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**Story of this thesis**

I am a registered chiropractor in full-time private practice and my practical and philosophical interest in the Australian healthcare system has remained my primary motivation throughout this candidature.

I have additional healthcare qualifications – a Doctor of Osteopathy (Sydney College), Diploma of Acupuncture (Australian Acupuncture Association), a Postgraduate Diploma in Western Herbal Medicine (Southern Cross School of Herbal Medicine), a Postgraduate Diploma in Chinese Herbal Medicine (Cathay Herbal) and I am a member of the Australian College of Nutritional and Environmental Medicine. My breadth of study and some 29 years as a primary health provider in private practice have inspired an interest in health systems and a patient-centred health paradigm. My research interest in the benefits of chiropractic treatment for patients presenting with a co-morbidity of asthma, developed while completing a Master of Science (Chiropractic) at Macquarie University, Sydney Australia. A continuing interest in patient-centred healthcare and the development of self-monitoring and individual health measurement systems underpinned my further study and research. I enrolled in the Department of Human Geography at Macquarie University focusing my PhD candidature on researching the traditions of clinical research methodology for use in developing a patient-centred health paradigm where individual responsibility for health outcomes could be measured and monitored. The initial focus was on understanding the individual experience of health within the experience of a chronic multi-factorial condition. Asthma was being examined as an example of a chronic multi-factorial condition with a unique profile of triggers in each individual.

While enrolled for this candidature in the Department of Human Geography, the Department of Chiropractic requested my involvement in a research grant for a clinical research trial of asthma and chiropractic. My candidature was considered an appropriate fit with the research project that had an interest in examining asthma and chiropractic. This research project team
was to have multi-disciplinary expertise as it would involve the Departments of Chiropractic, Biological Sciences and Human Geography. Being involved in a co-ordinated team that was to develop a clinical research trial of asthma and chiropractic, sat well with the research paradigm of my thesis. The team of multi-disciplinary researchers provided an excellent opportunity to develop my involvement in patient-centred health paradigms. My interest in clinical research models that might be able to examine a more integrative approach to health was accommodated with the opportunity to work with a number of different researchers on one project. The ability to develop research skills with these different disciplines in one team would foster self-critical thinking of ways to research within Evidence-Based Medicine (EBM) and Complementary and Alternative Medicine (CAM) and approach to the practice of chiropractic.

I was interested in the clinical reality of what a chiropractor does in practice. I had a research interest in the diversity of clinical techniques within the chiropractic profession and the range of clinical terms used in general chiropractic practice. I had previously been responsible, in 1992, for a pilot study examining chiropractic clinical findings when examining the spines of asthma sufferers.

From the outset of my involvement in the asthma project, I was directly involved in the clinical research modelling and the decision to use practising chiropractors in their ‘typical’ practices as part of this clinical research trial. I was interested in developing a selection of research tools for non-pharmaceutical healthcare or CAM treatments within a research design that may examine underlying biological mechanisms of treatment and individual health changes.

My involvement in the multi-disciplinary team led to my contribution to the writing of the funding proposal for a research trial involving asthma participants and an experimental intervention of actual practice-based chiropractic treatments.
As the trial took shape and began to be implemented, my involvement in its practical requirements and other research protocols also increased. My PhD candidature in clinical research of healthcare paradigms saw my role developing around the clinical research trial. My involvement included researching the appropriate research outcomes for use in the clinical trial. I played a major role in all the preliminary studies required for this selection process of the clinical research design. I was directly involved in developing and then maintaining clinical research protocols and standards of the trial. I have to date, made significant contributions to the writing of drafts for several co-authored papers on the study; yet to be published. My co-authors Dr Ray Hayek and Dr Sinan Ali have approved my writing of this thesis about the asthma study.

During my candidature, there was some re-organisation at Macquarie University which resulted in changes to the affiliations and responsibilities within the faculty. This saw my supervisors and eventually my department change. The shift in the focus of my candidature from the Department of Human Geography to the Department of Chiropractic seemed appropriate in view of my involvement in the clinical component of the asthma research trial. Subsequently, a second change of supervisors was required again due to unexpected university staff changes. All the changes required me to adapt on a continuing basis during the candidature, between a focus on theoretical constructs and the co-ordination of practical and research issues in the multi-site clinical trial. In summary, there have been a number of unexpected changes during my candidature, each requiring re-familiarisation and re-establishment of candidature research priorities.

The concept, design and execution of this clinical trial required and justified the range and diversity of academic input and research expertise given to it by the multi-disciplinary team. Co-ordination of research analysis required data to be duly examined in the context of
individual areas of expertise as well as ‘in committee’. The requirement for review and discussion across the asthma research team has certainly resulted in unexpected time delays.

The timelines for trial completion, data collation and analysis, discussion of results, presentation of papers and co-ordination across the multi-disciplinary asthma research team has made this journey at the same time both challenging and satisfying.

My experience as a PhD candidate is that a well-organised collaborative approach to multi-disciplinary research is needed for CAM and chiropractic healthcare programs to be a part of the emerging healthcare system. The team approach to research may also foster a productive and self-critical research discipline for the development of chiropractic healthcare.

I thank Peter, Eleanor and Rosalind for their love and support during my involvement in this study and the writing of the thesis.