

# What Can Forrest Gump Teach Us?

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After 44 years in this profession, I have witnessed firsthand the historical struggles chiropractors have endured; struggles that have caused us to be divided and to clash openly before government agencies, the military, the U.S. Department of Education, various insurance providers and, most importantly, the public, over our identity. Today, due largely to our own behavior, we find ourselves isolated, orphaned and yearning to find a safe home, possibly somewhere between mainstream and alternative health care.

Externally, today's chiropractor appears very confident, but our level of competence is often questioned by the research and scientific communities and, more importantly, by the public we treat. Even the "good guys" in chiropractic (who they are depends upon your point of view) today are questioning many of the core issues and beliefs long held by the profession. Some attribute blind adherence to these core values to be the cause of research funding restraints, insurance exclusions, mistrust, isolation, lack of credibility, and direct competition from physiotherapists and other providers, resulting in diminishing numbers of the public utilizing chiropractic services. There also exists a feeling of urgency among a growing number in the chiropractic profession that the window of opportunity for the profession will remain open for only a short period of time.

Some reading this article will not want to hear this message. Others will agree, and some will distort the intent of this article, but that is precisely what happens with every concept proposed for the profession. An irrefutable fact is that the public has not taken us seriously as a profession because some have collectively chosen to abandon any semblance of internal responsibility in an effort to further our own self-interests. During the past 25 years, we have gradually changed our focus from patients to profits. Sad to say, but I believe that unfortunately, we have severely and carelessly depleted the positive reserves in that public confidence bank account built up over the previous 25 years, in an effort to focus on economic benefits.

Some justify their actions by claiming prejudice: "The medical system has held us back for years by not allowing us every opportunity to do what we want to do." Others claim persecution, evidenced by limited insurance coverage and punitive managed-care contracts. There is some validity for the apprehension felt by those in practice who are fighting these issues on a daily basis.

However, much of the prejudice and persecution being felt exists largely because we have no clear professional identity. Undoubtedly, there were times when the labels of injustice and unfair competition were true, but what we are experiencing today is largely brought on by what we ourselves do. There are those in the profession who have chosen to fuel a victim mentality, waging a war against medicine, against the establishment and against science, often for self-motivation. Some DCs have fallen into the trap of faulty thinking, becoming victims by buying into the promise of personal riches if they follow this program or that program. It generally happened because as a profession, we were lacking self-discipline, trading professional responsibility for personal expediency.

For these actions, we are now paying the price for not being who we should be and could be. We cannot change our history, but we all can be and can become men and women of integrity - ethical

professionals guided by knowledge and truth - by making changes.

The challenge requires us to no longer focus primarily on ourselves, but to place the interests of our patients first. It becomes possible only through the incentive of each of us, individually. Change cannot be mandated, legislated or outlined in any set of guidelines; change has to come by way of each individual's desire.

Our great nation was built with simple core values: helping others, respect, honesty, integrity, and a belief in doing what is right for all. The walls of isolation and self-interest that bind chiropractic must be broken and replaced with core values that have withstood the test of time. Society views us for what we do daily, not by what we say we are. Simply, we need to walk our talk.

Some will ask, and rightly so: Why should we choose change? My immediate response would be that we should do so out of respect for the millions of people who stood by us when we were a downtrodden profession; for those who trusted us in the past and allowed us a climate and an opportunity in which to grow. Do it for the thousands who receive relief for a wide range of conditions daily, and for those who will be giving us the honor and privilege of treating them and their children in the future.

How do we start to change? How do we begin again? By using concepts from unrelated fields and applying them to chiropractic; and by applying lessons learned from business and industry to our own situation. Other suggestions are to look where we haven't looked before and to be creative, using out-of-the-box thinking to solve tomorrow's challenges.

The now-famous movie quote, "Life is like a box of chocolates," captures the uncomplicated wisdom of the character Forrest Gump. If life is a box of chocolates, what would chiropractic look like if it were the ideal box of chocolates? Do your own test; ask 10 different chiropractors. You may well wind up with 10 different assortments of chocolates.

Some hope was restored recently by the attendance at the ACC-RAC meeting in Washington, D.C. Maybe we already have a group of good thinkers who have demonstrated their concerns for the profession and who are committed to the advancement of chiropractic. This entire group stands out rather clearly, as do the participants from the college and research community who presented at this conference. Educators, scientists, researchers, political leaders and field practitioners together met and exchanged ideas at the ACC-RAC conference. They shared their visions and thoughts, hopes and dreams, opinions and research. To alter Forrest Gump's metaphor slightly, "Chiropractic is like a box of chocolates." Clearly, this is what might be said of our profession. Some in this chocolate assortment will undoubtedly represent the next generation of chiropractors by providing a framework on which to rebuild.

### The Chiropractic Box of Chocolates

As we open the box, those chocolates in the very center are always the finest, representing a blend of the other select chocolates. These would represent the "new" generation of doctors of chiropractic. This chiropractor fills the expectations of the marketplace while representing the basic role of chiropractic. He or she has an integrated education and practices within a collaborative model. This doctor gives and receives from a body of health science that stresses the best care for every patient. Patients would be treated using a protocol exclusively within the chiropractor's competencies, or in collaboration with other professionals. The competencies are in the areas of SMT, rehabilitation, nutrition and counseling, prevention and safety. They would be science-based and patient-centered, with a consideration for the historical traditions of respecting the body's ability to heal itself.

The four corners of the chocolate tray offer very select chocolates that would represent ethics, integration, research and collaboration. The chocolates from the outside row would form the boundaries of the profession. Selections from the four corners would blend as they meet and extend to the center, comprising the makeup of the new-generation chiropractor. This is how they might be meaningfully arranged.

The collaboration corner would have chocolates in which faculties of medicine and other disciplines would share and teach a curriculum comprised of the most current information and skills to succeed. There would be common lectures given by the same lecturer to different disciplines. Chiropractic would no longer be isolated academically, and trust and bounds would be established with medicine through understanding and respect. Multidisciplinary conferences would teach the most current procedures to the practicing care providers.

The integration corner is where patient treatment would be integrated, with the patient receiving optimum care from a single selected provider or through an integrated, multi-team approach. The health system would improve in both cost-effectiveness and efficiency. Emphasis would be on patient care rather than patient marketing.

The ethics corner would represent the relationship between integration and research. These chocolates are particular favorites of both the patients and health care providers. Benevolence (doing something for the good of the patient), intellectual honesty (being able to say, "I don't know") and self-effacement are some of the most popular choices.

The research corner is situated between the corner of integration and collaboration. This corner moves us from faith-based to evidence-based. It provides the stairs to professional credibility.

This chocolate assortment also would have several dark chocolates, more bitter than the others. Few people would select them as their first choice. These might well be chocolates that fit only within certain niches and selected tastes. Fortunately, a large chocolate company has discovered a new ingredient to mix with the dark chocolate, which does have some unique healing properties, to take away the bitterness. These dark chocolates do have a place in the box and, with some ingredient changes, may well become favorites.

What has slowed the sale of this chocolate assortment is that when one lifts up the first layer, there is an assortment of mismatched chocolates thrown in the lower layer in the box. There is no order or defined boundaries to this assortment. Some are past their time and have melted to the bottom of the box; others are visibly bruised. They are different flavors than those in the upper layer. There are quite a number of chocolates in this layer, representing advertising, promotion, lobbying, talk of the harms of drugs and surgery, packaged deals for lifetime care, bait-and-switch programs, and promises of long lives and more bogus schemes, than you ever imagined. There are a few uncertain varieties, with labels and flavors such as "emotionally charged" and "one cause, one cure," along with a few "anti-science" models, and some that are a bit mixed up and have little remaining appeal.

The purchaser is hesitant to buy. He likes the assortment in the top layer, but feels the chocolates are overpriced when he has to take the bottom layer as well. The seller says, "I hear what you are saying, but I have this old stock on hand. What should I do with them?" Does the buyer buy? Does the buyer wait for new packaging? Does the buyer purchase them somewhere else?

We can have as much fun as we want with the chocolate story, but it is clear that there is an assortment of chiropractic varieties in our chocolate box. We not only need some new packaging, but also consumer focus groups to let us know what they are willing to buy and what they are

willing to believe. In days gone by, there was little challenge to the supremacy of the spinal adjustment delivered by a doctor of chiropractic. Today there are many who are nipping at the profession's heels, gaining in credibility, stature and cultural authority.

What the profession does with the information clearly available to it by the various future scenarios and very credible presentations made at the recent ACC-RAC conference is entirely up to us. What is needed is a recognition that something must be done, or the chocolates will simply remain on the shelf with an expiration/extinction date; sort of a "To Be Sold By (fill in the date)."

Obviously, there is no easy answer to the myriad issues facing the profession. What is crystal clear, however, is the fact that chiropractic is being scrutinized under the most aggressive electron microscope the profession has ever encountered. There are great things happening in our research and academic communities. There are equal challenges on the political front. More disturbing on the consumer front is the profession's loss of credibility because of the lack of a unified public relations message. We cannot expect our associations to fix it all, or our colleges to have all the answers. It is up to each and every DC to search their own conscience and recognize that the words "If it is to be, it is up to me" apply here.

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