

American Back Society -- Quarterly Report

"ANY DINOSAUR RETAINS THE RIGHT TO LAY ITS OWN EGG"

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Members of the American Back Society receive the quarterly ABS Newsletter which contains editorials, letters, articles, and excerpts from the symposia. This is a high-quality glossy worth a subscription in its own right. The fall 1992 issue published a letter from a potential symposium attendee that strongly objects to chiropractic participation in ABS meetings. "... Chiropractors should be regarded with faith healers and phrenologists. I felt it extremely discouraging that this group of practitioners would be given any degree of credence by being included in a program with distinguished physicians. Particularly ridiculous are some of the topics including integrating chiropractic manipulation with rehabilitation. ..."

The response is in the form of an editorial by Dr. Aubrey A. Swartz, executive director of the ABS. He makes the following points:

- The ABS feels it is important that all back care providers have an opportunity to attend and present in educational programs.
- The medical community would profit from being aware of what osteopaths, PTs, occupational nurses, psychiatrists, and chiropractors are doing, in order to enhance their own knowledge and skills. This would enable appropriate referrals, "with the best interests of the patient in mind."
- "Chiropractic education, like educational programs in the other profession, has been improving and becoming wider in scope."
- The British Medical Journal recently reported on the effectiveness of chiropractic. In addition, many Americans receive chiropractic care with a great level of patient satisfaction.
- Not all chiropractic patients are satisfied, but neither are all orthopedic patients; not all chiropractors are equally talented, but neither are all those practicing within other professions.

The ABS does not endorse any practitioner who falls below the standard of care established by their peers, whether chiropractors, orthopedists, etc.

-- Finally: "We feel that there is much to be learned about back pain. At this time we are probably still in the early stages of development on the subject. Most of us can use as much assistance as is available, of course with the welfare of the patient in mind."

If I paraphrase and quote Dr. Swartz at some length, it is because his editorial admirably captures

the essence of the ABS: an apolitical, multidisciplinary, patient care-oriented organization of back care professionals. He goes way out of his way to make it clear that chiropractors occupy no special place within the ABS. They are not seen as guests invited to what is essentially a "medical meeting," nor could they be excluded as such. On the contrary, chiropractors, like any other back care professionals, participate in the ABS solely on the basis of their demonstrated ability and commitment to share scientific and clinical skills with other disciplines.

Not very long ago, multidisciplinary collaboration was uncommon. Chiropractors and medical doctors get along somewhat better today, but not because they decided to kiss and make up. The exigencies of providing better back care in a society where costs have attained crisis proportions is the driving force. No one provider at the present time has the scientific, political or economic clout to exert hegemony over the entire health care market, which furthermore has become a moving target. There is a direct market value and overriding patient interest attached to like-minded providers of all stripes putting their talents in common, so long as the collaborators share an allegiance to normal science, a common language, and demonstrated clinical ability.

R. Douglas Metz, DC, writing in the winter 1993 ABS Newsletter put it well: "One unique characteristic which sets apart physicians is the ability to specifically define, in a unique scientific language, the observations and activities regarding the diagnosis and management of human illness." The driving force for the even-handedness of the ABS is not some disembodied professional liberalism, or some strident demand from nonmedical health professionals that they be treated with equality, but rather the growing evidence that a multidisciplinary approach is the most beneficial to back patients and may lower societal costs in treating back problems.

This same issue of the ABS Newsletter that features chiropractor Metz prints a letter from another chiropractor who applauds Dr. Swartz's editorial response to the suggested exclusion of chiropractic from the ABS: "It is difficult to believe there are still myopic physicians such as this making sweeping observations about chiropractors based on ignorance and outdated perceptions -- the majority of his Neolithic kind will go the way of the dinosaur (etc., the usual stuff)." Actually, this kind of phrase-slinging false bravado says more about the immaturity of some chiropractors than it does about the ignorance of some medical doctors.

You see the same kind of self-conscious insecurity manifested when chiropractors en masse overreact to some sort of trivial quip in a TV sitcom, perhaps something akin to the daily media barbs which medical doctors and attorneys routinely absorb and even enjoy. They don't seem to feel the need to hold press conferences or launch letter writing campaigns that would demonstrate to the public primarily their lack of a sense of humor, and the thinly-veiled fear which skulks behind that. The ability to take at least modest pleasure in being kidded is a healthy sign that a profession is alive and well. We can't keep acting with the affective comportment of a profession that isn't fully established, and simultaneously expect to be taken for one that is.

I might note in passing that the "Neolithic" medical doctors who are consumed with fear and loathing of chiropractic, are no more likely to disappear than the "Neolithic" chiropractors who howl with derision at the Mercy Guidelines and appear to misunderstand the conclusions of the RAND reports. These dumb-like-a-fox cave chiropractors pretend to mistake a necessary movement of modernization for an alleged "medicalization of chiropractic." How parallel indeed, that some medical doctors would see chiropractic participation in the ABS as a similar process of contamination. Professional xenophobia is always the last resort of those who either cannot or will not grow with their times: "Give me that old time religion, it's good enough for me" -- if not for the patients. There's no point in heaping abuse upon those who self-marginalize; it only adds to their stature. Even though the environment is changing, any dinosaur retains the right to lay its own egg.

The chiropractic correspondent goes on to lament that "the critical- -of-chiropractic doctor would have likely learned or contributed little to an ABS meeting with such a closed mind." Dr. Swartz, by comparison, extends the doctor a personal invitation to attend the next symposium and offers a complementary registration for the entire program. The difference in approach is quite revealing.

I hope that chiropractors see the ABS not as an organization in which they are allowed to participate, but rather an organization which is theirs as much as anyone else's. This would be all the more appropriate because the ABS itself already sees things just that way. This is not a privilege that anyone has extended to them, but a right they have claimed as an effective player in the back care profession.

The next meeting of the ABS is May 19-22, 1993, in Buffalo, New York. "The Industrial Back" will focus on issues related to injured workers. Like last year's highly successful winter symposium in San Francisco, "The Industrial Back" symposium will differ from previous meetings, with much greater emphasis on workshop presentations that allow registrants considerable opportunity for interaction with the course instructors. These workshops cover a vast array of clinical topics, presented by medical doctors, osteopaths, chiropractors, physical therapists, and attorneys. All ABS faculty are recognized authorities in their fields.

To receive a complete program for the Buffalo meeting, or to contact the ABS for any other reason, you may mail, phone, or fax to: American Back Society, 2647 East 14th St., Suite 401, Oakland, California 94601, Tel (510)536-9929, Fax (510)536-1812.

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