

NHL Syndrome - Fear of Change in Chiropractic

Stephen M. Perle, DC, MS

Many have said that the problem with the NHL (besides its recent self-destructive labor dispute) is that it won't ban fighting. Sure, fisticuffs will get time in the penalty box, but obviously that is not a deterrent. Some might say that there are no effective deterrents; after all, "boys will be boys." All one must do is watch college or international competition to see the game without fighting. Some have suggested that banning fighting would get hockey more mainstream appeal and thus bring more money into the sport in North America. However, the NHL owners are afraid that banning fighting would make the hooligans stop coming to games and would thus cost them money. This fear of positive change I call "NHL syndrome."

Much like the NHL owners, many of the leaders in our professional organizations are afraid of pushing too hard toward eliminating what some in a recent e-mail exchange have called the "gobbledygook" within the profession. The organization leaders won't do it because they are afraid they will lose current members and/or not gain enough new members, particularly from those who stay away from organization membership because of the tacit or overt acceptance of the gobbledygook.

We know some of the largest chiropractic organizations and even some chiropractic colleges disseminate information that is of questionable validity, at best.^{1,2} Thus, they perpetuate the gobbledygook because they fear that eschewing it, or even better, condemning it, will cost them members.

Organizations often won't condemn a chiropractor's actions that clearly are not in the patient's best interest or are illegal. There is a natural fear of a slander or libel suit for condemnation prior to complete adjudication. However, I received a complaint from a president of a state organization about an article I wrote concerning a chiropractor who was convicted of a crime. I had suggested that the organization needed to vociferously condemn the doctor's actions. Despite the fact the doctor pled guilty, the organization didn't want to make a statement about how repugnant the doctor's actions were. The organization was listening to that doctor's apologists. One can make up all the excuses one wants after the fact, but in this case, the doctor copped a plea to a more minor offense when the crime was much more severe.

I was told by a doctor (who never takes them) that taking full spine X-rays on every patient is acceptable because a doctor believes they are crucial in developing a treatment plan. This is despite the fact that these X-rays add to a patient's overall radiation exposure and are of questionable diagnostic value, especially when used on every patient.³ I have written before about how belief is not an adequate level of evidence when making patient care decisions.⁴

I was told (by another doctor who doesn't do this, either) that always waiting 24 hours before treating a patient is appropriate if the doctor really needs the time to ponder the case. This I find comical. I mean, are there chiropractors who are such slow thinkers, or, does every patient who presents to us have such a profoundly complicated case, that it takes the DC a day to figure out what to do, when an emergency room physician can figure out how to handle severe trauma in a

millisecond?

Can you imagine an ER doc saying to a patient, "Mr. Jones, you have come to me today for the treatment of injuries you sustained in a horrible car accident. I have performed my complete examination and now will need 24 hours to ponder the best way to handle your case. Please go to the front desk and schedule an appointment for tomorrow, where I will give you a thorough report of findings, including some reading material on your condition, and my recommendations for care"? Surely chiropractors are smart enough to determine the appropriate diagnosis and treatment for a patient on the spot. I fear the only reason to make the patient wait 24 hours is to instill fear: "Gee I must have a real serious problem, if the doctor has to think about how to treat me for a whole day."

We know that all social groups, including professions such as ours, develop a protective attitude toward members of their group. This protective attitude often supersedes our repugnance at immoral acts by members of the group. We believe that airing our "dirty laundry" is somehow betraying not the perpetrator of the immoral act, but the profession as a whole. In reality, we become complicit in their act that we abhor, but won't expose and diminish our status as a profession, when we don't expose immorality in our ranks.

Some organizations' actions and policies give evidence of a view of the validity of facts in a way that is similar to moral relativism, rather than moral pluralism. The moral relativist says something is right if it is OK from that person's perspective. Moral relativists can excuse the 9/11 attacks by using Bin Laden's viewpoint. A moral pluralist says there are lots of moral points of view, but they are not all equal.

Similarly, there are not multiple facts in defined situations. When someone pleads guilty to a crime, they are guilty even if they claim innocence after the fact. When there are no data showing that taking full spine X-rays on every patient results in benefits for the patients that outweigh the risk of the radiation exposure, it is wrong - even if some chiropractor believes it is right. When the only reason for making patients wait 24 hours before their report of findings is the Machiavellian manipulation of the patient to play upon their naive fears, so they are more likely to sign up for 'lifetime care', it is wrong, even if a chiropractor has used moral self-deception to convince themselves it is in the patient's best interest. No amount of rationalization will make these practices right. And yet because of the NHL syndrome, many professional organizations won't condemn practices that are clearly wrong.

In his book *Ethical Ambition*, Derrick Bell writes about how taking a moral stand can and should lead to a life with many achievements: "In the real world, if we don't fear the consequences of our action, what makes us brave or courageous for taking it? In fact, courage has no meaning if there is no consequence to be feared. The consequence feared might be minor, ('If I say what I think, he'll be angry') but it must be real. You can feel at risk because your sense of self is threatened, or your job, or your ego, or the happiness of a loved one. The consequence might even seem of little importance to somebody else ('So they don't promote you, so you'll go work somewhere else, big deal'), but the consequence must seem real to you."⁵

I submit that our professional organizations need to get an adjustment for "NHL syndrome" and summon up the courage to make courageous moral choices. As Bell says, this should lead to many achievements. I believe one of them would be cultural authority.

References

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Stephen Perle, DC, MS
Bridgeport, Connecticut

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