

What Chiropractors Should Do

Editor's note: A short time ago, Dynamic Chiropractic invited Walter Wardwell, PhD, to write an article for this publication. Dr. Wardwell has been a keen and knowledgeable observer and writer on chiropractic for nearly five decades.

Dr. Wardwell's interest in chiropractic was peaked as a child when his father, a draftsman, suffered from eye strain and headaches. His father was persuaded to see a chiropractor. After receiving a cervical adjustment his headaches were relieved. A short while later, Walter accidentally knocked the glasses off his father's face. It was at that moment that his father had an amazing revelation. He could now see perfectly well without the aid of his glasses.

As a PhD candidate at Harvard in 1951, Walter proposed writing his doctoral dissertation on the state of chiropractic in Massachusetts. His proposal was approved, which, as Wardwell says, "permitted me to utilize my background knowledge of chiropractic and to work on a topic that had fascinated me." The dissertation, *Social Strain and Social Adjustment in the Marginal Role of the Chiropractor*, was later published, in part, in journals of sociology and used for a brief historical paper.

For nearly 15 years thereafter, however, neither chiropractic nor allopathic doctors would accept his articles for publication, receiving criticism from both professions. In 1968 Dr. Wardwell was invited to serve on the U.S. Public Health Service's expert review committee to study whether the federal government should reimburse chiropractors and naturopaths under the Medicare program. It was at this point that the chiropractic profession began to take notice of his work.

In 1992, his pivotal work on chiropractic was published: *Chiropractic: History and Evolution of a New Profession*. The work is a marvelous resource of information that the editors of *Dynamic Chiropractic* have often consulted over the years. He wrote in the preface to the book: "Indeed, it is precisely the evolution of the profession and its success in change from very dubious status to the position it holds today that constitutes the central drama of the chiropractic story and demands description and analysis."

Dr. Wardwell also noted in the preface: "Although I always tend to sympathize with the underdog chiropractors, I was trained as a sociologist to examine evidence impartially and to look at all sides of controversial issues."

On submitting his article to us, he noted: "I enclose what I expect will be my final publication on chiropractic, and I think *DC* is the appropriate place for it. I shall be honored if you choose to publish it. I well know it will be controversial and that it will probably receive many critical objection, but I sincerely believe in what I have written and hope that it will have an impact. I want what will be best for chiropractic.

"I could have rehearsed the many arguments pro and con for my thesis; I could have cited the many authorities who have already spoken in favor of it, but I calculated that neither is necessary. So I have kept the paper short and sweet for what I hope will be a greater impact and will do some

good."

In this, my final publication, I take the opportunity to strongly recommend to the chiropractic profession in America that it do what has been proposed over most of its history by many others, including most of the leaders of the profession. The disparate segments of the profession should give up their minor differences and merge into one strong national association.

Of course, the various segments do collaborate on many issues, such as the concerted effort to obtain acceptance of chiropractors into the military, and the ACA and ICA share responsibility for the Chiropractic Alliance. Most important of all, the political goals of chiropractors are seldom in dispute, especially in the areas of education and licensing rights. Once a chiropractor is licensed, he or she is virtually free to practice as they wish. Consider the variety of what a chiropractor may do. A few chiropractors practice almost exclusively physical therapy; some manipulate under anesthesia; some perform acupuncture; some deliver babies; some prescribe pharmaceuticals; some do hypnosis and psychotherapy, and so on.

All chiropractors desire appropriate third-party reimbursement and freedom from medical gatekeepers and HMO control, and believe that chiropractors should have the right to gain commissions and serve in the military. In summary, there is little fundamental disagreement among practicing chiropractors. There is also increasing uniformity in college curricula, as well as a healthy exchange of faculty among chiropractic colleges, all of which are fully accredited by the CCE. They all contribute to research on chiropractic fundamentals. Even differences in philosophy are tending to disappear. There is now near unanimity regarding the vertebral subluxation complex and how to treat it; regarding the importance of nutrition and exercise; and regarding resistance toward drugs and medications.

Why should the profession not unite into one national association? It is worth noting that one of the four main objectives adopted by the AMA's Committee on Quackery in 1967 was "to encourage continued separation of the two national chiropractic associations."¹ The failure to merge the ACA and ICA in 1989, even after a clear majority of both ACA and ICA members voted to do so, was a real tragedy. Disagreements between "straights" and "mixers" have historically handicapped chiropractors in many ways and have wasted a lot of money on duplicate officers, agencies and activities such as testimony and representation at national and state levels. This has clearly given chiropractic's opponents the opportunity to leverage one chiropractic wing against the other when policies regarding licensure, scope of practice and remuneration are being debated.

If there were only one national association, many more chiropractors would join, further strengthening it. Every study shows that membership in chiropractic associations, even state associations, is extremely low, and that a primary reason for this is the members' dislike of two contentious national associations with their natural hostility. Of course, a single national association would have only one chapter in each state. If that became the pattern, there would be strong pressure on the current multiple state associations to merge. The present situation offers too many temptations for minor differences and ego-enhancing politics to support up to five different organizations. This is ridiculous! No other profession tolerates such chaos. Think of all the savings in time, money and wasted effort if all that in-fighting could be eliminated.

Unity would confer many other advantages to the profession as it confronts the medical profession and the larger society. Projects like the drive for military commissions and access to treat military veterans should be more successful. Ties with established universities, which should be the goal of every chiropractic college, would be easier to obtain. So, too, would be collaborative research with medical doctors and medical institutions.

The chiropractic profession has already achieved great progress toward unification, especially in the political arena. The single accrediting body (CCE) and adoption of uniform academic standards since 1974 was a major turning point. The FSLB has also lent strong support toward unity. The recent decision by the New Jersey Supreme Court requiring disclosure of alternative options to medical treatment marks another step in chiropractic's progress.

A basic fact is that the ACA is the stronger association, with many more members and an obviously larger budget. What would the ICA lose if it joined with the ACA? The immediate past president of the ACA, Michael Pedigo, is a former president of the ICA and led the 1989 effort to unite the two associations. The reasons to unite today are even stronger than they were in 1989.

This is my farewell message to the chiropractic profession: Wake up and see the light. Unite and begin to reap the benefits.

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