

We Get Letters & E-Mail

Emancipated

Dear Editor:

I have recently been informed of your publication's separation from the Motion Palpation Institute. My congratulations on your emancipation. As a totally independent publication and open forum for chiropractic, I believe your publication will be a much greater asset to chiropractic.

I hope you issue an Emancipation Proclamation. It should increase your readership and make quite a positive difference to your readers to know they no longer have to take what is written with a grain of MPI salt.

(Editor's note: That Emancipation Proclamation was made in the 5-20-96 article, "MPI and Dynamic Chiropractic: Going their Separate Ways" by Dr. Keith Innes, one of the MPI directors.

*Jesse Jutkowitz, DC
Milford, Connecticut*

Umbrella Organization

Dear Editor:

I greatly enjoyed your "Report of My Findings" section which had the article, "Working Together" (Sept. 1, 1996).

I have a question regarding your article. Why could there not be an overall umbrella organization that allows for the diversity of all different facets that you mentioned in your article that would have representation on an overall, umbrella board that would allow everyone to come to the table with equal votes and allow equal representation, and then let the profession as a whole (meaning this umbrella organization) be the driving force and/or the organization which directs the overall movement of this profession with one voice. In other words, what we would have is every known organization, every known technique specialist, every known research interest group, represented at the board, each having one equal vote. Then have a slate of officers (president, vice-president, etc.) without votes, and only the president having the ability to cast a deciding vote in the event of a tie (although I doubt seriously that would ever come to pass).

Just something to think about. Maybe this is something that could be presented to each known organization to see if there would be a way that this could be brought forth into the profession. As far as funding goes, possibly each organization could donate a limited or set fee based upon the size of their membership. Maybe this organization could meet three or four times per year; all organizations represented would need to have their items put on the agenda one month before the meeting so that all representatives could be mailed a packet that dealt with all the items which would be decided at the meetings. This would give them time to contact their board and get an

opinion. Certainly if not done in time, it could be done at the next meeting (3-4 months away).

This may be "pie in the sky" dreaming. However, I certainly don't think there would be any problem with this type of umbrella organization that is not necessarily a single organization that represents chiropractic, but a single voice represented by many different facets of the profession: not unlike the congressional House and/or Senate, in which you have 50 states that make up one voice for the U.S.

Regarding the ACA-ICA leadership summit, I see that this is something that is occurring or is about to happen. Again, so that there aren't any difficulties, why could there not be some umbrella organization established that had equal and fair representation of all groups and associations.

Just some thoughts that you may want to pose to the readership if you so choose. But I think it's an idea with merit. I'm sure there are many out there who could find holes in it, but in my humble opinion, the holes could be filled if the desire was there. I think in today's economic health care situation what we need to do is look at where this profession is going and how we can bind together to help one another, even though we have many ideas, thoughts, and beliefs. We could then have a majority voicing their opinion through their representation.

*Ben Bowers, DC
Wichita, Kansas*

"Mixed Signals"

Dear Editor:

Re: Dynamic Chiropractic, July 29, 1996

Page one: "Should We Teach MDs Adjusting Techniques?", a condemnation by the German Chiropractic Association of James Cox, DC, among others, for teaching adjusting techniques to MDs and physiotherapists.

Page one: "Teaching MDs to Refer to DCs" by John Triano, DC. "Clearly it is unrealistic for physicians to attempt to learn to perform manipulation based on weekend training."

International Forum, I-1: "In Quebec, Only DCs May Perform Spinal Manipulation" "... spinal manipulations performed by therapists without the expertise of the doctor of chiropractic to diagnose and treat the condition can cause the patient serious injury..."

International Forum, I-2: "Spinal Manipulation Conference is Bound for Bournemouth," organized by the Angelo European Chiropractic College. "A professional program has been designed with the practitioner in mind, including the forum, 'Multidisciplinary Perspectives on Manipulative Techniques.' A rare opportunity for clinicians to pick up a few pointers on techniques from some chiropractors and therapists esteemed for their manual skills."

How can it be said that those who teach manipulation to non-chiropractors are wrong when our chiropractic colleges are doing it, and our leaders (the editor-in-chief of JMPT, for example) sit on the boards of physiotherapy journals devoted to spinal manipulation, thus advocating an "interdisciplinary approach" and cooperation in adjusting.

Solutions:

- Expose the practices of these individuals and institutions to the scrutiny of public light.
- Boycott the products sold by those who would teach others to manipulate only to derive profit and self gain, (tables, etc.).
- Boycott the conferences, also.
- Write to the institutions, giving them the benefit of our opinions-they depend on us.
- Don't give gratis advertising space to those who advocate "professional cooperation" in learning and practicing adjusting techniques.

Clifford H. Morris, JD, DC
Netherlands

Mitigating Circumstances

Dear Editor:

As a speaker at the National Managed Health Care Congress (NMHCC) in San Diego, I too was disappointed at the poor turnout, and I too felt that the chiropractic groups represented at the conference were speaking to each other rather than to the intended audience of managed care decision makers.

However, it is a mistake to think that managed care doesn't care about chiropractic. There would not be 18 chiropractic organizations making presentations at a conference like this if the managed care industry wasn't purchasing chiropractic services from these groups. I suspect that factors such as the date, location, cost of attendance, and the singular topic of the conference all mitigated against a larger audience.

If chiropractic integration into managed care was the subject of a breakout session at the annual congress of more than 7,000 attendees, it's a safe bet that the room would be packed. I'd love to have the opportunity to speak to that audience!

J. Michael Burke, DC, DABCO
President
ChiroNet, Inc.

"French chiropractors are considered by the authorities as 'quacks' and dangerous 'crooks'"

Dear Editor:

Doctor Triano must understand that the legal situation of our profession in Europe is extremely different from what you have in the U.S.

In France, for instance, MDs are the only ones who have the right to practice Chiropractic and vertebral manipulations, even if they don't have any formation or training for doing so.

We, French chiropractors (350) are considered by the authorities as "quacks" and dangerous "crooks," and about every month, one of us is condemned in court for "illegal practice of medicine" with sometimes severe fines. No jail so far, but until when?

In this situation, I think that American chiropractors reaching chiropractic to European MDs are

more than "greeders," they are traitors to our art and contributes to the vicious medical plan which is to slowly "bump us off" to keep their scandalous monopoly. We really did not need that.

This must be stopped, in one way or another.

Benoit Rouy, D.C. Chief of the Juridical Commission of the Association Francaise de Chiropractique
Auxerre, France

Dander Up

Dear Editor,

Your August 15th article about prepaid health plans written by Mr. Michael Schroeder raised my dander up another notch. While trying to get my thoughts together on the issue, I read Dr Robert Graham's excellent response in the September 12th issue of Dynamic Chiropractic. I too would like to add some thoughts and questions of my own relating to this issue.

If we are engaging in the business of insurance by accepting prepaid chiropractic health plans, than what are we doing by accepting capitated fees from insurance carriers? What business is an insurance carrier in if it limits its risks by shifting the risks of patient management off on doctors? Isn't the doctor now in the business of insuring the patient? Why don't the insurance commissioners address this issue?

Whenever I buy an appliance or electronics product, I get bombarded with calls encouraging me to purchase an extended warranty. I get solicited repeatedly by my car dealership and third parties to send them money up front to protect my cars for seven years. I prepay each year for my office computer software support. Why don't the insurance commissioners rule against those that offer these plans which clearly represent the assignment of risks.

Most health clubs today force their members prepay for the services they receive there. The reasoning behind this is that the facility is available at all times, and that by prepaying, members may make better use of their services and ultimately enhance their health. The club of course gets steady income which it needs to provide quality service. Most chiropractors who offer pre-paid plans do so for the exact same reason, and have accommodated the needs of their patients in an appropriate and ethical manner. The NAIC has not (to my knowledge) notified the health club industry that they consider it inappropriate to offer prepaid plans. I fail to see that it is different in a chiropractic setting. Dr. Graham is absolutely correct in both in his opinions regarding the motives of the insurance commissioners as well as his challenge to the attorneys representing our profession to do so in this regard.

Warren H Landesberg, DC, DACBSP
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German Viewpoint

Dear Editor:

I received a copy of Dr. Abgrab's letter (Aug. 16th issue). I am very interested in his clarifying several statements he made. First, he states he conducted a seminar for the Arbeitsgemeinschaft

Chiropraktik, Osteopathie and Neuraltherapie (ACON) about chiropractic care and VSC in infants and children. Was this a lecture or demonstration of technique? ACON consists of health practitioners (i.e. lay medical practitioners), not physicians. Does he promote teaching chiropractic to lay medical practitioners? He states further on: "If MDs want to learn to adjust, they should go to chiropractic college and become doctors of chiropractic." We think the German lay medical practitioners should be treated the same way, i.e., go to school and become DCs if they want to learn to adjust. A lay medical practitioner does not have to have formal education. What does Dr. Abgrab know of the attendees of his seminars as far as their scientific educational background is concerned (anatomy, physiology, pathology, radiology, diagnosis, radiographic interpretation, etc.)?

Dr. Abgrab's letter states: "Anyone wishing to learn chiropractic techniques should do as we have done: educate themselves on the 'science of chiropractic' and develop the skill and respect for the 'art of chiropractic.'" We have no quarrel there. We think that also. But just like the MDs who want to learn chiropractic techniques should go to chiropractic college, so should the lay medical practitioners. Why should they be exempt from such a ruling? Do they have a better background in health sciences than the MDs that they should be able to learn chiropractic technique in week-end courses?

Second, in Dr. Abgrab's fifth paragraph he sarcastically states he learned of the GCA, a group of 25 "true" doctors of chiropractic establishing practices in Germany. First of all, yes, we are "true" chiropractors, having graduated from one of the US, Canadian or Anglo-European chiropractic colleges. There are many others calling themselves Chiropraktiker, Chirotherapeuten, or Manualmediziner. Also, we are not now establishing practices. Several of us have been here since the 1950s or 1960s. When we founded the GCA in 1978, there were eight founding members. It is not easy attracting young students to a great profession when they can become "Chiropraktiker" in week-end courses (like ACON provides) without the separation or monetary problems chiropractic students take upon themselves.

Third, Dr. Abgrab's sixth paragraph states: "Perhaps the GCA, in addition to their society, should join forces with ACON and form a national society consisting of doctors of chiropractic (DC), Osteopathic Medical Doctors (OMD) and Heilpraktiker (HP)." I am not aware of any association of osteopathic medical doctors (OMD) in Germany. There may be a few graduates from U.S. schools. I am only aware of a Belgian and a French source of osteopathic diplomas, awarded through week-end courses. But in this matter I have little information, and as far as I know, there is no osteopathic degree comparing to the U.S. doctor of osteopathy. Factually, we are licensed here as HPs. That is the only way we can practice here. Even in one or two cases where the license is restricted to chiropractic only, the license is issued under the Heilpraktiker law. Actually, until 1-2 years ago even psychologists were licensed under that law. There have been attempts in the European Community to regulate valuable methods of treatment more strictly, but the German HPs are strongly opposed to any restriction and more formal education. We have always thought that the recognition of our profession would become possible because of our academic education. That is why we have fought for our academic degrees. German law states that the graduate of a foreign university or college may use the title earned there in its original form if the university or college was recognized/accredited in its country. After seven years of disagreement with my state's department of education, they granted permission to use my DC in 1982. Since then a number of my colleagues have achieved the same goal. Just recently one of our association members had to go through another litigation until she won her right to use the title DC.

So you see, there is a lot to do. While our work seems slow and tedious, we do not think suggestions like Dr. Abgrab's are feasible in our case. I would not even consider giving him

suggestions on how to conduct himself professionally in Massachusetts. Apparently Germany is a free-for-all.

To conclude, our objection is workshop-type seminars by chiropractors to non-chiropractors. This does not seem to be a German concern alone because the European Chiropractic Union (ECU) has formed the following policy.

(4.1) "The Board of Education proposes that each National Association member includes the ability to discipline individual members for teaching chiropractic to non-chiropractors within its Code of Ethics."

If Dr. Abgrab teaches chiropractic philosophy and not technique, he certainly should continue and lecture not only to music schools, MDs, DOMs, and HPs, but also to fire departments, church groups, high schools, etc. However, the way we read the advertisement ACON put out, we understood it differently. If he does teach chiropractic philosophy, I, in the name of the GCA, apologize for naming him. If he does teach technique, I ask him to reconsider.

Dr. Abgrab states he wants to help establish schooling and licensing of doctors of chiropractic in Germany. The Swiss have the best law and established profession of chiropractic, at least for the past 30 years in Europe. They insist on proper education and send their students to the U.S. and Canada. Academically, it seemed the best thing to do. Perhaps in the future they will establish a university program in Switzerland themselves. We believe that with so few DCs in Germany, we have to insist on a good and academic education, which will help to establish the profession here. But we cannot afford academic program yet. Our students will have to use the established colleges in English-speaking countries.

Ingrid E. White, DC
Germany

French Viewpoint

Dear Editor:

On behalf of the Laboratory for Chiropractic Communication (LABOC), I would like to expose to Dynamic Chiropractic the point of view of our association about the training of MDs to adjustment techniques by chiropractors.

First, we want to thank the awareness and reaction of Dr. White and the German Chiropractors Association because what they are facing has more likely occurred in France or anywhere else, and chiropractors don't even react.

To the question should we teach MDs to adjust, the answer is NO. We don't think that selling techniques to MDs is rendering services to patients, colleagues and chiropractic. On the contrary, it leaves the door open to any abuses of our patrimony. Chiropractic will never be enlightened as a major primary health care by such a conduct from some chiro-opportunists. Patients adjusted by MDpractor will never have the experience of a well-applied chiropractic adjustment. Colleagues, on their side, will see their market taken away by MDs, and I let you figure out the future outcome.

Chiropractic must be preserved as a separate alternative health care system upstream of medicine. This is why adjustment has been so defended over a century and has been defined as the main basis of health improvement. We belong to such a micro-specific therapeutic mainstream, it could

be so easy to make it disappear. Offering our techniques to other practitioners else than chiros is the surest way to dig our own tomb.

Teaching and selling our knowledge might be "surfing the wave" but there is a tremendous cost for the profession.

As responsible businesspractors, we should better teach MDs how, when, why, referring patient to chiros, and continue promoting chiropractic to patients. Mutual respect will be end product of this attitude, everyone will find his place.

If teaching techniques to MDs should not be promoted, we should accept them to go through the entire course of chiropractic, as we already did, in order for them to become DCs. Even if chiropractic and medicine are philosophically opposed, we have the possibility to suggest them to be sincere enough to inform honestly their patient on therapeutic orientations which are vitalistic when they apply chiropractic care and mechanistic when they practice medicine.

To answer the second question, we will say it is not possible to influence chiropractors because it's a matter of personal ethics. Morality of the individual is what we are dealing with. We don't think hard sanctioning is the solution since it could drive chiropractors to make a living out of selling techniques. Beside the number of MDs chiropractic seminars is negligible.

To minimize this problem we can try to regulate the promotion of our techniques on national ground or abroad we hope that big chiropractic equipment will take part of it.

For instance, we can suggest some ideas which could be applied easily:

Teaching DCs should declare their seminars prior to registration:

1. to the national chiropractic association for information and approval;
2. to the national committee on ethic for approval on scientific and morality contents of the seminar;
3. to the international chiropractic authorities for approval and information for seminars in other countries;
4. leave a cash deposit of x \$1,000 to the national association which will be refunded after the seminar;
5. the national association send representatives to verify seminar's list attenders;
6. for each practitioner other than chiropractors, the amount of cash deposit refund will be refused when sent back to the teaching DC.

We think those measures are best adapted to the circumstances of teaching MDs.

Chiropractic will meet its goal if all together we aim at the same target. Quality of services in our

field is the keystone to success toward patients, colleagues, and the scientific community. Besides, why can't we assume our difference from MDs. It seems like we are always trying to catch up on medicine. Frustration is our worst enemy!

"The future will tell if conscientious therapy and good faith, meeting with their responsibilities toward their fellows, can continue to stay attached to such sterile conjectural tissue and arbitrary ideas, or if they are able to open their eyes to truth, giving them salvation." -- Samuel Hahnemann, DH

Philippe Benod, DC
Saint-Vallier
France

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