

The Truth about Health Care -- Trouble Ahead

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The U.S. health care system is under siege. Few people can deny that American doctors and hospitals provide the highest quality medical care available anywhere in the world. Politicians, economists and consumer groups insist we are spending too much money to treat the small numbers who seek care. The media has jumped on the bandwagon of criticizing health care in America, extolling the virtues of the British and Canadian systems.

The press conveniently downplays the loss of choice for patients in the selection of their health care and talks about the high costs and the need to curb these costs. Ironically, the media fights for choice in the selection of religion, politics, living wills, birth control, etc. But the media turns mute when it comes to patient autonomy. Why is this? Is it a hypocritical attitude, or has the media been spoon fed data from big business which lacks significant rebuttal from the provider community?

By way of example, I wish to present some facts which are rarely read or publicly discussed, but which nevertheless point out the unlevel playing field facing doctors.

1. Each year in the United Kingdom rationing denies renal dialysis to 9,000 patients; cancer chemotherapy to 10,000-15,000; between 4,000-17,000 coronary bypass surgeries and hip replacements to 7,000.
2. The availability of CT scanners in the US was three times that in Canada, and six times that in Britain.
3. The state of Washington (pop. 4.6 million) has more MRI scanners than Canada (pop. 26 million).
4. Per capita the US has eight times the MRI units as Canada, seven times the radiation units, and three times the open heart surgery units.

The solution proposed by corporate America is managed care with emphasis on HMOs. The motive for industry is to reduce expenditures. While this is praiseworthy, it comes at the expense of health care freedom. To industry it matters little if the bottom line is achieved. Industry and their insurance counterparts don't want to engage in debate about whether HMOs are a one time savings and that denial of care with cost shifting is the real mechanism for the HMO success. There is no evidence that California and Minnesota, states with massive HMO penetration, are enjoying superior health outcomes.

The blind trust the media has placed in HMOs is appalling. The Group Health Association of America (GHAA) vigorously opposes direct access for chiropractic physicians, saying that a gatekeeper is needed for managed care. Seriously, has GHAA read the Wilk v. AMA legal war waged by George McAndrews, Esq. for 17 years? It is up to the chiropractic profession to

guarantee that every policy maker in the government, in the insurance industry, and in the media gets to read the Wilk v. AMA. Why? Because we are not physician assistants, nurse practitioners, etc., who have been subservient to allopaths. Unlike nursing, chiropractic has always been direct access/first choice care without allopathic oversight. So, managed care is anti-choice which may mean anti-chiropractic. Yes, I know of some chiropractic networks which proclaim detente within the HMO system, but I challenge these networks to prove to the chiropractic community that their protocols are clinically realistic and not controlled by MBAs and businessmen.

The chiropractic profession needs leaders who will stand up for average DCs who go to the office and try their best to help sick people get well without drugs and surgery. We need political leaders who are not allied to chiropractic networks, unless those networks can assure us that their organizations are beyond criticism. However, just as personal breakups are painful but sometimes necessary, our leaders need to leave those networks which are profit driven and not clinically substantiated.

Ask yourself as a member of a state/national chiropractic association whether the leadership represents the practicing DCs or is self-serving. We need to come to grips with our state/national leaders. We the supporting membership must be guaranteed that our leaders possess the integrity to serve us. These leaders need to come home, if they have strayed. The hypocrisy must cease.

Meanwhile, congratulations and appreciation are due to those leaders who are honest and hardworking. We members must assume our responsibilities and not falsely blame "leadership" for our apathy.

These are troubling times for health care providers. As chiropractors, we must have an agenda which emphasizes the legitimacy of chiropractic care within the American system and work with HMOs, PPOs, IPAs and all the other letters to rightfully place direct access/first choice chiropractic services within the marketplace. No, chiropractors are not physician assistants working beneath the omniscient allopathic mantle. Our leaders must believe this if we are to achieve our professional destiny.

Let us celebrate our 100th anniversary by fulfilling the dreams of our pioneers who fought so hard to maintain chiropractic free from allopathic domination. Yes, we best serve the public welfare by high level ethical competency which requires collaboration with the medical profession when it is in the patient's best interest. No more chiropractic isolation and second class citizenship for future DCs. Are you committed?

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