

We Get Letters

How Will the Public Know the Difference?

Dear Editor:

"After reading the article in the October 1, 1989 issue of Dynamic Chiropractic, "How Will the Public Know the Difference," it became clear to me that perhaps in the purest sense, the separation between straight and mixed chiropractic has little to do with diagnose vs analyze, etc. On a more rudimentary and sociological level, it may have more to do with who is trying to achieve a level of public acceptance by "parroting" something society already recognizes and accepts (irrespective of its actual value), and who is trying to achieve recognition for something different from what the public already accepts (based on its distinct value).

One of the things I enjoyed about a Renaissance seminar I took a few years ago was Dr. Flesia's discussion on creating a new scale of public perception for chiropractic, rather than attempting to climb the medical one. I see his meaning, in terms of the public's perception, as the following:

Doctor of Diagnosis and Symptom Treatment/Medical Ladder

1. Public's first choice -- the medical doctor (1st class medical physician).
2. Public's second choice -- the osteopathic doctor (2nd class medical physician).
3. Public's potential third choice -- doctor of chiropractic medicine (3rd class or 2+00 class medical physician).

Doctor of Cause/Subluxation Adjustor/Alternative Health Care Ladder

Public's potential 1st choice -- doctor of chiropractic (1st class doctor of cause).

In regard to confusing the public, I think there is nothing more confusing than "Doctor of Chiropractic Medicine." Whether the word medicine be a "generic descriptor" or not, it is not a generic term in the public's perception. It will only serve to divert the public's attention away from chiropractic's actual purpose, and give a fake prestige boost to our profession's "band-wagoners."

If the purpose of our profession's pro-"chiropractic medicine" faction is to make chiropractic more acceptable by looking, sounding, and being more like medicine, then I think for the public's sake, there should be a split in terminology. Subluxation-oriented chiropractors may wish to maintain D.C., but for Doctor of Cause. "Chiromedics" should use D.C.M., but it should stand for Doctor of Confused Methodology.

Some noteworthy individual once said that the opposite of courage in our society is not cowardice, it is conformity. I think all our profession needs is a strong dose of courage, conviction and philosophy. A lack of this is creating the symptom we call chiropractic medicine."

Eric L. Seiler, D.C.
Palm Harbor, Florida

Student/Mentor Program for Sound Business Practices

Dear Editor:

"Several years back, I sold my practice to a young man who, though technically proficient, had little business knowledge. I made sure that before I left him, I imparted at least a rudimentary awareness of sound business procedures. Fortunately I did and he is a successful doctor today.

I mention that story because at the time, I was so appalled that a bright young doctor could graduate from school, get a license, and go out and set up a practice without even cursory exposure to some basic principles on which to operate. I felt then and now that schools that permit such things are like generals who draft twelve-year-olds to fight war. All they are is cannon-fodder, waiting to be mowed down.

I contacted my alma mater and proposed the establishment of a student/mentor program in which senior students are paired with practicing doctors for several weeks. The purpose of such a program would be for the student to learn, in depth, just how a successful practice operates. This would involve a relationship that would require a special kind of candor, for the mentor would have to be the kind of person who could be frank and open about some sensitive subjects such as finances. The student would also have to feel comfortable enough to ask the questions that he needs answered.

The schools must make sure that students are prepared to go out and make their way into successful practice. Since in many cases they are ill prepared to teach practice management, this is the way the students can obtain the knowledge, the mentor can share his accumulated wisdom, and the schools don't have to compromise themselves. This makes us all winners and helps insure our chiropractic future."

Barry S. Herman, D.C.
Gloucester City, New Jersey

FEBRUARY 1991