

## Misfits Reshaping Health Care

J. Michael Menke, MA, DC, PhD

Over the past century, at least a few chiropractors may have wondered where they fit in health care delivery - or where chiropractic offsets or replaces conventional medicine. Many chiropractors do not consider this a relevant issue, and prefer to be as far from the conventional medicine machine as possible. But no chiropractor wants to be assigned some limiting role in health care, so it is better to stay away from the beast and cite quantum mechanics and chaos theory. Indeed, for all the exceptional education of today's CCE- accredited graduates, chiropractors should be quite competitive, or better yet - complementary - with any type of physician in most clinical contexts.

Someday, many chiropractors will serve residencies in psychiatry, orthopedics, sports medicine, family practice, internal medicine and emergency medicine. Such experiences will stretch chiropractors to new limits and offer opportunities to see a wider variety of patients. But more than that, my experience is that to work alongside a chiropractor is to gain respect for one, since we hold an impressive mastery of the human body and offer a fresh perspective in coaxing out a healing response.

Exposure to medical thought does not make you a medical doctor, any more than watching an airplane fly makes you a pilot. Your chiropractic perspective is still unique and has value in the care delivery system. In fact, most of my chiropractor friends have sought medical care for themselves or their loved ones at some time. So, chiropractic is not a replacement for good medicine.

Medicine's philosophy is to interrupt the natural progression of disease - an idea just as potent as reminding the body to do the job itself. These two ideas complement each other: one for the early disease process; the other for when it's too late for the first one. This distinction is not lost on the enlightened and thoughtful medical physician of today.

In my chiropractic course in the Program in Integrative Medicine [at the University of Arizona], I encourage the medical docs to interview a chiropractor in person or on the telephone; or better yet, to get a treatment. Read with pride what MDs say after meeting their first chiropractor:

- "We see things the same way. I will be referring patients to the DC for a long time to come."
- "No professional jealousy ... like dealing with any colleague."
- "My neck pain of 20 years previously treated with massage and traction was better after one adjustment!"

I thank all of you who make me look so good! Remember, too, that most MDs are unfamiliar with chiropractic research. Worse, they think of chiropractic research as an oxymoron, like jumbo shrimp. Now, read what they say after reading and critiquing a published study:

- "Chiropractic research is much more "scientific" and evidence-based than I realized."
- "I value chiropractic more, now that I know the scope and quality of their research."
- "This has opened my eyes."

To feed at the third-party reimbursement table, chiropractors must adopt standards of measurable clinical results over process-oriented care, lacking an endpoint or clinical resolution. In the former, success is in patient independence; in the latter, success is in patient adherence to a treatment plan. The trouble is, the process-orientation can never successfully compete for third-party reimbursement. In an outcomes-oriented world, insurance reimbursement means outcomes, as in workers' compensation, when treatment is stopped at pre-injury status.

I am the proud uncle of a new 29-year-old nephew, Jason (who married my lovely niece, Emily, in 2003). After a few months in the family, he worked up the courage to ask if a chiropractor could help his shoulder pain. I told him I thought so, so he went to one, and his pain was gone in just a few treatments. He called to say how pleased he was with the results.

"The chiropractor wanted me to come in for a long time, so I asked him, 'Why? I feel great!' The chiropractor candidly answered, 'Because it helps my cash flow.'"

This chiropractor obviously did not possess the process-oriented soul: Chiropractic is a way of life; you spend more money on your car than on yourself, health is largely by function of the spine, etc.

As a future minister on a budget and already in possession of a suitable theology, Jason only wanted a result, and then to get on with his life. Self-care was his priority and his chiropractor helped him get started in the right direction. Jason had experienced success at the hands of a chiropractor. The chiropractor, on the other hand (half-heartedly), wanted to enter into a longer process of patient adherence to a treatment plan. The DC probably experienced himself as failing his mission.

It seems a better strategy to get a fast result and make sure all 758, or 1,250, or 10,000 of Jason's church members knew about it. For my lack of interest in selling, that tactic makes the most sense. Instead, Jason left the chiropractic experience with mixed feelings: He got great results, but there was a strange twist at the end. A tragic missed opportunity for building a better practice, enhanced cultural authority, and professional leverage.

In my career, I've worked with three medical groups in the San Francisco Bay area while in practice in Los Altos, and I've had the privilege of serving six universities (National University of Health Sciences, Palmer University, Stanford University, the University of California San Francisco, Johns Hopkins, and the University of Arizona) in exploring the potential of chiropractic care integrated with medical care. I observed surgeries, and sat at case reviews with pioneers in spine care and world-renowned spine surgeons. I sat there as the only chiropractor, and was treated with the same deference as any spine professional. I tested every aspect of chiropractic for myself. A fellow Rotarian asked me to run for election to the local hospital board (I didn't). I never just accepted or parroted anyone's ideas about chiropractic. Along the way, I addressed tough questions from medical physicians and won some; lost some; and learned a lot about myself and my profession.

I learned that my own greatest certainty is in musculoskeletal and spine care, yet I also have a respectable breadth in many aspects of primary care. But most of all, I see a great potential for chiropractic to contribute to the public's health and well-being and lower health care costs. It may take some reshaping of who we are and how we present ourselves, but the chiropractic offering is right.

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JULY 2004

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