

We Get Letters

Authority of All that Is Chiropractic and Holy

Dear Editor:

I also saw those wonderful advertisements on how you too can have a chiropractic cattle ranch and herd 1200 patients through your office in a week. Reading the response from the doctors involved (Dynamic Chiropractic, "We Get Letters," July 17, 1992), it was easy to identify the "narrow-minded" practitioners they were really talking about.

Obviously, these "enlightened" men know more than I about the practice of chiropractic. For instance, I did not realize that time had nothing to do with the quality of care. I also didn't know that doctors of chiropractic are in reality technicians of innate and potential. I was not aware that I am not "disciplined" (use a stop watch), "focused" (wear blinders), and use "specific procedures" (whatever that means). I did not know that these Great Spirits" were on a noble crusade to enlighten my world and fellow technicians of the "Great Light Switch" (GLS), and that this GLS has enabled man to "heal itself from almost every condition known." I failed to remember that according to the final authority of all that is chiropractic and holy, one minute is optimal for patient care. I am so ignorant. What a mediocre mind am I.

I was unaware of some of the latest research that these two doctors were using in their response. I had no idea there was a "mini-micro nuclear explosion" that occurs with the adjustment. Is it the real cause of the audible we hear? Nor, that adjustments were directly responsible for man "healing itself from almost every condition known." Further, how do they measure the degree that the GLS is on or off; is there another machine or tool to buy or do they have special "GLS" hands?

Again, if we just narrow our thinking so we don't have to think while treating patients, how much easier practice would be. The blinders of philosophic practice management frees our mind to truly contemplate or focus on innate, potential, life forces, and different aspects of our theosophy. We would be freed to evangelize our community for GLS bringing others into the fold.

It is this type of use of philosophy/management techniques that gives this profession a black eye. I find myself ashamed for my profession when I defend it from a patient that was herded through, brainwashed, used, and finally disillusioned with all chiropractic care because of philosophically driven practices.

I wonder what these doctors (technicians) bill for their one minute of GLS tuning. According to the new CPT coding, these technicians should be using 99211 that does not require the presence of a physician, minimal problems, and less than five minutes. With the philosophical mentality displayed from their written response, I figure it's worth maybe \$2.50 per patient.

If we truly saw a great deal more patients than we do at present, we would be making a greater impact in the health care field. This impact would be due, not to the sheer numbers we treat but to the interaction that would occur with others in the health care field and the success that we achieve with our patients. I do wonder what list we would be at the top of if we all saw (herded) 1200 patients a week. I doubt chiropractic would be at "its rightful place, at the top of the health

care delivery system" list. Maybe something along the lines of "top ranchers of the year."

Ronald Wilcox, D.C.
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The Necessary Tools

Dear Editor:

Dr. Fred Barge's recent column, "Chiropractic Paranoia and Insecurity," (Dynamic Chiropractic, July 17, 1992, page 37) attempted to relate the poor self-image and insecurity which many chiropractors feel toward improved educational standards and faculty at chiropractic colleges; this is an absurd argument.

Allow me to comment from my perspective as a student at the University of Bridgeport College of Chiropractic. First of all, Dr. Barge states that problem originated when "we were told we needed instructors with master's degrees and Ph.Ds to teach the basic science subjects," with the result being that these scientists "introduced their own perspective of our science to our students."

Dr. Barge assumes that a graduate-level scientific education precludes an understanding of the underlying rationale of chiropractic. That is a doubtful premise at best, but it is, in fact, irrelevant. For example, it is not my anatomy professor's task to teach me chiropractic. It is his responsibility to teach me anatomy. Such an educator would necessarily be an expert in all aspects of anatomy, not just those relating to clinical issues. This teacher should be capable of answering all of my questions about the subject, and to raise and answer the questions I haven't even thought of. The same holds true for my other science subjects, from physiology to biochemistry. And the fact of the matter is the person who will best fit that requirement will most likely have proven it through his graduate education and degrees.

Secondly, Dr. Barge seems to think that a well-rounded, scientific education will hamper my abilities as a chiropractor and that it will undercut my belief in chiropractic's efficacy. He suggests that what I need is an education in the esoterica of chiropractic as it was taught before the 1960s. While there are aspects of chiropractic which are currently (and may always be) inexplicable by rational scientific models, I do not need indoctrination into a spiritual belief system to be a confident, effective chiropractor. My spiritual beliefs are my own, thank you.

I have already seen chiropractic work. I know that it works. What I need from my education is the knowledge and intellectual skills necessary to understand the rational aspects of why chiropractic works, the psychomotor skills necessary to deliver chiropractic treatment, and the communication skills necessary to educate my patients.

The more I know the better I will be able to fulfill those mandates of good chiropractic. As a doctor of chiropractic, my knowledge of the human body and its chemical, biomechanical and other mechanisms will match and exceed that of a medical doctor. Most importantly, I will have the advantage of a thorough understanding of a therapeutic system which uses the body's own resources to generate health, the most powerful curative agent there is.

Poor self-esteem? I doubt it, Dr. Barge. I am attending a school which has assembled a highly-educated, knowledgeable, and skilled faculty, not just in chiropractic, but in all of the life sciences. Thus, I have ensured that I will have the tools necessary to help chiropractic successfully evolve from its roots in the 19th century, to its future in the 21st century.

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Wishful Thinking vs. Reality

I read with interest, Dr. Joseph Keating's "Letter to the Editor" in the June 19, 1992 issue of *Dynamic Chiropractic*, regarding George McAndrews' opposition to "subluxation, the silent killer" advertisements on hospital bulletin boards. My interest stems from fond memories of conversations I have shared with Dr. Keating in the past. Dr. Keating is a thoughtful, insightful, intelligent individual whose comments are always worthy of reflection. This reality is not diminished as I compose a letter in disagreement with Dr. Keating's opinion in opposition to that of Mr. McAndrews.

I rather agree with the position espoused by Atty. McAndrews, that such advertisements are inappropriate.

I readily admit the obvious, that my general opinions on this subject are not shared by all my colleagues. My profession has been and remains factioned along philosophical lines, a self-evident truth to anyone in the extended chiropractic family. The two large camps disagree on questions of great import to the future of chiropractic, questions not easily encapsulated here. I would submit that one camp is attempting to define chiropractic in terms familiar to the large majority of health care professionals and the public. The other takes a more conservative and traditional stand as it attempts to define chiropractic along lines espoused by B.J. Palmer, a definition difficult to understand or accept by providers of other healing arts.

Currently, chiropractic is both of these, and neither. Our identity, both within and without the profession, is clouded by this duality. Herein lies the largest obstacle to the growth and spread of chiropractic and to its utilization as a primary health care method. If we are to become mainstream, if we are to take our place as an obvious option for sufferers, then we must make choices; we must make compromises.

No doubt, most providers understand the not-so-easy-to-describe nature of chiropractic, that it can be and often is a method of relief from many conditions, not just those musculoskeletal conditions caused by no other apparent dysfunction except the ill-defined "subluxation."

We were introduced to this difficult to describe truth in "Chiropractic Philosophy" classes in college. In addition, any chiropractor in practice for more than one year has witnessed this reality. After patients have been failed by traditional medicine, the deaf hear, the blind see, the incontinent, the irregular, the bed-wetter, the snorer, the headache sufferer, the diabetic, the infertile are relieved. However, not in every case; not even in the majority of cases.

In an attempt to convey the broad nature and power of chiropractic to the public, we have not yet developed a body of compelling evidence. Our "proof" that chiropractic, through the reduction of subluxations, is a method of general health care amounts to nothing more than anecdotal.

However, we have convincingly indicated that chiropractic is a legitimate method of care for musculoskeletal conditions. We have given our medical brethren reason to refer patients to us who are suffering from such conditions. With chiropractic on the verge of broad acceptance, it is inappropriate for any reasonable chiropractor or member of the chiropractic family to press the

conservative position.

For all the import given the "subluxation" by chiropractors, it remains a topic not discussed between people of science or reason at this time. I suspect that as mainstream health care becomes familiar with chiropractic, when medicine and chiropractic are so friendly that an MD and a DC can discuss openly a reality where so many conditions expressing real and obvious symptoms and signs seem to have no apparent or definable cause, then the chiropractor can appropriately propose that maybe such a condition is caused by "subluxations" of the spine and that a "subluxation" can be reduced if the spinal column is "adjusted." But at no time in the near future will any chiropractor be taken seriously if the subluxation is referred to as a "silent killer."

I realize that much of my writing here flies in the face of traditional and academic chiropractic, and that as such it may be a source of anxiety to most members of the chiropractic family. However, I am confident that most "reasonable" members share at least some of my opinions. Perhaps most see the logic and the reality, but would be uncomfortable stating so in public because of the chiropractic theories taught us in philosophy classes. I know this because I feel somewhat like a "traitor" in writing them here. But after three years of practice and a certain amount of real life experience in dealing with the public, legal, and medical professionals, I have come to these understandings. I would hope that I am among the mainstream of chiropractic professionals today.

There will come a day when reasonable medical providers conclude that something is missing from their diagnostic and treatment regimens. Some do already. However, I believe that a great deal more association with chiropractors will be required before this reality strikes home, in keeping with the "hundredth monkey" theory. Posting messages on hospital bulletin boards that proclaim subluxations to be "silent killers" will be absolutely inappropriate and self-defeating until that time arrives.

With respect, I submit that philosophy is not an appropriate basis on which to build interprofessional relationships among members of healing arts so different in their approaches. More importantly, it's not an appropriate basis on which to offer our services to an educated public. Whether subluxations are "silent killers" or not, espousing such unsupported beliefs in such an inflammatory manner is inappropriate and damaging to our fine profession. Dr. Keating's position represents wishful thinking. George McAndrews' position represents reason and reality.

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