

Practice Building and the Doctor's Conscience

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In a recent issue of "DC," a well-meaning, young and sincere doctor, while speaking of success and confidence, presented many statements and several questions, specifically about what constitutes success in our profession. Without doubting his sincerity at all, "for some of us, his words seemed to embrace an almost new vernacular, when they are equated with our description of a successful treating doctor. This is the kind of doctor we would choose for our family or ourselves. It seemed the doctor (perhaps in my naivety) reduced the gifted and developed art of meeting, diagnosing, and treating ill people successfully, to a concept of appearance and aggressive patient control, within the framework of a shining theatrical performance.

We all know good doctors who enjoy fine cars and well tailored clothes, and that appearance and cleanliness is professionally important, as in other walks of life. However, designer clothing, expensive cars, and \$300 shoes can be the results gained by the not-so-very-good doctors and certainly not the sort we would want for our family.

In the article, the young doctor stated, "Skill with which one communicates is not only essential for practice success, it is also a hallmark of the confident," and highlighted six questions (herein stated) for information-gathering uses, while talking with patients.

Certainly, all believe being able to communicate is especially essential to a doctor. However to utilize the type of questions he earnestly offers as tools for that purpose, is worthy of review. In kindness and honesty, couldn't the use of such questions asked of an ill, highly stressed patient perform a veritable mental episiotomy and initiate, in them, a foggy and confused mentality? Why use such questions?

I list the questions from the "DC" article in fairness to the doctor, and for evaluation. He states they cannot be answered with a simple "yes" or "no," and can reveal "hidden objections," and other information. The questions are: 1. Can you tell me what is going on? 2. How is it different from the ordinary? 3. Is your health important? If so, why? 4. When did it happen? 5. Who can or should do something about this? 6. Where should we start to bring this condition under control?

Can such questions assist in gathering information? Evidently, but wouldn't gentler, more defined queries ease the patient's apprehension, reduce confusion, and afford easier information release, with growing confidence in the doctor?

This doctor says in his presentation in "DC," "Confident doctors are unremitting in their quest for success," and draws a comparison between such doctors and, as he describes them, "their less than successful counterparts, who seldom stick their necks out." He further states that these "doctors are stopped dead, and 'wilt,' whenever faced with an 'iffy' situation."

Forty years of practice will confirm that there are many iffy situations where we indeed need to pause. We need not wilt, but developing a pausing, questioning and humble attitude will help.

The doctor refers to "being in step with the community." Whether cool and congenial, or tough and aggressive, these doctors can conform," he says. May I add, also stop just reacting to situations,

alter course; become courageous and assertive; take charge in order to change their world, and "the" world, by starting to have effective input.

As we contemplate some of the circumstances taking place in, but not limited to, our profession, may we not be judgmental?

Humanitarianism, based on empathy, honesty, seriousness, humility, and self respect has always been a needed characteristic of a doctor. And while clothes, cars, and a performance can be found in good doctors, they will not, of themselves, make a good doctor.

Isn't it true that our profession is reaping considerable adverse publicity, resulting from a trained and developed "talkative positivism," which can possibly over-influence patients in anxious, frightened mental states, if used recklessly? If true, how does it reflect on chiropractic? How does it, over the span of years, weigh on the doctor and his family, if at all?

Consider a young doctor graduating from college after completing a most strenuous course of studies. It's intensity is quite beyond the scope of usual comprehension. The doctor's brain power is now, it seems, immense, and he usually has financial debt.

He now comes under the influence of a practice building seminar. Much at such seminars can be useful, and some information may be used diabolically! Rollo May of Rockefeller Institute, and Harvard University, traces the word "diabolic" to its root origin. According to him it means to split, separate or tear down.

Is it possible to experience a split at our conscience guidance level? As we accept an office procedure recommending as its "hallmark" for success, the tenets of patient control by devious questions and questionnaires, intense office traffic, unusually rapid financial gain, patient in-care longevity, together with a host of "professionally burdensome" methods for attracting clientele do we experience this "split?" As we listen to these new ideas, with their immense promises, can we get lost from ourselves?

At a practice building convention, new doctors meet very successful businessmen, and doctors. Their brains, now so capable, rapidly comprehend the assertions of talkative positivism, and they quickly learn how to meet and gain considerable control of people. And most importantly, they are overwhelmingly stimulated to embrace the postulate that the methodology offered is at all times, good for the patient and good for chiropractic, as well as themselves.

Whether this new found knowledge is actually used for good or not-good, is probably seeded in the doctors' ingrained morality. We have seen it happen all too frequently. "Dame Greed," which we all court to some extent, reaches out with a silent embrace as she whispers, "You are mine." And we hear not a sound.

Is it possible that many of us can be unduly influenced by powerful words and promises of quick rewards. While being bombarded with personal testimonials confirming the effectiveness of the advocated methodology for acquiring such gains, together with its claimed resolve, are we?

At the seminar we embrace or are embraced by these new found promises of instant success, with rapid rewards of fine homes, new cars, and in general, those many advantages we all want in the good life. We may rightfully ask: Didn't these doctors want those benefits while flying to the seminar? Most assuredly. Then, we might conclude, nothing has really changed, with the exception of their new found confidence and knowledge for success.

Look closely; what may well have changed for many, but certainly not all, is "the source." Most

lives are rooted in a dependence on God, the mores of our nation -- the golden rule; the encouragement of fellows, family and friends, as well as a hard-earned education. From these innermost rooted foundations we establish the "shrine of our source."

By dependence on God, we include whatever religious discipline one may follow -- formally or otherwise. Most of us have a need for a sound belief system. Can this system not also guide our conduct through our "conscience awareness" of right and wrong with golden rule considerations? If we separate ourselves from it, what then?

As we exchange our belief-oriented conscience level source, for trust in some questionable practice building advocations, could we not lose more than we have gained? Philosophically speaking, may we not unknowingly consume the plant, together with all its offering, without considering a need for future seed, while also fouling the soil!

It seems that talkative positivism may (but doesn't necessarily have to) make us something we are not. But can it lead us through developments of that special something which seemingly foundationizes sound people in all walks of life? Isn't our conscience the level of interchange between ourselves and whatever deity we may embrace, and, as stated, our guidance foundation?

By not obliterating our conscience with greed, (which can be germinated or increased during practice building seminars) the doctor, while maturing, will know proper and reasonable professional conduct by following his own inborn natural humaneness which reveals to us right from wrong. In such a beginning most of us simply don't have at our disposal the know-how with which to over-influence people. In such circumstances, doesn't our ability just slowly develop and hopefully, with wisdom, form a gentle balance?

A very senior doctor (60 years of practice) said many years ago, we have only so much creative energy. We may use it all for making money, and can make considerable amounts. But perhaps we should use more of it for learning to treat the sick, for that also consumes much creative energy. Money will take care of itself. Earning our diplomas allows us entrance to the "healing arena." It's there that we must continue to gain knowledge, and as time passes, we learn more and more about how and what to learn.

Yes doctors, most have heard the statement, "There is not ten percent difference in results at any chiropractic office." One doctor who made such a statement was a well-meaning, sincere and very capable person. When he met the senior doctor I refer to, he said kindly of him, "He has his own personal private pipe line to God." Upon being told of the remark, the senior doctor smiled and said, "If there is a difference, it's only that of being true to one's self for many years, for at our conscience level is the doorway to a great vault of knowledge."

Doctors, if we leave a practice building course, split from our conscience, (for those of us who believe it may be possible) and having now learned to control patients by poignant, psychological elocution and how to practice within a mental hypothesis that subscribes to, "more-treatment-is-preventive-and-therefore-exemplary," to use almost any plan to attract patients -- who is to blame? If there is blame, is it that of those who present the course, or ourselves?

It seems obvious there are different levels of assertive input at the various courses, with a wide variation of advocations. However, after attending the same course, why do some doctors discriminately select and use information in a professional and acceptable manner, while others stigmatize and embarrass our profession before the public? Why some? Why not all?

It is not the intent, or capability, of this author to address that multifaceted question in-depth, or to

pass judgment on the validity and usefulness of practice building seminars. After all, can't we (and in current vernacular) "just say no," if we wish? However, will you grant a hypothesis?

We can learn sound office business skills from many sources, including practice building seminars, but such skills seem separate and distinct from the suggested flamboyant and seemingly troublesome practices recommended, and previously stated.

These are the exact tools used to attract doctors to the conventions, aren't they? Consider the great amount of litigation now existing between chiropractors and certain builder programs. May not patients feel the same frustrations after having these tactics used with them? Does this account for at least a part of the litigational increase against chiropractors?

If you are wondering, the answer is yes. After practicing three years I attended a practice building seminar. Its tenets were used exclusively for one year. Did they stimulate increased income? They did, but then I allowed those same tenets to strip me of that doctor-patient relationship, which for me, comes easiest from that "unto myself be true level." It's a relationship that can establish in a patient, necessary confidence and trust, which are basic roots for motivation. It also affords an immense enjoyment for practice, as confirmed by most chiropractors.

We must take control of ourselves it seems. Greed is our own; we all have some! Let's quietly sit down, go inside, and determine which of our actions are based on greed, and those founded on the golden rule principle. At our conscience level, what we want for ourselves leads us to know the needs of our brothers and sisters. As we try to live and work from this level, our words and actions will represent the depth of our honesty and knowing.

To those practice building organizations: Are there not warnings that suggest moderation? How long before attorneys for patients and insurance companies select, more targets, and deeper pockets to attack? Could practice building organizations be considered a part of chiropractic consensus?

A great English jurist has stated, "Should a community fail to exercise right over wrong, it shall destroy itself." Should we fail in policing our profession, a government agency may find an inviting opportunity for making political points: while submerging us within a cascade of righteous reactions to our great disadvantage.

In conclusion, it seems we are all enwrapped by that garment of ego, and thusly, accept some life distortions as real, while having obscured that golden core present in all. We take actions after ideas based on habits, which have been initiated and cultivated unknowingly by Pavlovian patternistic thinking.

Now, far out in our voyage of life and having experienced a small unnoticed deviation from course at its beginning, can we not be in jeopardy without knowing? Unaware, we will reject with heated, sincere, and honest argument such an idea. Nonetheless, is it not possible that some of our values have developed while we've been somewhat off course? Perhaps there is need to reconsider the origin and substance of our firm opinions, keeping in mind their profound relationship to the future of our profession, our families, and ourselves.

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