Response to observations on my complaint

Applicable to observations from the chiropractors listed in Appendix A

Alan Henness

30 March 2010

1 Investigating Committee responsibilities

I note that the General Chiropractic Council (Investigating Committee) Rules 2000 at 5(2) states (1):

> Nothing in Rule 4 shall prejudice the power of the Committee to make such further investigations as it considers are reasonably practicable for the purposes of fulfilling its functions under section 20(9)(b) of the Act.

And that the referenced 20(9)(b) of the Act states that the IC shall (2):

> take such steps as are reasonably practicable to obtain as much information as possible about the case;

I consider that, in its consideration of whether there is a case to answer, it is both necessary and reasonably practicable for the IC to gather all ASA-standard evidence for each of the claims made by the chiropractors I have complained about and to properly consider *all* such evidence consistent with ASA's guidance on evidence as outlined in this document.

2 Evidence for claims

2.1 ASA guidance

Chiropractors are bound by their Code of Practice and Standard of Proficiency (CoP). This mandates chiropractors to abide by guidance issued by the ASA (C1.6) in all publicity. Chiropractors:

> may publicise their practices or permit another person to do so consistent with the law and the guidance issued by the Advertising Standards Authority.

Although the CoP is not specific, it is assumed that the ASA guidance referred to is intended to include the Non-broadcast Code (CAP Code) (3) rather than the Broadcast Codes (BCAP Codes) (4), since the latter is intended to refer only to TV and radio advertisements. A case could certainly be made, based on the wording of the CoP, for including both Codes since they both are ASA guidance.

However, I will assume that the reference in the CoP is intended to be to the CAP Code.

The ASA's guidance also includes, but is not limited to, the following:

- *The British Code of Advertising, Sales Promotion and Direct Marketing (CAP)*
- *AdviceOnline: Therapies: Chiropractic* (5)
- *Health Beauty and Slimming Marketing That Refers to Medical Conditions* (6)
- *AdviceOnline: Use of the Term "Dr"* (7)
- *Help Note on Substantiation for Health, Beauty and Slimming Claims* (8)

The ASA also include their adjudications as part of their guidance (9):

> ASA adjudications provide important guidance to advertisers on how the Codes are to be interpreted. They act as a transparent record of our policy for consumers, media, government, industry and society at large on what is and isn't acceptable in advertising

2.2 Scope

The ASA guidance is intended to be applied to marketing communications that fall within the ASA's remit (10). That remit does not *generally* cover material on websites of companies advertising their own products or services. However, paragraph C1.6 of the GCC's CoP makes the ASA guidance applicable to all publicity of a chiropractor.

Observations made by some chiropractors, that the ASA guidance is not applicable to their websites are, therefore, erroneous.

2.3 Definition of terms

In applying ASA guidance to the scope of the GCC's CoP, references in the CAP to 'marketeer' must refer to those responsible for a chiropractor's website and references to 'marketing communications' must refer to any and all information on those websites.

2.4 Responsibility

It is the responsibility of registered chiropractors to be cognisant with all the requirements such a privilege entails. This includes being aware of the CoP, understanding what it means and what is required to abide by it.

Since the CoP mandates that guidance issued by the ASA is followed, there is an onus on every chiropractor to follow that guidance and keep abreast of any changes to the guidance, including adjudications.

I note that some chiropractors have claimed that they are self-employed chiropractors, working for a clinic owner and therefore had no control over the website.

The contractual arrangements entered into by chiropractors and their clinics are irrelevant. The CoP clearly says that chiropractors are responsible for any advertising done on their behalf.

2.5 Interpretation and application of the ASA's guidance

In explaining how they interpret and apply their guidance, the ASA state (11):

> **What do the rules say?**
>
> The Codes contain wide-ranging rules designed to ensure that advertising does not mislead, harm or offend. Ads must also be socially responsible and prepared in line with the principles of fair competition. These broad principles apply regardless of the product being advertised.
>
> In addition, the Codes contain specific rules for certain products and marketing techniques. These include rules for alcoholic drinks, health and beauty claims, children, medicines, financial products, environmental claims, gambling, direct marketing and prize promotions. These rules

> add an extra layer of consumer protection on top of consumer protection law and aim to ensure that UK advertising is responsible.

Also, the CAP states:

> 2.8 The Code is applied in the spirit as well as in the letter.

This is expanded (11):

> The ASA administers the rules in the spirit as well as the letter, making it almost impossible for advertisers to find loopholes or 'get off on a technicality'. This common sense approach takes into account the nature of the product being advertised, the media used, and the audience being targeted.

The IC must take note of this.

2.6 Substantiation

The CAP states:

> **Substantiation**
>
> 3.1 Before distributing or submitting a marketing communication for publication, marketers must hold documentary evidence to prove all claims, whether direct or implied, that are capable of objective substantiation.
>
> Relevant evidence should be sent without delay if requested by the ASA or CAP. The adequacy of evidence will be judged on whether it supports both the detailed claims and the overall impression created by the marketing communication.

This highlights several important points:

1. That a marketer must hold documentary evidence *before* making any claims;
2. That the ASA considers both direct and implied claims;
3. That the ASA will consider both the detailed claims and the overall impression given by the communication.

Point 1 means that the chiropractor must hold the evidence *at the time the claims are made* and that they cannot be retrospectively substantiated or substantiated with studies published after the claims were made.

The ASA's guidance on substantiation states (12):

> Medical and scientific claims made about health and beauty products, including slimming products, food supplements and cosmetics, should be backed by evidence, where relevant consisting of trials conducted on human subjects (see Clause 50.1 (health and beauty products and therapies), 50.20 (vitamins, minerals and other food supplements), 50.24 (cosmetics), 50.26 (hair and scalp) and 51.1 (slimming)).

Specifically, the CAP states:

> 50.1 Substantiation will be assessed by the ASA on the basis of the available scientific knowledge

Additionally, *Health Beauty and Slimming Marketing That Refers to Medical Conditions* states:

> Marketers should hold robust evidence for all claims.

All scientific knowledge should be taken into account and not just some evidence that happens to support a claim — it is the totality of good scientific evidence available that is important to the ASA.

2.6.1 Testimonials

Note that testimonials are not considered adequate evidence for substantiation for a claim (13):

> Testimonials alone do not constitute substantiation and the opinions expressed in them must be supported, if necessary, with independent evidence of their accuracy.

I understand that the ASA consider direct or indirect claims made in testimonials to be claims that require substantiation.

The ASA sets out its guidance on testimonials (13):

> Marketers must hold signed and dated proof, including a contact address, for any testimonials they use.

I note that some chiropractic websites seem to use the same testimonials and they are therefore possibly fictitious:

> Fictitious testimonials should not be presented as though they are genuine (Clause 14.4).

To comply with ASA guidance, chiropractors would need to hold evidence that the testimonials do, in fact, relate specifically to that chiropractor and the techniques used by him or her and are not just general and unspecific and not applicable.

2.6.2 Divided opinion

The ASA is concerned about claims made for treatments that are not universally accepted:

> If informed opinion on the acceptability of a claim is divided, the claim should not be portrayed as generally agreed (Clause 3.2 (general) and 49.3 (environmental claims)).

It is not arguable that informed opinion on chiropractic is *not* divided, therefore any statements on chiropractic made on websites should not be portrayed as being generally agreed.

The ASA have published guidance on substantiation in their *Help Note on Substantiation for Health, Beauty and Slimming Claims* (8).

This provides further guidance on the interpretation of the CAP and considers three categories of claims: Sensory/impressionistic subjective claims; Uncontroversial/established objective claims and "New" objective claims.

1. Sensory/impressionistic subjective claims

This applies to claims that cannot be proved objectively. This is intended to apply to claims of a subjective nature and do not apply to chiropractic.

2. Uncontroversial/established objective claims

There is substantial disagreement between chiropractors about what chiropractic is, about the mechanism of claimed action and even more disagreement with researchers and experts outwith the chiropractic profession.

For example, the GCC's survey of its own members, *Consulting the Profession: A Survey of UK Chiropractors, 2004* (14) showed considerable variation in the acceptance of what chiropractic can be used to treat (Table 20). I understand that much of this disagreement is historical, but persists.

Independent experts agree that claims for chiropractic are controversial. For example, Ernst states (15):

> The core concepts of chiropractic, subluxation and spinal manipulation, are not based on sound science.
> …
> The concepts of chiropractic are not based on solid science and its therapeutic value has not been demonstrated beyond reasonable doubt.

A recent paper by three chiropractors and a PhD into the evidence base for the chiropractic subluxation found (16):

> The criteria for causation in epidemiology are strength (strength of association), consistency, specificity, temporality (temporal sequence), dose response, experimental evidence, biological plausibility, coherence, and analogy. Applied to the subluxation all of these criteria remain for the most part unfulfilled.

and concludes:

> There is a significant lack of evidence to fulfil the basic criteria of causation. This lack of crucial supportive epidemiologic evidence prohibits the accurate promulgation of the chiropractic subluxation.

It is thus clear that claims about chiropractic do not fit into the ASA's category of 'uncontroversial/established objective claims'.

3. "New" objective claims

The above means that chiropractic claims fall into this category. Although claims about chiropractic are not "new" in that they have been voiced for many years, they are new in that, as shown below, the ASA has not seen adequate evidence that they consider substantiate many of those claims.

2.7 Dossier of evidence

The ASA state (8) that they want advertisers to submit a dossier of evidence when trying to substantiate claims, collated to form a body of evidence and that it is the totality of this evidence that is important. They also state that:

> …marketers should not ignore sound data that does not support the "new" claim.

In their observations, I note that chiropractors appear to have only included what appears to be positive evidence in support of their claims, frequently introducing such evidence with:

> There is evidence to support this approach

I expect that the IC, in addition to considering the evidence offered by chiropractors, will consider *all* other robust evidence, including any given in this document, and that they note the hierarchy of evidence.

The ASA's document also gives guidance on study controls (particularly for the placebo effect), adequate blinding, the use of experts in evaluating evidence, the quality of evidence, trial methodology, randomisation, bias, trial size and power, applicability of the trial to the population at which the advert is targeted, credibility of data (eg published in reputable, peer-reviewed journals).

I note that chiropractors have only provided bibliographic references to evidence they believe should be considered by the IC. The ASA expect full papers to be submitted and I expect the IC to obtain copies of all such evidence and the papers I have cited so that a full and balanced evaluation of the evidence can be undertaken.

2.8 Hierarchy of evidence

In considering whether evidence supplied is of a high enough standard to meet the ASA's guidance, it is particularly important to consider a hierarchy of evidence.

A comprehensive table of hierarchy of clinical evidence can be found on the Evidence-Based On-Call website (17). A simplified version is (18):

1. Systematic reviews and meta-analyses
2. Randomised controlled trials with definitive results (ie confidence intervals that do not overlap the threshold clinically significant effect)
3. Randomised controlled trials with non-definitive results (ie a point estimate that suggests a clinically significant effect but with confidence intervals overlapping the threshold for this effect)
4. Cohort studies
5. Case-controlled studies
6. Cross sectional surveys
7. Case reports

It must be noted that evidence of lower rank cannot normally usurp evidence of higher rank without good reason. This means that low-rank evidence that happens to indicate positive results cannot be acceptable if there is, for example, a quality systemic review that comes to a different conclusion. This is in line with the ASA's statement that they assess substantiation on the basis of the available scientific knowledge and the totality of evidence.

There are many sources of quality systematic reviews of chiropractic, but the Cochrane Collaboration has been described as (19):

> …a worldwide network of independent scientists dedicated to systematically summarising the totality of the evidence related to specific medical subjects in a rigorous and transparently impartial fashion.
> …
> Independent research, such as that conducted by the Cochrane Collaboration, is designed to be transparent, reproducible, fair and of the highest possible standard. In the interests of public health, let's make sure that we are guided by such evidence at all times.

I expect the IC to take particular note of these independent reviews.

2.9 Relevance of dossier to claims

Evidence for substantiation must be relevant to the claim being made and factors that would dismiss evidence include:

- Trials conducted on a group that is not the same as those the claims relate to;
- Trials conducted on adults being extrapolated to claims about teenagers, children, infants or babies (see 2.9.1);
- Trials conducted on a group with single or multiple confounding conditions;
- Trials treating a condition that is not identical to the condition claimed;
- Trials using a treatment that is not the same as the claims being made (see 2.9.3 and 2.9.4).

Some of these are expanded upon below.

I am sure that the IC will also be aware of the robust criticism of evidence put forward for various childhood ailments (20).

2.9.1 Pregnancy

Evidence supplied in a dossier that relates to adults whether pregnant or not, cannot be extrapolated to pregnant women.

2.9.2 Age range

Evidence supplied in a dossier that relates to a particular age group (whether participants were selected for age or not) cannot be extrapolated to other ages. For example, a trial conducted on 25 to 59 year olds cannot normally be extrapolated to teenagers, children, infants or babies, nor to the elderly.

2.9.3 Use of mechanical devices

Many chiropractors use mechanical devices (eg so called ‘activators’ and ‘drop tables’).

If a chiropractor has indicated that he or she uses these mechanical devices, then the body of evidence supplied must relate directly to that device in a similar manner: the dossier of evidence cannot substantiate a claim if it is not directly related to the techniques used by the chiropractor for that claim.

2.9.4 Use of different techniques

Many chiropractors use different techniques (eg Gonstead, diversified, Logan, McTimoney and toggle recoil).

If a chiropractor is making claims about a particular technique or techniques, he or she must provide a dossier of evidence that relates directly to that technique.

2.9.5 Spinal manipulation

Chiropractic is a form of spinal manipulation, but spinal manipulation is not solely chiropractic manipulation. This differentiation needs to be taken into account when considering whether the dossier of evidence supplied substantiates claims for chiropractic. If the evidence was concerned

with spinal manipulation but not specifically about chiropractic manipulation, then it cannot be considered substantiation for chiropractic manipulation.

I note that many chiropractors agree with this in their observations. For example Richard Brown (27), Timothy Hutchful (217), Anthony Metcalfe (18) and Colin Rose (209) all state:

> While [chiropractors'] care is often stated to be synonymous with spinal manipulation, this is incorrect.

For example, the NICE guidance on low back pain (21), frequently cited as evidence for chiropractic, states the following in their recommendations:

> 1.4 Manual therapy
>
> 1.4.1 Consider offering a course of manual therapy, including spinal manipulation, comprising up to a maximum of nine sessions over a period of up to 12 weeks.

It defines 'manual therapy' in its glossary as:

> A general term for treatments such as chiropractic, osteopathy or physiotherapy that involve manipulation, massage, soft tissue and joint mobilisation

The recommendations are not specific to chiropractic and therefore cannot be cited as evidence for the effectiveness of chiropractic for lower back pain. Additionally, doubts have been cast on the impartiality of these recommendations (22,23).

I am sure that the IC will also be aware that there has been substantial criticism of the Meade study and its follow-up, the BEAM trial (24-26) and the European guidelines for the management of low back pain (27).

However, it is clear that any evidence supplied in substantiation of claims made, to be acceptable to ASA guidance standards, must be directly applicable to those claims and not some similar, but not identical, treatment.

2.10 Adjudications relevant to robust standard of evidence

The ASA gives guidance on the acceptable standard of evidence in many adjudications. For example:

Advertiser	*Summary of reason/s for rejection of evidence*
David Stevens t/a Vital Body Clinic (28)	Pilot trial and not yet completed.
BritChiro Clinics Ltd (29)	Evidence didn't include controlled clinical trials, therefore had no control for a placebo effect.
Optimum Health Centres (30)	Can't rely on trials done under a different treatment.
Wigan Family Chiropractic Clinic (31)	Abstract of a research study was not sufficient. Testimonials are not adequate.
Optimum Health Centres (32)	Articles and the text of other abstracts supplied were insufficient to support the claim

Advertiser	*Summary of reason/s for rejection of evidence*
Wellness Centre (33)	Trial conducted on a group not applicable to claims. Study of uncertain clinical relevance. Trial not supporting claims. Study requiring independent replication before its results could be accepted. Studies not supplied in full. Studies not published mostly in journals that were not available through the usual sources. Studies that were not of sufficiently high quality. Even in studies that appeared to support claims, acknowledgement that the matter would be open to further debate and research to determine whether that translated into beneficial clinical effects on the health of patients or healthy people.

It must be noted that other adjudications that are not directly related to chiropractic also give guidance on what is — and what is not — acceptable evidence. For example:

Advertiser	*Summary of reason/s for rejection of evidence*
Easylife Group Ltd (34)	Evidence was not in the form of robust, peer-reviewed clinical trials.
IGEA Life Sciences Pty Ltd (35)	Evidence was not based on a relevant group of subjects.
Danone UK Ltd (36)	"We acknowledged Danone's comments regarding the totality of their evidence. We considered, however, that it was necessary to assess the accuracy and relevance of each individual study in order to be able to assess the merits of the body of work as a whole." Trial subjects not the same as target audience.
The Sunbed Association (37)	Evidence was not peer reviewed.
Feedmark Ltd (38)	Evidence was not peer reviewed.

2.11 Claims about improving the function of the spine or nervous system

It is clear from the ASA that they have not seen robust evidence that chiropractic can improve the function of the spine or nervous system (39,40):

> This also applies to the claim that chiropractic is able to improve the function of the spine and nervous system, so we would expect the advertisers to also remove this claim.

and (41):

> …this has been the CAP/ASA position for some time. It is based on substantiation we have seen from the Chiropractic community, independent expert advice and previous adjudications.

Unless ASA-standard evidence is supplied, claims about improving the function of the spine or nervous system cannot be accepted.

2.12 Use of experts

The ASA frequently use experts to help them come to authoritative independent scientific conclusions about evidence dossiers supplied by advertisers.

It is open to the IC to consult an expert or experts who have knowledge of chiropractic, the ASA's guidance and the critical evaluation of evidence. The ASA have guidance on the use of experts (42) and I note in particular:

> **The Expert's review of evidence**
>
> The ASA and CAP aim to obtain experts' reviews that are:
>
> 1. appropriate. The experts should be sufficiently qualified to offer an impartial, competent and considered review of the evidence. They should, where possible, reflect generally accepted expert opinion;
> ...
> 4. transparent. The name of the expert and the review itself will be given to the marketers on request.

I expect that, if the IC uses such experts, I would be supplied with the names of the experts and a copy of those reviews. Please treat this as a request for all such information.

2.13 Use of the title 'Dr'

I note that some chiropractors have expressed their personal views about the use of the courtesy title 'Dr', including their belief that the ASA's guidance is wrong.

Those views are irrelevant as the question at hand is whether the use of the title meets the ASA guidance (7) and the CoP.

I note that part of that ASA guidance states:

> Ads that refer to a non-medical qualification that happens to include the word "doctor" might be acceptable, if the practitioner does not state "Dr" or "Doctor" as a title. In October 2008, the ASA ruled that an ad of that type did not breach the BCAP Radio Code (BritChiro Clinics Ltd, 15 October 2008). Although the ASA has not adjudicated on it under the CAP Code, we believe that such references would be unlikely to breach the CAP Code. So, a chiropractor should not use the claim "Dr Smith (Doctor of Chiropractic)" but could claim "Mike Smith, who is a doctor of chiropractic" or similar.

I note that the CoP at C1.8 is less specific than the ASA guidance, but this requirement is in addition to the ASA guidance as mandated by C1.6.

3 ASA guidance on specific claims

The ASA publishes specific guidance on chiropractic: *Therapies: Chiropractic* (5).

This guidance states:

> Like Osteopaths, Chiropractors are regulated by statute and may refer to serious medical conditions if they hold convincing evidence of the efficacy of their treatments.

This reinforces the ASA's requirement that chiropractors hold robust evidence for claims made.

3.1 Claims accepted by the ASA

This guidance also states:

> To date, the only serious medical condition to which CAP and the ASA accept chiropractors may refer is migraine (not headaches).

This clearly states that the ASA have seen what they consider adequate evidence that chiropractic can treat migraines, but that they have not seen adequate evidence that chiropractors can treat headaches.

However, I note that there appears to be insufficient robust evidence to support this acceptance for migraine (43) and this is something that the IC must carefully consider.

3.2 Claims accepted by the ASA only if adequate evidence is supplied

The ASA state that they have previously accepted claims for some other conditions:

> But CAP has accepted in the past that chiropractors may claim to help: aches and pains, arthritic pain, backache, back pain, circulatory problems, cramp, digestion problems, joint pains, lumbago, muscle spasms, neuralgia, fibromyalgia, inability to relax, rheumatic pain, rheumatism, minor sports injuries and tension (see General List in the Help Note on Health, Beauty and Slimming Marketing Communications that Refers to Medical Conditions).

However, they state:

> Practitioners claiming to treat such conditions would be expected to hold evidence.

So claims for these conditions cannot be made without the advertiser holding the necessary robust scientific evidence for those claims.

I note the guidance also states:

> Some practitioners believe chiropractic helps the short-term treatment of acute low-back pain (not sciatica) and headaches. To date, we have not seen evidence that the therapy can help but the evidence we have seen so far on its efficacy is scant and our position could change.

3.3 Claims not accepted by the ASA

In an adjudication on a complaint against Optimum Health Centres, the advertisers, who tried to argue that they could rely on evidence for chiropractic for their technique, the ASA stated (32):

> However, we considered OHC could not rely on that argument, firstly because it was not established that chiropractic could treat all those ailments and conditions (headaches, migraines, IBS, chronic pain, neck pain, shoulder/arm pain, whiplash from car accidents, backaches, ear infections, asthma, allergies, numbness in limbs, athletic injuries)

This clearly lists conditions for which the ASA have not seen sufficient robust evidence to substantiate.

All claims need to be substantiated by the chiropractor to ASA-standards by the dossier submitted.

4 Response to general points raised

4.1 Evidence-based care

Some of the observations supplied by chiropractors have mentioned the CoP's glossary entry for *Evidence-based care*.

This is irrelevant because the question at hand is whether any claims made on websites breach ASA guidance — and hence the CoP — and not whether there is any evidence base for actual treatments given by chiropractors in clinical practice.

Section C of the CoP is titled "Chiropractors must justify public trust and confidence by being honest and trustworthy." Other sections of the CoP deal with practice, particularly section D, which is titled, "Chiropractors must provide a good standard of practice and care."

4.2 Chiropractic care

It is clear that some chiropractors provide more than chiropractic adjustments. Additional treatments provided seem to include things like massage, exercise, posture and nutritional advice.

However, these treatments are provided as additional services and services that are also provided by others, eg physiotherapists, massage therapists and dieticians. In the context of a chiropractor, on a website that clearly belongs to a chiropractic clinic and being viewed by someone interested in chiropractic, any claims made for some other therapy should be clearly associated with that therapy and clearly *disassociated* with chiropractic.

Not ensuring that claims about other therapies that may be provided in addition to chiropractic manipulation are set clearly apart from claims for chiropractic misleads a visitor.

I note that C1.6 of the CoP states that:

> The information must not be misleading or inaccurate in any way.

According to the GCC's last survey (14), the overwhelming majority of chiropractors (95%) provide adjustments to the majority (>60%) of their customers. A significant number also provide *advice* on 'activities of daily living' (83%) and exercise (71%). However, very few (5%) provide other treatments such as massage, stretches, mobilisation and soft tissue work to the majority of their customers, with less than 10% offering these treatments at all.

Thus it is clear from this picture of the practice of chiropractors that by far the most predominant treatment given by them is spinal manipulation.

Indeed, the public perception of chiropractic backs this. 70% think that chiropractors manipulate the spine (44).

It is therefore justified to assert that, from the point of view of those browsing the websites of chiropractors, 'chiropractic' is synonymous with spinal manipulation and little else and that claims about chiropractic will be interpreted as claims about spinal manipulation.

4.3 Reliance on information supplied in GCC leaflets

Many chiropractors have said they have relied on statements made in the GCC's own leaflets relating to claims for chiropractic, particularly those for some childhood ailments.

At the time of my complaints, the GCC's *Patient Information Leaflet* stated:

> You may also see an improvement in some types of
>
> - asthma
> - headaches, including migraine; and
> - infant colic

I note that the GCC changed the wording in the leaflet in June 2009:

> There is some evidence, though more research is needed, that you may see an improvement in some types of:
>
> - asthma
> - headaches, including migraine and
> - infant colic

Further, in response to complaints made to the ASA, the leaflet now admits:

> A review is being carried out of the evidence as to whether chiropractic may ease some of the symptoms of some types of:
>
> - asthma
> - headaches, including migraine and
> - infant colic.

However, ASA guidance mandates that advertisers hold robust evidence for claims made and it would be erroneous to rely on information given in a patient information leaflet, whether from a statutory regulator or not. The only standard of evidence acceptable to the ASA has been made very clear.

4.4 Conditions listed are considered as claims to treat

It is clear that the ASA consider the mention of a condition as a claim about an ability to treat that condition whether or not there is a. This is clear from ASA adjudications (45,46).

5 Systematic reviews for specific conditions

Listed below are systematic reviews for some conditions that some chiropractors have claimed to be able to treat. This list is not exhaustive and I fully expect the IC to take note of these and other systematic reviews that meet the ASA's standard when considering whether a chiropractor has submitted sufficient evidence to substantiate claims made.

In line with ASA guidance and the principles of the hierarchy of evidence given in 2.8 above, I expect these to be given appropriate weight and consideration.

The following is a sample list of systematic reviews relating to chiropractic.

A systematic review of systematic reviews of spinal manipulation (47)

Adverse effects of spinal manipulation: a systematic review (48)

Adverse Events Associated With Pediatric Spinal Manipulation: A Systematic Review (49)

Are chiropractic tests for the lumbo-pelvic spine reliable and valid? A systematic critical literature review (50)

Are manual therapies effective in reducing pain from tension-type headache?: a systematic review (51)

Chiropractic for Migraines (43)

Chiropractic manipulation for non-spinal pain – a systematic review (52)

Chiropractic spinal manipulation for infant colic: a systematic review of randomised clinical trials (53)

Chiropractic spinal manipulation for neck pain: a systematic review (54)

Chiropractic spinal manipulation treatment for back pain? A systematic review of randomised clinical trials (55)

Complications of spinal manipulation: a comprehensive review of the literature (56)

Manipulation of the cervical spine: a systematic review of case reports of serious adverse events, 1995–2001 (57)

Manual therapy for asthma (58)

Non-surgical treatment (other than steroid injection) for carpal tunnel syndrome (59)

Sources of bias in reviews of spinal manipulation for back pain (60)

Spinal manipulation for asthma: a systematic review of randomised clinical trials (61)

Spinal manipulation for dysmenorrhoea (62)

Spinal manipulation for headache disorders (63)

Spinal manipulation: a systematic review of sham-controlled, double-blind, randomized clinical trials (64)

Spinal manipulative therapy for low-back pain (65)

The effectiveness of spinal manipulation for the treatment of headache disorders: a systematic review of randomized clinical trials (66)

What Can Family Physicians Offer Patients With Carpal Tunnel Syndrome Other Than Surgery? A Systematic Review of Nonsurgical Management (67)

6 Other claims

As an example of other potential breaches of the CoP and ASA guidance, in my complaint, I highlighted that:

> …many chiropractors frequently encourage potential patients to become reliant on chiropractic by telling them they must continue to receive chiropractic treatment to keep their spine — and hence themselves — in good health. I believe this contravenes paragraph C1.3 of the CoP.

Many of the chiropractors I complained about made claims about the requirement for on-going sessions and 'adjustments' couched in language such as 'wellness' or 'maintenance care'.

For example, one website stated:

> What is Wellness?
>
> Wellness care is something which those at Back On Track Chiropractic are passionate about. Wellness care refers to ongoing care for the individual, not only to prevent reoccurrence of an original injury or complaint, but to allow the body to perform and function at its optimum, thus being able to cope with life's stresses to the best of its ability. We encourage all our patients to seek regular chiropractic "check-ups" just as they do with the dentist, in order to detect any misalignments or areas for concern and correct them before they become a problem.

One study concluded that there is no robust evidence base for the benefit of this maintenance care (68):

> There is no evidence-based definition of maintenance care and the indications for and nature of its use remains to be clearly stated. It is likely that many chiropractors believe in the usefulness of maintenance care but it seems to be less well accepted by their patients. The prevalence with which maintenance care is used has not been established. Efficacy and cost-effectiveness of maintenance care for various types of conditions are unknown. Therefore, our conclusion is identical to that of a similar review published in 1996, namely that maintenance care is not well researched and that it needs to be investigated from several angles before the method is subjected to a multi-centre trial.

Additionally, many chiropractors' websites seem to prey on the vulnerability and anxieties of parents, understandably concerned about the health of their babies, infants or children by trying to persuade them that chiropractic is necessary for their babies' health:(69)

> **Can a chiropractor treat a newborn baby?**
>
> Yes, in fact the sooner your baby is checked, the sooner any injury or stresses from birth can be dealt with safely and gently.
> …
>
> **A healthy future**
>
> As your children grow up, you will be getting their eyes and teeth checked regularly. Consider giving them regular chiropractic check-ups too, which could give them the best start in life with a healthy spine and nervous system. Get yourself checked out at the same time – many women have found that their general health, as well as period pains, back pain and headaches, have improved with chiropractic care.

Thus, chiropractors who advocate continual repeat visits or whose websites target pregnant women and new parents are breaching C1.3 of the CoP and cannot be acting in the best interests

of the welfare of their customers. This betrayal also puts them in breach of C1.1 and ASA guidance:

> 50.4 Consumers should not be encouraged to use products to excess…

I expect the IC to consider whether or not there are other potential breaches of the CoP in the website material that they now have that need to be investigated and acted upon in discharging their responsibilities (see Section 1).

7 Conclusion

I trust the IC will take careful note of *all* the ASA's guidance and how the ASA reach their decisions, particularly their guidance given in *Help Note on Substantiation for Health, Beauty and Slimming Claims*.

The Investigating Committee has to satisfy itself that all evidence considered — whether supplied by a chiropractor, cited in this document or other available evidence — is of the standard that would be acceptable to the Advertising Standards Authority and that the totality of robust evidence is properly considered.

To do any less can only be considered a dereliction of duty and a sign of an organisation that was neither impartial nor totally committed to upholding the Code of Practice and to protecting the public — one of the main duties of the GCC (70).

I expect this process to be entirely transparent and conducted with the highest degree of professionalism and probity.

If the IC is not absolutely sure of how the ASA interpret and apply their guidance, I would expect them to consult the ASA. This could be to seek general guidance on what would and what would not be acceptable evidence or to ask the ASA for specific guidance on specific evidence offered by chiropractors in support of any claims made by them.

This can be done by approaching the ASA or using the ASA's free Copy Advice service (71).

I submit that there is a case to answer for all the chiropractors I have complained about.

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Appendix A

Name (GCC Registration number)