

Chiropractic in Australia and New Zealand

CHIROPRACTIC AND THE DEPT. OF VETERAN AFFAIRS

Orazio Trevisan, DC

In our last article we briefly touched on the controversy surrounding chiropractic's inclusion in the Department of Veteran Affairs (DVA). The basic premise of our inclusion into this department is that a referral from the local medical officer has to be obtained from the patient, and then there will be a limitation of eight visits per year. This proviso of medical referral has angered a majority of the chiropractors in the association, and as a result the inclusion of chiropractic in the DVA scheme was unratified at the annual general meeting in Canberra in October.

We will explore what the main problems that chiropractors see in being included in the DVA scheme are and then we will look at the response by the national association executive.

The doctors against inclusion of chiropractic in the DVA point to: a statistic in the Journal of Alternative Medicine that 53 percent of MDs would never refer to a chiropractor; the views of American chiropractor, Dr. Cianciulli, that referral by MDs to chiropractors just doesn't work; and Dr. Lucido, another American chiropractor, stating that in 1969 chiropractic tried the foot-in-the-door approach to Medicare and Medicaid, and as a result cannot use their whole scope of practice. Dr. Lucido said the foot is in the door, but its being crushed. A chiropractor from Australia's opinion against the inclusion of chiropractic in the DVA scheme was: "The best way for medicine to contain us now would be to work to limit access to chiropractic via medical referral only; limit the number of visits a patient may see a chiropractor, and to limit in any way possible the reasons for which a patient may see a chiropractor." Other questions raised:

- "Where did the eight visits come from?"
- "What procedures, based on what evidence, will the DVA use to determine approval or otherwise of chiropractors requests for more than eight visits?"
- "Why is there a limit on eight visits per year compared to physiotherapist limit of 10 per three-month cycle or 40 in all?"
- "Why is there no limit to the number of visits a local medical officer can see the patient?"
- "If there is a dispute of the condition of the patient whose authority will be recognised, the chiropractor or the local medical officer?"

Other chiropractors have stated they have been sold out for a few miserly shillings. Further comments were that the association betrayed us, that the profession was placed in a seriously compromised position. Other DC commented: "We have our American cousins to look at as a shining example of what not to do when it comes to the future of our profession. Right now in

America consultants are teaching chiropractors the novel concept of running a cash practice."

John Sweaney's response was that the DVA still functions primarily through the LMO gatekeeper model. Although a referral mechanism, it should not in any way be allowed to constrain access to chiropractic for those beneficiaries requesting it; positive efforts have been and will further be undertaken to encourage the LMOs to recognise the value and refer veterans for chiropractic management.

George Dragesevich, H.BSc., DC

Orazio Trevisan, BSc., DC

MAY 1996