

We Get Letters & E-Mail

Berating the Berkeley Wellness Letter's "Recommendations" on Chiropractic

Dear Editor:

Attached is a copy of a letter I e-mailed to the editor of the *UC Berkeley Wellness Newsletter*. I just could not sit idly by and not respond to the ignorance, prejudice or whatever motivated the writing of that article. [See "Another Media Assault on Chiropractic," March 11 DC.] Every one of us in this wonderful profession should be incensed at these types of misrepresentations. We will see if they have the guts to print my letter.

UC BERKELEY WELLNESS LETTER ATTN: EDITOR

Dear Editor,

I recently read some excerpts from the February issue of your newsletter. Based on what was said, I felt compelled to provide you with some corrections.

I am a chiropractor of 13 years. I also have a background both civilian and military as a medical laboratory technician. I am a chiropractic patient of approximately 35 to 36 years and a medical patient all my life. I value the services I receive when I see a M.D. and I refer patients as necessary to M.D.s to address health issues that I feel need a different approach.

I am always amazed how non-chiropractors seem to think that they know clinically what is the best chiropractic approach for patients. For instance, using "precautions" from your article:

1. *See your regular physician first for a diagnosis and possible treatment. Ask him to refer you to a chiropractor, if you want to try one.*

The first problem with that advice is that a patient's "regular" physician if not a chiropractor will likely not know whether that patient's condition will benefit from chiropractic care. My experience with the vast majority of medical doctors is that their knowledge of chiropractic treatment is woeful at best. Consequently, how can that doctor make a reasonable clinical decision concerning that patient's health and the necessity for chiropractic care? It cannot be done. As to asking for a referral by the M.D. to the D.C., I again refer to the lack of knowledge on the part of the M.D. about chiropractic care. Suppose that I advised a patient before receiving a medical procedure that they consult with a chiropractor first to see if there is a need for a referral to a medical doctor and ask for a referral to one. That sounds equally as silly, doesn't it? The appropriate statement would be to have the patient consult with the chiropractor and if need be get a 2nd chiropractic opinion. Until the medical profession is brought up to speed about chiropractic care, medical opinions concerning the need for chiropractic care are of little value.

2. *Don't agree to full-spine or full-body x-rays.*

In my experience, I have known no chiropractor to take full-body x-rays. There is no clinical value in that for a chiropractor. As to full-spine x-rays, you are only partly correct. Although full-spine x-rays are not diagnostic for soft-tissue, they are extremely beneficial from an anatomical alignment perspective to the chiropractor. I use them myself and find them essential in proper care of the spine.

3. *Don't agree to "maintenance" care involving repeat visits over long periods.*

What if the patient's condition calls for maintenance care? There are times when it is necessary, just as it becomes necessary for some patients to take insulin on a regular basis to maintain proper blood sugar levels. The spine needs regular care, much like an engine requires periodic oil changes. One hopefully wouldn't think of waiting to change oil until engine failure occurs.

4. *Don't agree to neck manipulation.*

I have been receiving neck manipulation almost all my life. I am one of five chiropractors in my family. I have numerous friends in the chiropractic profession, young and old, one of whom practiced 50 years. None of us have ever had a patient have a stroke or any other serious consequence as a result of neck manipulation. Chiropractors take hundreds of hours of training to be able to deliver safe and effective adjustments. Many states require risk management continuing education each year as well. Comparatively speaking, neck manipulation is by far many times safer than taking medication or having surgery. Why not address the approximately 100,000 fatalities each year as the result of reactions to medications, prescription or over the counter? Why not address the approximately 100,000 fatalities each year as the result of surgery? I think your statement of caution concerning chiropractic care, especially neck manipulation, would be better placed in cautioning the odds of death when consuming medicine or having surgery. When you put them in a side-by-side comparison with chiropractic, it makes the neck manipulation point a moot one.

5. *If you want to take dietary supplements, follow the advice of your primary-care physician.*

In all my years of having received medical care for a variety of ailments, not once do I recall any advice concerning dietary supplements. Conversely, most chiropractors I have come in contact with routinely discuss this with patients. Also, nutrition is part of the chiropractic core curriculum, but you would have known this had you done your homework.

In conclusion, we all have our opinions and prejudices. In the case of this article, it appears that both opinion and prejudice are involved. I don't expect everyone to like chiropractic. I don't expect a referral from every M.D. However, I believe in truth and honesty. If you or your board were to visit a chiropractic college, you might be surprised at the level of training that chiropractors receive. I often diagnose non-chiropractic conditions and urge my patients to follow up with their medical doctor. Those patients are always extremely grateful. Think of the increased level of perceived professionalism by the patient towards the M.D. for making in-kind referrals. Patients hate it when a health care provider puts his or her own prejudice ahead of their well-being. I know because I deal with medical prejudice from time to time. You should know that patients know the difference most of the time. When they discover that their medical doctor intentionally disregards chiropractic care due to a prejudice, it lessens that doctor's status in the eyes of the patient. This attitude is why many people consult with chiropractors. Whether you think you like, dislike, agree or disagree with chiropractic care does not matter. The ultimate goal of EVERY doctor, whether medical, chiropractic or otherwise, should be the health of the patient. There is no shame in being truthful to patients and openly admitting to a lack of knowledge of other health care alternatives. In the event I am unable to help a patient, I encourage the patient to investigate for themselves to determine whether they will benefit from another form of care. Many times, articles such as this one use the excuse of being concerned for patients when it is actually more likely due to prejudice. I hope you have the courage to print my letter in your wellness letter.

Rich Roth, DC

Baton Rouge, Louisiana

"The busiest doctors should be the ones with the best clinical skills and results"

Ryan Jenkins' article was quite interesting [www.chiroweb.com/archives/22/06/08.html]. In my opinion, we need to push more to get us out of the retail mode, which seems to still be prevalent for the busier practitioners, and more into the doctoring mode. If you carefully check out the postgraduate programs and diplomate programs, you will notice there seems to be more and more of the retail-type classes and less of the diplomate programs. For example, very few active diplomate programs in orthopedics currently exist. One of our colleges has cancelled its orthopedic program and established a business-type school. Is this a lack of interest or is it simply one of necessity? It concerns me since evidence-based and more research-oriented health care practices are becoming necessary, yet as a profession, we do little to advance our academic qualifications or expertise beyond our initial degree; we generate few diplomates. Relicensing seminars are becoming more and more practice-management oriented or technique-guru oriented. I actually totaled them up a while back and it is quite skewed. To establish credibility with the rest of the

health care environment, we need to follow their lead: (1) Generate most of the postgraduate training through the academic institutions, rather than through entrepreneurial-oriented groups; (2) Increase postgraduate academic and clinical programs, rather than decrease them, and make them more accessible - Internet based, for example; and (3) Establish a centralized body for approval of postgraduate continuing education courses, to screen out the stuff that gives outsiders a valid reason to criticize us. (A recent seminar I attended had so many absurd comments on physiology in it I was flabbergasted).

I realize the health care environment is challenging; we all feel the pinch with the constant assault on our profession. However, focusing more on practice-building training instead of improving our clinical qualifications does little to improve our position. The busiest doctors should be the ones with the best clinical skills and results; not the ones with the best practice management programs. Establishing credibility will ultimately require us to generate more postgraduate academic training to improve our clinical skills. I personally prefer to go to the best-trained surgeon if I need an operation, rather than the one with the best practice management programs. We need to look somewhat at the podiatric profession and others and learn from their efforts to improve credibility.

*John H. Riggs III, DC, MBA
Midland, Texas*

Chiropractic as Voodoo? Serves Us Right

Dear Editor:

Voodoo chiropractic - yes, I can relate to that, [particularly after reading] "Another Media Assault on Chiropractic" in the March 11 issue [www.chiroweb.com/archives/22/06/10.html].

I have practiced chiropractic for the past 25 years what I was taught in college, and taught in the license renew seminars at the college level every year since. However, with the coming of the so-called "New Age" movement, I constantly run into so-called chiropractors who claim their weekend self-indulging seminars are the "answer."

There are many out there, but I will only comment on two in my small community. When you have people who advertise that what they do is a specialty in chiropractic, and that they are the answer, when all they do is practice voodoo networking and never touch or adjust a patient, I can see why someone outside of our profession would take a negative stance. If that were my experience with a chiropractor, I would have thought the same.

When you have a chiropractor pull out a bottle of booze and mix some kind of herbal drink right in front of a patient, and then charge for it, then once again, I can see the other viewpoint. It is no wonder why we receive such mixed reviews in the media.

It all depends on which office you end up in and who is selling what at that given time. We have no one to blame other than our own profession. So, until the boards and the chiropractic profession can get their heads out of their behinds and start addressing these issues, others will write about us as voodoo, and it serves us right.

*Thomas G. Shaw Jr., DC
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