

CHIROPRACTIC (GENERAL)

## **Unity of What?**

My goal for this column is to provide various points of view from chiropractic leaders. These leaders have a reputation for being knowledgeable - and more importantly, for caring and helping our profession to be everything it can be. In this issue, I have invited former American Chiropractic Association (ACA) President Dr. Daryl Wills to express his viewpoints on unity. Dr. Wills has helped the profession with his involvement in the ACA lawsuit against Medicare to protect patients' rights to receive chiropractic care, and in the lawsuit against Trigon/Blue Cross (Anthem) over discriminatory payment schedules. Dr. Wills currently serves as the immediate past president of the ACA Board.

~ Kent Greenawalt

I have spent the major portion of my professional career working to promote, develop and advance the chiropractic profession. The extent of my efforts has ranged from local involvement (with my practice), to state and interstate relations, to national associations. Through combined efforts, the changes that we have witnessed in the past 30-plus years have been no less than phenomenal.

The question that used to be asked at social gatherings was, "Do you see a chiropractor?" Now, people ask, "Who is your chiropractor?" or even more, "Which chiropractor(s) do you see?" Although statistics vary on the number of patients who receive chiropractic care, the fact remains: More and more people are seeking a doctor of chiropractic for neuromusculoskeletal complaints; yet we are repeatedly being told that our market share has not grown.

How is it that we have more chiropractors than ever in the history of chiropractic, and yet we have not grown or developed an image as a profession that has gained us creditability or expanded our market share?

Unfortunately, despite all the motivational work and goal setting we have done as individuals in our practices, we have yet to set and define our mission and set goals for this profession. While individual associations may have, the fact remains that as a profession, we have failed to do so. The well-attended meetings throughout the United States continue to be for practice development - not for the development of a unified profession.

I believe that we do not have unity in chiropractic because we as a profession have never set it as a goal. I am certainly not referring to "unity" as a state of being one, or singleness. I am referring to unity of action toward a common worthy ideal or goal.

The obstacles that we have failed to overcome in allowing this situation to manifest are numerous and varied:

- 1. The chiropractic colleges have failed to teach a standard encounter for new patients.
- 2. Although the *ACC Paradigm* was a historic document, it is not being adhered to or followed by most colleges.
- 3. We continue to confuse the building of a profession with the practice of chiropractic.
- 4. We have failed to set a common goal for unified action. Instead, we continue the endless rhetoric about who is right and why someone must be wrong.
- 5. We divide our students from day one through confusion and premature decision-making, and

- then ask them to unite and join the profession upon graduation.
- 6. We continue intraprofessional political warfare publicly, which only serves to discredit the profession.
- 7. We raise millions of dollars to fight lawsuits for the profession, but we fail to become strong contributors to a major public relations campaign or to a political action fund.
- 8. We cry for parity and access, and the right to provide chiropractic care, but we withhold funding for much-needed chiropractic research.
- 9. We continue to be more interested in making money from chiropractors than from chiropractic.
- 10. We remain independent, uninvolved and uncommitted to the profession, choosing to function within our own practice, rather than as a part of a profession.
- 11. We fail to join, be active in and support the various associations that are working to protect and promote our profession.
- 12. We neither demand accountability from leadership, nor do we provide input and guidance to our leaders to make positive changes.
- 13. We have failed to develop and promote a common image, and until recently, an identity.
- 14. We allow the colleges to develop and define the practice of chiropractic.
- 15. We have been less than successful in our efforts to produce uniformity in state laws regarding the scope of practice, thereby adding to patient confusion as well as difficulty in any federal program.

The list is probably endless and becomes redundant. The fact remains that all the shortcomings can be reduced to one simple but strategic step that has not been taken. Just as a ship cannot reach its destination without a crew and a defined, plotted course, we cannot either. We have wandered aimlessly and survived only because chiropractic is right. We have approached this science, philosophy and art knowing that the body has the ability to heal itself, and we rely heavily upon that.

What we have not accomplished is unity of action through a defined goal. Instead, we have become hung up on the term "unity" and the definition of oneness, rather than purpose for action.

What would it take for the profession to develop a unity of action and plot our course and our future?

We have seen this happen in New Jersey and more recently in Georgia, through a commonness of purpose and a goal large enough to pull doctors of chiropractic together. We have seen it in my state of Nebraska, when DCs pulled together to form a state association-owned PPO. These were all goals and visions for the good of all. It was not just leadership that made it happen. It was the will and the demand of the individuals who pushed for a higher goal, for the betterment of the profession and the protection of the patients we serve.

Do I think unity can ever become a reality? If we are referring to the primary definition of oneness or singleness, I do not. Do I believe that unified action or a fixed purpose can be obtained through unity of effort? Yes, I do, and here is how:

It will not be leadership that advances this profession to a higher level. It will be the rank-and-file doctor of chiropractic in the field, through his or her influence, vote and support, who will bring unity of action for a common goal. It must start from day one at the colleges. We must influence the college boards and allow only one student organization on campus. Call it what you will, just do not allow the students to be divided. In so doing, we can separate the practice of chiropractic from the building of the profession of chiropractic. We must demand that the colleges provide a standard encounter for new patients, along with a common identity and an image for doctors of chiropractic as they graduate. We must demand that leadership meet, and meet, until unity of action

has been reached and agreed to, and at the same time, search for the true motives of those involved and hold them accountable, while demanding integrity. Our profession deserves nothing less.

The power and ability to have unity of action have always been with the field doctors. It is just a resource that has not been tapped. Use your influence, your vote and your financial support in a manner that demands the best for chiropractic.

We do not all have to practice the same; we merely need to have professional, unified action. We can no longer afford the luxury of complacency. In case you have not noticed, our adversaries are unified and marching. They say they do what we do and they are trying to prove that, state by state, in the legislature. Is it our goal to simply survive, or is it our goal to thrive? Can we pull together with a unified purpose, or will we wander aimlessly, like a ship without a course or destination? I do not believe we have another 110 years to do so. Common purpose plus unified action equals a worthy ideal for our future.

Doctors, you must have the courage to demand unity of action in the profession! As Eleanor Roosevelt said, "You must do the thing you think you cannot do!"

*Author's note:* The views presented are those of the author and do not necessarily represent those of the ACA.

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