

We Get Letters & E-Mail

We Need to Become Increasingly Skilled to Survive

Dear Editor:

I loved your article on "[The Commoditization of Chiropractic](#)" [Oct. 21 issue]. In today's ever-competitive market, it was very timely. I too am worried about the message we send when the Groupon or Yelp deal of the day is an exam, massage, X-rays and follow-up visit for \$35, when I typically pay more than that for a quick dinner with my wife.

Another issue you didn't mention in your article is that typically, the doctor is losing money on the deal yet trying to hook the patient into a big care package for thousands of dollars which can come across as sneaky or sleazy and long-term devalue our profession (whether it is a commodity or just our image).

It is a tough market, but one in which we need to unite and improve rather than cheapen our profession. We should be becoming more and more skilled so that we stand out among our peers (both chiropractors and other health care providers).

We offer more than a crack and we need to start charging for our brain not just a crack which a massage therapist or physical therapist can mimic (and do currently and will more so as we further this trend). We are trained in diagnosis and have a great deal of health information (from nutrition, stress management, behavior modification to exercises) we can share and should be paid for, and like you said, we should be educating our patients about this difference. Thanks for covering this important topic.

*Andrew Cohen, DC
San Francisco*

Is Chiropractic Commoditizing Itself?

Dear Editor:

I agree with Donald Petersen in "[The Commoditization of Chiropractic](#)" that chiropractors are not a commodity. I, however, as a patient, have a different take of the situation. I feel chiropractors encourage this view. As a patient, try and find a chiropractor. Other than the letters after their name, how can you differentiate one from another? To the average patient, these letters have little to no meaning. How many will actually learn what they stand for?

The American Chiropractors' [sic] Association puts all chiropractors out there as being equal. Even the state association where my chiropractor practices frowned when he advertised he was an orthopedic chiropractor. Don't I as a patient have the right to know? When a doctor puts himself out in time, expense, and effort to be able to help his patients more, won't this information help the patient make a better choice? True, this may not make him a better doctor, but it does let me, the patient, know he has done more than the minimum in an effort to help his patients. Because of his

additional training, he may be in a better position to solve more advanced problems. If chiropractors are not to be viewed as a "commodity," then they need to show me how they can help me, even before I step foot in their office.

Cissy Allen
Blue Ridge, Ga.

CCE Revisions Will Benefit the Profession

Dear Editor:

I am writing to commend the CCE's proposed revisions to its *Accreditation Standards* and to thank you for making the profession aware of this information. [I disagree with Dr. Edwards' accusation](#) that an "ivory tower, left-wing fringe of the profession" is trying to go against the mainstream by these revisions. In reality, I think the "silent majority" agree and know that the profession can no longer just sit idly by as every other profession and person who knows even a little bit about musculoskeletal problems outmaneuvers us and restricts us from every angle. We are losing serious ground as a profession.

It is high time someone embarked upon taking this profession "out of the basement." Many in the profession support the CCE's proposed action, but are not courageous enough to stand up and say so! With these necessary changes, the public will be more completely served and the profession will benefit and thrive as well. Thank you, CCE!

Michael Lynn, DC
Exeter, Calif.

We Must Move Into the 21st Century

Dear Editor

I'd like to express my disagreement with the argument outlined in the Insider's Insight column written by Dr. James Edwards [["What Is the CCE Trying to Pull?"](#) Oct. 21 DC].

1. With regard to deleting reference to the word *subluxation*: This word has been a source of confusion in dealing with the health care system at large. Every other profession understands this to mean a partial dislocation, while we define it as a spinal segmental dysfunction. Chiropractic does not exist in a vacuum ... we must coexist with many other providers and a common vocabulary is essential.
2. With regard to deleting the provision that we must practice "without the use of drugs or surgery": The world of pharmacology has come a long way since the dawn of chiropractic. Back then, conventional medicines included arsenic, mercury, strong purges and other unpleasant interventions. At that time, "[drugless](#)" was perceived in a very favorable light. Today, pharmacology includes many "poisons," to be sure; but also includes some very useful compounds which may be of great benefit to our patients. With proper training, chiropractors are precisely the providers who should be included in the dispensing (or not!) of these items, as we view the body not only in the chemistry model of conventional medicine but also in the mechanical and autoregulatory model, which offers many drugless options for treatment and a more coherent basis for treatment selection. If the ACA master plan does not allow for this, then it should be changed.

3. With regard to our designation, whether doctor of chiropractic or doctor of chiropractic medicine: I don't think our patients really care what we call ourselves. In the general public, the word *medicine* has a much more general connotation than we give it, and it is not negative or pejorative. Chiropractors in favor of expanded scope would certainly not insist on a designation different than any chiropractor comfortable with a narrower scope. Our medical colleagues have long understood the desirability of a wide scope and self-determined boundaries; some provide only conventional care, others incorporate integrative therapies and all call themselves "MD."

We must move into the 21st century as a vital part of the health care system and not as a loose affiliation of practitioners who cannot agree on what we do or even what we're called!

I hope that Dr. Edwards will re-evaluate his position at this pivotal time in our history and remain open to changes that will ultimately enhance our ability to best serve our patients.

Cathlynn Groh, DC
Englewood, Colo.

Dynamic Chiropractic encourages letters to the editor to discuss any issue relevant to the profession, including response to articles that appeared in a previous issue of the publication. All letters 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 *DC*, but does not guarantee publication.

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