

We Get Letters & E-Mail

Julie's Story

Dear Editor:

Thank you so much for your article about abuse, and for sharing your feelings ("Report of My Findings -- Julie's Story" in the March 23rd issue). Your writing did a great job of reminding me that there is a loving person behind the byline. Thank you for the information and for the lead-time to think more about how I might handle such a situation. Thank you for stepping forward to help Julie. She won't forget you for that, nor will I. Thank you for setting an example for me. It encourages me and reminds the chicken in me that the only responsible response is to help.

Kristofer Young, DC

Ventura, California

kychiro-rain.org

www.sketch.com/ventura-chiropractic/

"All or None"

Dear Editor:

I just finished reading the letter by Darian Smith, DC ("Doing the Unmentionable") in the March 23rd issue.

Dr. Smith's suggestion is indeed a good one. I think we can certainly get more positive things done as a group/alliance. I have seen it work here in my town with the medical doctors. They joined with radiologists, cardiologists, etc., formed groups and told the insurance carriers, "All or none." The carriers were forced to take all of them. There is no doubt that it could work in our profession as well. We just need to get the ball rolling, because if we don't, we are going to continue to get the lowest reimbursement for our services. Let's put a stop to this as a unified profession.

James McDonald, DC

Tyler, Texas

Equal Respect

Dear Editor:

Thanks to Dr. Zimmer for raising our consciousness regarding the use of the term "girl" in referring to adults (April 6, 1998 letter).

Now, if she could please do something with texts which refer to the nurse as "she." Men in the

nursing profession do not appreciate it and are often treated with disrespect by the female majority.

This may seem trivial, but if we are going to increase awareness, it should be extended to all, including "the boys in the band" and the "boys" who died defending their country.

Bud Overn, RN, DC, BS
Orange, California

Thanks for the "New" Chiroweb!

Dear Editor:

I truly and sincerely appreciate all that you have done for the profession. The information that you send out to the profession worldwide is truly needed. This newest addition of the website is even better. I can now download articles from previous issues and use them to educate my patients and the local medical profession with much more ease.

Your efforts are sincerely appreciated, and keep up the good work!

Andre Broussard, DC
andreb-hub.ofthe.net

Dynamic Chiropractic Remains "Nonjudgmental"

Dear Editor:

I have been reading *DC* since its first issue was published. Your newspaper does the entire profession a great service. The fact that you maintain a nonjudgmental posture shows maturity on your part.

Yours in Health,
Neil R. Cohen, DC
neroco-aol.com

Educational Standards Will Save the Profession

Dear Editor:

"Harvard University to Require High School Diploma for Admission." That headline was written a bit more than a hundred years ago. You should have heard the hue and cry from the faculty and students in opposition.

Just several years before D.D. founded chiropractic, many of Harvard's students could barely read or write! And yet, there was significant resistance to raising the standards for fear it would affect the number of students who could qualify to enroll. I think they managed to survive the increased standards and, if I'm not mistaken, they also managed to attract more students.

So it is with some amusement and dismay that I read Dr. Reed Phillips' eye-opening article, "Education and the Chiropractic Profession" (in the March 23rd issue), which says that members of our profession are resistant to higher standards for chiropractic education. It's *deja vu*. The osteopaths made the same basic argument against raising standards in their schools a couple of decades ago (it would discourage applicants by making the curriculum too long, difficult and expensive), but realized they had to move forward or perish. Have they gone out of business since raising their standards? No. If anything they are thriving, despite a continuing, familiar split among DOs who favor manipulation vs. those who do not.

Do the opponents of higher standards really believe they are going to set the education criteria for primary care providers? Are allopathy and osteopathy going to abandon their standards and adopt chiropractic's lower standards? Or, are chiropractors going to realize that chiropractic is not driving this bus, and get with the program? Either we as a profession "raise the bar" to the same level as that of our competitors or they will continue to beat us over the head with that bar at every opportunity. Dr. Phillips is right in saying that chiropractic struggles for parity, access and funding, perhaps because we don't quite measure up academically with our MD/DO brethren.

Critics of higher standards should have a look at the new marketing campaign promoting chiropractic, sponsored by the Alliance for Chiropractic Progress, an organization made up of both the ACA and ICA. The advertising copy for this national program is built around the length of chiropractic education: "Some spinal problems take years to develop (and so do all chiropractors)." The ad goes on to say, "It takes at least six years of college level study to become a doctor of chiropractic. They complete the same amount of course work in anatomy and physiology as most medical doctors... If this level of education surprises you, you've probably never been to a chiropractor. ..." Do you know why this ad touts the DC's education? Because the public is largely ignorant of our standards, and because they demand high standards of their doctors. This ad informs them that we are extensively educated and it seeks to assure them that we are as qualified in our field as medical professionals are in theirs. But are we?

We will not secure our rightful place in the health care arena by weakening our position. If we want that level playing field everyone talks about, we have to qualify academically just to be on that field. Let's face the facts. The standards for training physicians today are staggering compared with most other professions, including law. Certainly I would agree that 80-plus hour workweeks for physician interns/residents are inhumane and dangerous to patients. And there is still a lot of extraneous "fat" in the curriculum of many schools, medical and chiropractic, which could be trimmed to focus more attention on a clinical orientation. Dr. Phillips' Los Angeles College of Chiropractic has addressed these issues with their Advantage program, based upon a model designed by that once-backward institution of lower education, Harvard University, integrating basic science and clinical education from day one. Other colleges are following suit.

It's hard to predict the future with any certainty, although B.J. claimed he could never foresee a chiropractic curriculum at Palmer longer than 18 months. B.J. can be forgiven for his shortsighted prediction; such things happen to the best of us. Take for example the engineer at Sony who decided the Betamax VCR would have a recording time limited to one hour because, he said, he couldn't foresee anyone ever needing to make a video recording longer than an hour. Oops! Betamax, even though it had superior picture quality, bit the dust in competition with the now-dominant VHS format, which could record longer than one hour.

Fast-forward a hundred years from now. Will researchers in 2098 studying the healing arts of the late 20th Century read with amusement and dismay about the hue and cry from a defunct chiropractic profession, vehemently opposing raising its standards, fearing decreased enrollments and other dire consequences, only to succumb to an ancillary technician role under the supervision

of MDs? Or, will those future researchers read about how the critics of higher education standards became proponents of those standards, realizing that our credibility and effectiveness as a profession came not from maintaining lower standards, but by raising them to the same level as those professions with which we compete and cooperate?

What will the future be? Only time will tell.

William Thornton, DC
Santa Monica, California
drthornton-earthlink.net

"Chiropractic Needs a Spokesperson"

Dear Editor:

As I was reading the January 26th issue of *DC*, a question suddenly came to mind: Are we getting anywhere? Specifically, I was enjoying Dr. Cooperstein's article in which he summarized some of the presentations at the recent American Back Society meeting in San Francisco when I reached the section discussing Dr. Bogduk's comments. Now, I am quite familiar with Dr. Bogduk's work, and I respect him immensely. I believe he has done much to demonstrate why chiropractic is so effective, even though he probably is not aware that he has. According to Dr. Cooperstein, who was in attendance in San Francisco, Bogduk does not recommend spinal manipulation because there is no data to support it and it "is of no value over anything else you might do, including talking to the patient." (You mean we have to start talking to the patients now, too? What's next!)

The fact that an MD, PhD doesn't recommend manipulation is not at all surprising. But what is somewhat distressing is that a man as knowledgeable and well-versed in the medical literature as Nik Bogduk is not aware of, or is unwilling to acknowledge, the positive research work that has been done. We all know and would agree that chiropractic research is still in its infancy, and there is still much investigation and study to be done. However, there has been some good progress made, especially with regard to low-back pain. Meade was published eight years ago, RAND in 1991 and 1992, Manga in 1993, and AHCPR in 1994. These studies are especially important because they involved either multidisciplinary panels or totally nonchiropractic investigators, yet still show the value of and recommend spinal manipulation.

There are also many other studies that, although not directly studying chiropractic care, but rather basic science issues, point to the rationale behind such care. A great example of a basic science study was just published in the December 1997 issue of *Spine*, in which it was shown that the facet joints are the regulators of the stability of the spinal motion segment through complex reflex mechanisms, and that stretching the facet joint capsules was able to abort deep paraspinal myospasm created by noxious stimulation of the outer annular fibers. So how is it that Bogduk, or anyone else in his role, can continue to totally discount spinal manipulation after it has been shown to be a viable, safe, effective, cost-effective and patient-pleasing form of treatment for (at least) low-back pain? Of course, as chiropractors, we all know that our place in health care goes well beyond simple low-back pain. And certainly more research can and should be done. But, for now, I am willing to point to the available evidence, which involves primarily low-back study, until the rest of the research (cervical spine, headaches, autonomic, etc.) catches up.

So what is it that enables so many to completely close their eyes to the evidence? Why have the aforementioned studies had virtually zero impact? Is it simply a matter of "old habits die hard," or

is there more to it? Does the negative propaganda from the medical/pharmaceutical machine continue to serve its diabolical role, which is to crush the tiny little profession of chiropractic forever? Ironically, at the exact time I was reading Dr. Cooperstein's article, a CNN newscaster reported a story about the new penalties for those defaulting on their federal student loans; penalties which involve no longer being able to collect on any Medicare or Medicaid billings. Now that would really hurt, wouldn't it? Imagine not being able to buy that vacation home because you were no longer receiving the six dollars and change reimbursed by Medicaid, for which you probably don't even bother to invest the time, materials or postage to bill anyway. The thing that raised suspicion in this newscast was that, although the reporter pointed out that "Chiropractors topped the list of those defaulting on their loans, but dentists, podiatrists, psychologists and optometrists are also guilty...", he then made a special point of saying (and I quote loosely), "It is important to note that there are no medical doctors on the list." I find it hard to believe that not a single MD has ever defaulted on a federal loan. But, more than that, why would a reporter, on his own accord, make a special point of notifying us of this? Are we to believe that CNN, which probably has much of its advertising time paid for by pharmaceutical companies, just thought we would all like to know that chiropractors (and all the other "allied health" professions listed) are the blight of health care, while MDs are the knights in shining armor who will save us all by not defaulting on their loans? Something smells fishy here, when a supposedly objective, unbiased news agency would make such a slanted comment. But then again, what else is new?

Although I have digressed here somewhat, I think my words speak to the same argument. When will chiropractic ever get its due respect? Are we getting anywhere when it comes to public awareness? The ACA has been aiming at increasing influence at the legislative level, which is probably a good concept. But is it working? Are the pockets of chiropractic nearly deep enough to begin to challenge the megabucks power of the medical/pharmaceutical giants? Put yourself in my position for a moment. I am a relatively young chiropractor, having graduated four years ago and having achieved a modicum of success. I enjoy what I do and have lots of thankful patients, and a bag full of success stories. But, despite this, I see insurance companies paying me less and less for my services, on a seemingly daily basis. Of course, everyone in health care has fallen victim to managed care, and so we are all feeling that pinch. But when will chiropractic finally win public acceptance and expand its influence? I'm not looking for the official invitation to join the good ol' boys medical club. Unfortunately, the public at large is greatly influenced by the sentiment within health care as a whole, and there appears to be no indication that chiropractic will ever be given its due respect, no matter how much research and evidence mounts. If I were an older chiropractor who had practiced in the prosperous years of the late 70s and 80s, I probably would mind so much the continued downward spiral we are experiencing. But I've got a lot of years ahead of me, and I would like to be able to think that things will get better for my profession, not worse.

I am sure that the response of some to my concerns will be that I am a medical wannabe praying for medical acceptance; they will say that I am "not philosophically grounded," "not on-purpose," or "not in touch with Innate." Well, if B.J. Palmer is willing to pay my student loans, my mortgage, and all my other expenses, then I won't be so concerned about the future of chiropractic. But I don't see that happening, so I need to be a realist. As a profession, we are growing in numbers of practitioners with each graduating class. Yet, as a 1997 study on the use of alternative therapies showed, we continue to see roughly the same percentage of the population (6.8%) as patients (although when it comes to low-back pain that percentage is thankfully somewhat higher), and we do it for substantially reduced fees and increasingly restricted coverage. Where does that leave us? To go all-cash? I doubt it. It's no wonder that many chiropractors feel the need to set up camp in the electronics department at K-Mart to cajole unwitting passersby into begrudgingly becoming patients.

I agree with J.C. Smith, DC, when he states in the January 12th issue that chiropractic needs a spokesperson and a PR strategy. But the chiropractic documentary created for the 100-year anniversary went largely unnoticed and did little, from what I can tell, to sway public opinion. In many respects, it just doesn't seem like we are getting anywhere. The disparity is confounding. On the one hand, we have more evidence than ever regarding the advantages of chiropractic care, yet somehow we seem no better off, or perhaps even worse. Someone, please show me that I am wrong.

Garry M. Silvesti, DC, CCSP
Egg Harbor, New Jersey
drgarry-hotmail.com

MAY 1998