

The Survey Says ...

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From all indications, the new year holds the promise of dramatic change in America's health care industry. With this new environment of upcoming change, it seemed only appropriate that a new group emerge which would be influencing that change. The Association For Chiropractic Advancement (AFCA) represents a rapidly growing movement promoting the optional inclusion of prescription pharmaceuticals. This position also includes consideration of the numerous political, social, and economic ramifications that will surely emerge following any professional association with the pharmaceutical industry.

There are arguments pro and con in any merger; however, it is AFCA's position that the future benefits will long outweigh any short term inconvenience. One has only to ask how necessary would be the current "panicgram" from the ACA (requesting money to meet the latest threat to the profession; never acting but always reacting) if the pharmaceutical industry had a vested interest in chiropractic?

To bring this discussion to a more personal level, let me relate the story of a new doctor, right out of school and buried in debt with visions of helping his fellow man fresh in his mind (sound familiar?). As luck would have it, an MD also opened his first practice right across the street. Things were slow at first; however, the bills remained constant and overwhelming. Something had to be done or both practices would soon fail. The MD was on staff at a local hospital and decided to "moonlight" in the emergency room for \$60,000 a year. This not only paid the bills but became an excellent source for new patients in his private practice. As you may have guessed by now, the DC's options did not include employment by the hospital, at least not professionally. In fact, this doctor ended up waiting tables at a local restaurant -- with his primary source of new patients being from his friend, the MD. I fear that a similar version of this true story is being repeated across the country all too frequently (and in some cases, eliminating the referrals from the MD).

The argument for and against this concept has been made by any number of popular writers, quite often more eloquently than myself. However, the significant issues under consideration are those of competition and the upcoming battle for the survival of chiropractic in the health care market. Our profession can become an essential part of mainstream health care with the conceptual acceptance of "common sense" medicine and the professional marriage of an all-powerful industry protecting our mutual interest.

The demand for general practice health care providers is at an all-time high, and chiropractic has an excellent opportunity to fill that void and introduce over 95 percent of America to the wonders of chiropractic care. However, beware! As a famous philosopher once said: "Time waits for no man." And, doctor, the clock is running.

To those in our profession who like their adjustments straight up and not mixed, and who clench their teeth while turning magenta-faced at the sound of a popping lid on a drug bottle, I might respectfully suggest that you get your DEA license, but don't use it. Have the capacity to prescribe and from there, you can proudly puff out your chest and say: "I don't" rather than "I can't."

And finally, the long-awaited results of our rather informal, unscientific survey: As of January 1993, the current tally, based upon approximately 8,000 inquiries, is found to be an astonishing ratio of over 100 to 1 favoring the optional inclusion of pharmaceuticals! The current demographics of the respondents look generally like this:

In opposition:

- a. heads of major DC political organizations*
- b. college administrators (not all responded)*
- c. many in the "straight community"*

In favor:

- a. leaders at local and state levels*
- b. college faculty members (not all responded)*
- c. young doctors and "baby boomers," with many holding postgraduate certification in such subjects as orthopedics, neurology, etc.*

- Interviews with these people revealed that a large percentage had considered or actually started the process of applying to medical or osteopathic colleges.

Regardless of your position on pharmaceuticals, the essence of this article is to portray the monumental implications of imminent change at this unique time in our history. The results of this fast approaching tidal wave of change holds nothing less than our professional survival in the balance. Change is a double-edged sword; it can either propel us into the 21st century as leaders in the health care system, or just as easily (by government edict) make us its victim! As always, the choice is yours.

If you feel the urge to express an opinion, please feel free to do so. We are looking forward to it.

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