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Is there really *nothing* wrong with osteopathy? A reply to van Dun

Dear Editor,

We enjoyed reading van Dun's [1] response to our recent commentary paper titled 'What's wrong with osteopathy?' [2] and we are pleased that he also thinks that our paper has raised important issues for the osteopathic profession to consider. We are thankful for the opportunity to further reflect on our paper and at the same time respond to some of the points raised by van Dun in his letter. We feel that it is necessary to clarify our motivations to write the paper and provide some further accuracy of how our arguments are represented and also take the discussion forward and identify routes that we can agree on to chart our way through the storm. Our view is that there are likely many things that are 'right' with osteopathy (that's another paper for another day!) but that the nature of our paper was to focus on elements of osteopathic practice and theory that we consider would benefit from enhancement and revision. Before we begin our response, it is important that we clarify that the views presented in our paper and this subsequent letter do not necessarily represent the views of the University College of Osteopathy or the journal in which they appear.

Firstly, titles. The title of our paper had a question mark; inviting the reader to consider and critically reflect on the arguments we put forward, which van Dun appears to have done - up until a point. We had to read the title of his letter twice to make sure we had not missed a question mark - which it turns out, we hadn't. In posing the question as to whether there was anything wrong with osteopathy, we hoped to reflexively acknowledge the uncertain nature of professional practice and promote a sense of curiosity for readers to wonder if osteopathy *could* be different in order to better care for the people that it serves. Reading past van Dun's headline title of there being *nothing* wrong with osteopathy, he proceeds to discuss that there are in fact "well known problems facing osteopathy" (pg. 1). This presents a contradictory and confusing position of there both being nothing wrong with osteopathy while also admitting to well-known problems.

Secondly, in his letter van Dun points out what he has perceived as a "negative emotional response" (pg. 1) to our paper, and contrasts this with other critically oriented work by Esteves et al., [3] that he feels received "rational and considered responses" (pg. 1), which we presume he considers to be positive reactions. We are delighted that there is a growing critical discussion about the theoretical, conceptual and evidential basis of osteopathy, including Esteves et al., [3] on which van Dun was a co-author. It is encouraging to see that in that paper he and his co-authors share similar concerns to us, specifically stating in their paper that "incoherence within models, lack of theoretical and empirical support, oversimplification, pseudoscience, and absence of consensus over the validity of the profession's conceptual framework are some of the challenges osteopathic education and research are facing" (pg. 1). Although it has been three years since van Dun's paper was published our view is that there isn't strong evidence to suggest that the challenges

and problems he and his co-authors identified have been resolved. This view that such issues remain unresolved in osteopathy is evidenced by IJOM's call for papers for the special issue of which our paper is part [4].

We admit we have received a range of responses and reactions to our paper; from those that feel we have provided voice to their own experiences, frustrations and interpretations of the challenges facing osteopathy and to others that claim that either we don't understand osteopathy or that we are seeking to dismantle and discredit the profession through our open critical analysis. Regardless, we are delighted that in just three months since our paper's publication, it has become the most downloaded IJOM article during this period. Whether the paper is received positively or negatively by readers, the fact that osteopaths are *engaging* in these challenging and fundamental issues is encouraging and a key reason for us in writing it. As van Dun points out, it's hard to not notice the energetic and impassioned discourse our opinion paper appears to have initiated. However, to construe this as a 'negative response', as van Dun appears to do and that this in some way indicates that the paper is flawed and has limited capacity to facilitate reflection across/within the osteopathic profession, fails to fully engage with the core arguments of our paper and instead foregrounds the emotional reactions to it. Furthermore, we would argue that the fact our paper has created strong reactions is the very reason why it should be taken notice of. Models of reflective practice [5,6] encourage osteopaths to examine all of their reactions to reading the paper and consider where and why such feelings arise and what are the underlying assumptions, values and beliefs which the contents of the paper seem to provoke. Finally, the perceived threat and negative impact of the paper does indicate a certain vulnerability or sensitivity in some elements of osteopathy; inevitably there will be more 'storms on the horizon' which osteopathy will need to weather, and these storms might well be of a higher level and quality of evidence which could constitute a much greater threat to how osteopathy is perceived, compared to a commentary paper such as ours. Therefore, osteopathy and osteopaths as healthcare professionals must expect robust scrutiny of ideas and methods with the aim to improve the care of people.

In his letter, van Dun comments that after leaving the reader 'soaking wet and out in the cold' that we 'failed to provide an alternative way out' (pg. 1). We would like to point out that while it was neither the purpose nor the scope of our paper to provide a unified theory of osteopathy, we hoped that the reader may take shelter from the storm in the resources cited within the 130 references. Importantly, a significant number of our references were incorporated with the specific aim to direct readers to engage in theories and evidence to enhance and support their osteopathic practice. As a reminder, resources available to the reader and which were cited within our paper include frameworks for osteopaths to adopt more person-centred approaches [7-9], biopsychosocial frameworks for musculoskeletal care [10,11], frameworks

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to reconceptualise osteopathic manual therapy skills [12,13], critical theory [14], enactivism/phenomenology [15–17] and dispositional theory [18]. By signposting readers to such resources, we hoped to offer an alternative/additional way for osteopaths to enhance their thinking and practice.

Next, van Dun suggests that our paper might be “deployed politically” by individuals or groups who wish to undermine osteopathy, insinuating that it may be seen as a source of ‘ammunition’ to prevent the development and legitimisation of the osteopathic profession. We concur with Foucault that ‘everything is political’ [19], including research which has assumptions, motivations and incentives behind it. As such we appreciate that van Dun writes his letter from the perspective of Belgian osteopathy, where the political status is such that osteopathy is yet to be fully regulated by law. We have noticed similar concerns from osteopaths located in countries where osteopathy is still in a process of professionalisation. As such we can appreciate the political incentives for holding back on steep criticism of osteopathy from countries where osteopathy is yet to be professionalised and practice is not fully situated within regulatory governance. For those with a political agenda to promote the osteopathic profession and spread the good name of osteopathy, it is understandable that a full-throated critical analysis of osteopathy may not be seen as an effective strategy to lobby for regulatory status. In countries where osteopathy is yet to emerge as a regulated profession it might motivate a use of evidence to justify the value of osteopathy to the regulatory authorities, highlighting the virtues of osteopathy and construct an argument of professional distinctiveness. A good example of this is van Dun’s own politically important work to “develop the body of evidence used by stakeholders and policymakers for a long-awaited regulation of the profession in Belgium (p14)” [20]; but also his similarly valuable work to generate evidence necessary to support the regulatory processes in Spain [21], Italy [22] and Austria [23]. Given the track record of van Dun himself in producing crucial, though politically useful work we would question whether the main contention is not the arguments contained within our paper or stylistic choices but the potential ramifications of our stated position and motivations. The political spin placed on all research cannot be avoided, and we wonder if the different political positions and agendas that we hold might be influencing how our paper is received and interpreted?

Moving on, van Dun rightly points out that our paper is supported with 130 references and uses this observation to develop two counterpoints 1) that we included citations from other professions (e.g., physiotherapy) and that we cannot assume these relate to osteopathy; and 2) we failed to include references which show modest effectiveness of osteopathy. Regarding the first point, we argue explicitly in the paper that osteopathy would be wise to draw upon theory and evidence from outside of itself (i.e., other professions), and rather than ‘diluting’ osteopathy, it serves to enrich osteopathy’s theoretical basis and provided new ways of thinking and practice which are hitherto unknown, unexplored, or unrealised owing to the limited extant osteopathic theoretical library. If osteopathy only makes sense to itself or can only be understood from the perspective of osteopathy, then opportunities for integration into wider healthcare structures and inter-professional collaboration will be limited. In regard to the second point that we ignored citing evidence of effectiveness for osteopathy - we fully acknowledge this. Our paper did not seek to review nor comment upon whether osteopathy ‘works’, but instead acknowledge the complexity and professional challenges surrounding osteopathic clinical care.

Moving on, van Dun claims we are “fixated on hand-off clinical practice” (pg. 1), however we hope on reflection he agrees that he has mischaracterised our position. We clearly lay out in our paper and repeat here for the avoidance of any doubt that “we argue that the purposeful and judicious use of ‘hands-on’, ‘hands-off’ or ‘hands-less’ interventions can enhance the quality of osteopathic care rather than lessen it.” [2] (pg. 3). We are not arguing against touch or even the contentious area of how much skill/training is required for touch to be therapeutically

meaningful, but to reimagine the ways in which we epistemologically account for this interaction.

In his letter, van Dun remarks that upon reading our paper, it “makes you think almost everything you do and think is questioned, outdated, naive or even delusional” (van Dun, n. d.) (pg. 2). Firstly, when engaged with sincerely and honestly, critical self-reflection is uncomfortable. Placing the interests of our patients *before* the interests of the profession (al) motivates us to confront ourselves with difficult and even existential questions, which van Dun seems to wrongly interpret as the paper having a “negative undertone” (pg. 2). As such, the feelings van Dun describes are not unsurprising or uncommon with deep and honest critical reflexivity. It may be that the desire to avoid confronting uncomfortable, disorientating, existential and intractable questions is indeed what’s *really* wrong with elements of osteopathy. It is inevitable that osteopathy, like all healthcare professions, will continue to face evidence and critical appraisal (from within and outside of osteopathy) which challenges theory and practice. When engaging, reflecting, and responding to such critical scrutiny, our advice is to bring a raincoat rather than blame the weathermen.

In conclusion, our paper was not only a call to reflect, invoking strong feelings, clear engagement, and deep discussions within the profession but also a call to action. Our paper may be deployed by critics or supporters of osteopathy to suit their own needs and agendas, and we invite readers to reconsider the potential positive uses of our paper to demonstrate to outsiders that osteopathy, like other more established health professions, can engage in and withstand close scrutiny and is capable of facing and reflecting on difficult questions. We feel that if the issues raised in our paper were baseless, they would easily be dismissed, disproven and would have been easily ignored. Osteopathy and osteopaths have a history of questioning the status quo and although we may agree to disagree, we hope the freedom to challenge orthodoxy and confront difficult issues continues to be encouraged by the osteopathic profession and is allowed to flourish for the betterment of osteopathic care for the people that seek it.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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