

CHIROPRACTIC (GENERAL)

## Straight Observation: A View from the Outside

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Recently I authored my view of the Mercy Center proceedings which was published in many state and national chiropractic trade journals. I reported to the profession the fairness in which the outcome was achieved. I also praised the 35 member commission for its incredible accomplishment.

Now, unfortunately for most DCs, a few are trying to spoil this great accomplishment and alter the positive course of history for the entire chiropractic profession. Even more distressing is the fact that these few, who were invited to be members of the Mercy Center Conference, are leading the charge to discredit and misinform the profession of the contents and the ultimate goal of the Mercy Center proceedings.

One now outspoken critic, a SCASA college president and Mercy Center Commission member, had his chance to speak for or against every proposal. He chose to be silent until the waning hours of the final day. Why? He had the same opportunity to speak on each and every issue and with the same velocity and attention given to Drs. Clum or Gregg on the far right of the room, and Drs. Triano or Sportelli on the far left of the room.

Now comes the solution. The Wyndham Conference. Right? A possible ICA rewrite. Right? The Sid Williams Conference. Right? Now the government will have a clear understanding of the difference between straights and mixers. Right? The insurance companies will finally be able to choose whether they should reimburse the techniques and procedures of one part of chiropractic, or all of chiropractic. Right? And, of course, the legal profession will be quietly disarmed because each faction will now have clear and distinct guidelines in which to defend from these circling vultures. Right?

Rumors abound. Perceptions gone awry. The live and let live architects interpreting for the whole profession that the disease carrying contents of the Mercy Center Guidelines will surely bring AIDs related outcomes to every practicing DC unless a vaccine is quickly produced.

## It's amazing.

Somebody finally gets off their duff and does something incredibly positive, which includes every aspect and philosophy of chiropractic practice, and then the fencers jump off and cry foul! This reminds me of my days on Wall Street when all the doomsayers, bears and shorters would cry foul when the market moved ahead in the face of uncertainty and financial doom and gloom. Do you know what fuels those markets?

Fencers. Those who can't afford to lose a lot, but are willing to risk almost everything on a long shot: the fencers. You could almost smell a turn in the market, all the fencers jumping off. This is it, they're going to hit the big one!

Yes. Out of fear that one may have missed an opportunity, the fencers, a.k.a. the sideliners, decide to jump in the game. Before you know it, several well represented associations may be forced to the sidelines after playing out several rounds due to pressure from a tiny minority of their members

(their investors) they will cut their losses and join in the march toward doing nothing, not taking a stand (saving principal) -- saving face.

There is only one enemy to chiropractic: the enemy within.

Let's imagine there is only one dictionary, and we all interpret the definitions exactly the same. Wow, what a dream! Can you imagine? Whatever we read or heard, we'd all arrive at the same understanding. What a profound thought!

Regrettably, such wonders only exist in fiction and Tinseltown. It's an undeniable fact: We all possess our own internal dictionary. Each of us interprets what we hear and read from our own perspective. What we think we heard may not necessarily have been the message intended by the speaker. But without the benefit of the speaker's lexicon (intent or meaning from the speakers perspective), each listener will interpret according to their own language.

This applies equally to the written word. We form opinions based on interpretation of what we read. "Yeah, but that's what so and so said." "So," you reply, "but that's not what so and so meant!" How many times each day do we hear this argument? If we didn't all interpret a little differently, the editorials and letters to the editor sections of newspapers and magazines would be relegated to additional space for comics.

Could it be that 48,000 chiropractors might each construe the Mercy Center Guidelines in a different light? Is it possible that the 35 members all "believed" what they approved was the "same understanding" of the outcome of each of the more than 300 topics covered? And wasn't it also likely that with all of the incredible innate understanding gathered at the Mercy Center Convent in January, that the intention of the conference was to begin a process?

This process would be ongoing, a continuum of improvement from the original document. I was there doctors, CA's, ladies and gentlemen, and that was the stated and overwhelming intent expressed openly by each and every member of the conference. Anything being told to the contrary is an outright misrepresentation of the goal and the facts of this \_first\_ of many congresses that will be formed to update the original Mercy Center Guidelines.

I was personally involved in the process of distribution of the document by providing a marketing plan to the Advisory Board (formed by the commission prior to its dissolution), chaired by Dr. Gerard Clum. The board's task was to disseminated the guidelines in an efficient and cost effective manner so that every licensed DC could read, evaluate, publicly express opinions, and have input into the next conference, i.e., be the final judges as to its acceptance.

Without overwhelming profession-wide support, the guidelines will be subdued. Other practice guidelines will be offered and the profession will languish, mired in continual in-fighting, and miss the opportunity of a lifetime. Unity through consensus practice guidelines.

Soon every U.S. licensed DC will have a copy of the Mercy Center Guidelines to read and evaluate, FREE of charge. If it were the intent to deceive, to orchestrate some form of slam-dunk, non-contestable set of practice guidelines by some renegade group of chiropractors, then why give a FREE copy to each and every licensed U.S. chiropractor? Why ask for their opinions? Why present the guidelines to the ACA, ICA, FCLB, state associations, and others in the profession for their endorsement or rejection?

Why all the openness from one group and the hypocrisy and deceit from another? Where are the results of the Windham Conference? Why aren't draft copies available for review? Isn't it the goal of the profession to have acceptance as a mainstream health care provider? Chiropractic as a

legitimate profession? Chiropractors as legitimate health care practitioners? Doctors of chiropractic acceptable to all insurance carriers, HMOs, PPOs, other managed health care providers, the government and the public?

Yes. There are openly admitted flaws in the Mercy Center Guidelines. There were items that were not covered by the commission, such as nutrition. But this was not in some hidden agenda. Some items were openly, and admittedly, left to another commission. Many of the more than 300 topics covered in the guidelines demanded higher ratings, but given the evidence presented and the structure of ratings as accepted by all of the commission members, the necessary evidence to garner a higher rating wasn't available, presented, or could not be found.

There. I feel better now. The fact that this document is not perfect is now public.

There are several things I love: one of them is the chiropractic profession. The position I have taken is based on my personal belief, not because my vote was bought. I believe with all of my heart and innate feelings that what I have chosen to endorse, the Mercy Center Guidelines document is what is best for the long-term health of the chiropractic profession. No amount of money could ever buy my endorsement or vote on an issue I truly didn't believe in.

The Mercy Center Guidelines are not perfect, but they are a beginning. A united beginning that every chiropractor can start with, as you will see when you receive your copy. That's why there really are only two ratings: positive (or acceptable); and negative (or \_not\_ acceptable). Negative is a negative and nothing short of a breakthrough could change a negative rated topic to a positive one. But a positive rating is positive no matter what level of rating it was given.

What's important is that any positive rating can achieve the highest possible positive classification. Upon producing the appropriate class of research required to substantiate the higher rating, presentation of this new evidence at a subsequent commission will validate the need for an increase in the level of the positive rating. This will initiate and sustain a process of ongoing improvement for the profession. All practitioners can and should bring their questions forward. Challenge the guidelines in the form they are presented. Bring forth new evidence, overlooked research, and peer reviewed and refereed journal writings. This was the intent. This is the stated goal. This is what the Mercy Center Commission was all about.

Is it too much to ask that each of you review the document yourself? Construct your own opinions based on your own interpretation? Write your own summary from your own perspective?

I did, and it is my point-of-view. NOT someone elses. I'm glad I have the freedom to stake my claim. I'm proud of my choice because I believe the Mercy Center Guidelines are what is best for the chiropractic profession. It is subject to upgrading and improvement, and that was one of the most critical requirements I would have expected. It isn't perfect, but then again what is. It is the first step toward a consensus set of guidelines on the practice of chiropractic, a step closer to a dictionary where all the definitions are interpreted the same: a step closer to unity.

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