

## We Get Letters & E-Mail

"Be Careful With the Brush You Use to Paint"

Dear Editor:

I just read Dr. Perle's article on the NHL [Sept. 27, 2005 issue: [www.chiroweb.com/archives/23/20/12.html](http://www.chiroweb.com/archives/23/20/12.html)] and I must take issue with some of his comments. I am a doctor who refuses to consult, examine, radiograph, report, adjust, therapy, and discuss finances on the first day. I don't do it because I am "slow minded," as he puts it, or because "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 naïve 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."

Do you actually believe that by sending a patient home for a day, I can make them sign up for lifetime care? If so, what prevents me from signing them up for life on day one? The only person I got to sign up for life with me was my wife, and that took eight months and a pretty expensive ring.

I do a consultation, examination and radiographs on the first day. I do some pain control therapy or simply a hot pack, and I schedule them for report the next day. How am I doing something that is clearly wrong and should be condemned? You use the analogy of an ER doctor making split-second decisions; name for me one condition that we as DCs treat that is an absolute emergency and cannot wait one day. Most patients have lived for days with the pain before coming to you. One more day will not kill them and if it will, they should be with that ER doctor and not you.

I have the patient come in the next day for a report so I can:

1. write up and organize their file, checking for any missed tests and questions;
2. organize their financial file so I don't get hundreds of dollars in before having to tell a patient they are going to have to be a cash case because the insurance they thought they had is an HMO that doesn't cover me;
3. not spend three hours with one patient, making all my other patients wait;
4. research the drugs the patient may be taking;
5. fax requests and receive reports on the patients back by the time they return for their report;
6. spend time on their X-rays in review, which I may not get to until three hours later;
7. call a fellow doctor and get advice or help, if I have something out of the ordinary.

How is any of this moral self-deception? I do all this to provide better care, not to try to get the patient to sign up for lifetime care. When that patient comes back for a report, I go over the findings and tell them about their financial "picture," refer them when necessary, and I use the report to waylay any fears or doubts the patient may have. In my experience, a little extra time gets the patient the care they need by getting rid of the fears and stereotypes the patient may have.

As for full-spine X-rays, I agree, but I will say be careful with the brush you use to paint; yours may be a bit too wide and your glasses a bit too narrow.

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"Why Does Dr. Perle Have a Platform?"

Dear Editor:

In the Sept. 27 issue of *DC*, I was reading the "Ethics" column, authored by Dr. Stephen Perle. I have noticed an air (in more than one of his columns) that seems opposed to those in the profession who are not similar in his views. These are to be construed in his article as being "unethical"? I am sending him correspondence as well - not to chastise, but hopefully to get him thinking.

Especially in the realm of "clinical science," I would think Dr. Perle would have come to the realization that there are an infinite number of possibilities of practice methods which are ethical and serve the good of the public. I am going to take the liberty of guessing that he has not practiced using a technique which utilizes structure to make outcome-based recommendations or takes into account the safety of a more force-oriented technique. Any DACBR will tell you that one doesn't know what's on the inside without films. I have found many variants on many patients which altered the application of certain adjustments.

With respect to his apparent hang-up on things philosophical, it seems as though Dr. Perle didn't get the genius of Palmer when he determined that the cause of disease is "trauma, toxins and autosuggestion." Am I missing something or do those sound amazingly like the three possible and ever-present stresses on the human organism: physical, chemical and mental and emotional stresses? The wellness practitioner knows that to combat these stresses; one needs to move well, eat well and think well. There is more science - yes, real science - in neurological journals and physiology journals which validate this philosophy than anything else going on in real health care. Chiropractors are more poised than ever to do something constructive about this. I guess my question is, why does Dr. Perle have a platform to knock about 80 percent of the profession, without a constructive forum of debate?

*DC* has been doing a fantastic job recently in giving platforms for unity, and I'm not seeing the benefit of Dr. Perle's stance for anyone but the docs who practice within his guidelines. I'm no expert in chiropractic or allopathic research, even though I've read my share, but I speak for myself and others in the profession - which is more than big enough to be inclusive of several approaches within the profession. I think Dr. Perle's approach to "fixing" the profession is more harmful than Dr. Kinsinger's silly billboard, with no evidence to back his stance. I love diversity in the profession. The fact remains that the principles the profession was founded on will remain. I'm not sure if our profession will guard them, nurture them, or at least ... use them. Rest assured, someone will.

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