

Kubler-Ross and Health Care in the 1990s

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One of the important contributions to humankind during this past century has been an understanding of the stages of grief that we all encounter following the death of a loved one. These steps were delineated and described by Elizabeth Kubler-Ross. She spent her lifetime to help us come to terms with this constant of life.

Dr. Kubler-Ross described five stages of grieving: denial; anger; deal making; depression; and acceptance. The stages vary from person to person in length and severity, but with few exceptions, they represent the stages we all experience with the loss of a loved one.

The model espoused by Kubler-Ross has applications in other areas of loss: areas not so profound as the death of a human being, but still the loss of something valued, something comforting or something stabilizing in our lives.

Consider applying the stages listed above to the circumstances of health care and the emergence of managed care, with all its implications and complications. The loss was the status quo of the 1980s the loss of a time when payment was a response to filing a claim; the loss of a time when the doctor patient relationship was a two-sided exchange; and the loss of autonomy and decision making in health care management.

If we examine how we individually and as a profession have responded to these changes, perhaps the Kubler Ross model can offer us some insight into the appropriateness of our reactions and the sanity of our responses.

If we look at the 1990s in two-year intervals, we can apply each of the steps to the decade.

State of Denial or Disbelief:(1990-1992)

"They can't do this to me."

"This just isn't going to last and we will soon be back to normal."

"What's going on these days."

Anger Phase: (1992-1994)

We found ourselves writing vicious letters to reviewers, insurers or anybody we could think of to express our outrage at how they were crippling our ability to provide appropriate care and denying the consumer their rights under the health care plans they purchased in good faith.

Deal Making or Bargaining:(1994-1996)

We were busy trying to get on every panel in our area, considering abdicating from the system and going the cash-practice route, developing our own provider groups and our own responses to the change in the plans of the day.

Depression Phase: (1996-1998)

The commentary of the day included:

"I'm thinking of retiring."

"Practice just isn't as fun as it used to be."

"I'm not sure I would have become a chiropractor had I known this was what it was going to be like."

Acceptance Stage: (1998-2000)

This is our present stage of grieving. It does not imply that anyone is happy with the situation or complacent. Rather, we have a healthier and more mature approach to the present environment and we can look at it and deal with it in a more reasonable and rationale fashion.

If you know my background, you know that I have not made my living over an adjusting table for almost 25 years. You know that I receive a salary; from that fact alone, you may conclude that I am not qualified to even comment on these matters. I do not seek to argue with you if that is how you feel. But on the other side of the coin, because I have not been impacted as you, perhaps I could look at the situation differently, and in so doing perhaps see something you do not.

The above "schedule" is variable from person to person. An individual may be hung up in one stage forever or blow through it in days, but if Elizabeth is correct, each stage will be experienced. It is also applicable from profession to profession. None of the above is chiropractic specific, although it is chiropractic applicable.

As a chiropractic college president, I travel extensively, meeting with people of all political stripes and in all aspects of chiropractic. From the chiropractors in their offices who works 50-60 hours a week, to the politician, to the regulator, to the teacher/researcher, to the student, each of us sees this continuum from our respective positions. It appears, however, that the mood of the profession has changed greatly in the last 12-18 months. People are less reactive, less skittish, and more thoughtful about the moment and about the future. They have had their encounter with managed care, assessed their options, developed their own strategies for dealing with the order (or lack thereof) of the day, and are once again able to get on with their lives.

There is no doubt that this has been a traumatic decade. In the misery-loves-company sense, we have been considerably less impacted than many providers in many other disciplines. Such an idea is to offer perspective, not solace. As the decade draws to a close many have once again regained their balance and are moving toward a brighter year. I am hopeful that as the new year, decade, century and millennium dawn, our season of discontent is behind us; we will regain our equilibrium and become more empowered than ever before to take the magnitude of the chiropractic concept to the people of the world who are in pain, are suffering, are limited in their capacities and who are heading toward a premature death; and in so doing, contribute to the promise of their future and the future of the species.

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