

# Tennessee Chiropractors Gain Limited Hospital Rights

## TCA CRITICIZED FOR ACCEPTING COMPROMISE

Editorial Staff

After an 11 year effort, Tennessee chiropractors have accepted a compromise agreement with the Tennessee Board for Licensing Health Care Facilities. This agreement was signed into effect on March 15, 1990. Until the agreement was reached, Tennessee chiropractors had absolutely no hospital rights and were basically restricted from having any involvement with hospitals.

Under the Tennessee regulations, chiropractors were not able to obtain medical staff privileges (exclusively given to MDs, DOs, dentists and podiatrists) or clinical privileges (given to clinical psychologists, certified nurse-midwives and optometrists). The new agreement permits the following without regard to whether medical staff or clinical privileges are granted to chiropractors in the future:

1. Doctors of chiropractic may order diagnostic evaluations on an outpatient basis for all purposes within the scope of their practice and in accordance with all hospital policies and procedures.
2. Doctors of medicine or osteopathy may consult with doctors of chiropractic who may treat patients on an inpatient or outpatient hospital basis within the scope of their practice in accordance with all hospital policies and procedures when the attending doctor of medicine or osteopathy has requested chiropractic consultation and/or care for the patient, and the attending doctor of medicine or osteopathy remains ultimately responsible for the medical care of the patient.
3. Nothing in the rules of the board shall be construed as prohibiting a member of the hospital staff with admission privileges from admitting a patient who is also a patient of a doctor of chiropractic to the hospital. And such hospital staff member may admit and treat such patient when he determines admission is in the best interest of the patient and is otherwise consistent with hospital policies and procedures.

In addition, the Tennessee Board for Licensing Health Care Facilities has agreed to review the new policy after one year, in an effort to determine if additional privileges should be granted. In order to gain this compromise, the Tennessee Chiropractic Association (TCA) agreed not to appeal the matter and to hold the board harmless.

While this compromise agreement falls short of the "full staff privileges with the right to co-admit patients" ideal, it is obviously better than no hospital rights at all. But there are some who believe that settling for a compromise may have set a dangerous precedent which may have national implications.

The American Chiropractic Association (ACA), in particular, is concerned that this compromise will set a trend that may affect the efforts of chiropractors in other states to gain hospital privileges. They argue that the idea of chiropractors becoming "consultants" to MDs and DOs in the hospitals could have long-term ramifications.

This has obviously created some heated discussion between the TCA and the ACA, but it has also brought up a very important issue, an issue that, until recently, the ACA hasn't usually needed to be concerned about:

When a state concern is also a national concern, what are the rights and responsibilities of the state association and what are the rights and responsibilities of the national association?

Where are the lines? Does it matter which association has more members in that state? Do national associations have a right to get involved in state affairs any time they wish? Are state associations autonomous bodies with full control of their states?

Ideally, state and national associations will strive to work together on every issue they have in common. But reality dictates that sometimes they will disagree. The Tennessee hospital agreement is a case in point.

Neither the TCA nor the ACA want to settle for less than full privileges. But the TCA believes part is better than none. A few Tennessee chiropractors have already benefited from the new agreement. Hopefully these first DCs to establish relationships with hospitals will be models that will encourage the granting of full privileges. Time will tell.

The ACA, on the other hand, has a national agenda. This involves addressing the needs for their members and the entire profession nationwide. This national agenda will sometimes cause decisions that may not necessarily benefit any one state, but will hopefully benefit the nation as a whole.

Obviously, the TCA and the ACA will work out their differences as amicably as possible. But the issue of state sovereignty and national agendas will always be with us. It appears that only communication and reason can keep this issue from impeding the progress of the chiropractic profession.

Editor's Note: One of the issues raised by the Tennessee licensing board was the fact that most chiropractic colleges do not offer hospital protocol to chiropractic students. It seems that until this course is mandatory for all graduating DCs, that hospital licensing boards will continue to use this as a reason to keep chiropractors out of hospitals. Something to think about for our future.

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