

Chiropractic, Tear down the "Renegade Few"

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In chiropractic, a "renegade few" are currently fouling the very foundations of recently gained public trust and approval, as well as their, and our reputation, while our country's political power basis ferments toward trying to meet the people's health care needs. Without integrity, toward a firm involvement in policing our indulgences, unaffordability will be rightfully used by authorities to pass chiropractic by as a serious contributor in future health care plans, regardless of the RAND study and other research proving chiropractic's effectiveness.

I have learned from a chiropractor in a state of 442 practitioners that \$9,000,000 was billed to their Medicaid division during last year. Eighty percent of that total amount was submitted by 20 chiropractors. Two offices billed for a total of \$1,700,000. These and other releases have made very black headlines in newspapers across the country, and will be detrimentally pivotal in future chiropractic legislative efforts. How could we possibly believe otherwise?

Such headlines alert with rancor, the minds of public officials, insurance companies, legislators, and our own chiropractic leaders who have negotiated so adroitly the recent considerations of inclusion and acceptability of our professional offerings.

While these shameful, embarrassing, and perhaps criminal practices are making our professional credibility a comic consideration and a target for official redness, the chiropractic rank and file stand mesmerized and inert "in division" while many refuse to consider that the dream of "one cause one cure" is greater than its reality in today's rapidly changing culture.

Or of equal trouble, we allow ourselves to be divided in argument that the chiropractic technique for vertebral repositioning is defunct, because we cannot convincingly prove the lineal movement of a bone. We fail to recognize that the lack of technology for such minute anatomical measurement cannot erode the confirmation of such movement in the face of an avalanche of other involved criteria.

Another faction stimulates our irritation: considering that since the body is integrated around or within an electrical field, a treatment can be applied with electrical modalities. And many additional divisionary distractions are evident throughout our profession.

In believing these differences are "untenables" in our own personal conception of what chiropractic ought to include, we let them divide and paralyze our efforts toward organizational unity. A unity of majority that could effectively, and with "chiropractic representative consensus" initiate a policy of reasonable, but firm enforcement toward ethical responsibility and accountability. A national unified front for attending our professional affairs with resolve.

Certainly we all recognize with appreciation our chiropractic heritage, which of course was established upon a foundation of "one cause, one cure" philosophy. However, in our current artificially oriented rapidly changing society, with new degenerative diseases racing toward irreversibility, is it really that simple?

The straight chiropractors of 80 years ago adjusted a patient who lived a life style that included

exercise, wholesome non-altered foods, fresh air, and hard physical labor, to consider only a few differentiations from today's indulgences. In 1925, only 14 percent of our population congregated in cities, with the remainder living in the country. Today those statistics have primarily reversed.

The early chiropractic patients manifested many wholesome, balanced, physical and psychological systems essential to wellness when they entered the chiropractor's office. Being involved in very heavy physical labor, they suffered spinal subluxations from excesses of lifting as well as a variety of other structural damaging habits.

Skilled chiropractors laid on their hands and miracles were commonplace. They expected them, and in fact became accustomed to them. The early chiropractic approach was of course singular and toward the restoration of nerve supply, the patient's primary need of that day.

Most patients today enter our offices with increased numbers of subluxations, due to an ever weakening sedentary oriented life-style, and experiencing multiple system imbalances. Our rapidly changing culture moves us away from our soil roots, encourages inactivity, excesses, family separations and other stresses, to name a few. A recent survey of Saturday morning "childrens' market-oriented television commercials," revealed that out of a total of 252 offerings for ingestion, only nine qualified as food by FDA standards.

Spinal adjustments are indicative in most every case we attend, and can in fact be the singular and conclusive therapy in a large number of them. However, since there exists a wide range of variation in the type of practice and illnesses attended by chiropractors, is it not reasonable to consider that some may wish to utilize adjunctive therapies in their treatment scope, of some cases, in addition to spinal adjustment, particularly since many have pursued special training in and out of college for that purpose?

Chiropractic's available wide range of numerous techniques and methodologies constitute a veritable storehouse of preparedness in meeting the needs of treatment and prevention in today's patients, with their weakened boney structure, and altered physiology. Certainly, from a "find it, fix it, and prevent it" standpoint, we are a very qualified healing discipline, and one to look to with pride.

Should we continue to deplete ourselves through ideological frictions, and continued division, while allowing circumvention of prudent professional ethics? Today's health care circumstances will demand that government authorities address those flagrantcies of the few, and enforce their restraining decisions on the many. And those chiropractors who defend professional denigrating practices by medical comparison are naive to the distinct differences in political strength and credibility of the two professions.

Fellow practitioners, are such boundless and far reaching benefits for our brothers and sisters, and yes for ourselves, to be scuttled because of our personal need to "consider" only our own exclusive chiropractic concept during this critical time of "to be or not to be" included as a separate entity in our current health care system? Numerous professional dichotomies, however individually confirmed, lend little strength and much delusion to a legislator trying to find reason and power for persuasion in our support.

While speaking with Dr. Fred Barge at Logan College where he was guest speaker, and may I interject with familiarity, Dr. Barge exercised an unusual and unique gift of which our profession can be justly proud. From a chiropractic family with a long and distinguished heritage, a learned and able author with published works in authoritative contention in several chiropractic and

medical colleges, this man is indeed rare, and one whose views deserve consideration. The following is his sincere concern.

He said, "Doctor, I am frightened that our beloved chiropractic is waning in the fierce contention that has brought it in the face of disbelieving and powerful odds to generate through public benefit and acceptance academic institutions such as this one and others. Ours is a unique and separate healing art. It's tried and proven methods are being washed aside in substitution for questionable and unproven techniques."

And of another opinion, with equal seriousness, knowledgeable chiropractors using a wide variety of "adjunctive" modalities in successful treatment are frightened that chiropractic shall be "left behind" in the wake of a simple "one cause one cure" advocacy. And a pharmacologically minded chiropractor spoke seriously in his opinion to decrease pain while using spinal adjustments to remove cause. Without this modern inclusion he felt that chiropractic was doomed to the shores of inactive antiquity. All of these different methodologies utilized chiropractic adjustments as their fundamental therapy, and all were seriously concerned with its preservation.

It appears evident that the "continuous disagreement" of these various factions are predicated on their honest and sincere "different belief" of what is essential direction for the survival of our profession. It is this "disagreement," and not the "different beliefs" that prevents a unified front! Don Petersen, editor of this publication has repeatedly editorialized on unity with a difference, and earns our thanks.

Doctors, less we conclude that we have already arrived, hear the wise words of Dr. Henry Dodge of Virginia, after 30 years of legislative leadership activity in a letter to this author: "Our practitioners have been rightfully catapulted into high places in their refusal to be consigned to 'second rate passage.' Nevertheless, exaggerated euphoria over our progress could foreshadow decline should we fail to address obvious grievances, since lawmakers, insurance adjusters, and members of the media consider themselves to be caretakers in the interest of the public, and guard their protectorate with zeal."

In conclusion, the chiropractic majority of all organizations can compromise in decision on a national philosophical paradigm that will embrace all our principles and various methodologies, and thus form a "public solidarity" for legislative and enforcement purposes. Without a bold effort toward containing the "renegade few," additional scorn from public guardians toward our profession as a whole is certain. The rationale for unity inundates our whole profession. The need is critical, and while the idea is not new, perhaps its time has arrived, what small forbearance to endure for preservation of our wonderful chiropractic heritage, unity with a difference.

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