

## Chiropractor at Heaven's Gate: Conclusion. There and Back Again

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"Then you should say what you mean," the March Hare went on.

"I do," Alice hastily replied; "at least -- at least I mean what I say -- that's the same thing, you know."

"Not the same thing a bit!" said the Hatter. "Why, you might just as well say that 'I see what I eat' is the same as 'I eat what I see!'"

--Alice in Wonderland by Lewis Carroll

What I mean to say about chiropractic to chiropractors is quite painfully true and, furthermore, it must be true because I will say exactly what I mean to say. Before letting this jaw-full fall, let us find the cause of it.

Since 1987, Dynamic Chiropractic has printed the "Country Chiropractor" as a monthly column with assorted tales of this chiropractor caring for people with life-threatening organic maladies -- without drugs. The articles themselves are certainly not the cause of what I am preparing to tell you, but as a group they make a case for an older, more important classification of chiropractors, more important than the choice of mixer or straight, ACA, ICA, or FSCO.

For three years this column has highlighted the issue of critical care by a chiropractor. The issue of mixer, straight, or neither was ignored in preference to the much larger issue of finding the boundaries for the chiropractic paradigm for health care. By caring for patients in a rural setting, it became possible to find the limits of chiropractic care, and I must say that I have not yet found them. The experience of practicing chiropractic "against the wind" of traditional health care brings the strength and weaknesses of chiropractic to the fore. That wind blows much more violently when you care for a simple fracture, a phlebotic blood clot, a stroke, a coronary infarct, a childbirth, and so on. As the risk increases, so does the need for chiropractic care.

Certainly there is great risk to practice chiropractic from birth to death, but the risk is not inherent in the practice of chiropractic; it is inherent in the living of life. Many times during the course of treating one of these wonderful country folk, it was prove or perish for me, as often as it is for my patients. This seems a fair balance to safeguard the welfare of the patient. The adjustment or course of care had to be appropriate, or both the patient and the doctor would suffer. For example, never during the course of my practice has my license to practice been more seriously in jeopardy in my mind than it was while I cared for Verna as she died. If you read the previous three parts to this column, you now know that the threat was far less than I had anticipated. But the threat nonetheless sharpened the practice of chiropractic.

Even excluding care for the dying patient does not take the risk out of chiropractic practice. Ironically, I did ultimately lose my license briefly in an incident that had nothing to do with the practice of chiropractic. One day last summer a letter arrived from the honorable Oregon Board of

Chiropractic Examiners that dramatically and irrevocably demanded I stop practicing chiropractic and return my license to the board immediately. It appeared that they did not receive my annual licensing fee and there was some question of the adequacy of my annual educational hours. After defending my license for months against the perceived onslaught of organized medicine, I had ultimately lost it to the details of bureaucrats!

For one night I didn't sleep well because I was no longer a chiropractor. I could be a computer programmer, I thought; no, I will open a health food store; no, I will fight for my right to practice until my last breath. And I vainly tried to induce sleep by making battle plans.

While at lunch with the four other practicing chiropractors in this county, I showed them the letter. As it turned out, two of them had received the same letter. In one fell swoop the Oregon Board of Examiners had wiped out more than half of the practitioners in my county! Fortunately it was all a clerical oversight that was a consequence of new board policy, that was necessary because of ---, and so the buck passed on.

The risk of practicing chiropractic is no greater than the risk of living. As we all know, there are many dangers in everyday life, the worst of which might be hiding from life because of the risk. The Chinese character for disaster also contains the character for opportunity. When I first read the books of turn of the century chiropractic I thought, "Boy, were they unwittingly harming people." But now I am not so sure. They might have been wrong about curing diabetes or cancer; no one expects a doctor to cure these diseases. They were correct in that people are healthier when they are cared for within the chiropractic paradigm.

The founders of this profession developed a natural approach to the care of every known malady of the day. They practiced chiropractic in its broadest context from birth to death, whatever their technique or school. They learned to recognize that old Joe's liver was going to kill him, probably tonight. But that didn't stop them from caring for old Joe, and I believe old Joe was the better because of it.

The idea of specializing to care for only the musculoskeletal system was never a bone of contention. More arguments centered on whether or not to use galvanic on poliomyelitis or limit the care to a single or multiple adjustment. They were all searching for the best way to manage a person's health care naturally, without drugs and without unnecessary or worthless techniques.

We modern chiropractors care for the injured and chronic nonfatally sick and spend our lives setting standards of practice so that we don't treat the well person too many times. Today, we have drifted so far from our heritage of caring for the seriously ill that we have sight of it rarely in our literature and regularly only in this column and in the historical chiropractic texts. Our literature is overburdened with the trivialities of practice, such as making money and attracting new patients with the latest techniques. Of course, the way it seems is not necessarily the way it is, one hopes.

The old chiropractic literature was not the timid, limp pulp born of these modern times of treating the walking well. It was a robust and concise treatise on the nuts and bolts of caring for the seriously ill. Back pain was rarely given more than a paragraph's notice in the works from the first three decades of chiropractors. The walking well with back pain rarely visited the chiropractor in those days.

Those old professors taught us something of chiropractic that did not make it into the current literature of modern and scientific chiropractic. It was a philosophy, a paradigm if you will, exemplified in fleeting yet memorable moments of heraldry when the true nature of the chiropractor was shown.

Although there were many great chiropractic professors at my alma mater, Northwestern College of Chiropractic, one in particular planted a seed in our students like no other, Lemoine Derusha, D.C. He was a proud old-time chiropractor who spoke as if trained by a Greek orator. "Never take a back seat to any man," he would exclaim, and in the same breath he would almost plead with us to never underestimate the capability of chiropractic.

Dr. DeRusha told of the days of his New York practice when his patients gave a knock at the door and a password before they could receive treatment. He would be lecturing on spinal anatomy and he would suddenly stop, his eyes would twinkle, and he would smirk while making a point with his finger: "Let me tell you a story,"--- he would say in his raspy voice. Then he would stop and pull out his white handkerchief and wipe the beads of sweat from his forehead, and go on to tell us of the time he went to the Australian Parliament to speak for chiropractic, or the time he treated his colleague blackened and wing flapping from late stage hepatitis. Oh, he had stories.

He always had a smile for his students and he was always willing to teach them the principles of chiropractic. One series of lectures was particularly impressive because he taught the entire four weeks with a serious case of pneumonia. His gray suit hung partially soaked by the feverish sweat from his large frame. His white handkerchief dabbed his forehead and face while he lectured us. "Chiropractic is concerned with," coughing briefly he continued, "the relationships between structural, anatomical, distortional patterns of the patient," he barely had the breath to continue "and the functional perversions resulting therefrom because of insult or irritation to the nervous system." He lectured on with what many of us thought would be his last lecture. However, he continued to teach for many more years until his death last year. He lived the principle, practiced the science, and created the art of chiropractic, not as an originator like D.D. Palmer, but as a chiropractor like the rest of us.

You and I as individuals have an obligation to care for the sick as well as the injured. Each time one of your family or patients is on medications or is hospitalized, you must be able to say that you tried to help them, that they knew you were willing to offer them chiropractic care, either as an alternative or as an adjunct, that you would stand by them to the last breath. Anything less is substandard. Whether your treatment is upper cervical specific or clinical kinesiology, unless you have taken it into the lives and homes of your critically ill patients, you are still standing at the water's edge.

Whether you are a mixer, a straight, or neither is irrelevant because that doesn't describe your chiropractic paradigm. Your response to serious illness tells all. Can you care for patients who knowingly accept the body's limits and try to live within them? Do you judiciously evaluate what medical alternatives exist when the body is failing? Do you provide your patients the opportunity to get chiropractic care through any illness, even to the point of being the sole provider? Do you tell your patients that you would choose chiropractic over medicine if your family were sick?

And so, as the Mad Hatter asks, "Do you mean what you say when you say chiropractor, and furthermore, does chiropractic say what you mean?"

This is the truth it seems.

FEBRUARY 1990