

PHILOSOPHY

We Get Letters

Officially Speaking

Dear Editor:

Your article in the April 11, 1990 *Dynamic Chiropractic* is most appropriate. The state boards provide the best hope for solving some of our most serious chiropractic professional problems. To do this effectively, the boards must be strengthened. Very few have adequate staff. The boards will be stronger if the appointments provide broad representation. This is most likely to occur if the doctors in the field make known their wishes.

Peer review can be exempted from antitrust regulation, provided it is conducted as a state function. In most states legislation would be required to give the state board quasi judicial authority. I am concerned that some legislation enacted to protect peer review committees from litigation may be ineffective.

In most states the regulation and discipline of chiropractors, along with peer review activities, constitutes a workload which cannot be borne by a few board members. A complete staff is needed.

Some insurance companies are paying thousands of dollars annually to insurance consultants. These fees could be diverted toward a peer review process controlled by the state board. Administrative adjudication of disputes involving fees, utilization and procedures should provide an educational program for both insurance carriers and doctors. This should relieve the pressure on both. Our present lack of an organized system is allowing the insurance-chiropractic relationship to deteriorate.

Dynamic Chiropractic may be able to move the field chiropractors to action. This subject matter is of great concern to ICA and is something we have been promoting. We hope the concept will take hold and that we can work together forming in each state the kind of regulatory agency that is needed.

James D. Harrison, D.C. Legal Counsel for ICA Arlington, Virginia

DC: It Challenges and Restores the Faith of a Chiropractor.

Dear Editor:

I just finished reading Dr. Tyler's editorial, "The Magic Box," in the March 28, 1990 issue of *Dynamic Chiropractic*. The article was music to my ears. It is very refreshing to hear another chiropractor who actually believes in the true purpose of chiropractic -- the removal of the spinal subluxation by adjustment. We, as practicing doctors, are deluged daily by our patient's symptoms to the point where we begin treating the symptom rather than the cause.

Thank you, Dr. Tyler, for restoring my faith that chiropractic still lives in this age of manipulation and adjuncts.

Ronald W. Richards, D.C. Fresno, California

Dear Editor:

Thank you very much for Dr. Bertrand's column of February 28, 1990. It helped me to think a little more, and hopefully to see a little more clearly. Thank you, Dr. Bertrand, for challenging me to examine what I say, do, and believe as a chiropractor.

I respect and appreciate both your writing and your practice of chiropractic.

Kristofer Young, D.C. Ventura, California

We Are Doctors, Aren't We?

Dear Editor:

Drs. Eggleston and Wathen made several good points and they revolve around semantics. That is, the perception of words. Maybe we are our own worst enemy. When was the last time an MD referred to himself or colleague as a medic or allopath? How about a DO using osteopath? Forget it! They are doctors or physicians of the field they're in. Sure we're proud to be chiropractors, but to the vast majority of laypeople the word connotes, at best, a technician in manipulation.

Is it possible that if we, for openers, called ourselves a chiropractic doctor or physician, or simply DC, the idea would catch on a little faster?

Peter Patsakos, D.C. Grand Rapids, Michigan.

Unethical Consultants -- a Sad Indictment for Chiropractic

Dear Editor:

I read with great interest the recent articles about the problems with some chiropractic management firms. I can identify with these problems myself because I have attended practically every management seminar, for better and sometimes for worse. I agree with Dr. Kats' article, "The Need for Practice Management," (April 11, 1990 *DC*) that ethical standards are necessary to regulate chiropractic consulting firms. But I think the qualifications should include professional technology and academic originality, as well as teaching honest business procedures.

I realize that the working DC is bombarded by practice management firms. Every week I cringe when I read in our professional journals about the antics of some management firms. Just as modern, professional, and ethical doctors of chiropractic have been tainted by the antics of a few outrageous or unethical chiropractors, so too are those chiropractic counselors who attempt to render an honest service to the profession as practice advisers. But, just as I would not want you to judge Christianity by the antics of the Revs. Jim Baker or Jimmy Swaggart, I would ask that not all firms be judged by the antics of a few unethical firms.

I believe there is a place for "practice advisers" in our profession. I have been made wary by some management firms who regurgitated other people's technology, by some who taught outdated business procedures, by some who overcharged, by some who lacked firsthand knowledge, by some who sold charisma, and by some who sold cultism to our profession. Indeed, the chiropractic seminar circuit is interesting, to say the least, albeit embarrassing at times. We need to establish licensure with practice management firms in order to control the ability of a few, to affect the status of our profession. The first Wilk trial debauchery focused on the ethics of management firms and the "unscrupulous few" who taint the profession as a whole!

I think an answer to this dilemma is to ask seminar firms to make available a written thesis or textbook that explains the salient points of their services or advice. I think new practitioners should be foretold and forewarned about the problems of some management firms. And perhaps a written format would help avoid these pitfalls beforehand, rather than afterwards when it's too late. Just as a Ph.D. must submit a thesis in order to become a professor, should we ask any less from our chiropractic postgraduate educators?

As a student of chiropractic business procedures, I agree with Dr. Kats that ethical standards must be set. One I might suggest is professional or academic originality. I have been amazed to see how the vast majority of the consultants preach the same gospel and teach the same business procedures. The only new business technology other than computers in the profession of late was the L. Ron Hubbard invasion by Singer and Sterling Management, which proved to be outdated at best, offbase at worst, and it was too close to the scientology cult to please me anyway -- science fiction religion is not for me!

I think it is time for an end to the exploitation of new chiropractic business men and women. The "percentage of collections" as payment by which some firms exploit, should end. The inherent problems is the new practitioners' naivete -- few realize the earning potential of a chiropractor in today's marketplace. An ambitious client can earn commissions for consultants from \$20,000 to \$60,000 a year in some percentage contracts. Little do these young doctors know what their true capacity could be once organized in business procedures, but consultants certainly know there is a lot of money to be made in the chiropractic business.

And too often we are preached at by DCs who haven't practiced in decades. The time of free chicken dinners is over in the chiropractic business world. The \$1 per office visit; high-volume, high burnout, box on the wall schemes; "pop and pray" adjusting procedures; the general give-away; flim-flam marketing; and the carnival atmosphere promoted at a few seminars reminds us of the cultism and charades that embarrassed our entire profession at the Wilk trial.

And I don't think this practice management information should cost thousands of dollars. Just as a few sports agents have tainted the professional sports scene, some management firms have exploited new doctors with hidden fee structures, bad business advice, unethical marketing, and in some instances, clients have ended up in court with their advisers. This is a sad indictment for what should have been a rewarding relationship for both. And chiropractic, as a whole, gets a black eye when the National Enquirer and Kansas City Star newspapers run headlines that say, "Some Chiropractors Are Crooks."

The lack of "product information" about all the management firms leaves a decision up to guessing or blind faith for potential clients. Although the free marketplace will decide which firms survive, because they directly affect the chiropractic profession's political and public image, guidelines are necessary. I agree with an article in Eagle magazine, written by Dr. Bill Harris, that calls for the creation of a Council for Chiropractic Consultants in order to regulate this important part of our profession. I think a time and a place should be set for the fall/winter to initiate the formation of CCC.

James C. Smith, D.C. Warner Robins, Georgia

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