. When the researcher arrived in Israel, he contacted the participants by phone. He introduced himself as a Masters student who was conducting research about the key issues he had identified, and which required discussion of certain topics. At this point he explained what the interview entailed and how they could find a convenient time to make an appointment for the interview.

3.9 The set of topics discussed

Personal details of the participants were taken before the interview, not for demographic purposes, but to get a sense of the respondent. The intention was to establish the following: age, educational levels, employment position, length of time worked in the field of expertise and some personal history.

Three specific topics were discussed in each of the interviews.

3.9.1 Topic one: The role/scope of practice of the chiropractic profession

The identity of the profession and its level of organisation and unity in the Israeli health care were very important components that needed be explored in order to understand the factors affecting the level of the professional integration

3.9.2. Topic two: The inter-professional relations between chiropractors and medical doctors

It was important to explore inter-professional communication and how this relationship might be improved (if necessary) in the future for better integration of chiropractic into the health care system, especially since consumers had placed pressure on various professions to communicate more clearly.

3.9.3 Topic three: Developmental issues with regard to professional integration

The researcher was hoping to further highlight issues in the chiropractic field that had not been considered previously, in order to facilitate the development of chiropractic practice in Israel.

3.10 Data collection tools and interpretation

The interviews took place in the various health care facilities where the participants could be approached. That was the participants' convenience preference.

The researcher discussed three different topics during face-to-face interviews. The duration of each interview was approximately between 20 to 50 minutes. During the interviews there were moments when he knew that he had enough data or that the respondent had fully expressed opinions. By probing he was able to arrive at the descriptions or motives sought, and subsequently validate and capture valued data. The data was recorded electronically by means of a digital voice recorder and then transcribed and analysed in South Africa. Analysis was interpretive, and involved the researcher studying and reflecting on the transcripts and comparing different responses, as well as continually going back to see what new interpretations might emerge over time with the inclusion of additional data. Certain themes were uncovered after a long interpretation, probing and constant comparison of the results. To facilitate comparison of responses, the analysis was presented in table form. While this might seem on the surface to resemble a positivist (i.e. quantitative) analysis, it must be emphasised that the analysis was purely interpretive: this was the case even when figures or quantities were involved.

It was intended that recordings would be stored for five years at The Durban University of Technology in a safe facility of the chiropractic department and would then be destroyed after five years. However, the respondents were informed that a copy of the transcripts would be available to them. This was to assure all parties that the transcripts were correct and authentic. Copies were

subsequently sent to respondents to ensure that the interview transcripts were correct.

3.11 Trustworthiness

Trustworthiness of the sample was a key criterion to establish the validity of the sample (Babbie and Mouton, 2001). In this instance there was little incentive for the individuals to provide insights other than their true opinions (apart from the fact that they were aware that the researcher was a chiropractor). The sampling procedure combined different research methods, investigations and data collection (triangulation approach). The researcher was trying to engage with potential participants by drawing out data on their perceptions. An attempt was made to establish trust and rapport throughout the actual interview in order to gain credibility. For that to be successful, the researcher had to probe in the direction where the participant had more knowledge on specific topics under discussion. This was to help to achieve the authenticity (e.g. a true reflection) required for data collection and analysis in this research, as well as to produce an interesting account to the reader. Nevertheless, it was hard to probe in some instances, mostly, due to time limits of both the researcher and the participants. The interview developed by means of questions which progressed through relevant and emerging issues, and from a broad overview to a narrow and specific area of interest. As participant, the researcher used probing, projection and stimulation techniques in order to clarify answers to the research questions. Nevertheless, and in order to find gaps, and establish differences as well as similarities, it was important to demonstrate consistency and coherence while remaining flexible.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

This chapter concerns itself with the data obtained from the interviews. The data was analysed to present the relevant issues related to the chiropractic integration in the Israeli health care system. The tables below represent the results (participants' view). A summary and accompanying discussion of the participants' views can be found underneath each table.

4.2 Personal details related to interviewees

These are provided to communicate a sense of the respondents. To maintain confidentiality, pseudonyms have been used.

MD- Mr Milken

43 year old male. Plastic surgeon. Previously affiliated with chiropractic services as part of multidisciplinary team.

MD- Mrs Yashik

53 year old female. Anaesthetist at a multidisciplinary pain clinic in a major hospital in Tel Aviv city. 18 years in practice.

MD- Mrs Zohar

35 year old female. Orthopaedist. representative of Maccabi Tivi (an HMO Clinic for CAM services).

DC- Mr Barel

38 year old male. Chiropractor in a multidisciplinary team in the pain clinic in Sourasky medical centre (hospital) in Tel Aviv city.

DC- Mr Arnon

33 year old male. Head of chiropractic, manager paramedical services in Assaf Harofe medical centre (hospital). In practice since 2004.

DC- Mr Sirena

40 year old male. Chief chiropractor in Klalit Alternative (CAM) HMO clinic in Tel Aviv city. 10 years in position.

DC- Mr Kremer

36 year old male chiropractor in private practice. In practice since 2000.

DC- Mr Kadmon

40 year old male chiropractor. Currently ICS president. Lecturer of anatomy at the medical school in Tel Aviv University. In practice since 2000.

Patient- Mrs Daor

44 year old housewife. Main complaint: Lower back pain. Previously was treated by a physiotherapist.

Patient- Miss Volkanot

26 year old female. Dog trainer. Main complaint: foot pain. Previously was treated by other therapists.

Patient- Mr Meir

64 year old male, pensioner. Professor of chemical engineering. Main complaint: Lower back pain.

4.3 Topics discussed

Three main topics were discussed. However, the interviews were flexible, in order to accommodate differences in background and knowledge of the topics under discussion. At the beginning of each question the reader can find a mnemonic (or code) to the full question which will be used throughout the analysis of the data. Crutch words and false starts were removed from these transcripts. The standard conventions referencing omitted words are indicated by ellipsis (dots), and inserted words, by putting them in brackets.

4.3.1 Topic 1: Role/ scope of practice

The following questions were asked to establish the chiropractors' role and scope of practice:

1. SHCE - Do you agree with the statement that chiropractors are **spine health care experts**? Why? It seems that there is no unity with regard to the scope of practice among the chiropractors in Israel. In your opinion, what are the issues affecting integrity within the profession? Any conflicts with non ICS members?
2. MS or CAM - Should chiropractic be part of the **mainstream or complementary alternative medicine**? Why?
3. (MDs) DA - How would you describe the perceived **diagnostic abilities** shown during a chiropractic consultation?
4. PHCP - One of the most important unresolved issues of the chiropractic profession is the right to practice as a **primary health care provider**. Can you explain what does it mean "primary care"? How might it affect integration?
5. LCI - How do you perceive the **level of the chiropractic integration** in the following, and what are the long/short term objectives regarding professional integration in:
 - Hospitals
 - HMO's clinics, and
 - Military clinics?
6. Facilities - What **facilities** can you utilize within your scope of practice? To what extent do you have freedom to practice as a chiropractor should? Do you experience any barriers in your practice?

4.3.2 Topic 2: Inter professional relations

The following questions were asked to establish the inter-professional relations between MDs and DCs:

1. PRP - In your opinion how important is the **patient referral pattern** between MDs and DCs with regard to professional integration?
2. IPRB - In your opinion what are the **barriers affecting inter-professional relations** between MDs and DCs? How could those barriers be overcome?
3. GK - Establishing a non-hierarchical, collaborative relationship between DCs and MDs or integration of chiropractic into biomedicine with physicians under control as **gatekeepers**: can you suggest possible reasons for this?
4. Collaboration - What **collaboration projects** between MDs and DCs can you elaborate on? Were they significant? Who was the initiator of this collaboration? Can you describe the outcomes of a chiropractic project?
5. LOE - In your opinion how is chiropractic's **level of education** and expertise perceived by key stakeholders in the mainstream health care system? What further steps are needed in order for chiropractic to be better understood by its health care counterparts?

4.3.3 Topic 3: Developmental issues

The following questions were asked to establish the chiropractic developmental issues:

1. PL - In your opinion, which sector should be a portal of entry towards **professional legislation**? Why?
2. (MDs) R & E - If you were in charge of health care policy would you consider including chiropractic in **research and education**? What reasons would you give to support your response?

3. Competition – What **competition**, if any, is there with other therapists which might affect professional integration?
4. 10Y - After having discussed the various aspects of the chiropractic profession in this interview, where do you see the profession in Israel in the next **ten years**? Why?

4.4 The chiropractors' perceptions about scope of practice

Table 4.1 shows that the views of chiropractors were mostly in favour of being represented as spinal health care experts. The rest of the questions revealed mixed answers. Mainstream was the preferred answer with some dichotomy or attraction toward an alternative approach (i.e. the preferred answer was for medicine as practiced by holders of M.D. or D.O. degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses). There was no consensus with regard to the meaning of primary health care providers in the chiropractic profession. Four chiropractors suggested that the level of chiropractic integration is successful to some extent, and important and desirable in the public health care sectors (no reasons were given). However, their individual professional experience and status appears to be limited in the HMO clinics because the MDs control the chiropractors as gatekeepers, whereas in hospitals they have freedom, as the patients have direct access to chiropractic services. The facilities question was positive due to the fact that chiropractors in hospitals and HMO clinics could utilize investigation procedures on a special arrangements. The private DCs did not have any objections to that.

According to Meeker and Haldeman (2005), the professional and social identity of chiropractic has not been resolved yet. Chiropractic stands at the crossroads of mainstream and alternative medicine. Therefore it is important for the ICS members to establish a leading statement on identity, which must be clear, concise and immediately relevant to both the public and the profession.

Table 4.1 The chiropractors' perceptions about scope of practice

	DC Barel	Dc Arnon	DC Sirena	DC Kremer	DC Kadmon
Spine health care experts	Na	No, chiropractors are rehabilitation professionals, dealing with all aspects of neuro-musculoskeletal medicine, specialising in functional rather than in structural disorders in general.	Yes, we are knowledgeable enough to touch peoples' spines... I think I'm quite fine to treat people with a variety of MSK conditions, so I am an expert in the human spine.	I do agree. I believe our education qualifies us to define ourselves as experts in areas of the spine.	Most of the chiropractors in Israel... lets say 90 percent of their practice are related to the spine.
Mainstream or CAM	We are not CAM but mainstream.	We should integrate as paramedical profession.	I think alternative profession, but we want to be mainstream.	I would like to see it as mainstream and accepted as independent profession.	I don't have any problem to be related to the alternative medicine in one hand but on the other hand I think that we have our capabilities as primary health care providers.
Primary health care providers	We are educated at school, meaning to sit with medical doctors in the same clinics... They should be first contact or primary care... should be able to hospitalize and receive patients from hospitals.	In the hospital I'm considered to be a doctor... I communicate with other doctors.	Excuse me, I'm a primary health care provider... everybody on the streets come to see me that's what happens in my private practice. They don't need a referral.	Yes and no... I think the WFC definition is broad enough to incorporate everybody and yet people get stuck up on fighting for semantics and this and that... We need to present a very concise straight forward definition of chiropractic, what is our	We have our capabilities as primary health care providers we should be able to diagnose and treat our patient as a first portal of entry.

				education and goals.	
Level of chiropractic integration	In hospitals it should be a multi-disciplinary approach like we have here in our Ichilov Hospital in Tel Aviv.	HMOs do not exist... You have no decision- or diagnosis-making process, nothing! You are a technician.	Chiropractors in the pain clinics got to be well recognized... highly qualified and some chiropractors in Israel are in key positions now... Chiropractors will never be doctors that can do diagnosis as gatekeepers like MDs.	I think in Israel it's fairly good... Here it's more integrated than elsewhere in the world.	I think hospital integration is very, very important because another doctors can be exposed and see the good results of chiropractic benefit's. But I don't think HMOs clinics are good for us... We are trying to bring more chiropractors to the air force but right now people don't want to volunteer for the service.
Facilities	Na	I have the entire hospital available to me.	I send my request for an x-ray or MRI for lower back pain to the MD and he will proceed from there. Most patients that come to me have had already an x-ray or MRI.	For me, I don't see the problem. By the time people get to me... They have been through the primary MD. MRI, CT. Usually the diagnosis process is fairly easy.	na

na= not applicable

4.5 The chiropractors' perceptions about inter-professional relations between MDs and DCs

Table 4.2 shows that chiropractors are strongly in agreement with the importance of patient referral to and from MDs, and are open to improving communication with MDs. These findings suggest that DCs' relationship with MDs is of key importance

to the former's professional success and self-image. However, it seems that direct access to chiropractors in the private sector was the major route by which patients could receive chiropractic services, whereas in the public sector it varies according to the facility's policy. Inter-professional relations barriers were perceived by the participants as:

- Lack of chiropractic education in medical schools and among MDs. One chiropractor, holding a top position in the ICS is currently lecturing anatomy to medical students. This would seem a good opportunity to break down barriers between chiropractic and the medical fraternity. However, on probing further into about what the ICS do in that regard, the researcher received no significant response.
- Insurance policies: A chiropractor who practises in a hospital addressed problems such as the difficult bureaucracy or the refusal to accept and pay for referrals for CT from a chiropractor. Another issue he mentioned was "ego". This appeared to refer to a negative image held by MDs of DCs and vice versa, based on the latter's level of professional training and education, as well not accepting chiropractic as a mainstream profession, therefore affecting the level of integration which might be achieved.
- Refusal to accept chiropractic mainly due to ignorance, mainly by MDs ,as well the public ignorance on the chiropractic scope of practice.
- The history between MDs and DCs was mentioned as a barrier. The possible reason was the long battle of chiropractors throughout the world to become a legitimate profession with a high status in society (no referencing was given).

The gatekeeper's question revealed interesting responses such as: ego issues (e.g. the refusal to work under an MD supervision), and for chiropractic to be categorized as an alternative profession with the right of chiropractors to practice as primary health care providers. Collaboration shows that DCs and MDs were involved in sectors such as military and hospitals mainly through research, lectures, discussing clinical cases and voluntary work. The chiropractors felt that MDs were confused and ignorant with respect to their knowledge about

chiropractic level of education. These factors seemed to affect inter-professional relations significantly. Similarly, research about inter-professional collaboration and job satisfaction of chiropractic doctors (DCs) suggested that a low relationship satisfaction exists between DCs and MDs. This is strongly linked to the referrals quantity from MDs, as well as to how extensively MDs are engaging in collaborative practice. However, overall global job satisfaction of DCs was unrelated to their relationships with MDs (Konrad *et al.*, 2004).

Although inter-professional relations between MDs and DCs appear to be improving, further research should be conducted to provide suggestions on how chiropractors can overcome barriers and improve communication with MDs and other health care professionals in the Israeli Health Care system.

Table 4.2. The chiropractors' perceptions about inter-professional relations between MDs and DCs

	DC Barel	DC Arnon	DC Sirena	DC Kremer	DC Kadmon
Patient referral pattern	It should be a mutual referral. I see the MDs and DCs as having equal rights and equal professional relationship and not one under the other.	It's important for chiropractors to refer the patient when they need either surgery or even more important than that, when they require a second opinion.	I get a lot of recommendations from family doctors that already know me or orthopaedists that got my name... Some orthopaedists don't want to hear the word chiropractor... They don't care and they don't believe in it.	I feel it's important ... part of the reason it is not much as it should be because chiropractors act as maybe in a competitive way. I happily refer people to orthopaedists when it's outside my area.	Yes, definitely. I think it's very important to build your own name... I have a lot of other doctors coming for treatment... Others like physiotherapists they know and trust me.
Inter-professional relations barriers	Chiropractic education at medical schools in Israel is not so good... Economical barriers suggesting competing on	First of all there is ego... it doesn't go well. The insurance issue is another level: the insurance company does not want to	Some orthopaedists are less educated. They don't want to refer, they don't believe. I would make sure that	The history between the two professions... I think the medical profession over the generations, got their	The first and the highest one is the ignorance of other doctors.

	patients.	pay for the CT, that's where things get stuck.	every orthopaedist-in Israel would be met by chiropractor-s or conferences.	impression of chiropractic. I see that improving with time.	
Gatekeepers	It should be parallel and not complementary because complementary is a philosophical issue: who is complementing who?	I'm not allowing it here... Patients that do come here (hospital) don't go through a physician in order to see me.	Yes, but it's just an ego issue. I don't take responsibility to evaluate a patient. Look at the HMO clinics. We are working together.	No, I think that a patient should have direct access to a chiropractor.	I don't have any problem to be related to the alternative medicine but on the other hand I think that our capabilities as primary health care providers... we should be able to diagnose and treat our patient as a first portal of entry.
Collaboration	I worked along with medical officer to help pilots achieve better results and accommodate them before and after air strikes.	I do join outpatient clinics with orthopaedic surgeons... We both sit in the same room, like I sit with you, we both see patients coming in and examine them and discuss their case. Last Lebanon war we had mobile integrity pain clinic. The unit's [army] were happy, the medical officers were happy... A Spinal Conference every year here in the hospital.	Personally I haven't done much but developing my own personal relationship with orthopaedists... I didn't do anything on a bigger scale because the association didn't do anything big. in the past I gave lectures to MDs. I didn't do anything on a bigger scale because the association didn't do anything big.	I don't know of anything specifically. My problem is lack of time but if someone will propose a project, I'll definitely consider it.	I did a few research projects in the air force when I had time... I am the one of two chiropractors that works in the air force clinic in Tel Hashomer... We are trying to bring more chiropractors to the air force but right now people don't want to volunteer for the service.

Chiropractic level of education	MDs don't know our experience with diagnosis, clinical thinking and management.	They [MDs] are confused... because you have people with very good strong education and you have people [chiropractors] that in 10 minutes of talk, you realize their education is very weak.	I don't really know if they know much. The organisation should do more.	I don't know. The one that I came in touch with usually have a fairly positive perception, but then again they either have a family member or somebody close to them that had some sort of experience with chiropractic.	Most of them think that we are part of CAM, some kind of a bizarre technique that took a course of a year or two in complementary college here in Israel.

4.6 The Chiropractors' perceptions about developmental issues

Table 4.3 shows that chiropractors agree that legislation procedure should be negotiated directly with government officials. However, one chiropractor felt that the government's term of office was not long enough for any laws to get passed. Chiropractors do not speak with one voice. Other chiropractors mentioned the expensive cost of governmental bureaucracy. It appears that chiropractors who worked in hospitals or were involved in military work were more involved in research than the other chiropractors. Continuous education was not seen as the strong side of the chiropractic profession. Only one chiropractor felt that some physiotherapists who practice spinal manipulations were competing with chiropractors. Other chiropractors thought that the chiropractors themselves were the only threat, possibly due to ego issues such as the refusal to work under the supervision of MDs. However, the majority did not see any threat from other therapists. One respondent to the ten years question said that the Israeli chiropractic society (ICS) management is a supporter of the International Chiropractic Association (ICA), which sees chiropractic as an individual profession not incorporated into the medical profession. The chiropractors also felt that in the next ten years the number of chiropractors in Israel would not increase; they would

have to survive on their own as long as there was no law to protect their rights to be a legitimate profession. Certainly, negotiations with the state are a means by which professions can seek to regulate market conditions to their advantage against competitors and to enhance their own privilege and status through social closure (Kelner *et al.*, 2004). Governmental recognition and support are important endorsements with respect to the societal relevance and development of the profession (Myburgh and Mouton, 2007). Therefore these issues must be emphasised accordingly in the Israeli health care system as soon as possible.

Table 4.3 The Chiropractors' perceptions about developmental issues

	DC Barel	DC Arnon	DC Sirena	DC Kremer	DC Kadmon
Professional legislation	It should be government... to increase pressure on government officials... through the incorporation of chiropractic within the national MVIL (Israeli Motor Vehicle Injury Law) and the National Health Care System... how we can save the system medical costs and how we can heal better, faster and safer.	It's only the governmental sector and by working with the people at the parliament [Knesset]. In the UK if the public has some perception then legislation will follow that... Over here the difference is unbelievable ... it's not from the people.	I think it should start from the government. Today there is no law, it's a problem. Everybody can decide he's a chiropractor.	As far as I understand the problem in Israel is that the government never stays long enough for a law to get passed... we don't speak with one voice... we get caught up with our own little differences and style.	It's a tough one... the best way is... to go to the government and to try to persuade through lobbyists in the parliament because through the public eye... it doesn't really matter if nobody dies from a chiropractic treatment, nobody really cares... We want to go deal with the bureaucracy of the parliament... the lobby is cost lots of money you know.
Research and education	I, myself, after the Lebanese war, performed a project... I collected the results from the	I employ here [in the hospital] a person that all he is doing is promoting	na	na	I put that on the shoulders of the chiropractors that treat patients in the

	<p>pilots' examinations and treatments... I'm currently working on two other projects. There was some research regarding radiology and biomechanics performed in Rambam Hospital.</p> <p>Education?</p> <p>They are trying to bring DCs from abroad... in the past few years there were only practice management doctors... but not real hard core clinical and practical stuff.</p>	<p>research for me. We have done clinical trials on new dynamic tapping to relieve nerve tension. We are now studying clinical trials in the emergency room to check what chiropractic is doing in this department.</p>			<p>hospitals. They can actually perform research. I did a few research projects in the air force...when I had time.</p> <p>Educational Institute?</p> <p>We need lots of money from abroad... and lots of lecturers... lab system, equipment, everything. I'm also in negotiation with the Wingate Institute trying to promote it there. They are trying to see if there is possibility to open a satellite institute of Life West college here in Israel, but it is a far dream... I'm not sure it's going to happen.</p>
competition	<p>There will be competition by physiotherapists that studied alongside chiropractors... including manipulations...</p>	<p>No I don't see those (Osteopaths) or the physios as a threat... I see only the chiropractic profession itself as a threat... I have no problem to give credit to a colleague of mine who is physiotherapy or masseur or acupuncturist.</p>	<p>I don't think it's a threat, there's room for everyone. It's good to have acupuncture, Pilates, yoga and Shiatsu, etc.</p>	<p>It should not be a problem. Competition exists in any free market environment.</p>	<p>I am not really aware of that, I really don't care. People ask should I do physiotherapy or chiropractic. I usually say I don't like to mix, but if you want to it's your choice.</p>

ten years	It depends how the current board of the ICS... willing to incorporate what the individuals... or the majority are saying to them and not like what they want to believe, because currently the majority of the ICS management... are supporters of the ICA which sees chiropractic as an individual profession not incorporated into the medical profession.	People will be bothered with their own survival... I don't want to be the ICS president, my interest is purely professional.	I think the numbers of chiropractors will more or less stay the same... I hope that there will be a law.	I see it in a better place than today... as far as I know it's been a good 30 years maybe that legislation has been tried to be introduced in Israel for chiropractic and it hasn't succeeded. I waiver between focusing our energy on marketing to the public in order to gain certain level of public awareness, and then through that momentum move towards legislation.	Na
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4.7 The MDs perceptions about chiropractic scope of practice

According to Baruch (2007), chiropractic voted to be legislated in Israel as mainstream health care, with the identity of spine health care experts-SHCE. Table 4.4 shows that only two MDs tended to believe that DCs are spine health care experts, according to their own experience. Two of the three participants suggested that mainstream is the preferred category, because they believe it is like physiotherapy in being more scientific. The Israeli Chiropractic Society (ICS) with the support of World Federation of Chiropractic (WFC) refuses to accept a scope of practice that does not include diagnosis and protecting the right of primary contact practices (Kenin, 2002). However the MDs were not sure about the chiropractors' diagnostic abilities and the right to practice as fully-fledged Primary Health Care providers.

Doctor Milken felt that chiropractic was more difficult to integrate into mainstream health care and that it was considered to be dangerous due to the manipulative techniques. It seems that the other two MDs (who worked in a multidisciplinary team in a hospital and HMO clinic) felt that medicine had moved from simply acknowledging the existence of chiropractic to cooperating with chiropractors. It was also suggested that medicine is increasingly integrating chiropractic into the Israeli health care system. However, it is important to establish a better understanding of MDs with regard to the chiropractic identity and scope of practice.

Table 4.4 The MDs perceptions about chiropractic scope of practice

	MD- Milken	MD- Yashik	MD- Zohar
Spine health care experts	I'm not sure if I agree with this. There are not enough public relations of the chiropractic society that pushes it inside the conventional establishment... they don't see much mutual work with medical doctors.	Yes, from the experience of the patients that I referred to chiropractors.	Yes, according to my own experience directly with a chiropractor.
Mainstream or CAM	It should be introduced to mainstream because it's different. It's more like physiotherapy, it's more scientific.	It should be CAM. Something to add to medicine... we are not expected from chiropractors to do the diagnosis.	It is mainstream already, according to what I see. Secondly in my eyes, complementary medicine is going to be mainstream in ten years.
Diagnostics abilities	I'm not sure. I am familiar with one chiropractor in person... usually I examine the patient first and then they go to a chiropractor.	Physicians should be as gatekeepers... I think chiropractors cannot diagnose. They have no abilities to read MRI and CT. It is my personal perception...	Yes they can... I think they have the ability to send the patient to x-ray, CT or MRI... From my experience, if I have a problem in looking at an MRI and x-rays I turn to my chiropractor and ask him what his opinion is... I know what he studied... I know that he knows how to look at x-rays, sometimes even better than I do. Even though I have an orthopaedic background I trust him with every patient that I have and when he recommends other

			exams or to send someone back to the orthopaedic surgeon, then I accept.
Primary health care providers	To be primary health care provider you have to have a broad spectrum of general medicine... to know if the back problem originates from the back itself or other conditions. You are asking for responsibilities that I don't know if you actually be happy to have it.	You have to be skilled. It's not something general. Chiropractic is a complementary profession... Chiropractors try and diagnose something and they are far – 180° from the main problem, believe me!	In private, of course, can be a primary health care providers but in Macabi Tivi clinics we have many more possibilities. For example, if a patient has osteoporosis in very high level, we don't use chiropractic, we use other methods.
Level of chiropractic integration	Chiropractic was more difficult to integrate because it considered more interventional therapy. Chiropractic is considered more dangerous because the manoeuvres and so on. Medical establishment is not so eager to integrate with chiropractic.	I see good progress. There is recognition of the complementary field. The conventional medicines don't have answers for everything and I believe there is another mean to health.	The thing is that all systems have to change and work side by side... they won't have equal rights ever never because they don't have the same profession.

4.8 The MD's perceptions about inter-professional relations between MDs and DCs

Table 4.5 shows that the patient referral pattern is very important as long as it follows the policy of each health care organisation. A study by Brussee, Assendelft and Breen (Louw, 2005) found that the level of chiropractic knowledge among GPs directly affects the frequency of patients' referrals to chiropractors. The inter-professional relations barrier was mainly the ignorance of MDs about the chiropractic education and scope of practice (i.e. level and type of training), specific expertise, conditions they treat, safety and efficacy issues. This certainly suggests a distance between the two professions. On the other hand, Breen, Carrington, Collier and Vogel (Louw, 2005) found that many GPs were more comfortable in referring patients to physiotherapists because of the latter's better understanding of the treatment involved. The findings also suggest that Israeli chiropractors should be supervised by MDs as gatekeepers owing to clinic

policies, mainly due to the fact that chiropractic is not yet recognised as a legitimate profession by the law. MDs are more likely to collaborate with chiropractors if they are young, open minded and in the right social circle. Here again, due to lack of knowledge about chiropractic education, training and practice patterns, it may be assumed that chiropractors must demonstrate acceptable educational level to gain the MDs collaboration and professional recognition. One MD thought that chiropractic education was not as serious as medical education. The other said that she believed the USA training level was fairly high. Louw and Myburgh (2007) found that GPs who did communicate with chiropractors and referred patients had a higher knowledge about chiropractic than GPs that did not. According to Garner *et al.* (2008), physicians continue to find it difficult to work with other kinds of practitioners. Nevertheless, referrals to CAM providers from physicians are increasing in other parts of the world (Coulter *et al.*, 2005). Therefore it is important to determine the current knowledge and perceptions of MDs in Israel of chiropractors and chiropractic treatment in general. This should establish a knowledge base to facilitate greater understanding and co-operation between the medical society and chiropractic profession in Israel.

Table 4.5 The MD's perceptions about inter-professional relations between MDs and DCs

	MD- Milken	MD- Yashik	MD- Zohar
Patient referral pattern	It's very important for the patients... If medical MDs feel comfortable with chiropractors they will refer to chiropractic. DCs should know when to refer to MDs as well.	It's very important... a ... [hesitating] when my patient says I refer them to chiropractors... when I think that the problem is more musculoskeletal then protrusion of disc or radiculopathy...	Orthopaedists and GPs can send directly to us with recommendation to a chiropractic treatment. Chiropractors in Macabi, they don't deal with orthopaedic surgeons, they deal with the medical manager of the clinic.
Inter-professional relations barriers	Most areas will be based on ignorance... the rumours say that usually don't go to DCs because so many conditions of patients got worse and they	Ignorance with regard to what chiropractors are able to do and what are their duties... I think we have to be more educated about what are the abilities	If MDs would understand that they don't have anything to be afraid of... and not all chiropractors speak the same language as orthopaedic

	can cause you paralysis. It's not based on anything... but that's...	of chiropractors.	surgeons... so both sides need to learn a little more about each other.
Gatekeepers	It's a good question... I think it should be supervised by MDs at first, at this stage. Later on, I don't know what happens in the legal status – after you get licensed then we can further talk about integration, but now anyone arriving from any place in the world can get himself a diploma and say I'm a chiropractor. He doesn't have to prove anything. He puts a sign on his door and you don't know.	I prefer that someone that suffers from an orthopaedic problem to be consulted first by an orthopaedist... it's their discipline you know... you have to be modest a little bit.	Macabi Tivi (natural) is a medical organisation. Chiropractors are not medical doctors. Chiropractors don't have the abilities to diagnose like orthopaedists or GPs... it's not the same diagnosis... they won't have equal rights ever never because they don't have the same profession... If they have all the means of orthopaedic surgeons, maybe they can achieve the same level. I'm not sure...
Collaboration	I think the initiatives are mainly with MDs that are open-minded, that have tried chiropractic. They have friends and relatives that went to a chiropractor. They direct them to DCs... Maybe it's a good idea that during the specialty of orthopaedic doctors and neurosurgeons to do a few months of rotation in alternative or complementary methods so they know what their patients are talking about.	We have meetings... before we asked Dr B what he is doing in general, by what means he helps the people – he talks about endorphins and pressure etc... we have a big ignorance.	There was a conference in Assaf Harofe Hospital... it was done by the complementary department which has both chiropractors, orthopaedic surgeons, Shiatzu, Twinna... they gave lectures... and that's how you get people closer, and the minute the chiropractors know the medical literature and they show their experience and they know the medical material, then doctors will listen.
Chiropractic level of education	I don't think that chiropractic education is as serious as medical education. I won't tell my patients to go to a chiropractor if I don't know what their expertise is.	I think we have to be more educated about what are the abilities of chiropractors.	Well it depends where you learned. Most of the chiropractors are from the USA and the level is pretty high.

4.9 The MD's perceptions about developmental issues

Table 4.6 shows that MDs consider the public to have a strong role in shaping the legislative status of chiropractic in Israel. However, it is strongly advised that legislation should be passed by government officials. Research was viewed as an important tool to gain scientific credibility, thereby promoting public awareness. MDs did not see competition with other therapists as a threat to chiropractic. In 10 years the MDs would like to see more research, exposure and collaboration between chiropractors and orthopaedists, which will hopefully lead to legislation on integration. Similarly, Breen, Austin, Campion-Smith, Carr and Mann (2007) found that GPs highlighted their need for continuous education in the management of acute back pain, for example, education around advising the patient about exercises, how to assess patients and performance of chiropractic manipulation. It was suggested that this could be done in the form of group work with a multidisciplinary focus in a chiropractic college clinic. From the Israeli perspective, it seems that developmental milestones such as legislation research and education are paramount building blocks to advance the chiropractic profession to a better place in the Israeli health care system.

Table 4.6 The MD's perceptions about developmental issues

	MD Milken	MD Yashik	MD Zohar
Professional legislation	Should be through the Health Department, the Government.	The public first, because you spread it easier. People are craving for something else.	The public has nothing to say... the public is tired.
Research and education	Yes, because it's another tool that is acceptable in U.S, Europe, South Africa and places that are in the first line of the future of medicine, and there is no reason why chiropractic shouldn't be there too.	na	Sure, yes. We have a couple of ideas... orthopaedic issues with chiropractic treatments, to get chiropractic and complementary medicine to be more known and to show how it is effective.
Competition	na	No, as a barrier.	I don't think it's relevant. Chiropractic and acupuncture both do very good things and complement each other.

Ten years	If you push your way towards legislation, I'm sure you'll be more accepted in the medical community and through that in the public.	If you will push, it's about publicity, it's about exposure.	I think there's going to be many more research. More surgeons are going to refer to them and I think they are going to collaborate with orthopaedic surgeons in research... Secondly, in my eyes, complementary medicine is going to be mainstream in ten years.
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4.10 The chiropractic patients' perceptions about chiropractic scope of practice

Table 4.7 suggests that the patients considered chiropractic as being part of mainstream. However, they could not conclude whether chiropractors were spine health care experts. The patients could not comment on any particular diagnostic abilities, nor could they comment on the primary health care provider issue. It seems that these participants could not draw definite answers with regard to the chiropractic level of integration and its scope of practice, possibly due to a lack of knowledge regarding the terminology discussed, and little exposure to chiropractic. In an American nationwide telephone survey (Gaumer and Gemmen, 2006) it was concluded that patients considered MDs as the ultimate primary providers. However, those who were willing to use a non MD as a primary care provider would make a chiropractor their first choice. Patients see the chiropractor as being effective in giving advice for routine problems, in diagnosis of problems, appropriately referring to specialists, and providing good advice for staying healthy. The findings above suggest that it would be wise to improve the Israeli public awareness of the chiropractic scope of practice.

Table 4.7 The chiropractic patients' perceptions about chiropractic scope of practice

	Mr. Meir	Miss Volkanot	Mrs. Daor
SHCH	I don't have any data to say yes or no... it seems that he know what he is	I don't know, I'm not taking care of my back, it's my leg.	Na

	doing. It seems to have helped some. I'm encouraged to keep going with him.		
Mainstream or CAM	It should be mainstream. However, they do have a problem. How do they qualify people?	I think the alternative part should be the mainstream... Lots of times the doctors [MDs] don't have the touch or the feeling to know what is wrong with the body.	Mainstream. Lots of treatment not always helps like medicine, physiotherapy.
Diagnostics abilities	If there were any diagnosis procedures, I didn't notice... he [the chiropractor] had seen what has been written in my file so I'm not aware of any particular diagnosis procedures.	I think it was quite similar to orthopaedic doctor. I would say it's the same level.	Na
Primary health care providers	na	I don't think I understand the importance of this. What does it matter? From my knowledge, I think it's like that [going to a GP]... They can,[be primary health care providers] but that's quite the opposite of integrating into the system, it's being separated from the system... a private person has to choose what kind of treatment he thinks he should get, but he doesn't have the knowledge of what each area has to offer.	Na
Level of chiropractic integration	Honestly, this is the first time I've been handled by a chiropractor so I can't really make a generalization... I'm aware that complementary medicine doesn't have any regulation in Israel at least.	I have no knowledge of how it goes in hospitals or what kind of treatment you get or so...	Na

4.11 The chiropractic patients' perceptions about inter-professional relations between MDs and DCs

Table 4.8 suggests that the participants were involved mainly in simple referrals, but that this occasionally included interdisciplinary arrangements between Dcd and MDs. Similarly, Triano (Mootz *et al.*, 1994) commented that the profession has become increasingly integrated into the American health care system; inter-professional contact in clinical settings has also increased, mostly by patient request, simple referrals and, occasionally, by multi- or interdisciplinary arrangements.

Two of the chiropractic patients were in favour of MDs being gatekeepers. Nevertheless, it does not suggest that this was a major problem. The patients' knowledge about the chiropractors' level of education was obtained directly from their own personal experience with chiropractic. However, not enough data was elicited in that context. The data which was gathered suggests that the chiropractic patients could not elaborate directly on the inter-professional relations between the MDs and DCs. Therefore these issues should be emphasised in future research.

Table 4.8 The chiropractic patients' perceptions about inter-professional relations between MDs and DCs

	Mr. Meir	Miss Volkanot	Mrs. Daor
Patient referral pattern	I've been referred by Dr [Professor] M, the head of the Orthopedic Department and Spine Surgery. Further than that, he said that A is a good chiropractor.	Of course it is because when there is an alternative area [profession] that wishes to be mainstream the recognition from MDs becoming important in that regard...	You can go directly to chiropractors... because you pay for it as much as I know... but you don't know that there is a chiropractor. The orthopaedists don't tell you that there is a chiropractor.
Inter-professional relations barriers	na	I guess different opinions about the way to check the body maybe outside impression that chiropractic is not a serious profession.	na

gatekeepers	I don't think that supervision of MDs is necessary, provided that chiropractors are qualified in appropriate way which I don't know exactly what it is right now.	I think if they [MDs] have enough knowledge it should be that way. I think there should be someone to say what is right for a person... chiropractors can be [first gate] but in my opinion, the minute there is too many gates to go through and nothing that holds them together, there's a lot of mix up.	I think so, it's better, because if the orthopaedists would have recommended the best, he can say maybe if it's good enough to go to physiotherapy, maybe you should take medicine, maybe you should go to a chiropractor, but they don't tell you that there is such an option.
Chiropractic level of education	Some of my friends are MDs and those tell me look down at all the alternative medicine, including chiropractic. Nevertheless, one of them, when he had a problem that conventional medicine didn't help... he did go to a chiropractor... with good results.	I can say about A [chiropractor] only... I got the feeling that he is knowledgeable... with combination of medical knowledge and how to handle to body physically.	Very high.

4.12 The chiropractic patients' perceptions about developmental issues

Table 4.9 suggests that the patients were in favour of the need for chiropractic to be legislated and regulated. It was suggested that this could be done via the HMOs, government and the public sectors. One of the patients was not sure if there was a role for chiropractic in the military and sport sectors. In ten years the patients thought that chiropractic would become more advanced and that they would like to see it integrated into the health care setting as a specialty, such as neurology and orthopaedics. Meeker (2000) found that the number of visits to chiropractors in 1997 was almost third compared to other CAM visits in the USA. The developmental implications for chiropractic and other CAM professions within the US health care system were as follows: access to research funding, and new markets for CAM and chiropractic services, created by health maintenance

organisations and the general health care industry. This gives some idea of which issues need to be addressed to further enhance developmental issues, mainly awareness and recognition by the public, the MDs and the government, which hopefully will lead to final legislation and regulation of chiropractic in the Israeli health care system.

Table 4.9 The chiropractic patients' perceptions about developmental issues

	Mr. Meir	Miss Volkanot	Mrs. Daor
Professional	I believe that the chiropractic society should take the initiative and get it moving... Before there is any regulation or rules, normally public organisation gets some time to view their opinion.	I don't know anything about bureaucracy but... it should be through Kupat Holim (HMOs)... That's the place where people turn to get treatment... I think the main thing is regulation... that automatically this profession will have a better service to offer... it would be more difficult for the public to trust without regulation.	I think it would be better to go to the government... then it will be easier... to go to the public and to go to orthopaedists...
TOS	I know that sport has their own problems, a lot more problems than the normal public so they probably have more access to it or more use for it. Military, I never heard about... I don't recall any particular need for a chiropractor in the military... I say go first to a medical doctor and have them refer you...	I don't know enough, but yes.	Na
Ten years	I know too little to comment on that... What I would like to see is integration as another specialty, like ear, nose, neurologists, orthopaedists etc... I'd like to see chiropractors amongst them.	I guess it will become more advanced.	I think good progress because the direction of the alternative...

4.13 Summary of the issues perceived to be affecting chiropractic integration in the Israeli health care system

The synthesis table 4.10 below illustrates interesting themes that emerged across the respondents, followed by a short interpretation. These themes were uncovered via a long interpretation, probing and constant comparison of the results. It shows the comments of the different respondents relative to one another, but only the most pertinent quotes were used. This is to provide the most interesting counterpoints from amongst the individuals rather than from the majority, and to provide the most relevant factors perceived to be affecting the chiropractic integration.

The sections below summarise the main points of table 4.10. The reader should also refer to the previous tables depicting the results and discussion of individual themes.

4.13.1 Lack of political force

There is lack of political motivation behind chiropractic (DC Arnon, table 4.10), possibly related to the small number of chiropractors in Israel. It may also be related to the lack of understanding its scope of practice. It might be that the chiropractic definition in Israel has been disputed through the years. Even within the profession, there are disagreements about the very nature of chiropractic and its purpose. Of course, each state has its own "definition" of chiropractic for statutory purposes. In Israel the debate between the government and the Israeli Chiropractic Society about a final definition for legislation purposes is still ongoing.

4.13.2 Economic factors

Economic problems exist, such as competing with the MDs for patients (see table 4.2), and low chiropractic salary in the HMO clinics. The debate should be on economical and effective strategies to prove the efficacy and cost-effectiveness of chiropractic. Its cost-effectiveness has not been demonstrated beyond reasonable

doubt. Therefore it is advised to conduct research that will demonstrate cost-effectiveness of chiropractic services.

4.13.3 Conflict within the chiropractic society

There are supreme disagreements and conflicts within the Israeli chiropractic society (ICS).

I: Do you think there is conflict within the ICS or outside?

R: Of course there are...those people outside the ICS normally don't bother to participate in meetings or make their voice heard. They are focused on their practice. Within the ICS there are supreme disagreements! ... The conflicts within the ICS are not allowing you to form one position, saying this is what we want. That's why we are not focused and not spending energy in getting the right people to push and get the law done.
(DC Arnon, interview five)

4.13.4 Need for development of a patient referral pattern

Although there is evidence for a patient referral pattern, I think that this area still needs to be developed. It seems that in most cases chiropractic patients in Israel are self-referred. In contrary, referral pattern seems to be more advanced in hospitals and HMO's CAM clinics than in private practice. With the increasing popularity of chiropractic care in Israel, inter-professional relationships between medical doctors and chiropractors should be expanding in order to improve patient care. However, lack of professional legislation seems to be a barrier for an extensive and more collaborative referral pattern, mostly between MDs and DCs.

4.13.5 Lack of trust in a non-regulated profession

It might be difficult for the public and the medical fraternity to trust chiropractic without professional legislation and regulation. The purpose of regulation in that regard is to protect the public against misconduct. As well as to set standards of chiropractic education, practice and patient management. This might help to gain professional credibility and to ensure the continual development of the profession (General Chiropractic Council, 2009).

4.13.6 Ego conflicts between chiropractors and medical doctors

There are ego issues, where chiropractors may refuse to work under the supervision of MDs. The issue is that in private practice, chiropractic provides services as primary care providers, but this is not the case in HMO's CAM clinics. This means that a DC has to work under the supervision of an MD.

4.13.7 Lack of legislation for chiropractic in Israel

As there is no licensure, governmental recognition or regulation this important profession is still developing. As the bureaucracy in Israel is very slow the law is hard to pass.

4.13.8 Ignorance about chiropractic scope of practice and education

There is ignorance among the public and MDs regarding the chiropractic scope of practice and education. These building blocks are areas of concern that need to be addressed to improve coordination and continuity of care for patients that are shared between MDs and DCs. These concern the relative level of training and education, efficacy and effectiveness and treatment procedures.

4.13.9 Need for an extensive chiropractic education programme

According to Barel, education about chiropractic in Israeli medical schools is not sufficient (DC Barel, Interview four). The aim in this regard should be to further develop an extensive chiropractic education programme for medical students, which includes collaborative research. It is therefore, in my opinion, important to encourage an evidence based medicine approach.

4.13.10 Lack of clinical research in chiropractic

Although Israeli chiropractors were involved in some research, it seems that there is a shortage of chiropractic clinicians who have the experience and training to conduct clinical research. In that regard, research is something that needs to be done and accepted properly. The concept of research is a means of improving future health care, and therefore needs to be widespread within the Israeli chiropractic profession. One of the more influential chiropractors in Israel mentioned that it is best that research should be conducted mainly in hospitals

where chiropractors are practicing, possibly owing to the nature of working in multidisciplinary environment (DC Kadmon, table 4.3).

4.13.11 Differences in opinion between groups of chiropractors

Differences in opinion appear to be between individual groups such as religious vs. non religious chiropractors, particularly in relation to philosophical and personal beliefs of scope of practice. It is therefore important to observe the relationship of vitalistic/religious concepts against mechanistic concepts and how it affects the chiropractic profession.

Not all of the above issues were seen as being significant by all participants, but the points raised were seen as being relevant to the issues discussed. However, these findings need to be explored with government officials in order to obtain an insight into their perception on chiropractic integration.

4.14 The issues perceived to be affecting chiropractic integration in the Israeli health care system (table 4.10)

Table 4.10

Themes related to the scope of practice	DCs
	<p>DC Arnon (identity issues?) - No. Chiropractors are rehabilitation professionals, dealing with all aspects of neuro-musculoskeletal medicine, specialising in functional rather than in structural disorders in general.</p> <p>DC Kadmon (identity/definition issues?) - I don't have any problem to be related to the alternative medicine in one hand but on the other hand I think that we have our capabilities as primary health care providers.</p> <p>DC Kadmon (definition issues?) - But the definition can be very big and open and will cover everything ... if we do it too specific; we are losing a lot of ... that's why the recommendation of the WFC suggests that the definition of chiropractic will be as vague as possible...</p> <p>DC Kremer (Primary care providers?) - Yes and no... I think the WFC definition is broad enough to incorporate everybody and yet people get stuck up on fighting for semantics and this and that... We need to present a very concise straight forward definition of chiropractic, what is our education and goals.</p> <p>DC Arnon (level of integration in HMOs?) - HMOs do not exist... You have no decision- or diagnosis making process, nothing! You are a technician.</p> <p>DC Barel (unity issues?) - Only 47 are members of the ICS (Israeli Chiropractic Society) because of political issues and personal beliefs. There is the religious approach where</p>

		the chiropractors are Jewish religious people... they set themselves aside as not relate to regular DCs...
	MDs	<p>MD. Milken (spinal experts?) - I'm not sure if I agree with this. There are not enough public relations of the chiropractic society that pushes it inside the conventional establishment ...</p> <p>-Primary health care? - To be primary health care provider you have to have a broad spectrum of general medicine... You are asking for responsibilities that I don't know if you actually be happy to have it...</p> <p>-Integration issues? - Chiropractic was more difficult to integrate because it considered more interventional therapy. Chiropractic is considered more dangerous because the manoeuvres and so on. Medical establishment is not so eager to integrate with chiropractic.</p> <p>MD Yashik (Identity/chiropractors abilities?) - It should be CAM. Something to add to medicine... we are not expected from chiropractors to do the diagnosis... Physicians should be as gatekeepers... They have no abilities to read MRI and CT. It is my personal perception...</p>
	Chiropractic patients	<p>Mr. Meir (spinal expert?) - I don't have any data to say yes or no...</p> <p>- Mainstream or CAM? - It should be mainstream. However, they do have a problem. How do they qualify people?</p> <p>-Diagnostics abilities? - I'm not aware of any particular diagnosis procedures. If there were any...I didn't notice...</p> <p>- Level of Integration? - I'm aware that complementary medicine doesn't have any regulation in Israel at least.</p>
Themes related to inter-professional relations between DCs and MDs	DCs	<p>DC Barel (Interprofessional relations barriers-IPRB?) - Yes, in terms of education, the current education of chiropractic in medical schools in Israel today is only half an hour exposure but not on the full extent of chiropractic, but only on the techniques, which is not so good, they just being exposed to demonstrations.</p> <p>...other barriers such as economical: since MDs are expected to perform or to make enough money by keep the beds in hospitals occupied with patients, so referring patients to DCs ... may cause their department to be half full...</p> <p>DC Sirena (IPRB?) - Some orthopaedists are less educated. They don't want to refer, they don't believe.</p> <p>DC Kadmon (IPRB?) - The first and the highest one is the ignorance of other doctors.</p> <p>DC Arnon (IPRB?) - First of all there is ego... it doesn't go well. The insurance issue is another level: the insurance company does not want to pay for the CT, that's where things get stuck.</p> <p>- (Conflict within the ICS?) - Of course there is ... those people outside the ICS normally don't bother to participate in meetings or make their voice heard. They are focused on their practice. Within the ICS there are supreme disagreements! ... The conflicts within the ICS are not allowing you to form one position, saying this is what we want. That's why we are not focused and not spending energy in getting the right people to push and get the law</p>

		<p>done.</p> <p>DC Barel (Inter-professional relations issues?) - ... Currently the majority of the ICS management... are supporters of the ICA- International Chiropractic Association which sees chiropractic as an individual profession not incorporated into the medical profession.</p> <p>DC Arnon (MDs as Gatekeepers-GK?) - I'm not allowing it here... Patients that do come here (hospital) don't go through a physician in order to see me.</p> <p>-Communication issues? - I do join outpatient clinics with orthopaedic surgeons. We both sit in the same room, like I sit with you, we both see patients coming in and examine them and discuss their case. Surgery goes their way, rehabilitation goes my way.</p> <p>DC Sirena (GK?) - Yes, but it's just an ego issue. I don't take responsibility to evaluate a patient. Look at the HMO clinics. We are working together.</p> <p>DC Kadmon (chiropractic level of education?) - Most of them [MDs] think that we are part of CAM, some kind of a bizarre technique that took a course of a year or two in complementary college here in Israel.</p> <p>DC Barel (chiropractic level of education?) - MDs don't know our experience with diagnosis, clinical thinking and management.</p>
	MDs	<p>MD Milken (barriers?) - Most areas will be based on ignorance... the rumours say that usually don't go to DCs because so many conditions of patients got worse and they can cause you paralysis. It's not based on anything... but that's...</p> <p>MD. Milken (level of education?) - I don't think that chiropractic education is as serious as medical education. I won't tell my patients to go to a chiropractor if I don't know what their expertise is.</p>
	Chiropractic patients	<p>Mrs. Daor (patient referral pattern?) You can go directly to chiropractors... because you pay for it as much as I know... but you don't know that there is a chiropractor. The orthopaedists don't tell you that there is a chiropractor.</p> <p>Miss Volkanot (inter-professional relations barriers?) - I guess different opinions about the way to check the body maybe outside impression that chiropractic is not a serious profession.</p> <p>- MDs as gatekeepers? - I think if they [MDs] have enough knowledge it should be that way. I think there should be someone to say what is right for a person... chiropractors can be [first gate] but in my opinion, the minute there is too many gates to go through and nothing that holds them together, there's a lot of mix up.</p> <p>Mr. Meir (MDs as gatekeepers?) - I don't think that supervision of MDs is necessary, provided that chiropractors are qualified in appropriate way which I don't know exactly what it is right now.</p>
Themes related to Developmental Issues	DCs	<p>DC Arnon (professional legislation?) - ...you have no political force, more like no relationship with politicians and pressure groups that's working for you.</p> <p>DC Kremer (legislation issues?) - As far as I understand the problem in Israel is that the government never stays long enough for a law to get passed... we don't speak with one voice... we get caught up with our own little differences</p>

		<p>and style.</p> <p>DC Kadmon (legislation issues) - ... We want to go deal with the bureaucracy of the parliament... the lobby is cost lots of money you know.</p> <p>DC Barel (continuous education for chiropractors?) – They [Israeli Chiropractic Society- ICS] are trying to bring DCs from abroad... in the past few years there were only practice management doctors... but not real hard core clinical and practical stuff.</p> <p>DC Kadmon (Law issues?) - There is no law for health care professions, only for MDs and Dentists ... the bureaucracy in Israel is very bad in that case and it's really hard to push the law that can protect the health care professionals.</p> <p>-Research? - I put that on the shoulders of the chiropractors that treat patients in the hospitals. They can actually perform research. I did a few research projects in the air force...when I had time.</p> <p>DC Sirena – (Law issues?) - I think it [legislation] should start from the government. Today there is no law, it's a problem. Everybody can decide he's a chiropractor.</p>
	MDs	<p>MD Zohar (law issues?) - There is no law for any complementary medicine so it's surprising. It's not only a barrier; it's very dangerous not having legislation in such a serious matter ... that lot of people use the services.</p> <p>MD Zohar (collaboration issues?) - There was a conference in Assaf Haroffe Hospital... it was done by the complementary department which has both chiropractors, orthopaedic surgeons, Shiatzu, Twinna... they gave lectures... and that's how you get people closer, and the minute the chiropractors know the medical literature and they show their experience and they know the medical material, then doctors will listen.</p> <p>Research? - Sure, yes. We have a couple of ideas... orthopaedic issues with chiropractic treatments, to get chiropractic and complementary medicine to be more known and to show how it is effective.</p> <p>MD Yashik (lack of knowledge?) – A little – I don't have enough knowledge about chiropractic ... I fear from chiropractic for my patients ... there are case that I'm afraid that chiropractic would be too aggressive. Last week I made a private visit to a patient. First of all he went to a chiropractor; he came on four [possibly in pain] from the chiropractor. Moshe - But how many cases like that happened to MDs? Yashik – Yes but if somebody has a licence to kill, like us ... we have a certain education, we have to pass certain exams to be experts or be specialists.</p>
	Chiropractic patients	<p>Miss Volkanot (developmental issues?) - I think the main thing is regulation, that automatically this profession will have a better service to offer ... it would be more difficult for the public to trust without regulation.</p> <p>Mr. Meir (legislation issues?) - Before there is any regulation or rules, normally public organisation gets some time to view their opinion.</p>

4.15 Comparison of the main themes with the literature review from other countries

The results discussed in this chapter revealed some interesting themes regarding the level of chiropractic integration in Israel. These will be compared with what has been published in other countries, and are as follows.

4.15.1 Legislation

Chiropractic is not yet licensed in Israel, and it seems that there are no clinical guidelines for the profession. However, in countries such as United Kingdom, America and South Africa, chiropractic is fully licensed and regulated by law. In America, for example, both political pressure and consumer acceptance over the years has won licensure for chiropractic in all 50 states (Micozzi, 1998).

4.15.2 Health Maintenance Organisations (HMOs) and hospitals

In Israel, chiropractic has been integrated to a certain extent into the public health care sectors. It appears that chiropractors in Israel fulfil the traditional role of CAM (complementary alternative medicine) therapists in the health maintenance organisation (HMO) clinics and some hospitals (public sectors). In England, for example, chiropractors do not have such a role in the National Health Service (NHS). However, a government committee recommended that General Practitioners should be referring patients to qualified chiropractors, osteopaths, or specialist physiotherapists (Langworthy *et al.*, 2002).

4.15.3 Reimbursement

The public in Israel cannot be reimbursed for private chiropractic services (Baruch, 2007). These services can be provided only by registered chiropractors who are employed by the health maintenance organisations (HMOs), and only to its subscribers (see 2.8). In New York, for example, by law, any person insured by a Healthcare plan licensed under the insurance law of the State of New York is entitled to chiropractic coverage (New York's Chiropractic Bill, 2008). However, some controversies exist between different health plan organisations regarding

reimbursement of chiropractic services (State of New York, Insurance Department. 2004). In South Africa:

Most of the major Medical Administrators reimburse for chiropractic services. Those injured on duty can be assured that chiropractic services are also reimbursed by COIDA. The realisation that chiropractic is an effective and cost-effective approach to spinal health care is well established within the health care system (chiropractic Association of South Africa-CASA, 2009)

4.15.4 Patients' referral patterns

It seems that patients' referrals between MDs and DCs in Israel are based on private relationships and multidisciplinary practices. Similarly, inter-professional contact in clinical settings has increased, mostly by patient request, by simple referrals and occasionally by multi- or interdisciplinary arrangements (Mootz *et al.*, 1994). In South Africa, for example, GPs referring patients to chiropractors had a higher knowledge about chiropractic than GPs who did not (Louw and Myburgh, 2007). It also appears, at this stage, that the quantity of referrals in Israel is directly related to how extensively MDs and DCs are engaging in collaborative practice. This is strongly linked to the findings of Konrad *et al.* (2004). The American medical Association issued an important statement regarding referral pattern (see explanation 2.8.3):

A physician may refer a patient for diagnostic or therapeutic services to a chiropractor permitted by law to furnish such services whenever the physician believes that this may benefit his or her patient. Physicians may also ethically teach in recognized schools of chiropractic (E-3.041 Chiropractic, 1992).

4.15.5 Education

Currently there is no educational institute for chiropractic in Israel. However, it seems from one of the participants' input that medical students are receiving some sort of information about chiropractic in their curriculum (see DC Barel table 4.2). That is not the case in South Africa, for example, where the chiropractic educational curriculum lacks contact with the public (government) sector and medical doctors in hospitals and health care clinics (Myburgh and Mouton, 2007). Nevertheless, chiropractic in South Africa, with two chiropractic institutions, is fully recognized as a legitimate profession (Chiropractic Association of South Africa, 2009).

Chapter Five will summarize the conclusions and recommendations drawn from the results analysis of this chapter.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

The main conclusions that can be drawn from this research are as follows:

5.1.1 Scope of practice

With regard to the scope of practice, the chiropractic participants were positive about being recognised as “spinal health care expert”, and wished to be incorporated as part of the mainstream profession. However, they could not elaborate specifically regarding their role as primary health care providers. The profession is attempting to establish an internationally acceptable chiropractic paradigm, but is having difficulty because of the wide range of views and internal conflicts held by its ICS (Israeli chiropractic society) members.

5.1.2 Inter-professional relations

Inter-professional relations with MDs seem to exist in hospitals and HMO clinics more than in private practices. In hospitals the chiropractors have more freedom of action regarding diagnostics and investigation procedures, whereas in HMO clinics this freedom is limited because chiropractors are not fully independent; they have to work under the MDs supervision as gatekeepers. Nevertheless, it appears that DCs' relationship with MDs is of key importance to their professional success and self-image. The chiropractor's professional image however, is not clear, mainly, it would appear, due to the MDs' ignorance about the chiropractic profession.

5.1.3 Developmental issues

The chiropractors' need for professional legislation and regulation is considered to be an important developmental milestone for a successful integration into the health care system. In that regard it seems that the ICS do not have the political force needed, and governmental bureaucracy is hard to bypass. The MDs support the policy of acting as gatekeepers in hospitals and HMO clinics. They also believe that chiropractors are not well trained in diagnostics procedures; therefore they cannot function as fully independent primary health care practitioners. Nevertheless, they are thought to have potential to become a mainstream

profession. Although there is no political or legal consensus of the MDs to integrate with chiropractic, it seems that in hospitals and HMOs clinics there is acceptance, recognition and collaboration to a certain degree.

This suggests that the more knowledge that MDs have about chiropractic the greater the potential to improve the inter-professional relations with DCs, and to advance chiropractic to obtaining successful legislation in Israel. In general, the MDs felt that communication with chiropractors was essential. Research and exposure were also viewed by the MDs as important tools to gain scientific credibility and professional legitimacy. I believe that with a group effort and political force chiropractic have the potential to integrate further and develop in the health care system.

Although chiropractic in Israel is categorized as a CAM profession in hospitals and HMO clinics, in general, the chiropractic patients interviewed wanted to see chiropractic becoming part of a mainstream profession. However, they could not conclude or elaborate about the scope of practice. This was due to lack of knowledge and awareness about chiropractic education, and its role and legal status in the Israeli health care system. Possibly that was the reason why the patients were confident with MDs functioning as gatekeepers. The patients were not aware of the level of inter-professional relations between MDs and DCs. Referrals were mainly simple but occasionally included interdisciplinary arrangements between DCs and MDs. Regarding professional development, the patients felt positive about the notion that chiropractic should be legislated and regulated. In general they felt that chiropractic would become more advanced and would like to see it integrated fully into the health care setting.

5.2 Recommendations

The following Recommendations can be made from the research:

- Chiropractors in Israel need to unite in order to establish a leading statement on their professional identity and scope of practice which must be

clear, concise and immediately relevant to both the public and government officials.

- Further qualitative studies need to be conducted into how to improve communication and co-operation between DCs and MDs both in the public and the private health care sectors. This will be beneficial for their patients and to both professions in terms of successful integration.
- Governmental recognition and support are important endorsements in order for the profession to develop and stay relevant. Therefore the sooner the legislation is approved the better social acceptance will be in the Israeli health care system.
- Further enquiries must be addressed to investigate the different professional status held by various practitioners (e.g. the status of DCs who are practising in hospitals compared with the status of those at HMO clinics: in the former, the DCs are functioning as a “first gate” to the patients, whereas in the latter, the MDs function as gatekeepers).
- Intervention programmes to educate and increase the public awareness of chiropractic should be set in place by the ICS and the public health care organisations. This could include presentations, sport events, magazines, newspapers, more involvement of the Israeli chiropractic association and its members in more mainstream scientific circles, research and education and incorporation into insurance policies.
- These findings have implications for chiropractic in South Africa in terms of integration. Therefore, it is important to ascertain the MDs’ perception and knowledge of the chiropractic profession in South Africa. This might help to establish a knowledge base to facilitate greater implementation of chiropractic services in the public health care sectors and hospitals as seen in Israel.

The small sample size of the participants was a limitation to showing statistical significance in the topic discussed. However, the findings in this research can be a platform for further investigations and research (i.e. the questions still need to be answered in more detail). In order to reach a true reflection of the chiropractic integration in Israel, it is recommended that this research is repeated with a more representative sample.

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APPENDIX A: LETTER OF INFORMATION

Qualification: Master- Chiropractic (M Tech)

Department: Chiropractic Department. Durban University of Technology

Candidate: Moshe, Charley Bar-Gil.

Title: The perception of selected Chiropractors, Medical Doctors, Health Maintenance Organisation representative and chiropractic patients regarding the integration of the chiropractic profession in the Israeli health care system.

Supervisor: Dr. C. Myburgh. Senior lecturer. Master Technology: Chiropractic. D.Phil:SSM. Institute for Sport Science and Clinical Biomechanics, University of Southern Denmark. 55 Campusvej, Odense M, 5230, Denmark.

E-mail cmyburgh@health.sdu.dk

Dear Participant,

Thank you for agreeing to participate in my study. The aim of this interview is to shed some light on important issues, which may inform me about your perception of chiropractic integration in the Israeli health care system.

The benefit of this information is that it can be used to develop a picture of the type of practice given by chiropractors and consequently how we should develop the profession in the Israeli context in order to remain relevant. Furthermore, this information can also be shared with the international community so that global strategies for the development of chiropractic can include contributions from Israel. The material that will be discussed is not of a sensitive nature; however, confidentiality will be maintained. 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.

Your participation is completely voluntary and you may withdraw at any stage. If you have any questions, please do not hesitate to contact me.

Thank you, Moshe Charley Bar-Gil (Researcher) E-mail: cbargil@ananzi.co.za
Israel- 050- 5660130, 03-6020649 or: S.A 072-6038051 031-3125325

APPENDIX B: INFORMED CONSENT FORM

(To be completed by the participant)

DATE: -----

TITLE OF THE RESEARCH:

The perception of selected Chiropractors, Medical Doctors, Health Maintenance Organisation representative and chiropractic patients regarding the integration of the chiropractic profession in the Israeli health care system.

NAME OF SUPERVISOR:

Dr. C Myburgh. Senior lecturer Master Technology (M Tech) Chiropractic.

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S.A 072-6038051 031-3125325 or Israel: 050-5660130 03-6020649
Durban University of Technology, Chiropractic Department

Please circle the appropriate answer

YES / NO

1. Have you read the research information sheet?	Y	N
2. Have you had an opportunity to ask questions regarding this study?	Y	N
3. Have you received satisfactory answers to your questions?	Y	N
4. Have you had an opportunity to discuss this study?	Y	N
5. Have you received enough information about this study?	Y	N
6. Do you understand the implications of your involvement in this study?	Y	N
7. Are you aware that you are free to withdraw from this study at any time, without giving a reason for your decision to do so?	Y	N
8. Do you agree to voluntarily participate in this study?	Y	N

- **Please be sure that the researcher has explained each of the above questions to your satisfaction before giving consent.**
- If you answered "NO" to any of the above questions, please obtain clarity before giving consent.

Please print in block letters:

Participant name: _____ Signature: -----

Witness name: _____ Signature: _____

Researcher: Master-student, Chiropractic Signature: _____

APPENDIX C: THE TRANSCRIPTIONS

Topic 1: Role/scope of practice

The following questions were asked to establish the chiropractors' role and scope of practice:

1. SHCE - Do you agree with the statement that chiropractors are **spine health care experts**? Why? It seems that there is no unity with regard to the scope of practice among the chiropractors in Israel. In your opinion, what are the issues affecting integrity within the profession? Any conflicts with non ICS members!
2. MS or CAM - Should chiropractic be part of the **mainstream or complementary alternative medicine**? Why?
3. (MDs) DA - How would you describe the perceived **diagnostic abilities** shown during a chiropractic consultation?
4. PHCP - One of the most important unresolved issues of the chiropractic profession is the right to practice as a **primary health care provider**. Can you explain what does it mean "primary care"? How does it affect integration?
5. LCI - How do you perceive the **level of the chiropractic integration** in the following, and what are the long\short term objectives regarding the professional integration in:
 - Hospitals
 - HMO's clinics, and
 - Military clinics?
6. Facilities - What **facilities** can you utilize within your scope of practice? To what extent do you have freedom to practice as chiropractor should? Do you experience any barriers in your practice?

Topic 2: Inter professional relations

The following questions were asked to establish the inter-professional relations between MDs and DCs:

1. PRP - In your opinion how important is the **patient referral pattern** between MDs and DCs with regard to the professional integration?
2. IPRB - In your opinion what are the **barriers affecting inter-professional relations** between MDs and DCs? How those barriers can be overcome?
3. GK - Establishing a non-hierarchical, collaborative relationship between DCs and MDs or integration of chiropractic into biomedicine with physicians under control as **gatekeepers**? Can you give reasons?
4. Collaboration - What **collaboration projects** between MDs and DCs can you elaborate on? Was it significant? Who is the initiator of this collaboration? Can you describe the outcomes of a chiropractic project?
5. LOE - In your opinion how is chiropractic's **level of education** and expertise perceived by key stakeholders in the mainstream health care system? What further steps are needed in order for chiropractic to be better understood by its health care counterparts?

Topic 3: Developmental issues

The following questions were asked to establish the chiropractic developmental issues:

3. PL - In your opinion, which sector should be a portal of entry towards **professional legislation**? Why?
4. (MDs) R & E- If you were in charge of health care policy would you consider including chiropractic in **research and education**? What reasons would you give to support your response?

3. Competition- How is **competition** with other therapists affecting professional integration?
4. 10Y - After having discussed the various aspects of the chiropractic profession in this interview, where do you see the profession in Israel in the next **ten years**? Why?

I removed crutch words and false starts from these transcripts, and placed words implied (but not spoken_ in brackets []. I used ellipses . . . three spaced dots - to represent something left out.

Interview one

MD - Mr. Milken: 43 year old male. Plastic surgeon. Previously affiliated with chiropractic services as part of multidisciplinary team.

I: Do you agree with the statement that chiropractors are spine health care experts?

R: I'm not sure if I agree with this. There are not enough public relations of the chiropractic society that pushes it inside the conventional establishment...they don't see much mutual work with medical doctors. Usually what you hear is if you have a problem make sure you don't go to chiropractic until you know it's a stable condition, for example, acute stage...don't go to chiropractic. That's what medical orthopaedists say. There is not much understanding about chiropractic.

I: Is chiropractic should be part of the mainstream medicine or CAM?

R: It should be introduced to mainstream because it's different. It's more like physiotherapy, it's more scientific.

I: How would you describe the perceived diagnostic abilities shown during a chiropractic consultation?

R: I'm not sure. I am familiar with one chiropractor in person, usually I examine the patient first and then they go to a chiropractor.

I: Do you think it is important for MDs to know about it?

R: Of course. If medical MDs feel comfortable with chiropractors they will refer to chiropractic. DCs should know when to refer to MDs as well.

I. One of the most important unresolved issues of the chiropractic profession is the right to practice as a primary health care provider. Can you explain what does it mean "primary care"? How does it affect integration?

R: To be a PHCP you have to have a broad spectrum of general medicine to know if the back problem originates from the back itself or other conditions. You are asking for responsibilities that I don't know if you would actually be happy to have.

I: How do you perceive the level of the chiropractic integration of chiropractic in Israeli health care? What is the long\short term objectives regarding the professional integration in?

R: Chiropractic is more difficult to integrate because it considered more interventional therapy. Chiropractic is considered more dangerous because the manoeuvres and so on. Medical establishment is not so eager to integrate with chiropractic.

I: How important is the patient referral pattern between MDs and DCs with regard to the professional integration?

R: It's very important for the patients.

I: Do you believe DCs should work directly with the public without relying on referrals from MDs?

R: First of all it's an option to work directly with the public but I think that working or letting MDs and GPs know more or learn more on chiropractic and about their education.

I: In your opinion what are the barriers affecting inter professional relations between MDs and DCs?

R: Most areas will be based on ignorance, the rumours say that usually don't go to DCs because so many conditions of patients got worse and they can cause you paralysis. It's not based on anything...but that's...

I: Should chiropractors integrate into healthcare based on the establishment of a non-hierarchical, collaborative relationship between DCs and MDs or based on a hierarchy where physicians maintain control as gatekeepers?

R: It's a good question. I think it should be supervised by MDs at first, at this stage. Later on, I don't know what happens in the legal status, after you get licensed then we can further talk about integration, but now anyone arriving from any place in the world can get himself a diploma and say I'm a chiropractor. He doesn't have to prove anything. He puts a sign on his door and you don't know.

I: What collaboration projects between MDs and DCs can you elaborate on?

R: I think the initiatives are mainly with MDs that are open-minded, that have tried chiropractic. They have friends and relatives that went to a chiropractor. They direct them to DCs, I haven't seen any DCs turn into MDs. Maybe it's a good idea that during the specialty of orthopaedic doctors and neurosurgeons to do a few

months of rotation in alternative or complementary methods so they know what their patients are talking about.

I: In your opinion how is chiropractic's level of education and expertise perceived by key stakeholders in the mainstream health care system?

R: I don't think that chiropractic education is as serious as medical education.

I: How important is it for MDs to be more aware about the chiropractic level of education?

R: Very important. I won't tell my patients to go to a chiropractor if I don't know what their expertise is.

I: In your opinion, which sector should be a portal of entry towards professional legislation?

R: Legislation should be through the Health Department, the Government. After you get licensed then you can work through orthopaedic departments.

I: If you were in charge of health care policy will you consider including chiropractic in research and education?

R: Yes, because it's another tool that is acceptable in U.S, Europe, South Africa and places that are in the first line of the future of medicine, and there is no reason why chiropractic shouldn't be there too.

I: When communicating with the general public to promote professional integration, whose view do you think should receive more emphasis, the public or the profession's own priorities?

R: The public view because. Chiropractors think that their job is serious and they respect their job, but you need the public to respect your profession.

I: Can you suggest ways to improve communication with the public?

R: Well, I think it's a lot of advertisements? if you have support of the government in acceptance and research and letting the public know about the research.

I: Where do you see the profession in Israel in the next 10 years?

R: If you push your way towards legislation, I'm sure you'll be more accepted in the medical community and through that in the public.

Interview two

MD Mrs. Yashik: 53 year old female. Anaesthetist at a multidisciplinary pain clinic in a major hospital in Tel Aviv city. 18 years in practice.

I: Do you agree with the statement that chiropractors are spine health care experts?

R: Yes, from the experience of the patients that I referred to chiropractors.

I: Should chiropractic be part of mainstream medicine or CAM?

R: It should be CAM. Something to add to medicine...we are not expected from chiropractors to do the diagnosis.

I: How would you describe the perceived diagnostic abilities shown during a chiropractic consultation?

R: Physicians should be as gatekeepers.

I: Do you think this because you don't have the understanding about the chiropractic level of education?

R: Most probably. I think chiropractors cannot diagnose. They have no abilities to read MRIs and CTs. It is my personal perception. I see GPs that are trying to be pain management physicians and they have no abilities.

I: What's the connotation to chiropractors?

R: You have to be skilled. It's not something general. Chiropractic is a complementary profession.

I: So you are saying any CAM profession cannot diagnose?

R: Chiropractors try and diagnose something and they are far ? 180 degree from the main problem, believe me!

I: How do you perceive the level of the chiropractic integration of chiropractic in Israeli health care?

R: I see good progress. There is recognition of the complementary field. The conventional medicines don't have answers for everything and I believe there are other means to health. By this way we can deal with the problem. We can also give relief in other ways, not only pain killers.

I: How important is the patient referral pattern between MDs and DCs with regard to the professional integration?

R: It's very important

I: Can you tell me about your experience?

R: Aa...[hesitating] when my patient says I refer them to chiropractors to sort their problems out.

I: Can you give me an example, in what condition or in what state you are referring to a chiropractor?

R: When I think that the problem is more musculo-skeletal then protrusion of disc or radiculopathy.

I: Should a patient come directly to you first or to a chiropractor?

R: First to orthopaedists that are a specialist in diagnosis. I prefer that someone that suffers from an orthopaedic problem to be consulted first by an orthopaedist; it's their discipline you know ? you have to be modest a little bit.

I: In your opinion what are the barriers affecting inter professional relations between MDs and DCs?

R: Ignorance with what chiropractors are able to do and what are their duties...I think we have to be more educated about what are the abilities of chiropractors.

I: What collaboration projects between MDs and DCs can you elaborate on?

R: We have meetings, before we asked Dr B what he is doing in general, by what means he helps the people...he talks about endorphins and pressure etc...we have a big ignorance.

I: Do you see the lack of law and legislation as a barrier towards integration?

R: I prefer that there would be certain laws and regulations. Not everybody that comes from nowhere can pretend he is a very good chiropractor, so some limits, some discipline. Even for you, for the chiropractic there is competition, no I prefer that the best of the people that have learned have the experience not only to press but have also medical and physical education.

I: Can you describe the outcome of chiropractic projects?

R: I have no, I did nothing ?

I: So what are you doing here together in the Pain Clinic, you just refer to each other if you need, and that's all? Is that the level of relationship between the two of you?

I: Yes, plus minus, yes.

R: Do you have meetings?

I: Yes we have. One of the complaints of the chiropractors is that we, MDs don't send them enough patients. That was the reason that Dr Brill ask: give us a lecture because we don't know what you are doing.

I: And nobody has done it until now?

R: No.

I: Do you have any conflicts? Let's say you do some diagnosis, you and the chiropractor and Dr Brill is sitting together to discuss a case study.

R: No, we don't have it.

I: You never discuss?

R: Very little.

I: Do you think there should be more collaboration?

R: Yes.

I: In your opinion, which sector should be a portal of entry towards professional legislation?

R: The public first; because you spread it easier, people are craving for something else.

I: Do you yourself believe in chiropractic?

R: A little...I don't have enough knowledge about chiropractic. I fear from chiropractic for my patients...there are case that I'm afraid that chiropractic would be too aggressive. Last week I made a private visit to a patient. First of all he went to a chiropractor; he came on four [possibly in pain] from the chiropractor.

I: But how many cases like that happened to MDs?

R: Yes, but if somebody has a license to kill, like us we have a certain education, we have to pass certain exams to be experts or be specialists.

I: Is competition with other therapists affecting professional integration?

R: No, as a barrier.

Do you think chiropractors should target other sectors or special communities?

R: Maybe it has a role, but again we have to know more about...sport it is much more of a specialty.

I: Where do you see the profession in Israel in the next 10 years?

R: If you will push...it's about publicity, it's about exposure.

Interview three

MD: Mrs. Zohar - 35 year old female, representative of Maccabi Tivi (an HMO Clinic for CAM services).

I: Do you agree with the statement that chiropractors are spine health care experts?

R: Yes, according to my own experience directly with a chiropractor.

I: Should chiropractic be part of mainstream medicine or CAM?

R: It is mainstream already, according to what I see. Secondly in my eyes, complementary medicine is going to be mainstream in ten years.

I: So why do the public know it as CAM?

R: Because not enough orthopaedic surgeons believe in it.

I: How would you describe the perceived diagnostic abilities shown during a chiropractic consultation?

R: Yes they can.

I: One of the most important unresolved issues of the chiropractic profession is the right to practice as a primary health care provider. Can you explain what does it mean "primary care"? How does it affect integration?

R: In private, of course, can be a PHCP but in Maccabi Tivi clinics we have many more possibilities. For example, if a patient has osteoporosis in very high level, we don't use chiropractic, we use other methods.

I: Facilities?

R: Radiograph done by request from an MD, and not on their own. They cannot send the patients on their own, it must be through request.

I: How important is the patient referral pattern between MDs and DCs with regard to the professional integration?

R: Orthopaedists and GPs can send directly to us with recommendation to a chiropractic treatment. Chiropractors in Maccabi, they don't deal with orthopaedic surgeons, they deal with the medical manager of the clinic.

I: In your opinion what are the barriers affecting inter professional relations between MDs and DCs?

R: If MDs would understand that they don't have anything to be afraid of...and not all chiropractors speak the same language as orthopaedic surgeons, so both sides need to learn a little more about each other.

I: How would you suggest doing that?

R: First of all there was a conference in Assaf Harofe Hospital. It was done by the complementary department which has both chiropractors, orthopaedic surgeons, Shiatzu, Twinna...they gave lectures and that's how you get people closer and the minute the chiropractors know the medical literature and they show their experience and they know the medical material, then doctors will listen.

I: Should chiropractors integrate into healthcare based on the establishment of a non-hierarchical, collaborative relationship between DCs and MDs or based on a hierarchy where physicians maintain control as gatekeepers?

R: Chiropractors in Israel don't go to surgery...they don't do surgery. I think they have the ability to send the patient to x-ray, CT or MRI. The thing is that all systems have to change and work side by side, they won't have equal rights ever never because they don't have the same profession.

I: Why MDs as first gatekeepers?

R: Maccabi Tivi (natural) is a medical organisation. Chiropractors are not medical doctors. Chiropractors don't have the abilities to diagnose like orthopaedists or GPs, it's not the same diagnosis. If they have all the means of orthopaedic surgeons, maybe they can achieve the same level. I'm not sure.

I: There is no law or legislation for the chiropractic profession in Israel. Do you see that as a barrier?

R: There is no law for any complementary medicine so it's surprising. It's not only a barrier; it's very dangerous not having legislation in such a serious matter, that lot of people use the services.

I: What collaboration projects between MDs and DCs can you elaborate on?

R: From my experience, if I have a problem in looking at an MRI and x-rays I turn to my chiropractor and ask him what his opinion is...I know what he studied. I know that he knows how to look at x-rays, sometimes even better than I do. Even though I have an orthopaedic background I trust him with every patient that I have and when he recommends other exams or to send someone back to the orthopaedic surgeon, then I accept.

I: In your opinion how is chiropractic's level of education and expertise perceived by key stakeholders in the mainstream health care system?

R: Well it depends where you learned. Most of the chiropractors are from the USA and the level is pretty high.

I: Regardless where they graduated from, what is your own perception?

R: Yes I know exactly what their curriculum is. I spoke to a couple of chiropractors and I know what they should know. I know what they're supposed to study and yes, I know that in the States they're pretty serious. I don't know elsewhere.

I: Do you think the general MDs know enough about chiropractic?

R: They don't know enough.

I: What should be done?

R: To make contact between people, that's all you have.

I: Does Maccabi Tivi make such contact?

R: Any doctor in the system of Maccabi Tivi has to go to a chiropractor to be treated as part of our policy.

I: In your opinion, which sector should be a portal of entry towards professional legislation?

R: The public has nothing to say, the public is tired.

I: If you were in charge of health care policy will you consider including chiropractic in research and education?

R: Sure, yes.

I: Is there any research going on in Maccabi Tivi?

R: Yes we have a couple of ideas.

I: Can you give me an example?

R: Orthopaedic issues with chiropractic treatments.

I: What's the reason for the research?

R: To get chiropractic and complementary medicine to be more known and to show how it is effective.

I: Who is the initiator of this project?

R: It's not a project yet, its ideas. Both doctors and chiropractors are the initiators.

I: How competition with other therapists affecting professional integration?

R: I don't think it's relevant. Chiropractic and acupuncture both do very good things and complement each other.

I: What about osteopaths? They also do manipulations.

R: Basically, they are the same. Osteopaths are very good.

I: Where do you see the profession in Israel in the next 10 years?

R: I think there's going to be many more research, more surgeons are going to refer to them and I think they are going to collaborate with orthopaedic surgeons in research.

Interview four

DC- Mr. Barel: 38 year old male. Chiropractor in a multidisciplinary team in the pain clinic in Sourasky medical centre (hospital) in Tel Aviv city.

I: It seems that there is no unity with regard to the scope of practice among the chiropractors in Israel. In your opinion, what are the issues affecting integrity within the profession?

R: There are only 95 chiropractors in Israel, only 47 are members of the ICS (Israeli Chiropractic Society) because of political issues and personal beliefs. There is the religious approach where the chiropractors are Jewish religious people? they set themselves aside as not relate to regular DCs?

I: Would you say it's a great barrier towards legislation?

R: This is also a great barrier, that's why I suggested advancing the ICS into a national registry association where the different facets of chiropractic will have, lets say, different societies chiropractic sport, chiropractic paediatric society, so each chiropractor will have it's own place. Currently, the leadership in the ICS does not support and lots of work should be done in this direction.

I: Should chiropractic be part of the mainstream medicine or CAM?

R: According to the WFC (World Federation of Chiropractic) Congress in 2005, we are not CAM but mainstream, which means a parallel profession to medicine.

I: But we are quite deeply categorised as CAM in Israel. Do you think we can reverse that?

R: Yes we can, because we can show our education? According to the use of modalities and use of x-rays and as DCs it sets us apart from other doctors of

complementary medicine that did not study enough diagnostics and clinical expertise like we did.

I: One of the most important unresolved issues of the chiropractic profession is the right to practice as a primary health care provider. Can you explain what does it mean "primary care"? How does it affect integration?

R: We are educated at school, meaning to sit with medical doctors in the same clinics and not where acupuncturists, shiatsu and reflexology therapists.

I: How do you perceive the level of the chiropractic integration in: What are the long\short term objectives regarding the professional integration?

R: In hospitals it should be a multi-disciplinary approach like we have here in our Ichilov Hospital in Tel Aviv, we are working along with MDs in terms of rehabilitation...we may have separate departments but it won't prevent us from approaching other professionals. In HMOs (Health Maintenance Organisations) we should work in clinics of other doctors like GPs, orthopaedists and gynies and not as therapists only under the MDs' supervision. In military the same approach?

I: In your opinion how important is the patient referral pattern between MDs and DCs with regard to the professional integration?

R: It should be a mutual referral to the necessity of medical advice or prescriptions as well a referral from MDs to DCs. I see the MDs and DCs as having equal rights and equal professional relationship and not one under the other. So it should not be complementary but parallel.

I: Do you believe chiropractors should rely on referrals from medical practitioners?

R: No, they should be first contact or primary care should be able to hospitalize a receive patients from hospitals.

I: In your opinion what are the barriers affecting inter professional relations between MDs and DCs? How those barriers can be overcome?

R: Yes, in terms of education, the current education of chiropractic in medical schools in Israel today is only half an hour exposure but not on the full extent of chiropractic, but only on the techniques, which is not so good, they just being exposed to demonstrations.

I: Do you believe it's important?

R: It is important so the MDs will know when to refer patients and how chiropractors are educated and how we should work together in the health care system.

I: Do you see other barriers for inter-professional relations?

R: Other barriers such as economical: since MDs are expected to perform or to make enough money by keep the beds in hospitals occupied with patients, so referring patients to DCs may cause their department to be half full...

I: What were the results of the enquiry done by the ministry of health regarding the chiropractic level of education?

R:...the enquiry is perceived? Those DCs are at the same level of medical doctors and they should be able to work independently...they must earn their degrees in a CCE accredited colleges and pass the 4 parts examination of the national American board?

I: What stops the government from making chiropractic a legitimate profession?

R: The amount of load of professions that need to be legislated, and the fact that we are waiting in a silent position now for the government to call us to finalise legislation instead of trying to go through a private legislation process, through a private chiropractic law...

I: So what stops the ICS from doing that?

R: Major disagreements and the current board that relies on the current ICS advocate that tells us only...Wait and see.

I: Establishing a non-hierarchical, collaborative relationship between DCs and MDs or integration of chiropractic into biomedicine with physicians under control as gatekeepers? Can you give reasons?

R: It should be parallel and not complementary because complementary is a philosophical issue: who is complementing who?

I: What collaboration projects between MDs and DCs can you elaborate on? Was it significant? Who is the initiator of this collaboration? Can you describe the outcomes of a chiropractic project?

R: During the last Lebanese-Israeli war I was the chiropractic physician and I worked along with medical officer to help pilots achieve better results and accommodate them before and after air strikes.

I: And who was the initiator of this collaboration?

R: It was me.

I: Do you see any prospects for more projects?

R: Yes, but not to many chiropractors would like to participate since it's time consuming and low fee payments from the Israeli Military Services.

I: In your opinion how is chiropractic's level of education and expertise perceived by key stakeholders in the mainstream health care system? What further steps are needed in order for chiropractic to be better understood by it's health care counterparts?

R: MDs don't know our experience with diagnosis, clinical thinking and management. They don't know that we have post graduate specialties because this is actually a parallel system to the medical profession.

I: What should the ICS do to increase awareness in that regard?

R: First of all, incorporation of chiropractic profession into the IMVIL (Israeli Motor Vehicle Injury Law) and also into the Israeli National Health Plan to be available to more population in the country.

I: In your opinion, which sector should be a portal of entry towards professional legislation? Why?

R: It should be government? To increase pressure on government officials to take the decision and bring it to vote on their Kneset [Parliament]. It should be through the incorporation of chiropractic within the national MVIL (Israeli Motor Vehicle Injury Law) and the National Health Care System how we can save the system medical costs and how we can heal better, faster and safer.

I: What could be done?

R: I'm personally begun this process and I'm trying to push the ICS to work in that regard? But many members afraid it will hurt their income and they resisting this process, because the government wants to set up fees? It will be less than the private fees accepted normally in clinics?

I: If you were in charge of health care policy will you consider including chiropractic in research and education? What reasons? would you give to support your response?

R: I, myself, after the Lebanese war, performed a project, I collected the results from the pilots, examinations and treatments ...I'm currently working on two other projects

I: Do you know of other members who produced research?

R: There was some research regarding radiology and biomechanics performed in Rambam Hospital, but I don't know if he ended this research?

I: What the ICS involvement in research?

R: Actually there is none, they are only accepting what we had collected from abroad.

I: What about further education for chiropractors?

R: They are trying to bring DCs from abroad...in the past few years there were only practice management doctors, but not real hard core clinical stuff and practical stuff...

I: When communicating with the general public to promote professional integration, whose view do you think should receive more emphasis?

R: Of course, the public view because, they are the consumers.

I: What has been done in that regard?

R: Only on national yearly conferences but very little.

I: How will competition with other therapists affect professional integration?

R: There will be competition by physiotherapists...that studied alongside chiropractors.

I: What, manipulations?

R: Yes, even manipulation and care...there is also going to be competition by acupuncturists, shiatsu osteopaths and naturopath? and of course all the Russians? Those are currently calling themselves chiropractors...impostors.

I: What does the ICS do in that regard?

R: We can not do much because there is no section in the law that prohibits them from providing that therapy. We can only educate the public and legislators that chiropractors are DCs that studied in chiropractic institution under the CCE (Council of Chiropractic Education) guidelines what we should do is form a university-based chiropractic programme to provide those people the opportunity to upgrade their education level according to the WHO (World Health Organisation) guidelines for chiropractic studies.

I: After having discussed the various aspects of the chiropractic profession in this interview, where do you see the profession in Israel in the next 10 years?

R: It depends how the current board of the ICS willing to incorporate what the individuals or the majority are saying to them and not like what they want to believe, because currently the majority of the ICS management are supporters of the ICA which sees chiropractic as an individual profession not incorporated into the medical profession.

Interview five

DC- Mr Arnon- 33 year old male. Head of chiropractic, manager Para Medical services in Assaf Harofeh medical centre (hospital). Practice since 2004.

I: Do you agree with the statement that chiropractors are spine health care experts?

R: No, chiropractors are rehabilitation professionals dealing with all aspects of neuro-musculoskeletal medicine, specialising in functional rather than in structural disorders in general.

I: What are the factors affecting unity with regard to the scope of practice?

R: The factors are primarily politics and professional disagreements?

I: Can you give me an example?

R: There is a profound difference between bio-medically orientated chiropractors and subluxation-based chiropractors from a practical and business way of doing things as well as the way in which this profession is presented to the medical arena and to the public these differences cause lots of friction. That's the reason why many chiropractors feel the ICS doesn't contribute anything to them... they're probably right.

I: Do you see it as a barrier towards legislation?

R: Of course! The reason why there is no good legislation is not because of the medical profession, it's because of us. They (MDs) are not going to give us any gifts for free, but we are definitely not strong or focused enough to achieve it.

I: Do you think there is conflict within the ICS or outside?

R: Of course there are...those people outside the ICS normally don't bother to participate in meetings or make their voice heard. They are focused on their practice. Within the ICS there are supreme disagreements! ... The conflicts within the ICS are not allowing you to form one position, saying this is what we want. That's why we are not focused and not spending energy in getting the right people to push and get the law done.

I: So if you were in charge of the policy, what should be done?

R: For us to be focused in getting the law passed we should follow the policy of a body such as the GCC (General Council of Chiropractic) in the UK which will tell us what is right and wrong where patients can lodge their complaints.

I: But I thought that the ICS policy is following the WFC policy?

R: That's true, but they have no teeth. I mean in the GCC there is a legislative body formed by the government. They will give you a licence and they will take it away from you.

I: Is there any agreement within the ICS in that regard?

R: No! There is no agreement as to what is okay. Some chiropractors will sign you for 12 treatments and charge you in advance will see you for two minutes some will see it as good for chiropractors, some will see it as a fraud. There is no governing body with a set of rules of how to practice. Eventually it will have to be some governing body with governmental strength behind it that will allow you to practice according to a set of rules. If not, you will not have a licence!

I: Is chiropractic should be part of the mainstream medicine or CAM?

R: We should integrate as Para-medical profession just like physiotherapists and dentists and maintain our professional identity within the medical arena.

I: One of the most important unresolved issues of the chiropractic profession is the right to practice as a primary health care provider. Can you explain what does it mean "primary care"?

R: First of all, the title of Dr is not considered as a problem for myself. Here in the hospital I'm considered to be a doctor. I communicate with other doctors and they respect me for what I am.

I: How do you perceive the level of chiropractic integration? What are the long\short term objectives regarding professional integration?

R: Arnon - HMOs do not exist you sit in a small room in an alternative medicine clinic and you get an MDs that squeeze patients to you, you treat and sent the patient back to the MD, you have no decision- or diagnosis-making process, nothing! You are a technician. With regard to military, there are no chiropractors in military clinics. By the book, there is a way for a soldier to get here in the hospital and receive chiropractic for free. Practically, you have physiotherapists preventing it from happening, the physios have to write a report saying. I'm sorry I failed with this patient, please sent him to a chiropractor - now there is a limit to what you can expect, but again it's all politics.

I: So what about having a chiropractor in the field?

R: I tried.

I: Who is refusing?

R: The Medical Corps.

I: What facilities can you utilize within your scope of practice?

R: I have the entire hospital available to me. I can call any doctor I want in order to get his input on the patient. I can send the patient for any exam I want, I can hospitalise him in order to do MRI, CT or whatever.

I: In your opinion how important is the patient referral pattern between MDs and DCs with regard to the professional integration?

R: It's important for chiropractors to refer the patient when they need either surgery or even more important than that, when they require a second opinion. I am not ashamed to send my patient to a colleague for a second opinion.

I: Do you believe chiropractors should rely on referrals from MDs?

R: No, when you're part of the system, you get referrals, you don't go and work on it.

I: But you get referrals inside the hospital?

R: No, outside the hospital system, I've got a private clinic full of patients referred by GPs, orthopaedic doctors, they know me ? you cannot manage a complex patient without the collaboration of an MDs, you need drugs, you need to refer to the pain clinic, rehab and physiotherapy, you need to play a part of the system ? you need to work with them in an open way... you still have those GPs that speak of you that you don't know nothing but those numbers are going down. There are enough doctors that get to know your work, they know you from the hospital and they refer back to you.

I: Can you give me an example, how do you communicate with other doctors?

R: I do joint outpatient clinics with orthopaedic surgeons. We both sit in the same room, like I sit with you, we both see patients coming in and examine them and discuss their case. Surgery goes their way, rehabilitation goes my way.

I: In your opinion what are the barriers affecting inter professional relations between MDs and DCs?

R: First of all there is ego, it doesn't go well. I'll tell you something else. When an orthopaedic surgeon looks at you, hey, Moshe, how long have you been graduated for what, a year? I [As if MD] have been in practice at the hospital doing hours for like eight years before I saw my first private patient. Okay. You have to realise that! He looks at you and says who this kid is. He doesn't have my medical degree, he definitely didn't give in the hours in blood and tears that I gave...The insurance issue is another level. My trouble is not with my friend in the CT room, the insurance company does not want to pay for the CT, that's where things get stuck. Both I and MDs have the same problem.

I: Isn't it about competition?

R: No, they have enough patients, they have more patients than they can take care of...the problem is who are you to have a private clinic. They say...I busted my ass, I worked very hard for almost no money for about 5/7 years and you're coming here without doing none of that and you all of a sudden start charging money like there is no tomorrow, and the only way we neutralise it is to say to doctors. Hey I'm busting my ass in the same hospital. I deserve having a private practice and you should not be envious of me for that.

I: Establishing a non-hierarchical, collaborative relationship between DCs and MDs or integration of chiropractic into biomedicine with physicians under control as gatekeepers?

R: I'm not allowing it here. Patients that do come here don't go through a physician in order to see me.

I: What about HMO Clinics?

R: I think it's outrageous, most of them know nothing about orthopaedic rehabilitative conditions, it's a way of the system. I think it's safer for them but for the profession it's terrible.

I: What the ICS do about that?

R: The ICS do nothing. When people try to raise the issue of getting more money off the HMOs you always have these one or two chiropractors that take the shift for the same money. There is no way you can change the HMOs clinics or form any kind of pressure group because there is no unit whatsoever. Instead of focusing on legislation, the ICS people are spending most of their money and energy on getting chiropractors in morning shows to talk about spinal manipulations between showing how to make a cake and how to sew underwear. I think we [ICS] have been stuck in the same place for the last 4 or 5 years now and it just doesn't go anywhere now.

I: What collaboration projects between MDs and DCs can you elaborate on?

R: The last Lebanon war we had mobile integrity pain clinic. We were going to the field...open benches there...we had MDs that give injections...the units [army] were happy, the medical officers were happy. People were able to go back to operations sooner and generally people were very happy.

I: Did you get more offers for other projects?

R: No, not from them. Another project that we are proud of, we have a Spinal Conference every year here in the hospital ? we bring in medical chiropractic and integrative medicine experts to discuss conditions. Last week that was lumbar disc herniation. There where physiotherapists, surgeons, GPs, chiropractors, alternative medicine people. It was a good integration.

I: Who was the initiator of this project?

R: The Chairman was Professor M. We all gave our own lecture there.

I: Is the ICS part of that?

R: No, the ICS is no part of it.

I: Is it that Assaf Harofe Hospital tried to collaborate with HMOs to promote the profession?

R: HMOs working as a business, they want to make as much money as they can. If they can give you 8 patients an hour, they will give you ten.

I: And in hospitals, it is not the same?

R: Here you see four patients an hour. A patient here stays with you between two different rooms for about half-an-hour, this unit have to make some money to survive but this hospital is not a money-making system.

I: In your opinion how is chiropractic's level of education and expertise perceived by key stakeholders in the mainstream health care system?

R: They are confused because you have people with very good strong education and you have people that in 10 minutes of talk, you realise their education is very weak [the chiropractors], bear in mind some of those people graduated from very questionable places not a CCE accredited places. Plenty of Russians MDs that went to Germany did a few weeks course and describe themselves as chiropractors and it's confusing for the medical profession.

I: What about regulations/examination board?

R: You have to have some kind of legislative force behind you. You have to hold a licence. There is perception that you can do anything within the chiropractic arena as long as it brings money. You have to have some kind of list. This is okay, that's not okay.

I: In your opinion, which sector should be a portal of entry towards professional legislation?

R: It's only the governmental sector and by working with the people at the parliament [Knesset]. Working through the public, because the Israeli system has accountability between the MPs [Members of Parliament] and the public in the UK if the public has some perception then legislation will follow that. Over here the difference is unbelievable; it's not from the people.

I: What are the objectives of this hospital?

R:...to make Assaf Harofeh the first integrative hospital in Israel. We are already making in by the fact that we are people that sit with MDs at the ER ? We are sometimes called to give a treatment or advice on patient management, it's far away from what it should be, but it is the most advance integrative hospital in Israel.

I: There is another hospital, Rambam?

R: Rambam is a unit of alternative medicine within the Pain Clinic but therapists there don't go and spend time in other departments or outpatients' clinics within the pain clinic, they don't go and take part at surgeries or outpatients clinics.

I: What seems to be the barriers towards legislation?

R: That you have no political force, more like no relationship with politicians and pressure groups that's working for you.

I: If you were in charge of health care policy will you consider including chiropractic in research and education?

R: I employ here [in the hospital] a person that all he is doing is promoting research for me. We have done clinical trials on new dynamic tapping to relieve nerve tension. We are now studying clinical trials in the emergency room to check what chiropractic is doing in this department.

I: How competition with other therapists affecting professional integration? Do you see osteopaths as a threat?

R: No I don't see them or the physios as a threat; I see only the chiropractic profession itself as a threat. Eventually individuals will be able to destroy themselves. I believe that good people will have enough jobs whatever professions they are in and I have no problem to give credit to a colleague of mine who is physiotherapy or masseur or acupuncturist. I'll give you an example: for rehab I discuss cases together with a physiotherapist here and other professional therapists and there is plenty of work for everyone.

I: After having discussed the various aspects of the chiropractic profession in this interview, where do you see the profession in Israel in the next 10 years?

R: Well, people will be bothered with their own survival...I don't want to be the ICS president, my interest is purely professional.

Interview six

DC- Mr. Sirena- 40 year old male. Chief chiropractor in Klalit Alternative (CAM) HMO clinic in Tel Aviv city. 10 years in position.

I: Do you agree with the statement that chiropractors are spine health care experts?

R: Yes, we are knowledgeable enough to touch peoples' spines and we are confident with enough years of training to tackle MSK problems and treat the symptoms.

I: Do you think it's also the public perception?

R: In the US and in Israel it is .. if somebody has a neck pain they most probably go to the chiropractor, but also to other professions.

I: What about the unity among chiropractors?

R: I think we should, first of all, be united, but every chiropractor has a different vision and method of practice?

I: Can you give me an example?

R: Yes, somebody will aim to treat diabetes, hypertension, different skin conditions with his hands so that his scope...other chiropractors like me, I treat MSK problems like neck, back pain, herniated disc, headaches that emanate from the spine; I am not aiming to treat other conditions with my hands. Moreover, I don't think we are involved...don't forget we are only 40 members in the ICS...my friends (chiropractors) they are not in the ICS, they don't want to pay their dues because they say...I don't think the ICS is helping me. I think the ICS should do more.

I: What are the conflicts affecting integration?

R:...another thing is about the HCS (Health Care System).Some chiropractors say why we should get referrals from MDs as gatekeepers. Some chiropractors say: Excuse me, I'm a PHCP, everybody on the streets come to see me...that's what happens in my private practice. They don't need a referral.

I: Is chiropractic a part of the mainstream medicine or CAM?

R: I think alternative profession, but we want to be mainstream... we will always be a tiny group.

I: So it's about numbers?

R: Yes, it's hard to influence, there are thousands of MDs, family practitioners, orthopaedists, we will never be mainstream... by the way only 10 percent of the people seek chiropractic care in Israel and only 4 percent of the population seek alternative health care. People are still going to MDs to take the drugs and medicine, they see them first although there are some educated patients and they come to us first.

I: Can you explain what does it mean "primary care"? How does it affect integration?

R: To me, PHCP...I think I'm quite fine to treat people with a variety of MSK conditions, so I am an expert in the human spine.

I: Do you see PHCP as a broad or focused scope of practice?

R: Yes, sure. It should be a focused scope of practice, I'm not a cardiac or surgeon doctor.

I: How do you perceive the level of the chiropractic integration?

R: I think overall the chiropractors in the pain clinics got to be well recognised, highly qualified and some chiropractors in Israel are in key positions now, but I think the chiropractors will never be a doctor that can do diagnosis as gatekeepers like MDs.

I: Do you agree with the system of diagnosis by MDs as gatekeepers?

R: It doesn't bother me personally...when a patient comes to my private practice...I examine him, take his history and if he is complaining about skin problems, let's say, I refer him to an MD. In the HMOs it is the MD's job to start poking him, not mine!

I: What facilities can you utilize within your scope of practice?

R: You can recommend the patient to take an x-ray but he needs the correct form from his family practitioner...I send my request for an x-ray or MRI for lower back pain to the MD and he will proceed from there.

I: So you are happy with that bureaucracy?

R: I got used to it, I've been working here since 1996. Most patients that come to me have already had an x-ray or MRI. By the way it takes the patients 3 to 4 weeks to come to see me because they have been to the family doctors who give them drugs for 10 days, they go back to him, he gives them more drugs and then sends them to an orthopaedists who says they need an x-ray and they wait and this and that, so suddenly after a month the patients say: But my back still hurts!...and then they get a recommendation to come to me. If the patient is smart enough he will come to maintenance.

I: In your opinion how important is the patient referral pattern between MDs and DCs with regard to the professional integration?

R: It's very important to have a good relationship with the orthopaedists or family doctors. I get a lot of recommendations from family doctors that already know me or orthopaedists that got my name round. I send some of my patients to some

orthopaedists too, some orthopaedists don't want to hear the word chiropractor. They don't care and they don't believe in it.

I: Do you see progress in that regard in the last 10 years?

R: Yes, I know orthopaedists then...I changed them, I turned them around. They were really square and didn't believe in alternative and chiropractic health care and after seeing the results they came to me in person saying: Wow, you are doing something amazing...and they refer.

I: In your opinion what are the barriers affecting inter professional relations between MDs and DCs?

R: Some orthopaedists are less educated. They don't want to refer, they don't believe.

I: What would you do in that regard?

R: I would make sure that every orthopaedists in Israel would be met by chiropractors or conferences or day sessions, face-to-face talk for an hour, seminar with lunch, tell them: Listen, we are not competitors, we are with you. The benefit of the patient is more important. The thing is that we are such a small group, the effect is not that big.

I: What collaboration projects between MDs and DCs can you elaborate on?

R: It's about time for a change but look at the HMO Clinics. We are working together.

I: Yes but under the control of physicians.

R: Yes, but it's just an ego issue. I don't take responsibility to evaluate a patient.

I: But don't you take responsibility in your private practice?

R: Absolutely, you are right, but here it doesn't bother me.

I: Who is the initiator of this collaboration?

R: Okay, personally I haven't done much but developing my own personal relationship with orthopaedists. I have few orthopaedists that know me, trust me and refer me patients. I didn't do anything on a bigger scale because the association didn't do anything big...in the past I gave lectures to MDs. We took 50 doctors in Tel Aviv from the Klalit HMO's Clinic.

I: Would you say it's a very closed system (HMO Clinics)?

R: It's a system that makes money. A year ago I went to the training department of the HMO Clinic. We decided that somebody will come and talk to the

chiropractors. I found a professor who will talk about an MRI and CT ...it's been already a year, but still haven't got the one-day lecture from the HMO clinic.

I: In your opinion how is chiropractic's level of education and expertise perceived by key stakeholders in the mainstream health care system?

R: I don't really know if they know much...the organisation should do more.

I: In your opinion, which sector should be a portal of entry towards professional legislation?

R: I think it should start from the government. Today there is no law, it's a problem. Everybody can decide he's a chiropractor.

I: What would you change in the policy?

R: I will increase the awareness and use advertising, giving lectures and brochures and meet orthopaedists and GPs which I personally every few years I go shake hands and introduce myself ...GPs have no idea what I do; they are a little bit clueless but once they know that you can help patients take less drugs and recover faster, they like...Wow and...to refer patients. I work more on a personal basis of relationship with orthopaedists.

I: How does competition with other therapists affecting professional integration?

R: I don't think it's a threat, there's room for everyone. It's good to have acupuncture, Pilates, yoga and Shiatsu, etc ?

I: Do you think chiropractors should target other sectors or special communities?

R: Yes, absolutely, but you're going too far.

I: Do you know of any projects of the ICS with that regard?

R: No, I know that two chiropractors start to be involved in the sport committee. They did something in the Maccabia Games.

I: Where do you see the profession in Israel in the next 10 years?

R: I think the numbers of chiropractors will more or less stay the same, I hope that there will be a law ?

I: But do you see progress throughout the years?

R: Yes, because chiropractors are in the pain clinics, the army, HMO centres, more awareness, GPs and orthopaedists know us more, but the next thing is the legislation.

Interview seven

DC- Mr. Kremer: 36 year old male chiropractor in private practice. Practice since 2000.

I: Do you agree with the statement that chiropractors are spine health care experts?

R: I do agree. I believe our education qualifies us to define ourselves as experts in areas of the spine. We work also on other areas of the body, that indirectly related to the spine but also bio-mechanical issues.

I: Is chiropractic should be part of the mainstream medicine or CAM?

R: I would like to see it as mainstream and accepted as independent profession that ultimately, I think, what we mainly specialise in is the spine, of course as they relate to the health of a human as a whole.

I: One of the most important unresolved issues of the chiropractic profession is the right to practice as a primary health care provider.

R: Yes and no.

I: Do you think we should compromise on legislation issues with that regard?

R: No, I don't feel that chiropractors need referral or supervision from MDs.

I: So you see chiropractors as a PHCP?

R: Yes

I: How do you perceive the level of the chiropractic integration?

R: My perception, not having worked in any of those clinics, but as far as the general public conception I think in Israel it's fairly good... here it's more integrated than elsewhere in the world.

I: What facilities can you utilize within your scope of practice?

R: For me, I don't see the problem. By the time people get to me, they have been through the primary MD, MRI, CT. Usually the diagnosis process is fairly easy?

I: Is the patient referral pattern between MDs and DCs with regard to the professional integration?

R: I feel it's important....part of the reason it is not much as it should be because chiropractors act as maybe in a competitive way...I see us doing things that orthopaedists doesn't do. I happily refer people to orthopaedists when it's outside my area.

I: Do you refer verbally or...

R: No, I just recommended going to orthopaedists.

I: Do you get any response?

R: No, there should be a progress in that regard.

I: What are the barriers affecting inter professional relations between MDs and DCs?

R: The history between the two professions or the existing function with chiropractic would take the extreme view towards medical profession, I think the medical profession over the generations, got their impression of chiropractic, I see that improving with time. I have treated an orthopaedic physician in my clinic and what I found firstly they were younger doctors, more open to other type of treatments but either they had a family member or somebody closer who had benefit from chiropractic, they had better impression. The more people will be treated the more the influence, there has been conferences where chiropractors speak with orthopaedists.

I: Establishing a non-hierarchical, collaborative relationship between DCs and MDs or integration of chiropractic into biomedicine with physicians under control as gatekeepers?

R: No, I think that a patient should have direct access to a chiropractor.

I: What collaboration projects between MDs and DCs can you elaborate on? Was it significant?

R: I don't know of anything specifically.

I: Are you willing to maybe volunteer? It might help towards legislation.

R: Yes, I'm willing to do things; my problem is lack of time but if someone will propose a project, I'll definitely consider it.

I: How is chiropractic's level of education and expertise perceived by key stakeholders in the mainstream health care system?

R: I don't know. The one that I came in touch with usually have a fairly positive perception, but then again they either have a family member or somebody close to them that had some sort of experience with chiropractic.

I: What would you suggest?

R: I think some sort of public relations campaign, even to mail MDs brochures that explain what we do?

I: In your opinion, which sector should be a portal of entry towards professional legislation?

R: As far as I understand the problem in Israel is that the government never stays long enough for a law to get passed. Part of passing the laws through the Ministry of Health...we don't speak with one voice; we get caught up with our own little differences and style. I think the WFC definition is broad enough to incorporate everybody and yet people get stuck up on fighting for semantics and this and that. We need to present a very concise straightforward definition of chiropractic, what is our education and goals.

I: Do you see that as an objective towards legislation?

R: Definitely

I: How is competition with other therapists affecting professional integration?

R: It should not be a problem. Competition exists in any free market environment.

I: where do you see the profession in Israel in the next 10 years?

R: I see it in a better place than today as far as I know it's been a good 30 years maybe that legislation has been tried to be introduced in Israel for chiropractic and it hasn't succeeded. I waiver between focusing our energy on marketing to the public in order to gain certain level of public awareness, and then through that momentum move towards legislation.

Interview eight

DC- Mr. Kadmon- 40 year old male chiropractor. Currently ICS president. Lecturer of anatomy at the medical school in Tel Aviv University. Practice since 2000.

I: Do you agree with the statement that chiropractors are spine health care experts?

R: I think that most of the chiropractors in Israel let say 90 percent of their practice are related to the spine.

I: By definition, do you support that towards legislation?

R: Of course.

I: Is it because of the WFC policy?

R: No, because although we are living in the Middle East I think that Israel is a top leading country in it's health care facilities and we need to be westernised with the rest of the world to progress.

I: Is chiropractic should be part of the mainstream medicine or CAM?

R: This is a very interesting point because I don't have any problem to be related to the alternative medicine in one hand but on the other hand I think that our capabilities as a PHCP we should be able to diagnose and treat our patient as a first portal of entry, CAM is nothing here; we should concentrate our forces with the mainstream of chiropractic in USA and not integrated as CAM which is a mistake.

I: One of the most important unresolved issues of the chiropractic profession is the right to practice as a primary health care provider.

R: The law would not change much because most of the chiropractors treat patients in private practices, they don't need a law, it's just a matter of recognition...some kind of patting on the shoulder. It's a shame that today, in 2008, the physios don't have a law.

I: How come they don't have a law?

R: They are the Para-medical profession. They're not really medical profession, they're health care profession. There is no law for health care professions, only for MDs and Dentists, the bureaucracy in Israel is very bad in that case and it's really hard to push the law that can protect the health care professionals. Our lawyer say that something will be established in the next 3 to 4 years. I hope it's going to happen.

I: How do you perceive the level of the chiropractic integration in: What are the long\short term objectives regarding the professional integration in?

R: I am the one of two chiropractors that works in the air force clinic in Tel Hashomer. We are trying to bring more chiropractors to the air force but right now people don't want to volunteer for the service.

I: Oh, it's voluntary?

R: It's part of the miluim [reserves services] you get paid for it. The benefit's are the exposure to many pilot injuries...I think it's a really good integration with a lot of good results.

I: Do you see any prospects with that regard?

R: We used to have more chiropractors in the regular military services but it was dropped out, was a one-year project, it stopped. It was more experimental but the air force continues and they liked it, we also check the pilot before they get to the course so they give us good tools to practice there and to examine our capabilities with pilots. I think hospital integration is very, very important because another doctors can be exposed and see the good results of chiropractic; the benefits, but I don't think HMOs clinics are good for us for one reason they treat you like a rabbit in a hat. If Shiatsu doesn't work or acupuncture then try chiro, and the diagnosis of MDs as a gatekeeper, they will tell me what to do.

I: Isn't it the same in private practice where the public choose for themselves?

R: He choose you because you are not a chiro you are Charley Bar-Gil, you got a name and in HMOs clinics you can't build your own name.

I: But Dr Silvera is a good example for a good progress [Chiropractor in HMO Clinic]

R: I used to work like him but we worked for nothing, for peanuts.

I: You talk about money?

R: Yes, too, and your name. They don't remember his name, but if they come here they will.

I: What about the integration into the health care system?

R: That's the thing but it's not a good thing to start with. I was against it at the beginning and I'm sorry that it happened because we are integrated in a CAM clinic.

I: How important is the patient referral pattern between MDs and DCs with regard to the professional integration?

R: Yes, definitely. I think it is very important to build your own name?

I: Can you give me an example of referral pattern?

R: I have a lot of other doctors coming for treatment...others... like physiotherapists, they trust me, know me, but I used to be at a national soccer team treating soccer players.

I: In your opinion what are the barriers affecting inter professional relations between MDs and DCs?

R: The first and the highest one is the ignorance of other doctors.

I: In your opinion how is chiropractic's level of education and expertise perceived by key stakeholders in the mainstream health care system?

R: Most of them think that we are part of CAM, some kind of a bizarre technique that took a course of a year or two in complementary college here in Israel.

I: Is the ICS trying to do something about it?

R: We do, we have a PR office that used to write articles in journals with Aminah we have the mattress company, we have brochures in the eyes of the public then people know we are doctors.

I: As the ICS president, what are the objectives with regard to inter-professional relations?

R: The main role of the ICS is to protect and promote the profession in Israel, protect from other charlatans and to be united to stick together by one voice, and the promotion is part of the education process of talking to other doctors and other health care professionals and to try to convey through us the importance of chiropractic in the health care system in Israel.

I: As a lecturer in the anatomy class in the medical school have you tried to educate MDs about chiropractors?

R: Actually it's funny that you mention it I started getting patients from my medical students, they really like the treatment and they their friends.

I: Do you try to increase their awareness through your position?

R: No enough, not enough. I never tried, for example when I teach of the spine I tell them that this is close to my heart, this lecture, because it's related to my profession, I'm a chiropractor and some of the students at the end of the class people ask me, tell me cracking your joint, is it healthy or not, I allow myself to go to the basic sciences and tell them of course that it's not unhealthy to do that.

I: Which sector should be a portal of entry towards professional legislation?

R: It's a tough one the best way is to go to the government and to try to persuade through lobbyists in the parliament because through the public eye, it doesn't really matter if nobody dies from a chiropractic treatment, nobody really cares. You know it's like a massage or soft tissue, nothing can happen. But if somebody will die from a chiropractic treatment that's not done by a chiropractor that probably will raise a red flag and then we can start dealing with the law really fast that will boost us, but we don't want to do it. We want to go deal with the bureaucracy of the parliament; the lobby is cost lots of money you know.

I: What are the deficiencies in the profession towards legislation?

R: First of all, we are very small in numbers, but that is not the main issue here. I think, we don't have enough power to link with the government right now.

I: Do you think it's related to conflicts within the ICS members because there is no unity?

R: I don't think there is no unity. Everybody as a member in the ICS ? wants to promote the law.

I: But no unity with regard to philosophy. Do you see it as a barrier towards legislation? Definition for example.

R: But the definition can be very big and open and will cover everything if we do it too specific, we are losing lots of that's why the recommendation of the WFC suggests that the definition of chiropractic will be as vague as possible?

I: If you were in charge of health care policy will you consider including chiropractic in research and education?

R: I put that on the shoulders of the chiropractors that treat patients in the hospitals. They can actually perform research. I did a few research projects in the air force, when I had time.

I: An Educational Institute seems like a very far dream as long as there is no legislation.

R: No, it's not related to legislation, we need lots of money from abroad and lots of lecturers, lab system, equipment, everything. I'm also in negotiation with the Wingate Institute trying to promote it there. They are trying to see if there is possibility to open a satellite institute of Life West college here in Israel, but it is a far dream. I'm not sure it's going to happen. Money-wise it might not be such a good investment for an institution in Israel.

I: How competition with other therapists affecting professional integration?

R: I am not really aware of that, I really don't care. People ask should I do physiotherapy or chiropractic. I usually say I don't like to mix, but if you want to it's your choice.

I: Do you think chiropractors should target other sectors or special communities?

R: I'm really for it. We have good people working in the sport industry here. We are in good relationship with teams. There are lots of interested chiropractors to volunteer in the Maccabia Games in 2001 and we also volunteered in 2005 earlier.

I: Did you see it as an opportunity for further projects?

R: It just died. It was like putting down in the fire and then going back to practice and that's it.

Interview nine

Patient-Mrs Daor: 44 year old housewife. Main complaint: Lower back pain. Previously was treated by a physiotherapist.

I: Is chiropractic part of the mainstream medicine or CAM?

R: Mainstream, lots of treatment not always helps like medicine, physiotherapy.

I: Have you tried other treatments?

R: Yes, it helped to some extent and for a while.

I: Do you have better results with chiropractic?

R: Yes

I: Do you think the public should go directly to chiropractors in HMO Clinics?

R: You can go directly to chiropractors, because you pay for it as much as I know, but you don't know that there is a chiropractor. The orthopaedists don't tell you that there is a chiropractor.

I: If you were in charge of the policy, would you suggest that a patient must first go to an MD and why?

R: I think so, it's better, because if the orthopaedists would have recommended the best, he can say maybe if it's good enough to go to physiotherapy, maybe you should take medicine, maybe you should go to a chiropractor, but they don't tell you that there is such an option.

I: Are you suggesting now that MDs have a good knowledge about what chiropractors can do?

R:...maybe they don't have enough knowledge. It would have been the best if the doctor knows about chiropractic.

I: Do you think chiropractors have the knowledge to do further investigation, for example, send you to an x-ray?

R: Yes, of course.

I: And other forms of investigation, like blood tests?

R: I hope so, I'm sure they know to check blood tests.

I: Why is it important to emphasise the inter-professional relations between MDs and DCs?

R: Because family doctors, they never tell me that you can go to a chiropractor.

I: Why?

R:...they even thinks [medical doctor] it is dangerous.

I: In your opinion how is chiropractic's level of education and expertise perceived by key stakeholders in the mainstream health care system?

R: Very high

I: Can you give me an example, like compared to medical orthopaedists?

R: Medical orthopaedists.

I: In your opinion, which sector should be a portal of entry towards professional legislation?

R: I think it would be better to go to the government, and then it will be easier to go to the public and to go to orthopaedists.

I: Where do you see the profession in Israel in the next 10 years?

R: I think we'll progress because the direction of the alternative.

Interview ten

Patient- Mr. Meir: 64 year old male, pensioner. Professor of chemical engineering.

Main complaint: Lower back pain.

I: Do you agree with the statement that chiropractors are spine health care experts?

R: I don't have any data to say yes or no.

I: What is your perception about chiropractic?

R: I'll give it a chance; it seems that he knows what he is doing. It seems to have helped some. I'm encouraged to keep going with him.

I: Is chiropractic should be part of the mainstream medicine or CAM?

R: It should be mainstream. However, they do have a problem. How do they qualify people, the chiropractors.

I: Does it mean that you are not aware of the level or chiropractic?

R: Exactly.

I: How would you describe the perceived diagnostic abilities shown during a chiropractic consultation?

R: If there were any diagnosis procedures, I didn't notice. Keep in mind that I came here with a strong direct recommendation of Prof M and G has been there while I was examined by Prof M. Then he had seen what has been written in my file [the chiropractor] so I'm not aware of any particular diagnosis procedures.

I: How do you perceive the level of the chiropractic integration in health care?

R: Honestly, this is the first time I've been handled by a chiropractor so I can't really make a generalization.

I: How important is the patient referral pattern between MDs and DCs with regard to the professional integration?

R: I've been referred by Dr [Professor] M, the head of the Orthopaedic Department and Spine Surgery. Further than that, he said that A is a good chiropractor.

I: What do you think is the major public perception in regard to chiropractic?

R: I think people will go there when they start medicine and didn't help them. What I heard from friends lets call them, chronic problems which conventional medication or medicine doesn't handle very well, and then the complementary and chiropractic does better job; at least that is my friend's perception.

I: Have you heard about chiropractic before?

R: I had a vague idea what they do, I think they treat the skeleton.

I: Establishing a non-hierarchical, collaborative relationship between DCs and MDs or integration of chiropractic into biomedicine with physicians under control as gatekeepers?

R: I don't think that supervision of MDs is necessary, provided that chiropractors are qualified in appropriate way which I don't know exactly what it is right now.

I: What is your perception about chiropractic level of education?

R: Some of my friends are MDs and those tell me look down at all the alternative medicine, including chiropractic. Nevertheless, one of them, when he had a problem that conventional medicine didn't help; he did go to a chiropractor, with good results.

I: With regard to legislation?

R: I'm aware that complementary medicine doesn't have any regulation in Israel at least.

I: Do you see it as a problem?

R: Yes, I think it should be organised...I think there was an idea to have them all to go through some kind of academic training. I think the solution is what is called the 'Grandfather Clause', those who have been in the business in practice x-years ? Should be accepted and the newcomers should go through some kind of formal education training.

I: What would you change in the policy for better integration?

R: Once again, I am ignorant because it is my first time, my first experience. So far it has been positive, but again I'm a scientist by education, so I am very reluctant to draw a conclusion.

I: Which sector should be a portal of entry towards professional legislation?

R: I believe the best will be accomplished by the professional association of chiropractic and alternative medicine, I believe that the chiropractic society should take the initiative and get it moving.

I: And what's the public role in this regard?

R: Before there is any regulation or rules, normally public organisation gets some time to view their opinion.

I: Did you hear about any achievements?

R: Not in terms of national achievements but I have friends who have had their problems resolved.

I: When communicating with the general public to promote professional integration, whose view do you think should receive more emphasis?

R: Well I think the public view should always dominate. After all, chiropractic is sort of service to the public and the public interest should be up top.

I: Are there a better ways for better communication with the public?

R: I would educate the physicians, family doctors, make them aware of what chiropractic is, what are their achievements and limitations have some seminars for them. Other ways are several publications for people who are health world champions, so you can put some information there.

I: Have you heard about chiropractic within different sectors like military or sport?

R: I know that sport has their own problems, a lot more problems than the normal public so they probably have more access to it or more use for it. Military, I never heard about, I don't recall any particular need for a chiropractor in the military. I say go first to a medical doctor and have them refer you.

I: So you believe that the first portal of diagnosis in the military sector should be a medical doctor?

R: Yes

I: Where do you see the profession in Israel in the next 10 years?

R: I know too little to comment on that.

I: What would you like to see?

R: What I would like to see is integration as another specialty, like ear, nose, neurologists, orthopaedists, etc. I'd like to see chiropractors amongst them.

Interview eleven

Patient- Mrs. Volkanot: 26 year old female. Dog trainer. Main complaint: foot pain. Previously was treated by other therapists.

I: Do you agree with the statement that chiropractors are spine health care experts?

R: I don't know, I'm not taking care of my back, it's my leg.

I: What is your perception about the knowledge and expertise of chiropractors?

R: I can say about A [chiropractor] only, I got the feeling that he is knowledgeable, with combination of medical knowledge and how to handle the body physically.

I: Is chiropractic should be part of the mainstream medicine or CAM?

R: I think the alternative part should be the mainstream.

I: Why?

R: Lots of times the doctors [MDs] don't have the touch or the feeling to know what is wrong with the body.

I: How would you describe the perceived diagnostic abilities shown during a chiropractic consultation?

R: I think it was quite similar to orthopaedic doctor. I would say it's the same level.

I: One of the most important unresolved issues of the chiropractic profession is the right to practice as a primary health care provider. Can you comment on this?

R: I don't think I understand the importance of this. What does it matter?

I: Is it like going to GP?

R: From my knowledge, I think it's like that.

I: What other treatments have you received before you were admitted to a chiropractor?

R: Orthopaedic doctor, physiotherapy and acupuncture and the results weren't much.

I: And now, do you see the results already?

R: I see the results, but it's hard to know if it's from time passing or direct and right now I have a positive perception.

I: How do you perceive the level of the chiropractic integration in health care?

R: I have no knowledge of how it goes in hospitals or what kind of treatment you get or so.

I: Who referred you to a chiropractor?

R: An aunt of mine, but before that I didn't know much about it.

I: In your opinion how important is the patient referral pattern between MDs and DCs with regard to the professional integration?

R: Of course it is because when there is an alternative area that wishes to be mainstream [therefore] the recognition from MDs [probably important in that regard], because the way the doctors perceive it, it affects how [maybe she means affecting the identity or the recognition of the profession].

I: In your opinion what are the barriers affecting inter professional relations between MDs and DCs?

R: I guess different opinions about the way to check the body maybe outside impression that chiropractic is not a serious profession.

I: Establishing a non-hierarchical, collaborative relationship between DCs and MDs or integration of chiropractic into biomedicine with physicians under control as gatekeepers?

R: I think if they have enough knowledge it should be that way. I think there should be someone to say what is right for a person.

I: Do you think a chiropractor cannot be a first gate to go to?

R: He can be but in my opinion, the minute there is too many gates to go through and nothing that holds them together, there's a lot of mix up.

I: So you're saying that chiropractors can be a PHCP, someone that you can go directly to?

R: They can, but that's quite the opposite of integrating into the system, it's being separated from the system a private person has to choose what kind of treatment he thinks he should get, but he doesn't have the knowledge of what each area has to offer.

I: Which sector should be a portal of entry towards professional legislation?

R: I don't know anything about bureaucracy but, it should be through Kupat Holim (HMOs).

I: Why?

R: That's the place where people turn to get treatment.

I: How would you change the policy in order to increase the utilisation of chiropractic?

R: I think the main thing is regulation that automatically this profession will have a better service to offer it would be more difficult for the public to trust without regulation.

I: When communicating with the general public to promote professional integration, whose view do you think should receive more emphasis?

R: The public view, because from the inside everyone wants to promote it's occupation.

I: Can you suggest ways for better communication with the public?

R: I think go to old-age homes, have chiropractic lectures, schools, athletes and people that may need it.

I: How competition with other therapists affecting professional integration?

R: I think everybody has to know his own niche unless there is a contradiction.

I: Do you think chiropractors should target other sectors or special communities?

R: I don't know enough, but yes.

I: Where do you see the profession in Israel in the next 10 years?

R: I guess it will become more advanced.