

The Profession Formerly Known as Chiropractic

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As reported in this publication last month, the Council on Chiropractic Education has released its revised accreditation standards, which go into effect in 2012. The 2012 *Standards* were approved by unanimous vote. In a press release, the CCE stated that "the 2012 Standards provide the DC programs with much greater flexibility in designing curricula and clinical experiences to achieve the required metacompetencies and clinical outcomes" to prepare students "for entry into chiropractic practice as a primary care chiropractic physician."¹ Conspicuously absent are references to vertebral subluxation or acknowledgment that chiropractic is a drugless profession.²

The terms *primary care* and *primary care physician* are not defined in this document, despite their mention. There are conflicting definitions of primary care and primary care physician.

Definitions of Primary Care

World Health Organization (WHO): The definition of primary health care adopted by the World Health Organization in the [Declaration of Alma Ata](#) is as follows:

"Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process."³

The document goes on to describe specific components of primary care. According to this definition, primary health care:

"includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs."³

Under this definition, primary care must include a number of services, such as the provision of drugs and vaccines, which are outside the scope of chiropractic practice and incompatible with chiropractic philosophy.

American Academy of Family Practice (AAFP): The American Academy of Family Physicians [defines primary care physician](#) as follows:⁴

"A primary care physician is a generalist physician who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient's care. Such a physician must be specifically trained to provide primary care services.

"Primary care physicians devote the majority of their practice to providing primary care services to a defined population of patients. The style of primary care practice is such that the personal primary care physician serves as the entry point for substantially all of the patient's medical and health care needs - not limited by problem origin, organ system, or diagnosis. Primary care physicians are advocates for the patient in coordinating the use of the entire health care system to benefit the patient."

In this document, the term *physician* requires a primary care physician to serve "as the entry point for substantially all of the patient's medical and health care needs" and limits the term *physician* "only to doctors of medicine (M.D.) and osteopathy (D.O.)."

Institute of Medicine (IOM): The definition of primary care adopted by the IOM Committee on the Future of Primary Care is as follows:⁵

"Primary care is the provision of *integrated, accessible health care services* by clinicians who are *accountable* for addressing a large *majority of personal health care needs*, developing a *sustained partnership* with *patients*, and practicing in the *context of family and community*."

The IOM definition defines *primary care* as including "addressing a large *majority of personal health care needs*." *Note carefully this definition:* "Majority of personal health care needs refers to the essential characteristic of primary care clinicians: that they receive all problems that patients bring - unrestricted by problem or organ system - and have the appropriate training to diagnose and manage a large majority of those problems and to involve other health care practitioners for further evaluation or treatment when appropriate." Is this what CCE will expect from new DCs?

A Virtual Cartel

When the CCE last faced the National Advisory Committee on Institutional Integrity of the U.S. Department of Education,⁶ committee members made an extraordinary observation - that the chiropractic profession was controlled by a "virtual cartel." Dr. DeNardis, a university president, former congressman, and committee member, stated, "[S]ome of this, maybe most of it, is a consequence of, at least as I see it, a monopoly control of a profession which has led to the establishment of a virtual cartel." Chairperson D'Amico responded, "Dr. DeNardis, I don't know if you hate cartels and monopolies more than me. I think it would be a real contest. So I am sympathetic to your notion of can we send a message about cartels and monopolies and inclusion and the answer I am hearing is yes." Dr. Pruitt said, "Madam Chairman, for the record, I'd like to tell you I have a long and distinguished record of also hating cartels as well. So I'd like to associate myself with that point of view."

Unfortunately, the CCE was given a pass, with Dr. Pruitt effectively throwing in the towel, noting, "I think at the end of the day where I come out is that we cannot reconcile or resolve the doctrinal disputes within this profession; we can't even referee them. That would be extraordinarily presumptuous on our part. This is going to have to work itself out within that community, and there may be winners and losers. But so be it."

Morris Fishbein, a vitriolic critic of chiropractic, got one thing right when he wrote, back in 1925, "Osteopathy is essentially a method of entering the practice of medicine by the back door."

Chiropractic, by contrast, is an attempt to arrive through the cellar."⁷ His words were prophetic, [given the mischief going on](#) in places like Oklahoma and the Land of Enchantment.⁸

The "virtual cartel" identified by the Department of Education committee is making its move. We are seeing a proliferation of the oxymoronic term *chiropractic medicine* appearing in state laws,⁹ professional journals¹⁰ and even Association of Chiropractic Colleges (ACC) ads.¹¹ At least one chiropractic college president has asserted that the word *chiropractic* is not a noun. Someone send this person a dictionary!¹²

Will this small, radical group morph our beloved profession into a grotesque caricature of the vision of our predecessors, who suffered the indignity of incarceration so that we may legally practice today? Will the apathetic majority rise up and save the "sacred trust" placed into our custody for safekeeping? Will chiropractic survive as a separate and distinct, drug-free profession, or will it become a third-rate provider of allopathy: the profession formerly known as chiropractic? It's up to you.

References

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