

Food for Thought 2007: Trust

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Editor's note: Once a year, Dr. Andersen diverts from the topic of nutrition to provide "food for thought" on an issue affecting the chiropractic profession. Much of this article addresses the 2003 Gallup Poll on honesty and ethics in health care. After Dr. Andersen had written and submitted this article, results of the 2006 Gallup Poll were released, showing similar results in terms of the public's perception of chiropractors and other health care professionals. We reported on the results of the 2006 Gallup Poll in the Jan. 29, 2007 issue. For more information, visit www.chiroweb.com/archives/25/03/06.html.

It is impossible to keep up with this information age, and I have often told friends and patients my goal is to simply fall behind at a slower rate than the competition. In many areas of the United States, times have changed for chiropractors. There are a number of reasons for this, and our education and association leaders deal with them daily with a huge disadvantage - our image.

The 2006 Harris Poll on the most trusted professions did not include chiropractors, but jarred loose some neuronal plaque build up somewhere in my cortex, prompting a recall of the last major survey to include chiropractors. With the help of Google, I located the Nov. 14-16, 2003 CNN/USA Today Gallup Poll results. These results were collected from a random sample of 1,004 adults across America, questioned over the telephone for their opinion on the ethics and honesty of varied professions. Every few years, this annual poll emphasizes health care. Of the 23 professions included, seven were from health care, whereas normally, the poll includes only medical doctors and nurses. See Table 1 and Table 2 for poll results.

Only 31 percent, or fewer than one in three people, considers the ethics and honesty of DCs to be "very high" or "high." This is troubling enough on its own, but even more so when twice as many people feel DVMs, MDs and RPHs are honest and ethical. In other words, we were the least trusted and least believed health care discipline. It was little consolation that we beat congressmen, lawyers, stockbrokers, insurance agents, HMO managers and car salesmen.

Profession	Very high	High	Average	Low/Very Low	No Opinion
Nurses	25%	58%	16%	1%	0%
Veterinarians	16%	52%	27%	2%	3%
Medical Doctors	16%	52%	27%	5%	0%
Pharmacists	17%	50%	29%	3%	1%
Dentists	11%	50%	34%	4%	1%
Psychiatrists	8%	30%	44%	13%	5%
Chiropractors	5%	26%	49%	15%	5%

Profession	Percent of respondents
Nurses	83%
Veterinarians	68%
Medical Doctors	68%

Pharmacists	67%
Dentists	61%
Psychiatrists	38%
Chiropractors	31%
*Table 2: Combined totals from Table 1 of "very high" and "high" poll responses.	

Before we address lack of trust, we must ask what makes a person trust a health care professional. The knee-jerk reaction would be clinical competency, but I believe there is a more important reason, and the results of the survey support it.

The most trusted health care professionals are nurses. Do people think they are clinically superior to the doctors they work with? I doubt it. Had the poll included reasons for trust, I think the answer would go something like this: "Nurses put my health before their wealth." Granted, patients normally are not billed directly by nurses and this undoubtedly doesn't harm their high ratings. However, no matter how talented a provider is, if the public feels a decision about their health is influenced by the financial gain of the provider, trust is severely compromised, if not destroyed. How sad to think that Americans must feel DCs put bucks before backs in a very big way.

So, how can a natural, drugless profession that is more than 100 years old have such a poor reputation? Why would a discipline with a unique doctor-patient relationship (the average chiropractor takes the history, performs the examination and delivers the treatment personally, without middlemen) score so poorly? The key to answering these questions may lie in some common responses given by chiropractors to the following statement. When a patient says, "My pain is gone," he or she often hears one or more of the following:

- You need to return because of your X-rays.
- You need to return because your legs are uneven.
- You need to return because of your muscle test.
- You need to return because of a lawsuit.
- You need to return because the injury happened at work.
- You need to return because we have 10 more visits on the treatment plan.

The problem with the above list is that people come into our offices for pain relief. Take a look in the Yellow Pages, on Web sites or wherever DCs advertise; our message is all about safe, fast, effective and gentle pain relief. When we deliver as advertised, we then have a perfect opportunity to build trust. If a DC's response to "My pain is gone" is "Call me when you need me," trust is built.

On the other hand, when we provide rapid, natural relief and then begin a dog-and-pony show to create any excuse, other than pain, for patients to return - people get suspicious. If people believe their chiropractor is more interested in getting them to return than in getting them better, we are in trouble.

That leads us to examine the source of this horrible image. To me the answer is obvious. Practice builders - aka marketers, consultants, trainers, coaches or whatever you may call them - are a problem that we have ignored for far too many years. They are the greatest threat to the future of chiropractic. Teaching chiropractors how to treat patients longer is wrong. It is professionally embarrassing and unethical. Most importantly, it ruins the public's trust.

True, incomes may decline when a patient on a 12-visit plan is pain-free after the third visit and is then released on the fourth visit. But just imagine what would happen if, instead of 30 percent, 70 percent of the public felt we had very high or high ethics and honesty? The consequences of becoming a most-trusted profession, both intended and unintended, are countless and have

absolutely no downside. Referrals from MDs alone would create a shortage of chiropractors. We would be competing with local DCs not for more patients, but for new graduates to help with our impossible workloads. If we did hire a consultant, it would be to answer the question, "How can we improve our care?" rather than, "How can we prolong our care?" Anyone care to predict how people would react to equal results in fewer treatments the next time they are polled?

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