

We Get Letters & E-Mail

A Public Apology to John Triano, DC, MA

Dear Editor:

Your readers need to know that an article I recently wrote, "OK, So We're Teaching MDs Chiropractic -- What's Next?", which appeared in the August 11, 1997 issue of Dynamic Chiropractic, may have incorrectly left the reader with the impression that Dr. John Triano was teaching medical doctors chiropractic manipulation in a research project.

It has been brought to my attention that Dr. Triano's role in the research was only as a reviewer and consultant, not to train other disciplines, but to keep our profession abreast of developments that were already being undertaken. Some of the original sources I had used passed along misinformation, and I urge others to contact him personally before writing further on this matter.

I do apologize for any distress this has caused Dr. Triano and any misinformation given to the reader.

*Robert A. Leach, DC, FICC
Starkville, Mississippi*

" ... consider what ChiropracticAmerica has done ... "

Dear Editor:

After reading your July 28, 1997 issue of DC, particularly the article regarding Foot Levelers and their proposed full page ads in a couple of magazines, I couldn't help but laugh. I had another chuckle when you stated that the Alliance for Chiropractic Progress is a "work in progress." It would have better (sic) put if you described it as a work in the process, and a work that has literally years to go.

Excuse me, but there already is an effective national advertising campaign for the chiropractic profession; it's called ChiropracticAmerica.

Maybe ChiropracticAmerica isn't in the business of greasing your palms for press. But this organization is more newsworthy than a small circle of friends that think they have come up with a new brilliant idea. I think you should take the time to consider what ChiropracticAmerica has done, what the dedicated staff has learned, and where ChiropracticAmerica is going in the near future to make chiropractic a household word. Let me make a few points that are reality based.

First of all, it is nice of Foot Levelers to promote the profession that put them on the map: chiropractic. But Foot Levelers is going to have to sell a heck of a lot of sandals to fund an 800 number and manage a reasonable data base on noncredentialed chiropractors. It is by the way their responsibility to make sure that the doctors they refer to are more than just past product

purchasers. Another thing is the fact that two magazine ads do not make an advertising campaign. It's a token gesture and a waste of money. Who's kidding who? These ads are not going to flood chiropractors (sic) offices with new patients. Alternative Medicine Digest readers probably have already (sic) heard the chiropractic message. I hate to trash the Alliance for Chiropractic Progress guys because they are trying. Didn't anyone think that \$200,000 for a 30 second commercial that aired while the key audience, which you have mentioned -- women over 35 -- was in the kitchen making dinner was a superfluous way to spend money.

Here is a dose of reality that is newsworthy.

ChiropracticAmerica maintains a web site that has had over 8,000 hits in one day. Every member has a practice profile on the site.

ChiropracticAmerica has developed a log that has name recognition value. Readers (sic) digest (sic) didn't publish it in their ads, for free, because the public wouldn't like it. All members can now use this log in their advertising to promote their practices. The human mind easily recognizes symbols.

ChiropracticAmerica supports an 800 number 1-800-911-Backs that automatically rings in to the nearest members (sic) office. That my friend, is brilliant!

ChiropracticAmerica has already spent several million dollars in TV and radio advertising, I think they have learned what works.

ChiropracticAmerica made an incredible decision to add to the value of membership at a board meeting two months ago. The company is now gearing up for the most incredible local community public relations campaign for it's (sic) member doctors. Imagine every member will now have his own PR firm that stimulates his/her community. Awesome!

ChiropracticAmerica now provides tips to it's (sic) members on how to build their practices.

If individuals like yourself and others that I have previously written, most of whom won't respond, would recognize the value of what has already been done, and put the energy into making ChiropracticAmerica do the job for the profession that it has refined over the past three years, than (sic) we would all be more successful and benefit from the positive outflow. Don't forget, if chiropractors are more successful, they will have more money to spend on your advertisers (sic) products -- that's a point!

Sidney M. Maycock Jr., DC
Williamstown, New Jersey

Editor's note: When comparing the advertising and public relations efforts of ChiropracticAmerica, versus the PR campaign of the Alliance for Chiropractic Progress (or the Chiropractic Centennial Foundation, which Dr. Maycock's letter doesn't mention), one should differentiate between companies and nonprofit organizations, and between exclusion and inclusion.

1. For-profit vs. nonprofit -- ChiropracticAmerica is an entrepreneurial, for-profit effort. Both the Alliance for Chiropractic progress and the Chiropractic Centennial Foundation (CCF) are nonprofit entities.
2. Exclusive vs. inclusive -- Because of ChiropracticAmerica's policy to assign exclusive territories to their members, ChiropracticAmerica can only include approximately 10 percent of the profession. This means that for every DC that joins ChiropracticAmerica, nine are excluded.

In contrast, Foot Levelers' program, and that of the Alliance for Chiropractic Progress, allow all DCs to join. The chiropractic documentary, and the commercials run by the CCF, were an added bonus for the profession; they were designed to benefit all chiropractors.

At a time when the chiropractic profession is fighting for inclusion on all fronts, particularly in managed care, excluding 90 percent of the chiropractors in America is nothing to "chuckle" about.

Discussion of the "Forbidden Subject"

Dear Editor:

As one of the 12,000 students moving toward graduation, I am faced with the dilemma of how I am going to succeed in practice. In the August 25, 1997 issue of *DC*, Donald Petersen showed how the medical profession is becoming overcrowded ("A Forbidden Subject? A Free Market Vs. Planning"). And yet, our profession continues to move closer and closer to medicine.

Some in our profession want hospital rights; some want to be "gateway keepers" in the medical referral chain; and some want to be able to prescribe drugs! The MDs will always be at the top of the medical ladder. So why do so many DCs want to climb that ladder, especially when that ladder is already full! If we want to open the market, we need to get back to being a unique and distinct health care profession.

Let us center ourselves on the vertebral subluxation, which is in and of itself a detriment to the expression of human health and potential. Who needs to be checked for subluxations? Everyone with a spine. Do you think this will open up the market? I think it will!

Dan Lemberger
Ninth quarter student
Sherman College of Straight Chiropractic
Spartanburg, South Carolina

Dr. Culbert and the Tale of Mary and John Doe

Dear Editor:

It was very reassuring for chiropractors to read that according to Dr. Culbert, the AMA "has little impact on the day to day practice of medicine in this country." I wonder if he knows about medicine's level of altruistic patriotism.

The book *The Serpent on the Staff* (by Howard Wolinski and Tom Brune) details the names of U.S. legislators who receive donations from medical organisations. It estimates the remarkable grand total at over 100 million dollars. The book leaves the impression that the two pillars of the establishment medicine and politics are prostituting the political process for vested interest.

Dr. Culbert, together with "the most decent, respectable people" he has ever met, share a public duty to be aware of this conduct of political medicine in the USA.

Meanwhile in downtown Downunder, chiropractors Mary and John Doe are mindful of the constraints containing their trading relationships with consumers and have started a typical day's

practice.

One of Mary's patients, a solicitor, told of confusion regarding a medical practitioner's duty of care. "Having migraines for 30 years, I thought he would be delighted to hear of my success coincidental to chiropractic care. Instead he heatedly rejected the idea that chiropractic helped. He denied a failure to refer. He said that his position arose from ethical consideration arising from a concern for my safety and that chiropractors do not practice according to scientific method." Mary gave her the containment video.

John has a patient in late pregnancy who is going into a taxpayer-funded hospital, and although she needs chiropractic care, the hospital will not permit access to a chiropractor. She can, however, have access to medical personnel who provide spinal manipulation. John gave her an access constraint pamphlet.

In between patients, John read a media report about the coroner's report on the death of a 28 year old female following spinal manipulation by a medical practitioner. In John's opinion all persons manipulating the spine need a relevant, separate, specific, formal standard of qualification, equivalent to his education.

John took a moment to dictate a letter to his area legislators warning about the risk and asking that suitable standards be set. He instanced a charlatan down the road who, without legal need of equivalent qualification, continues to emulate what a chiropractor does. John enclosed a legislative constraint pamphlet.

Mary's new patient, an accountant, queried "extremity dependent financial discrimination." "Over the years I have had two lots of x-rays from two practitioners. Their x-ray qualifications are almost identical. Both seemed to use the same chemicals, film, cassettes, x-ray machine and processor and take identical views of comparable quality of my spine. It seems that if I get a refund or not depends solely upon the finger that presses the x-ray button. If it is a medical finger I get a refund; if it is a chiropractor's finger I get zilch."

John chats with a satisfied chiropractic patient who is irate about insurance prejudice. "The hand that manipulates my spine may belong to a chiropractor who has every qualification required by the government to practice chiropractic. Or, that hand may belong to a medical practitioner who has not even attended a lecture on spinal manipulation. A medical hand attracts a full refund; a chiropractor's hand attracts no refund. How come?" Mary and John give each of those patients an economic constraints pamphlet.

Later while driving to a house call for a Department of Veteran's Affairs patient, Mary thinks about the gatekeeper requirement. The law demands initial and progressive referral by a local medical officer (LMO) who has no qualification in chiropractic, does not seem to know what she actually does to the veteran, or why she does it. Apart from referral notices this LMO does not correspond with her.

As most of her vet patients relate to her about the LMO giving them a hard time about referral, Mary senses the lingering effect of the nationwide ethic based boycott of chiropractors. Thinking of the infrequency of spontaneous medical referral, Mary concedes that this constraint creates a successful lockout in various insurance schemes.

Over lunch Mary tells John that according to her calculations some 2,700,000 Australians attend a chiropractor pa. "Even if only half of them recover coincidental to chiropractic care, containment may expose over half a million Aussies to inappropriate medical tests, diagnoses and treatment."

Ever the economist, John suggests that containment represents an exchange of massive financial gain for global medicine at the price of widespread patient pain.

Both John and Mary want to believe in the altruistic bright side of medicine, preferring to ignore the thought that someone from within its dark side conspired to create, establish and continues to promote those trade barriers in Australia and in other countries.

Being a couple of skeptics, the mythical John and Mary may doubt the reassurances by William H. Culbert Jr., MD, DC, that Chester Wilk's belief that containment still arises from medical influence is "atavistic and extremely divisive."

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