

DCM -- A Final Look

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It has been suggested that the reason Dr. William Dallas, president of Western States Chiropractic College, was given the opportunity to present his "Doctor of Chiropractic Medicine" (DCM) concept un-edited in Dynamic Chiropractic, was because this publication supported the idea. The actual reason for presenting issues like this for your consideration is to encourage academic debate and give you, the reader, a chance to consider the issues without a reporter cutting it up into short quotes and summaries. While this is not typical journalism, allowing free academic debate on an issue of academic importance seemed appropriate.

Certain issues are so close to the ongoing struggle within the chiropractic profession for its own self-determination, that these issues require a point/counterpoint debate such as was presented on DCM between Dr. Dallas and Dr. Gerard Clum, president of Life College of Chiropractic West. We hope these articles stimulate you to think about how you want to see chiropractic position itself as health care reform takes shape.

After the dust settles on the two rounds of discussion, there are certain points that come to the surface:

1. There doesn't seem to be much official support for the program inside the chiropractic profession. The American Chiropractic Association (ACA) House of Delegates saw fit to pass a resolution stating that the DCM "degree is not necessary and may in fact be in conflict with some existing state scope of practice laws." Privately, national officials, college presidents, state board members and most leaders are against it.
2. Who will accredit the DCM program? The Council on Chiropractic Education (CCE) is only authorized and approved to accredit programs leading to a doctor of chiropractic degree. Will the medical accrediting agencies be the ones asked to make DCM a reality or will DCM merely create its own accrediting agency?
3. Who will license a doctor of chiropractic medicine (DCM)? A review of state laws across the nation reveals that it is probably illegal for a DC to use or advertise a DCM degree. Certainly, most states will think twice before opening their state statutes to include DCM. Will the medical boards be called upon to license DCMs?
4. There doesn't appear to be a need for a DCM in the health care marketplace. A recent article in American Medical News* predicted a primary care physician surplus of 24,000 by the year 2000. Surely, competition with general and family practitioners will be fierce. How will a chiropractor with an unknown degree be able to compete?

In the end, only time will tell. If this is not the direction you want the profession to take, and you are in the vast majority, it probably won't happen. Regardless, the chiropractic profession has been

given the opportunity to hear the intellectual debate and render its opinion.

As for my personal perspective, let me offer my opinion as a patient.

The reason I am a chiropractic patient first (and when absolutely necessary a medical patient, second) is due to the philosophy behind each form of health care. My father raised me on chiropractic adjustments and vitamins for almost all ailments. We weren't particularly anti-medicine, but we were definitely anti-drugs. He taught me firsthand that I had a choice of which approach I could take towards health. (If my father had kept more comprehensive records on me, that data could have been submitted to a research journal as a case study.)

When I, as a potential patient, consider giving chiropractors the ability to write a prescription rather than spend the extra time and effort to thoroughly examine me, I can't help but be concerned -- just as concerned as I would be if my DC treated me in three minutes or less without an examination to see what treatment was called for.

If there is ANY CHANCE that tomorrow's chiropractors will be tempted to utilize "cure all" drugs in favor of effective chiropractic care, then I am totally and completely against it, whatever it is.

Even if each and every DCM candidate would swear to me that they will never succumb to that temptation, as a patient, I am not willing to take that risk. To me, this is not an issue of scope of practice, but has to do with protecting the only remaining health profession where a patient can be guaranteed drug-free care: chiropractic.

* Market changes hasten oversupply of physicians, American Medical News, August 8, 1994.

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OCTOBER 1994