

"Voodoo" Diagnosis: Have Your Patients Been Victims of Scare Tactics?

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Too many times I've been told by patients of their fear of being adjusted by a chiropractor because their MD or physical therapist scared them with untrue statements about chiropractic care. I've known too many patients who underwent ineffective and unnecessary back surgery after their surgeon gave them the voodoo diagnosis: "If you don't have my surgery, your symptoms and pain will worsen; and if you go to a chiropractor, he'll paralyze you!" If that's not enough to scare anyone into surgery, I don't know what is.

Obviously, using fear tactics on patients to get them to surgery is highly unethical, although we chiropractors know it's a very common practice. It's used to scare patients into back surgeries, tonsillectomies, bypass surgeries or whichever of the mostly unnecessary surgeries that are routinely done in the United States. The next time one of your patients hears this voodoo con-job, I suggest you simply suggest they ask their MDs for proof and facts to support their accusations. I also tell my patients not to be surprised if their MD or PT cannot come up with any facts which support their claims, because the actual facts don't support their use of voodoo scare tactics against spinal manipulation. In fact, they should be warning patients about the dangers of drugs and surgery instead of chiropractic care.

First of all, every treatment has side-effects, some more serious than others. According to research by the RAND Corporation on spinal manipulation, serious complications from manipulation of the cervical spine (neck) occur with a frequency of one per one million treatments. On the other hand, the medical approach of drugs and surgery has much greater complication rates. NSAIDS complications causing gastrointestinal events are 1,000 per one million. Serious neurological complications from neck surgery are 15,600 per million. Mortality rates are .3 per million (3 per 10 million) for neck adjustments compared to 6,900 per million who die from neck surgeries.¹

Perhaps the most perplexing aspect of the voodoo con-job by MDs and PTs presents a very interesting irony. RAND noted that MDs, DOs, and PTs account for 6% of all spinal manipulation, yet they caused 40% of the iatrogenic problems! I have never heard this fact stem from the mouths of our medical detractors. Instead, we DCs are blamed for any and all spinal mishaps stemming from manipulation, whether or not we actually caused them.

Obviously, in comparison with medical methods, chiropractic care is not only safer, but studies have shown manipulative therapy for back problems is also faster and cheaper with longer lasting results. But don't be surprised if the MD or PT doesn't tell your patient about the real statistics on this issue, most probably because they don't know them and they don't want to lose the high fees associated with their ineffective procedures.

Let me share with you an actual Request and Informed Consent for Spinal Operation form that must be signed by patients before back surgery is done. If this doesn't scare your patient away from surgery, what will?

"Material Risks of This Procedure: Infection; allergic reaction; disfiguring scar; severe loss of blood; loss or loss of function of any limb or organ; paralysis; paraplegia or quadriplegia; brain damage; cardiac arrest; or death.

"In addition to these material risks, there may be other possible risks involved in this procedure including but not limited to: loss of bladder, bowel or sexual function; increased or continued pain or numbness, injury to vessels of abdomen requiring possible abdominal operations to repair; post-operative bleeding requiring re-operation; injury to esophagus, trachea or lungs; hoarseness; spinal fluid leak; unstable spine requiring fusion; failure of fusion; injury to GI or GU tract; recurrence of disc problems or scar tissue formation with pain or progressive weakness or numbness; paralysis. In addition, other risks associated with anesthesia are loss of teeth, corneal abrasions (scratch on eye); pressure areas; or abnormal reaction to anesthetic agents."

Aside from stating these risks, legal informed consent also requires that doctors tell patients about alternatives to their treatment. Since chiropractors are specialists in spinal problems and spinal manipulation has proven itself in research trials to be most helpful, if the MD fails to mention chiropractic care as an alternative, or if he gives your patients the voodoo diagnosis to scare them from seeking a chiropractic solution, he has just committed a grave, legal oversight. I mention to my patients to always ask their doctor for alternatives to surgery or drugs before they agree to treatment. It's their legal right to know what alternatives exist, and it's the doctor's legal responsibility to tell them in an honest manner without scare tactics. If their doctor refuses to give them these legal rights, they need to find another doctor. They might also find a good attorney.

Actually, if a doctor fails to give informed consent to patients, I suggest you give your patient some information from the AHCPR's patient guide to Acute Low Back Problems in Adults. That might help this ill-informed medical professional learn the truth. First of all, have them ask their MD if he has read the clinical practice guideline, Acute Low Back Problems in Adults, that was formulated by an expert panel from the Agency for Health Care Policy and Research, under the auspices of the U.S. Public Health Service. This two-year study of over 4,000 articles from the Library of Congress concluded that spinal manipulation was the preferred treatment of choice in the vast majority of back pain cases. This expert panel also stated: "Surgery has been found to be helpful in only 1 in 100 cases of low back problems. In some people, surgery can even cause more problems. This is especially true if your only symptom is back pain."²

This expert panel was also critical of the standard physical therapies used by PTs and MDs: "A number of other treatments are sometimes used for low back symptoms. While these treatments may give relief for a short time, none have been found to speed recovery or keep acute back problems from returning. They may also be expensive. Such treatments include: Traction, TENS, massage, biofeedback, acupuncture, injections into the back, back corsets, ultrasound."³

If patients find their doctor is unaware of this landmark decision, or plays ignorant and still tries to discourage them from seeking a second opinion or seeing a chiropractor before surgery, I suggest strongly that they find a new doctor. The tragedy of failed back surgery is a growing problem leaving a wake of pain, disability and expense that could have been avoided if these patients were given legal, informed consent about treatments for their back problems. Don't let your patients become victims of this scam that is done routinely in too many medical offices on a daily basis. Give them a copy of the guideline of the US Public Health Service which recommends they see a chiropractor first -- they'll be glad you did. You can obtain 200 free copies of this AHCPR Patient Guide by contacting this agency at (800) 358-9295. I give this to every new patient to inform them of the new research and conclusions that recommend spinal manipulation instead of back surgery and standard physical therapy. If you haven't read this brochure for yourself, you're missing an

excellent opportunity to have the US Public Health Service endorse your services. Also, I have a brochure on Voodoo Diagnosis which I will send free to anyone who writes and sends a self-addressed stamp envelope.

References

1. Shekelle PG, Adams AH et al. The Appropriateness of Spinal Manipulation for Low Back Pain: Indications and Ratings by a Multidisciplinary Expert Panel. 1991, RAND, Santa Monica, California. Monograph No. R-4025/2 - CCR/FCER.
2. Bigos S, Bowyer O, Braen G et al. Acute Low Back Problems in Adults, Clinical Practice Guideline No. 14, AHCPR Publication No. 95-0642. 1994, Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, US Department of Health and Human Services. pp. 12
3. Ibid, pp. 8

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