

We Get Letters & E-Mail

In Defense of the California Chiropractic Board

Dear Editor:

Based on the talk between sessions at a CE seminar I went to last summer, I'd say that the members of California's chiropractic board acted in the best interests of the profession and the public when they dismissed the executive director last week. When I did the math, about a fifth or a sixth of the class at that CE seminar was complaining bitterly about what was going on at the board. Here's a summary of their grievances:

The investigator hired by the board to investigate complaints against doctors has never been to a chiropractor, never had a back problem, never personally known a chiropractor, and has little respect for the profession, but still is making judgments about what is and isn't appropriate in chiropractic offices in California; and is making recommendations for discipline that are usually followed by the folks back at the office, who are also mostly folks who have little understanding of chiropractors and chiropractic.

The chiropractic doctor who is hired by the board to have the final say on all practice and discipline decisions throughout California is an X-ray specialist who has little experience in treating patients, and who has a horrendous conflict of interest by virtue of being employed by the largest workers' compensation insurance company in the state of California to make the final decision on who gets paid and who doesn't. (And if you didn't like that decision, and complained to the chiropractic board, there was that same doctor again, saying that the decision made by the [same] doctor over at the insurance company was perfectly correct). There are a whole series of Web site postings of formal complaints to the chiropractic board about the abuse of treating doctors by this "chiropractic consultant to the board."

At another continuing education seminar I was at last summer, one of the newer members of the chiropractic board, appointed by Governor Schwarzenegger, audited the seminar to check on the quality of instruction. Having been to seminars that ended an hour early, yet gave full credit, and remembering one where the entire class took a half-hour break with the clock running because the instructor wanted to watch an important horse race on TV, I'd say the Arnold appointees are doing a good and much-needed job.

The fact that the executive director of the California Board of Chiropractic Examiners would continue to employ people like this and allow practices like this to go on suggests this "person in charge" was not running the business of the board in a way that promoted justice, followed the law, was fair to doctors and furthered the welfare of the people of California.

What I get is that the new board is cleaning up a corrupt bureaucracy and taking the California chiropractic board back to doing good, honest, respectable service for the people of the state of

California.

*H. Gordon Ainsleigh, DC
Meadow Vista, California*

Will the Public Ever Understand Our View of Health Care?

Dear Editor:

Reading the results of the recent Gallop Poll was disheartening. It is never enjoyable to be part of a group that is, in essence, seen as dishonest. No doubt, our profession has a hand in that rating. We do have a high number of unscrupulous marketing ploys and flat-out ambulance chasers in our profession. But there is another side.

The other part is, how honest will we ever be in the eyes of the public when our paradigm is so much different than that of allopathic health care? I think this is a huge issue. We live in a country that is overmedicated, has far too much surgery, is very sick, and spends double the amount on health care than other countries. Yet we are seen as dishonest for recommending various treatments? Of course, people are going to see us as dishonest when every other ad on TV, radio, magazines and the Internet promotes drugs, and when a media strokes all "things" mainstream. Then some "doctor" (chiropractor) says there may be another way?

I think we would do well for ourselves to out some of the unscrupulous marketing, ambulance-chasing, advertising and treatment recommendations. It may "bump" up our results next time around, but until Americans see another side to health care, we can only do so much.

*Bernard J Krenner, DC
Huntsville, Alabama*

The Epidemic of Chiropractic Diagnosis

Dear Editor:

I read with great interest the front-page article in the Feb. 12, 2007 issue of *DC* regarding *The New York Times* essay on the "epidemic of diagnosis." In your article, you reported that the essay condemns "the medicalization of everyday life" and "the medicalization of childhood." What a great article to have in a chiropractic newspaper, as it is applicable to so many members of our profession who engage in the same kind of behavior - such as "the chiropracticization of everyday life," i.e., trying to get people to receive maintenance adjustments on a regular basis, regardless of whether they need them; and "the chiropracticization of childhood," i.e., trying to convince parents to bring their children in for routine adjustments, also in the absence of clinical indication.

Your article inquires about what's behind this epidemic of diagnosis. As usual, the answer probably comes down to money. Could this also be what is behind the "chiropracticization of everyday life" and the "chiropracticization of childhood"?

The article then asks, "But who is to say which health services are needed and which are not?" and states, "Clearly, there has to be a conflict of interest within a system whereby those recommending the services and those selling the services are making money off the people who are less than able to debate if the services are really required." How perfectly this fits those chiropractic practices that try to sell lifetime maintenance care and large numbers of visits for conditions that require

relatively few visits to treat, all to unsuspecting patients who do not have the ability "to debate if the services are really required."

Next, the article states, "The focus seems to be to convince the American public that they can't truly be healthy unless they constantly are being assessed for illnesses and conditions for which they may be at risk and taking the currently recommended drug to reduce that risk." This is a perfect description of the subluxation-based, lifetime-of-care chiropractic practice. That is, chiropractors for whom the focus seems to be to convince the American public that they can't truly be healthy unless they are constantly being assessed for subluxations and taking the currently recommended regimen of lifetime adjustments.

The article finishes with a quote from the *Times* essay: "Perhaps someone should start monitoring a new health metric: the proportion of the population not requiring medical care." I would add to that the proportion not requiring chiropractic care.

Your article represents a wonderful opportunity for the chiropractic profession to look within. Chiropractors who try to sell the public on lifetime adjustments to improve health - in the absence of any evidence that this is beneficial for anything (other than the chiropractor) - are rampant in our profession. This behavior needs to be exposed and condemned in the same way that the *DC* article exposes and condemns "the medicalization of everyday life." The scientific evidence may support some of the things that the *Times* essay condemns and may not support others. But it certainly does not support the "chiropracticization of everyday life" and the "chiropracticization of childhood." It is time for our profession to stop tolerating such irresponsible and self-serving behaviors in our colleagues. Our profession's public image has suffered enough from this kind of thing. It is time we put a stop to it. In the meantime, we are in no position to throw stones.

Donald R. Murphy, DC, DACAN
Providence, Rhode Island

Our Position in the Health Care Marketplace

Editor's note: The following letter to the editor is directed to Dr. Louis Sportelli, longtime author of the "In the Court of Public Opinion" column for *DC*. The article referenced in the letter appeared in the Jan. 15, 2007 issue; www.chiroweb.com/archives/25/02/14.html.

Dear Dr. Sportelli:

I read your *DC* article, "The Wellness Bandwagon Is Full - Now What?" with great interest and tremendous sympathy. We both understand that whenever you speak out against the magical thinking so prevalent in our profession, you risk arrest by the chiropractic police. That said, I wonder if this piece was your first salvo calling for an embrace of the NMS model of chiropractic or if this is your "final offer." If this was the first piece in a series, I think you have opened the door to a re-evaluation of our position in the health care marketplace. However, if this piece was meant to stand alone as a real call to action, I'm just not sure it goes far enough.

Dr. Sportelli, your introduction provides a very good explanation of branding, including both its power and limitations, and you go on to explain that chiropractic has indeed established a brand and a clear niche. More importantly, you challenge chiropractors to accept and fully embrace the role in American health care that we have actually created, or which, in any case, has been assigned to us, as opposed to the role that we may one day imagine ourselves fulfilling.

However, my concern is that you've soft-pedaled the actual public perception of our profession a

bit. The painful truth - and I know you've been in the field long enough to know this - is that even after 110 years, chiropractic has been saddled with two dominant associations in the American consciousness: They crack your back, and doctors don't like 'em. This is also part of chiropractic's brand and is as strong an association in the public's mind as our NMS persona. Further, these two associations have become negatively linked in the awareness of the non-chiropractic-using public. What does this mean? It means many Americans will not see chiropractors, not because they believe in drugs and don't believe in conservative care, but simply because they are afraid of us. They are afraid of getting cracked, especially of getting their necks cracked, and they are afraid of getting hurt.

I report this simply as an honest retelling of the story I have heard, with great sadness and some humiliation, many times over the past 23 years I have been in practice. It is possible that I hear this story more frequently than others since I do not use high-velocity techniques, and many patients have told me that they have only come to chiropractic care because they knew I wouldn't "crack" them. As a result of this feedback, it's my personal view (and believe me, I wouldn't try to sell this view wholesale to other DCs) that chiropractic should not be uniquely associated with high-velocity adjustments to the cervical spine. Rather, these techniques should be represented as being just a part of the large repertoire of safe and effective techniques used in the chiropractic arsenal. This is necessary if we wish to expand American interest in chiropractors as the providers of choice for the highest quality NMS care.

I want to close by supporting your plea to chiropractors to fully embrace NMS care, and then to provide it at a higher level of quality than all other professions. I believe this represents unarguable truth. Finally, putting aside the issue of high-velocity adjustment techniques, should your essay represent the beginning of an organized effort to sell our profession, and the public, on an expanded definition of chiropractors as the NMS specialists of choice, I would be interested in participating in any group that might form around the furtherance of this effort. It's time to proudly embrace our strengths and then to vigorously educate ourselves and our public.

With warm regards, I thank you for all of your efforts on our behalf.

Richard Kowal, DC
Submitted via e-mail

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