

We Get Letters

Getting Serious about the Science of Chiropractic

Dear Editor:

For all its 96 years, chiropractors have insisted that chiropractic is a well-developed science. Old Dad Chiro claimed that his clinical practice and patients' results had "proven" his theories.¹ B.J. Palmer claimed that his neurocalometer was "the most valuable idea that has ever been given by man for man in the history of the world,"^{2,3} and based his claims on unpublished experimentation. Scientifically unsubstantiated claims-making by chiropractors in recent years,^{4,5} seems no less extensive than in the profession's earlier history.

Most recently, the ICA has announced that it has "no higher priority" than to convince governmental policymakers of:

"The compelling scientific record supporting the effectiveness and appropriateness of chiropractic care for a wide range of conditions."⁶

What purpose does such fantasy rhetoric serve? Does the ICA really believe this delusion? Does the chiropractic profession believe that if we insist on the scientific validity and effectiveness of chiropractic care often enough, the data will somehow spring into existence? Or, do we think we can bluff our way through the policy-setting process, and that we will not be called upon to present the imaginary "compelling scientific record"?

After nearly a century of such nonsense, we continue to be the step-children of the health care industry. When will we get serious about a science of chiropractic? When will we stop pretending?

References

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3. Keating JC: Introducing the neurocalometer: a view from the Fountain Head. Journal of Canadian Chiropractic Association, 35(3):165-78, 1991.
4. Keating JC, Hansen DT: Quackery vs. accountability in the marketing of chiropractic. Journal of Manipulative & Physiological Therapeutics, accepted for publication June 1991.
5. Keating JC: Traditional barriers to standards of knowledge production in chiropractic. Chiropractic Technique 2(3):78-85, August 1990.

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Joseph C. Keating Jr., Ph.D.
Sunnyvale, California

"Flim-Flam Philosophy"

Dear Editor:

In the last issue, Drs. Fred Barge and Chester Wilk followed D.D. Palmer into the past by defining the chiropractic profession as non-therapeutic. These gentlemen will always have my gratitude for their selfless service to our profession. However, to respond to Dr. Wilk's question, "So what's the problem?" I would say that such obtuse word play by our leaders is a problem. I refute the cowardly notion that our doctors use treatments that are not therapeutic. The idea that chiropractors do not treat ailments is frivolous. Dr. Barge stated these things because he believes that we must have a unique lexicon to survive as a profession. I think inventing words to obscure the truth is lying! No wonder we have a poor public image!

Let us not banter about terminology. Either we have sound theories supporting accurate differential diagnoses leading to appropriate rationale for treatment of a patient and the patient's disease (not dis-ease) or we are at best lucky shaman healers whose incidental joint cavitations free unseen mystical forces. If the latter, quacks and hucksters would be worthy titles! Either we speak the language of science and survive on the merits of our service, or we fade, and justly so. Either we survive as a profession of excellence or we return to our past of flim-flam philosophy, polarity, and ethers.

Chiropractic is a profession of capable primary health care providers. It is not a treatment methodology defined by its dead founders. Today's chiropractic doctors primarily use manual and natural approaches to the treatment and prevention of ailments. Historically success has come through "adjusting" biomechanical relationships, and so it should fundamentally remain. However, we doctors have a duty to offer more to our patients than "analysis" and "adjusting subluxations."

Chiropractic philosophy guides our scientific pursuit of truth. Our science says that structure designates function and function modifies structure. Ethics then dictate we first do no harm and effect that cycle with efficacious treatment. Such a treatment is determined by the state of the patient, and may or may not be "adjustive." As doctors we should not look down on non-adjustive natural therapies that are proven effective. Nor must we be so tied to the past that we fail to innovate in the realm of natural healing.

Drs. Wilk and Barge, our profession has risen to new responsibilities thanks to the dedication of your generation. These responsibilities place us at the bedside in the sickness and death of every sacred life. In answer to B.J.'s "Limitless innate, limited matter," I say "Limited compassion, limited scope," and he is no model for a real doctor to follow!

As our next generation of doctors takes chiropractic deeper into truth, service, and science, the tired old songs of ADIO must be lost to historians! As our profession grows, our science, expertise, and scope will expand. You old-timers had better get used to it.

Think of this century as the chiropractic adolescence. I think this stage is healthy, and you will be proud of what you have raised.

*Charles Cushing
Chiropractic student
St. Louis, Missouri*

HEAL Loans for Some Equals "Sea of Red"

Dear Editor:

I have followed with some interest, the series of articles in Dynamic Chiropractic about the "crisis" in funding the HEAL program.

While I would agree that it is important to fund health care education, including chiropractic, through the HEAL program, there are some issues which these articles have not addressed. Can we continue to fight for the rights of our students to borrow large sums of money for their education if we don't fight just as aggressively to remove the obstacles that prevent graduating chiropractors from making a living adequate to service this debt?

Chiropractic students do not generally enter a hospital-based residency program where they are paid a wage like medical students. Chiropractic students do not leave residency programs with a ready-made referral base like most medical students. In fact, chiropractic advanced education and specialty certification is often entrepreneurial in nature with inadequate oversight by any educational body and something for which we pay dearly.

In the office where I work, we have both a chiropractic and medical physician. It is a rare week that goes by when the medical physician doesn't receive an inquiry from a hospital or agency offering a six-figure salary with interview and moving expenses, to settle in some quiet rural community.

The offers in my mail usually invite me to spend large sums of money to gain the "secrets" of a million-dollar practice or the latest technique for the subhuman condition taught by Dr. Maumbo Chicken. Sometimes I get the feeling that as chiropractors, we are worth more as consumers than health care providers.

Our clinic sees a mix of insurance: Medicaid, Medicare, and personal-pay patients. The medical doctor in our office does her job and reasonably expects to be paid by all of these third-party arrangements. On the other hand, the state of Kansas will not pay for "any services performed by a chiropractor" under its Medicaid program. The limits on chiropractic care under Medicare are so familiar that they don't need to be discussed here.

We recently began looking for a second medical doctor to work in our clinic. When a young resident showed some interest in joining our staff, we discovered that because our area is designated as "medically underserved" he could work two years in our office and have two years of his student loans forgiven by the state of Kansas. But wait, I see some of those same "medically underserved" patients. I have worked in this "underserved" part of the city for five years and not one dollar of my student loans have been paid by anyone but me. I've never heard the ACA, ICA, or the Kansas State Association propose a plan to address this inequality, but they do regularly solicit my membership dues.

The medical doctor at our clinic has hospital privileges at several hospitals, but there is no hospital in Kansas City granting privileges to chiropractors. One hospital paid our medical doctor's student loan payments for a year to attract her to their facility.

Even though medical and chiropractic physicians have the same 50 hours per year requirement for continuing education, almost all of the medical doctor's continuing education credits are received at reduced rates or free because of her hospital affiliations. The Kansas Chiropractic Association works hard to provide the state's doctors with quality educational programs at a reasonable cost, but one can expect to spend \$500 a year plus expenses securing the required 50 hours.

When I was in college, it was a regular event to mail letters to our congressmen/women concerning the threatened cutoff of funds to the HEAL program. It was also a regularly observed phenomenon that tuition increases followed congressional refunding of the HEAL program. I was never asked to write anyone concerning an issue that might make it easier for me to repay the loans I received.

While it is true that the HEAL program has made it possible for many of us to go to school, it has also left many in a sea of red ink and easy plucking for the hucksters and sharks of practice management, slave labor, associate situations, and anyone else who claims to have a way out.

It is not enough to fight for the right of our students to borrow money for their education. We must seek to insure that the playing field is leveled so that as practicing chiropractors, they are not prevented from earning the income that allows them to service the debt incurred by their education. To do less will guarantee the continued high rate of default which will eventually lead to exclusion from the HEAL program and chiropractic education for the few and the rich.

The Wilk victory was an important victory for our profession. we must not bask in the glory but commit ourselves to securing the future of the profession by fighting for the removal of barriers that limit our practice and our future.

*Terry J. Nelson D.C.
Kansas City, Missouri*

Nixing "Anecdotal Ramblings"

Dear Editor:

I read with great interest the open letter to the profession authored by George P. McAndrews, Esq. For years I have watched as my fellow chiropractors continued the anecdotal ramblings that characterized our profession fifty years ago, and for some reason continue today. Mr. McAndrews said what I feel in just a few short paragraphs.

Why do we persist with such rhetoric? Why don't we, as a profession, grow up? The public is ready, in fact, eager to accept us, but we continue to be our own worst enemy. I have an excellent rapport with the medical community in my town, and it comes from 16 years of hard work in a practice based on fact and not unsubstantiated claims. If we want the respect of the medics and the public, then we must become a responsible profession.

I am a chiropractor and very proud of it. I don't care if they call me a "chiropractic physician" or not. It's not important. I do care that the public seems to conjure up negative images when they hear the word "chiropractor."

Thank you, Mr. McAndrews, for a most adequate diagnosis for our profession. Let's hope that the rank and file will now take a good look at themselves and help clean up our act.

R.D. Akers, D.C.
Cleveland, Tennessee

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