

We Get Letters & E-mail

Editorial Staff

Going Beyond the Evidence

Dear Editor:

Kudos for publishing Dr. Christopher Kent's paper on evidence-based chiropractic. ("Where's the Evidence for Evidence-Based Chiropractic?" Published in the Oct. 7 issue of *DC*.) What he says in that article has needed to be said for a long time. If I only did what the "evidence" says I can do in practice, I would feel like my hands were tied behind my back.

A couple of years ago at ACC-RAC, I was booed down when I asked the expert panel what they thought about the future of proprietary techniques in chiropractic. The answer was something like: "I wish they would all disappear." That answer got a round of applause by a group of people I can only assume are not practitioners. I was dismayed and don't understand that attitude.

So thank you, Dr. Kent, for your words, and thank you, *DC*, for allowing his voice to be heard.

Jerry Hochman, DC
Acworth, Ga.

The Perils of Technology

Editor's note: The following letter to the editor is directed to Dr. John Hayes, a recent contributor to the publication (June 17, 2008 issue).

Dear Dr. Hayes:

I wanted to tell you how much I enjoyed your article, "A Necessary Evil? Lessons From Technology Meltdowns." I doubt if many DCs realize how important your message is. A considerable amount of the technology we use actually interferes with the human touch, true communication and human interaction, and can make the visit impersonal and the office less friendly. The clinic owner needs to be vigilant against that happening.

Years ago, I remember one of my very hard-working, pleasant young chiropractic assistants looking frustrated up at the front desk. I asked her what was wrong. She replied in all innocence, "Oh, Dr. Baird, the patients keep interrupting me, and I cannot get my computer assignment finished!"

What an eye-opener that was for me! The CAs were so skilled on the computer and the computer programs were so interesting that the patients had been relegated to playing second fiddle! Playing with the computer had somehow become more fun than playing with the patients!

Quickly I called a staff meeting and did some role-playing to re-educate the CAs and inculcate the attitude that the patients are not an interruption of our work; the patients are our work! I also reassigned some of the computer work to Wednesdays, when the clinic was closed to patients, so

the CAs could come in and work on their assignments(and dress casually, too!).

Thanks for a nicely written article.

*Rand Baird, DC, MPH
Chair, Public Health Committee
Chair, Associate Member Committee
World Federation of Chiropractic*

Another Perspective on Fluoride

Dear Editor:

The responses to Claudia Anrig's article regarding the dangers of fluoride [July 1 *DC*] raised some dander, and I would like to comment. In the letters by Drs. Clancey and Ventura defending mass fluoridation [July 29 *DC*], both our government and the American Dental Association were cited as references. As chiropractors, we should be the first to question "mass" anything, particularly when government and a large lobbying group (an association with clear \$interests\$) are involved in the decision-making process.

This may have been one of those issues decided by a 10-9 vote. That would be 10 for mass fluoridation and 9 against, and the consensus of the group is thus that fluoridation is wonderful!

Let's also move past the potential for manipulated outcomes so often found in research, and use some common sense. In this instance, common sense tells me other factors besides fluoride deficiencies result in most dental issues, given that the nutritional products I use in my office to support dental issues contain no "therapeutic" levels of fluoride. Common sense also would lead me to believe, based on the periodic chart, that too much of something like fluoride is bad. This reminds me of the debate over mass vaccinations.

*Wiley N. Alexander, DC
Washington, Kan.*

Where Is the Spinal Subluxation?

Dear Editor:

In her recent column in the July 1, 2008 issue ["Is the Spinal Subluxation a Risk Factor?"], Dr. Meridel Gatterman asks several questions regarding subluxation, but she omits the most important question, and really the only one that matters: "Does subluxation exist?" Given the fact that the profession has never answered that question, her other questions are, at best, premature and, at worst, moot.

*Donald R. Murphy, DC, DACAN
Clinical Assistant Professor
Department of Community Health
Warren Alpert Medical School of Brown University
Providence, R.I.*

Beat Them at Their Own Game

Dear Editor:

I read with great interest and disgruntlement, but not surprise, your article in the July 29 edition of *DC* concerning the AMA's resolution to restrict the term *physician* to only MDs/DOs. It occurred to me that if other qualified health care providers cannot win this battle by reversing or containing this ruling, then one certainly should be able to demand equity by making certain that the term *manipulation* is restricted to its logical place for DCs only. It would then be considered a felony for anyone but a DC to represent oneself as performing "manipulation." In other words, we could defeat the AMA at its own game, at the same time taking concrete steps to solve a problem which has dogged the chiropractic profession worldwide.

Anthony L. Rosner, PhD
Director of Research Initiatives
Parker College of Chiropractic

Letters to the editor should be e-mailed to editorial@mpamedia.com with "Letter to the Editor" in the subject field. Submission represents acknowledgement that your letter may appear in a future issue of *Dynamic Chiropractic*, but does not guarantee publication. We receive considerable correspondence from the profession and endeavor to publish a variety of perspectives as space allows.

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