Dynamic Chiropractic

PHILOSOPHY

Destroying Unity

DUPLICATION IN YOUR OWN IMAGE

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Unity is not always an easy thing to accomplish. Whenever two or more people come together there is always the possibility of disagreement. It all depends on what the agenda is of the individuals involved.

These two people first must learn how each other thinks, and what the other believes. Then they can discover where they agree and where they don't.

If an issue is not of great importance to one or both, they can disagree and still have unity. This can only happening, as long as both individuals refrain from trying to dominate or control the other.

Once these two people discover an area of disagreement that is of great importance to both of them, there are some choices each must make. If the issue does not necessarily call for action by either party, they can agree to disagree. This can only be accomplished if they put the relationship ahead of the issue.

Ultimately, if the issue is so important that it must be addressed by each, then as long as they continue to communicate, there is still a chance for unity. This opportunity for compromise (consensus) is very important: once one party refuses to be involved, it ends.

The chiropractic profession has its own way of destroying unity.

It is called duplication.

This has been the solution of choice in most cases of disagreement for almost one hundred years:

If you don't like what your state association is doing, just create a new one.

If your national association is not everything you thought it should be, just create a new one. Or better yet, drop out altogether: create a non-association of apathetic chiropractors.

Whatever you don't like or disagree with, don't stay involved and whatever you do, don't continue to communicate. You might learn something from someone else and ultimately compromise.

This destruction of unity by duplication has been happening for a long time. Fortunately, chiropractors in Japan, Australia, Arizona, Colorado, Michigan, Oklahoma, Washington, and elsewhere have begun to reverse this trend. They have recognized first-hand the destruction that duplication can cause.

Recently, The American Chiropractic Association (ACA) and the International Chiropractors Association (ICA) have been working together on more issues. They have chosen to seek consensus wherever possible. This may one day lead to a type of federation or perhaps even a unification of the two organizations.

The latest expression of unity occurred at the Mercy Center Conference (please see "Consensus Works!" in the February 28, 1992 issue). This was a time of unity of purpose, sharing of ideas and compromise for the best interests of the chiropractic profession (please see "An Honor and a Privilege" on page 4 of this issue).

Soon the proceedings from the Mercy Center Conference will be available for the entire profession to examine. Yes, probably no one will agree with all 304 recommendations. Yes, they are imperfect, incomplete, and will require constant updating. But they are the beginning of practice guidelines broad enough for everyone.

But wait, this is the chiropractic profession! Surely someone or some group will feel the need to create their own practice guidelines, if for no other reason than the opportunity to feel powerful. Or perhaps it's to ensure that their voice is heard as a soloist, apart from the harmonies that are being sung.

It is almost a sure bet that some group will attempt to ignore the three years of work, cosponsorship by every major chiropractic organization in North America, the incredibly broad spectrum of viewpoints represented by the 35 participants, and the importance of this profession speaking with one voice on such a critical issue. But why?

If it does happen, will you be duped by the spurious thinking that chiropractic needs "diverse opinions" in the area of practice guidelines? Could anyone possibly convince you that the consensus process didn't work? Will you accept that the power of this profession creating its own practice guidelines (instead of government agencies or third party payers) needs to be diluted by alternate guidelines?

Think not? Do you actually believe that no one in their right mind would want to destroy this most important effort with another attack by duplication?

How else does a recurring nightmare appear?

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