

We Get Letters & E-Mail

"Detrimental, Divisive and Destructive"

Dear Editor:

At this time of year, I sometimes think of football analogies so please forgive my simplification of the ACA/ICA merger issue: The refusal of merger to even be "on the table" for the ICA smacks to me of a situation where someone wants to be on offense or defense (you take your pick which organization is doing which!), but doesn't want to be associated with the team.

To take this analogy even further, why is there a complete preoccupation with remaining separate to pursue the same goals? What's so wrong with the notion of keeping our differences in the locker room, within our own profession, so to speak, and once we are on the field, competing for our profession with a unified and consistent voice?

This continued demand for separation is detrimental, divisive and destructive. It will only lead to the dissolution of our beloved profession.

*Finbarr Mulvey, DC
San Marcos, California*

Recapturing the Essence of Chiropractic

Dear Editor:

Thanks for your report of findings in the Sept. 24 issue of *DC* ("The Brainwashing Is Working," www.chiroweb.com/archives/25/20/17.html). I have been in practice for 14-plus years, and you reminded me of a valuable lesson that I have strayed from.

To back up slightly, I worked my first three years in a high-volume practice. I was poor, in debt and married with two kids already - a story with which many of us can identify. I saw how exciting this practice looked and was very naïve, mostly excited just to have a job and help heal lots of people.

But after a few months, I realized there was a lot of bad intention on the part of the practice. Nothing illegal - just that any education, consult or report of findings was really used to make more money and get the patient to commit to more and more care. Not a bad problem, or so it seemed at first. But when I was told that *everyone* (regardless of injury, age, etc.) should be three times a week for three months, I became very downhearted.

Eventually I had the courage to stand up for what I believed in and was fired on the spot - the best thing that could have happened to me. But I was burned out on patient education and making the strong or right recommendations during a report of findings for years. Some years, I didn't give them any recommendations, only going from visit to visit. I bowed to pressure and my own bad experiences.

But I've been much more balanced and in line lately, and thanks to your report of findings, I have once again captured the true essence and intention of patient education. Thanks a ton!

Greg Huron, DC
Bethlehem, Pennsylvania

Advocating for Diverse Viewpoints

Dear Editor:

I was prompted by your message in the recent issue of *DC* to visit chiroweb.com. I must say, having once been a columnist for your paper during a time when it ran a banner of "Unity Without Uniformity," it is disturbing that chiroweb.com and *DC* itself are strongly and exclusively presenting one philosophical viewpoint, that of therapeutic, mixed chiropractic.

I imagine you see it necessary to use the pages of the media for political purposes to advance this one viewpoint, yet it is exactly the politicizing that keeps the profession engaged in civil war. It is a sad situation, indeed. I will continue to hope that the chiropractic profession can overcome the efforts of those who favor domination over progress.

James W. Healey, DC
Lakewood, New Jersey

In Favor of Informed Consent

Dear Editor:

I would like to lend support for Professor Stephen Perle, DC, MS, of the University of Bridgeport, whose article on ethics, titled "Good Advertising," appeared in the Sept. 10, 2007 edition of *Dynamic Chiropractic* (www.chiroweb.com/archives/25/19/16.html). I also share concerns that unsuspecting patients are being misinformed regarding the concept of "subluxations." As Professor Perle correctly points out in the article he references, subluxations have no valid evidence to support their existence.

The evidence is that manipulation is indicated for musculoskeletal conditions. This evidence is so well-documented that even Harvard Medical School now teaches a course on manipulation as an alternative treatment for back pain. Patients should at least be informed that subluxations are nearly a hypothesis that some doctors hold as part of their philosophy. They then can make an informed decision as to whether or not to accept care.

Craig E. Wiens, DC, PhD
Wooster, Ohio

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