

## We Get Letters & E-Mail

"Purity of Doctrine?"

Dear Editor,

The January 18, 2000 issue of *Dynamic Chiropractic* carried an editorial by Dr. Guy Riekeman, president of the Palmer College of Chiropractic ("We all Have a Historical Connection to Palmer Chiropractic, and a Stake in Keeping Our Profession Pure for the Future.") With his emphasis on "purity," I was reminded of some of the arguments in the Lutheran circles about purity of doctrine. I can understand this argument in my church, but have difficulty with it in my profession.

What was eventually clear from the article is that Dr. Riekeman is using this venue to encourage potentially disgruntled alumni from other schools to jump on the Palmer bandwagon, which ostensibly stands for and promotes "pure chiropractic." We, as a profession, should be way beyond that by now. I know there are other presidents who would take the position that Palmer College relinquished its right to claim professional "purity" a long time ago. Those other presidents claim it has migrated to their colleges. I think this is all simple puffery and of little value to the chiropractic profession.

It does no one good when Dr. Riekeman goes on to subtly denigrate National and Northwestern by saying that "some colleges (later naming them specifically) are caught up in this trend (alternative health care) by offering degree programs in acupuncture, massage, physical and occupational therapy, and other health care practices apart from chiropractic." He suggests that the actions of our college and Northwestern Health Sciences University confuse the public and reduce "chiropractic's image and diploma value to the level of massage and acupuncture."

Do I detect an inappropriate aura of arrogance in these words? This is arrogance toward NCC, NWHSU, and the people who practice massage and acupuncture. It reminds me of the way many allopaths have spoken about chiropractic for the last century. Am I to assume that because it was done to us, we have the right to pass it on to others we believe have not "risen to our level?"

Sadly, Dr. Riekeman makes the situation worse by suggesting that colleges who "jump on the bandwagon of the alternative health care boom" are "diluting the image and emphasis of their chiropractic programs by teaching very different health care philosophies, many of which are contradictory to chiropractic."

What becomes more and more clear to me is that, for some reason, Dr. Riekeman feels it is appropriate to attempt to improve his stature and institutional image by denigrating others. I, for one, believe that NCC stand on its own reputation and can promote its concepts of professional progress without stooping to that level.

We became a university in September of 2000. Part of the reason for doing that was so that we could provide opportunities for others in the complementary medicine group to learn side-by-side with our students, but not within the chiropractic degree program. Nothing about this process weakens or diminishes our chiropractic program. What it does accomplish is to demonstrate for the world to see that we are confident in who and what we are - confident enough to share our

resources and seek ways for all of us to work together for the good of the patients we all serve. What is also does, in time, is to offer patients massage and acupuncture practitioners who have been exposed to the science and philosophy of chiropractic practice. I would much rather have that kind of practitioner down the street from me - and they will be there whether we like it or not. To suggest that these forms of healing are "fads" akin to "bleeding and purging," is not only inappropriate, it continues to smack of an arrogant attitude.

Of further interest is this comment by Dr. Riekeman: "today's fads ... aromatherapy, colonic irrigation and color therapy ... efficacy is just as questionable as those trendy healing practices of 100 years ago." This suggests that he neither knows about the history of these healing procedures, which are not "today's fads," nor about some of the scientific research that supports such therapies.

I take great umbrage at Dr. Riekeman's statement: "Chiropractic colleges can do great harm to our profession by offering courses in any other healing arts, no matter how popular they may be and how promising they may seem." After holding the position of Palmer president for a year or two, Dr. Riekeman has somehow assumed the position of seer for the profession. If this kind of rhetoric continues to come from the "fountainhead," then perhaps it really is time for us to come to a division of thought. Let's agree that we have differences and clearly state that some of us teach chiropractic physicians and others teach chiropractors. I could live with that. How about you, Dr. Riekeman?

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"I need a (Medicare) spokesman"

Dear Editor,

I am contacting you because we need a campaign of letter-writing to our legislators about changing the existing archaic chiropractic insurance policy (Medicare).

I am trying, but cannot do it alone. I have heard from Medicare that I qualify for a hearing date. I need a spokesperson - someone who understands government law and the need for chiropractic care - to represent me at a Medicare hearing. I have written to senators and congressmen, and I have received very little help concerning the unfair denial ruling of chiropractic office visits. I am speaking of the periodic visits needed for preventive care. The denial of such visits is the major factor causing illness and age-related diseases to persist. Medicare's antiquated policies are creating physiological stress to those suffering from neuromusculoskeletal (back) problems and other disorders relating to nerve interference.

Medicare's existing policy indicates that a chiropractic patient is covered for the first 12 visits during the first month, eight visits during the second month, and four visits during the third month. This schedule does not consider the needs of chiropractic patients, but only the needs for patients who are accident victims or patients who are under medical treatment. Medical treatments have an unlimited number of reimbursable visits. Medicare policy, however, does not apply this to the doctor of chiropractic; thus their policy does not consider the needs of chiropractic patients.

Chiropractic patients do not normally need 12 visits the first month, unless they are suffering from trauma of an accident or other stress. The 24 visits that are needed should not be condensed, but should be divided throughout the year so that the patient can be helped when the body is not functioning properly. With the way the policy now exists, if a patient doesn't take advantage of the 12 reimbursable chiropractic visits on the first month, those visits are eliminated for the year. This does not make sense, and does not consider patient needs.

It is a disservice to limit coverage to catastrophic illnesses, when the goal for every doctor is to maintain patients' daily activities with a minimal amount of care in order for them to continue working. Sometimes, for instance, a patient must be seen at the minimum of twice a month. Other times, three or four visits per month are called for, depending on the patient's stress or trauma levels during daily activity.

Neuromusculoskeletal disorders (chiropractic care) are as serious as other disorders that medical (drugs and surgery) patients suffer. For instance, continual checkups are needed for a diabetic taking daily insulin; an asthmatic taking Proventil; a person with high blood pressure or a hypothyroid condition taking daily medication; or a myriad of other conditions that are controlled by some form of periodic treatment. There is something wrong with insurance policies that do not cover or recognize the value of preventing those conditions through releasing nerve interference (chiropractic adjustments), before chronic problems set in that lead to more drugs and surgery. Ignoring this need, yet allowing coverage of unlimited office visits to medical practitioners once a disease has established itself, does not make practical sense.

We need a letter-writing campaign that stresses these factors, and I need someone who can represent me at this hearing. I need an official who understands how important it is to change medical policy. A Medicare representative told me that no matter what happens, government policy will not be changed. Are we going to accept this unfair attitude in government? I ask you to change this prejudicial and sad way of thinking. Please make every effort to take advantage of this hearing, to update or change this law. We need to show how chiropractic adjustments will prevent the exacerbation of original problems.

As there is an urgency needed in the preparation before the hearing (within five months), I will send the studies that document and substantiate the need for changing Medicare policy to whomever is interested in representation.

Thanks in advance for helping me support this vital cause.

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