

We Get Letters

Software Problems

Dear Editor,

In June of 1993 I purchased computer software from a company called MDATA of Edmond, Oklahoma. I have experienced problems with this company and would like to talk to anyone who may have also experienced problems with MDATA.

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Limited Pharmaceutical Scope of Practice?

Dear Editor,

I have read the article about the DCM (doctor of chiropractic medicine) program that Western States College of Chiropractic plans to incorporate into its curriculum in 1995. The big question is, will expanding our scope of practice to include limited pharmaceuticals change our attitudes about our profession? This doctor thinks not.

The chiropractic profession was built on the belief that patients can be healed without the use of drugs, which I agree with. However, I believe it would be advantageous for both the patient and doctors of chiropractic to have the option of prescribing muscle relaxants and anti-inflammatory medications for acute cases.

I am pleased to see the chiropractic profession has recognized the need for a limited pharmaceutical scope of practice. There were times when a muscle relaxant and/or anti-inflammatory medication may have served my acute patients.

I am not saying that we should become medical doctors or osteopaths, but our main objective is to help the patient get better. If muscle relaxers and anti-inflammatory medications help in this process then, why not have the option of using these?

There are increasing numbers of nurse practitioners and physician assistants. With the rise in their numbers and increase in responsibilities, they may soon be incorporating spinal manipulation into their scope of practice. In order to be a part of health care reform and be one of the gatekeepers in primary health care, access to pharmaceuticals can be essential.

*Stephen J. McJilton, DC
Los Alamitos, California*

"...our promiscuous use of antibiotics..."

Dear Editor:

According to an article in the New England Journal of Medicine, April 28, 1994, 60 percent of ear infections are currently antibiotic resistant. In 1992, the number was 10 percent. There is no indication that this trend is changing.

In some U.S. teaching hospitals, you now have a 70 percent chance of contracting an antibiotic resistant infection. The NEJM blames our promiscuous use of antibiotics, causing an accelerated evolution of bacteria, for this problem.

As a species, we are facing the very real probability of confronting a virulent bacterial world that is overwhelmingly antibiotic resistant within the next few years. It will be a world of our making.

Are those chiropractors currently seeking to add antibiotics to their practice aware of this? If so, I would be very interested in knowing their solutions to this incredibly serious and dangerous problem.

*R. Tyler Given, DC
Poway, California*

"Twenty percent ... do 80 percent of the work..."

Dear Editor:

As the executive director of a relatively active chiropractic state association, I couldn't help but grit my teeth upon reading Don Petersen's article, "Rebuilding Our Chiropractic Associations." If the enthusiastic participation in the "Membership Apathy" roundtable at the November COCSA conference was any indication, chiropractic state association leaders are continually frustrated by the apparent willingness of their constituents (members and nonmembers) to sit back and let others do the work.

I know that I speak for many of my colleagues in expressing frustration over the normal distribution of association work: Twenty percent of the people do 80 percent of the work in both chiropractic and other types of associations. This, I'm afraid, is human nature and will basically remain constant regardless of our unprecedented efforts to empower the membership, to communicate more often and more rapidly (fax network network, etc.), and to specifically invite members to participate on committees with both personal phone calls and most written association communications. I know that many other state chiropractic associations have tried many of the same things with similar results.

You were right about the fact that association members (and nonmembers) need to call their association offices and boards of directors -- but not to tell them to do something about the problem of apathy and uninvolvedness, but rather to step up to the plate, get involved and make a difference for their own profession. The fact is that change takes people and money, and the more we have of both, the more we can accomplish. It is truly up to you.

Darcy McKinstry

*Executive Director,
Colorado Chiropractic Association*

Consumer Reports

Dear Editor:

I was a junior at Palmer when that messy article came out in Consumer Reports in October of 1975. This report caused a lot of embarrassment and pain for my family and relatives. I felt that someone had to be behind such an attack on chiropractic. To this day, 18 years, I have not bought or read Consumer Reports magazine. Now I know it was Dr. Murray Katz, MD, and Mr. Joseph R. Botta that hurt us so badly in 1975.

*Royal T. Langford, DC
Broken Arrow, Oklahoma*

No Grandfather Clauses for Us Grandfathers

As a young, starry-eyed chiropractic graduate, I made my plans, dove into practice, and felt my future was secure.

Now I'll skip to the chase. After many years of devoted service to my profession, working my fingers to the bone, keeping my nose clean, and my ducks in a row, I decided it was time to start thinking about retirement.

Although I have hardly amassed a fortune, I feel ready for a change. Life is too short, and I'm still young and energetic enough to do some of the things I've always wanted to.

Eventually I'll get tired of the good life, and it will be time again to settle down in a pleasant little town where I can rest my weary bones. I might even want to set up a part time practice, to stay involved with the community in which I live.

It is with that in mind I started to investigate future practice options, as many contemporaries have done.

I'd like to share with all chiropractors, especially the younger ones just starting out, my findings and in all likelihood what they too will face if things don't change.

Not only are chiropractors of my generation deeply concerned with the impending health care debacle and what options will be left in its wake, but with another more insidious uncertainty.

We are alarmed with the brick wall that various states have thrown up in our faces to keep us from practicing in them. While some states have accommodations like endorsement, most states like California, Connecticut, and Florida, to name a few, have made it nearly impossible for us old timers to enter.

In addition to increased pre-board requirements, each state may have its own glitchy rules. "If you graduated before January 1972, but ... you must have matriculated for basket weaving." State boards are great at self-limitation.

New graduates of chiropractic college come armed with National Board parts I, II, III, physiotherapy hours, and other qualifications. These young whipper-snappers think they can sit at any board they like, today and evermore.

Back then, only parts I and II were offered. I too had a false sense of security about the future. If I had known that discrimination against older graduates would be the order of the day, I'd have sat all 49 state boards.

Even now, I'd be happy to jump through any state board's hoops. I'd demonstrate my prowess over mastectomy x-rays, name the cranial nerves -- there must be at least a dozen -- and use just the right amount of "send them out" as an answer.

But I cannot sit "any" state board until I meet their intractable qualifications. My qualifications were adequate enough then. Whatever happened to the notion of the "grandfather clause" for all us grandfathers? Where are all the lawsuits?

Merciless states are creating a schism. Firstly, they discourage older graduates and attract younger ones. Not atypically, today's graduates have outstanding loans up to \$80,000 and are under a great deal of financial pressure to succeed.

Impending loan payments may force young doctors into desperate career decisions. They may associate in a practice paying them \$20,000 a year, plus bonuses for unscrupulous behavior. All of them know at least one young doctor giving it away for free, and making unbridled promises to patients.

Secondly, few of them have the ability both fiscally and experientially to purchase an established practice like mine, making it difficult to retire in the first place.

While an older doctor like myself may not have the part IIIs of the world, we do have something else young doctors don't have -- a track record in our perspective states. Doesn't past conduct and integrity count for anything?

This is not a condemnation of the young grads by any means. I have never been around such hard working, honest, good-hearted, moral people in my life than chiropractors. I am proud to see that most of us still go into the profession for all the right reasons, unlike our medical colleagues.

No, this is a rebuke of the current system in which those who have depth of experience are fiercely kept out of many states, with the situation tightening yearly.

How darnit am I and others like me expected to sell our valuable practices and move or retire? Who can give us peace of mind when we leave? How can we get in elsewhere? And why would you want to make it so difficult for us?

Don't for a moment think this is an isolated incident. I have spoken to chiropractors all over the country. Most recently, a fellow in Connecticut has tried for several years to sell a very valuable practice. No grandfather clause there. Doctors are scared, frustrated, and angry.

Anyone who says, "Go back and take your requirements you lazy dog," is missing the point entirely. What happens, young doctor, when you are ready to retire, semi-retire, or change your address? What will the requirements be then?

name withheld

North Carolina practitioner

JULY 1994

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