

We Get Letters & E-Mail

Where Is Our Place at the Health Care Table?

Dear Editor:

I just read the "[Bringing Chiropractic Into the Mainstream, Part 1](#)" article in the July 30, 2005 issue of *Dynamic Chiropractic* [part 2 available [here](#)], and feel it is worthy of comment and clarification. The article raises many more issues than it clearly addresses.

What health care table do we as a profession want a place at in the 21st century? Is it the same table set by our allopathic practitioners in our current failed health care system? Do we want the same supposedly "scientific" system that has the U.S. ranked 21st in infant mortality and morbidity, 37th in health care, and 29th in life expectancy? Do we want the same system in which medication "properly prescribed and taken" kills 180,000 people in the U.S. each and every year?

I hope the authors do not think they are speaking for the profession at large when they say "we" want our place at the health care table. This is the same table that more and more Americans are getting up and leaving. To see some of the indications of this, we only have to look to the following:

- the Eisenberg studies in *NEJM*;
- health club memberships at an all-time high;
- grocery stores have "natural food" and organic sections;
- the growth of the bottled water industry;
- the growth of the nutritional supplement industry; and
- the explosion in the number of new massage therapists, acupuncturists, and naturopaths.

I have to ask, why would we even want a seat at the existing health care table? Our current "system" is one in which medications with greater risks than benefits are routinely approved by the FDA and prescribed by physicians. Look at Vioxx and hormone replacement. Surgeries are routinely performed that have never been shown to positively and quantitatively impact quality and longevity of life.

If you choose to practice chiropractic in a mechanistic reductionistic model, I support your right to do so. If your model of chiropractic is limited to the treatment of musculoskeletal pain syndromes, I will fight for your right to do so. If you are truly interested in cleaning up the unethical conduct among practitioners and consultants, I support you. Perhaps we should look deep within for unethical and unwanted practices to clean up first.

Let's look at the conduct of NBCE and how they conduct "business." Let's look further at the seemingly incestuous relationship between NBCE and FCLB. And while we are at it, how about cleaning house at the CCE? The abuse that the authors mention seems to be rampant within our own testing and regulatory agencies. Might it not be wiser to clean those up first?

If there are and I'm sure there are practitioners and consultants guilty of fraud, abuse, and quackery, then I am in full agreement that we need to clean that up. What I am afraid of is that

what you might consider fraud, others might consider ethical and honest.

For instance, if a consultant can help practitioners to educate the public so that they choose lifetime chiropractic care, I support them. For me, and I believe a significant portion of our profession, chiropractic is a philosophy of life and an approach to life and health, rather than a treatment system for a myriad of musculoskeletal pain syndromes.

When I see articles like this, I want to applaud the authors' concern, while at the same time I become fearful of any segment of our profession trying to decide for the rest of us how to practice. Would they have us model ourselves after a medical profession that portrays itself as scientific, yet has little in the way of hard evidence to support the efficacy and safety of many, if not most, of their protocols and procedures?

If you want a place at the health care table, be my guest, but count me out! If you feel motivated to limit yourself to a mechanistic/reductionistic model of life and health, go ahead. But count me out!

How can we communicate with medical physicians regarding best practices when it appears that such practices are absent in medicine? I agree that we should take a zero tolerance attitude toward fraud and abuse within our profession. My concern is, whose job is it to define abuse? If it is a chiropractic office fronting as a house of prostitution, I think we can all agree. But if it is a coach who teaches chiro to teach the public the benefits of experiencing a nervous system as free as possible from the devastating effects of the vertebral subluxation, then count me out!

As far as research goes, I fully support research into chiropractic. I feel that we as a profession have been misguided in most of our research.

We have focused on chiropractic treatment for neck and back pain. I would like to see more investigation into the effect of chiropractic on a person's whole life physical, emotional, chemical. Might we be missing the boat with our research? Isn't it possible that the patient presenting with low back pain may fail to see resolution of their pain with chiropractic care, yet still benefit in many more significant ways?

I, for one, do not believe we can achieve unity in our profession as far as agreeing to a model or scope of practice. I do believe we can and should adopt a "live and let live" philosophy.

Bill Berkowitz, DC
San Luis Obispo, California

Another Perspective on "Bringing Chiropractic Into the Mainstream"

Dear Editor:

Dr. Donald R. Murphy, et al., were incredibly accurate in their assessment of deficiencies pervasive throughout the chiropractic profession. It was a relief to know that there are still some cerebral chiropractors left willing to address such sensitive matters. I wholeheartedly concur with these 10 doctors that our educational standards are declining, our research support is meager, and the prevailing attitude among chiropractors' borders on the extreme. If the collective mind of the profession fails to legitimately reform these deficiencies, our survival will continue to be challenged. Unfortunately, the chiropractic bureaucrats and decision-makers continue to ignore the critical thinkers or worse, admonish them for blasphemy.

Robert Falco, DC

The "Phraseology" of Chiropractic

Dear Editor:

Amen and amen again to your ROMF in the 09/01/2005 issue of *DC*. [*Editor's note*: See "Enhances the Immune System and Promotes Antioxidant Activity," by Donald Petersen Jr. Available online at www.chiroweb.com/archives/23/18/14.html.]

I have been practicing the greatest healing art on the planet for over nine years now and have always been of the "allowing philosophy" within the profession of "live and let live," with respect to how other chiros run their offices, the profession, etc. In the past, I have not involved myself with semantics and language and its importance with respect to our profession, but the other day, it hit me. Pam cooking spray with canola oil. What the heck is canola oil? Canola oil is "Canadian oil," formerly known as rapeseed oil.

Hmm is that a marketable word? No way; not in a million years. Allopathy health care or sick care? No question those clueless bunglers of the human body and human experience choose to call it "health" care and to be honest, they have no clue that all they do is sick care, but I digress. The only reason we have the marvelous, positive, and enlightening term "manipulation" is because it is of allopathic origin and not of chiropractic origin, and those in the profession who have incredibly low self-esteem, no clue about marketing, and are clearly trying to kiss up to the medical profession have sold out, probably without thinking this through.

We will never succeed in mass selling a product with a negative connotation. This is just common sense. Some in the profession say we can't sell the adjustment, subluxation, or even the word "chiropractic." The pharmaceutical companies have succeeded in selling the public with "big words" such as cholesterol (four syllables), gastroesophageal reflux disease (gimme a minute, Donald, I think I'm dizzy after that one), osteoporosis (most patients don't even know the prefix *osteo* refers to bone) I rest my case. The allopathic industry releases these words at an incredible rate to the public, yet we've had the same phraseology for the past 110 years. I must be missing something and so has the profession, for a long time.

I really, really hope that the recent Campaign for Chiropractic will address this with the same approach used when the public gets hit with anything else that has ever gone over

repetition in education. That's it. It really is just that simple. If I've missed something here, I'm 110 years too late, 110 years too early, or just nuts! Hold on, one of my CAs is delivering me some crazy pills as I write this. Keep up the good work, Don.

Lee Birk, DC
Wichita Falls, Texas

"The ACA Did the Right Thing"

Dear Editor:

I am writing in response to the recent letter concerning documentation and the OIG report from Dr. Gary Estadt of Mentor, Ohio. [*Editor's note*: See "There Is Absolutely No Excuse for Poor Documentation" in the Sept. 14, 2005 We Get Letters & E-Mail section. Available online at

www.chiroweb.com/archives/23/19/22.html.] Dr. Estadt's sincerity and thoroughness are certainly evident in the length and nature of his comments, as is, no doubt, the very high quality of his practice and standards.

I must, however, take exception to his terming the ACA response to the OIG report as "laughable." The ACA did the right thing in responding to a report that appears to discriminate against a provider class. Of even greater significance, the ACA response articulates the very real scenario that highly effective and dedicated practitioners, chiropractic and otherwise, may employ diverse practice procedures, including documentation protocols, and still be of great benefit to their patient populations in particular and their communities in general.

I commend Dr. Estadt for using what he considers to be the "gold standard" (dictation) in his own practice. I also know outstanding DCs (and MDs, and others) who use freehand notes, computerized systems, travel cards and other methods personalized to their practices. The ACA deserves praise for the wisdom to embrace the individuality that professional practices of any kind must possess to achieve excellence.

I am not an ACA officer in any capacity; just a simple practicing DC who has been an ACA member during most of my years since graduating from Logan in 1982. The ACA is clearly trying to embrace the profession as a whole and deserves the membership and support of the chiropractic community.

David R. Hepler, DC
Lincoln, Illinois

Let's Quit Putting Each Other Down

Dear Editor:

Occasionally I ponder letters received by your publication and question the direction of our profession.

Most recently, one doctor questioned DCs who put other initials (DACBR, CCN, etc) after their name. He stated, "Do they think they are better?" and ended by saying, "Who gives a rat's ?" I just wanted to say thank you to all those chiropractors who have taken some of their free time and hard-earned money to better themselves and make themselves even better than those who don't give a rat's

I wonder why so many colleagues see being a doctor/physician as being mutually exclusive of being a "principled" chiropractor. I, for one, love treating athletes and people with sports injuries. I use my stethoscope, blood pressure cuff, otoscope, etc. And yes, I adjust subluxations, use soft-tissue techniques, nutrition, rehab and acupuncture when treating my patients and refer if needed. But I also treat and talk wellness with my patients and children including my wife and child.

Am I compromising myself because I also talk with patients about their labs, diagnostic tests, etc? Come on, we are better than that. On the other side, if you are strictly a low-back-pain, neck-pain paradigm doctor, the evidence for proactive wellness care is starting. I realize further research into wellness is needed (e.g., dose dependence, the role of energy medicine and nutrition), but we must start somewhere.

Let's get unified, quit putting each other down, and make ourselves the best practitioners I know

we can be.

Bernard J. Krenner, DC, CCSP, FIAMA, RTP
Decatur, Alabama



OCTOBER 2005

©2024 Dynamic Chiropractic™ All Rights Reserved