

Gilligan's Island

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Most established chiropractors should be able to remember the old television sitcom "Gilligan's Island." This show was built on the backdrop of seven contrasting personalities marooned on an isolated island. Week after week, the characters would entertain our culture with their antics. They spent each episode talking about and planning how to reach the outside world, but their talking and efforts never amounted to anything. Their plans were zany and lacked the substance to allow them to reach the outside world.

With little effort, we can see the similarities between Gilligan's Island and the chiropractic profession. Think of the seven personalities on the island: the lovable simpleton, the old salt bursting with sea stories about the old days, the intellectual who lacked relevance, the self-centered celebrity, the couple obsessed with money and prestige, and finally, the pragmatic, good-natured farm girl. Only the fear of lawsuits prevents me from bringing this parallel to fulfillment by putting the names of well-known chiropractors alongside the caricatures from the show.

The analogy works surprisingly well: The characters involved are isolated and unable to go anywhere. They talked at length about reaching the bigger world, but their plots and schemes never amounted to much of anything.

Currently, chiropractic is like the characters of Gilligan's Island, more focused on our "island" than reaching the world. We spend our time, energy and money arguing about life on our self-created, isolated "island," instead of escaping the madness. We seem to be resolved to our fate of isolation and marginal significance, and somehow believe that our only hope is to be rescued by someone in the outside world.

It is time for chiropractors to stop wishing to be set free from big medicine, managed care companies, and public perceptions and to proactively work to escape from our circumstances. If we do not create a logical, systematic, and scientifically defensible "escape plan," chiropractic will continue to struggle to be relevant in our society and may be reduced to a small alternative medicine fringe group.

As a profession, chiropractic does not currently have clear direction. We need to create a 25-year plan that is futuristic, relevant and pragmatic. It need not be concerned with including all views in chiropractic, but it should move forward with a consensus of the mainstream of our profession and its patients.

Years ago, the physical therapy profession realized that it needed to escape its island of being technicians subservient to the medical profession. The leaders of physical therapy developed an ingenious 25-year plan that has been extremely effective. This plan had the goal of elevating physical therapy from technician to doctor status. Anyone who has observed the maturation of the physical therapy profession must agree that those who charted their current course were visionary. Their 25-year plan has resulted in expanded scope, market share, and most noteworthy, the *doctor of physical therapy*. Will we sit back and resent physical therapy's successes or learn from them? If we are wise, we will learn a valuable lesson from physical therapy and create our own long-term

plan.

The educational, political and clinical arms of chiropractic need to be able to embrace this unified plan for the future of chiropractic. Vendors may choose to support the burden of creating this plan, while observing the process from the periphery. I would hope that the vendors would be able to trust the profession to create this 25-year plan, and then partner with us to see it through.

How can we develop a 25-year plan for the future of chiropractic? We should establish a seed panel of chiropractors with backgrounds in education, research and licensing issues. This panel also should include respected clinicians to keep the discussions down to earth. The panel should then shepherd this process by conducting forums with the major players in chiropractic, always including field doctors in the process.

During this process, the planners will need to address these and other questions:

- Should chiropractic be an alternative to traditional medicine or complement it?
- Should chiropractors be primary care providers, spine specialists, doctors of manual medicine, rehabilitation specialists, neuromusculoskeletal specialists, or strictly subluxation adjusters?
- Should chiropractic remain drug-free, or should we write medical prescriptions (as D.D. Palmer did in the early days of his practice)?
- Should we attempt to build bridges with the medical profession or remain secluded?
- Should we seek full integration into hospitals?
- To what degree will we uphold the standards of evidence-based care?
- What changes will take place in our educational institutions?
- Should we seek to integrate chiropractic education into state universities?
- Should we develop a plan for true residential internships and residencies to replace our current method of weekend seminar diplomates?
- What will be our scope of practice 25 years from now?
- Should chiropractic education include more original research?
- In which aspects of health care will chiropractic be able to claim ownership?

Once these questions are answered, the chiropractic profession must move forward quickly with a well-defined, long-term strategy. We will never have 100 percent agreement in any plan, nor should we require it. There always will be dissenters on both sides of every issue. The consensus must be the mainstream of chiropractors. We need to have a definition of who we are and what we do that is relevant, defensible and realistic.

If chiropractors do not define chiropractic, someone else will. To quote the politically astute Jesse Jackson, "If *they* can define you, *they* can confine you." We are now in the 11th hour. We have squandered enough valuable time. We must move ahead now and not allow a critical window of opportunity to close.

MAY 2006