

We Get Letters & E-Mail

Prescription Rights Will Not Give Us Integrity

Dear Editor:

Many thanks for James Edwards' article, "Drugs and Chiropractic: Exposing the Red Herring and the Trojan Horse" ([Sept. 23 issue](#)). Thank you, Dr. Edwards, for exposing the truth behind the pro-drug forces in chiropractic. We've seen in other circumstances that if you "follow the money trail," you will always see who is standing to gain the most from any proposed changes. It is wise to remember that not all of us became chiropractors to have "coaches" and "no-fail modalities" so that we could get 10,000 patient visits a week, retire at 35 and play golf until we die. Some of us actually became chiropractors to help our fellow man, sometimes without reimbursement, for as long as we can. That, in the end, is a lot more rewarding.

After reading Dr. Edwards' article, two other points worth considering regarding prescription rights came to mind. First, consider that your practice will start to attract undesirables who are hooked on pain pills and other narcotics looking for the quick fix. Do you really want your holistic practice inundated with "dopeheads" who have no interest whatsoever in natural health? Second, with all the adverse reactions and dangers from prescription drugs (which we see and hear about on a daily basis with our patients), *why* would anyone want to be a part of that? Do you really want to know that the scrip you wrote helped to kill someone quicker? Or put them on dialysis?

Let's start thinking with our heads for once instead of our wallets! If you are that greedy and can't help people with your technique, learn one that works and the money will follow. Otherwise, I'm sure all the medical schools would love to take your tuition money and you can become one of them.

When I read [the ChiroPoll](#) results around the same time, I was physically sick to my stomach to think that 39 percent of those who answered want prescription rights. Obviously these are chiropractors just out of school, have student loans to pay, and took no philosophy classes (God bless you, Fred Barge!) to guide them. They are desperately trying to stay afloat, no matter what.

This is sad. Without our integrity, we are nothing. Prescription rights will not give us integrity; either we already have it or we don't.

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Arguments Don't Hold Water

Dear Editor:

As a chiropractor for over 30 years, I just had to respond when I read "Seeing Around the Corner: Drugs Will Harm Your Practice" ([Aug. 26 issue](#)). Dr. Edwards thinks he's making some real points against chiropractors having limited prescription authority, even if many chiropractors choose not

to prescribe. He couldn't be more wrong - and I'm one of the chiropractors who would choose not to prescribe!

Dr. Edwards' arguments against obtaining prescriptive authority include losing our identity as natural healers, increased malpractice insurance rates, being seen as a "second tier" chiropractor to those who choose to prescribe, requiring to learn and pass exams on drugs, losing cross-referrals from MDs who now would think you're competing with them, and bad PR if a patient dies from a chiropractor's prescription. Where do I start? Oh, I know: what about losing MD referrals? What referrals? Chiropractic publications are full of ads for seminars that train chiropractors how to get MD referrals. Do podiatrists need this training? Do dentists? No, they do not. MDs gladly refer to these professions precisely because they prescribe drugs and can work with them.

And which MDs is Dr. Edwards referring to? Oncologists? No. Allergists? I don't think so. Family-practice doctors? Try again. OK, what about orthopedic surgeons? This seems the most logical, but it isn't. Most orthopods are too busy setting broken bones and performing hip, knee and back surgeries. I hardly think they're in competition with us.

What about state boards requiring DCs to learn about drug interactions and then testing them on it? What's wrong with that? Do you want to live the rest of your professional life with your head in the sand? I know a chiropractor in my area, a National graduate, who saved a patient's life after spotting a potentially fatal drug interaction just by reading the patient's case history. This chiropractor immediately contacted her MD and pharmacist, and a potentially fatal mistake was averted. Oh, but heaven forbid chiropractors learn about drug interactions. "Not me. No sir. I'm a principled chiropractor. I want to make D.D. and B.J. proud."

Fine. Go stand on a milk crate in a public square while waving the Green Books over your head. Aren't chiropractors considered primary health care physicians, or at the very least, portal-of-entry-physicians? If you answered "yes," then go act like one.

I really like Dr. Edwards' statement about bad PR. Sure, it would be disastrous if a DC poisoned a patient. And yes, that would make the news. It also makes the news when a chiropractor is blamed for causing a stroke with an upper cervical adjustment. It also makes the news when a chiropractor is arrested for insurance fraud; even more so than when an MD is arrested for the same thing. Is Dr. Edwards saying that we're enjoying good PR now? Really? Since when? I must be watching too many Cubs games, because I missed that one. All that good PR must be passing me by.

Get real, doc; prescription authority can only enhance our image. I know that's not the good reason to have it, but increased public respect will ultimately be a byproduct of prescriptive authority.

The "second tier" argument doesn't hold water, either. It also reveals a great sense of insecurity that someone would even think that. Health care is mostly a cottage industry; a referral industry. People choose their doctors by asking their friends. That, and if their insurance covers their services. Dentists, for example, have different privileges based on their specialty; e.g., some can administer general anesthesia while others cannot. Does this diminish the status of the dentist who cannot administer general anesthesia? No. The dentist who cannot may be better at root canals or cosmetic dentistry. Likewise, a chiropractor who chooses not to prescribe may be more adept at manipulation. I only care what my patient thinks, the one I'm treating now, this minute; not what the "public" thinks. I don't treat the public. I treat one person at a time. And this one person has a brother, a friend at church, and six co-workers who want to see me.

The only point Dr. Edwards makes that has some merit is increased malpractice rates - but only for those who prescribe. And why not? With prescribing comes more responsibility. Is Dr. Edwards

saying we would all be guilty by association? Malpractice carriers ask each chiropractor if they perform acupuncture or hair removal, or use a class IV laser. With each non-chiropractic procedure the chiropractor performs, the higher their rates go. But notice that if you don't do any of these non chiropractic procedures, your rates don't change much. Is Dr. Edwards forgetting there is fierce competition among malpractice carriers?

I can add one benefit for chiropractors to have limited prescriptive rights: our schools would swiftly fill up instead of going out of business! Not only that, but there would be a better quality of students - higher GPAs, entrance exams, and state money for research.

If Dr. Edwards chooses to practice chiropractic like it was practiced in 1908, then fine. I sort of wish it were 1908. At least I'd be able to see the Cubs win a World Series.

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