Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

Dramatically Different Philosophies

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Much has been written about the American Medical Association's decision to label obesity as a disease. In case you missed it, in its annual meeting this past June, the AMA House of Delegates voted overwhelmingly to classify obesity as a disease – in spite of a 14-page report from its own Council on Science and Public Health suggesting otherwise.[1]

The reasons behind this decision have been met with great speculation. The obvious conclusion relates to more money for medical physicians and better sales for obesity drugs Belviq and Qsymia, which were given FDA approval less than a year ago. Add to this the dramatic rise in bariatric surgeons and it's easy to understand why the AMA made this decision.

The AMA's decision to label all obesity as a disease is perhaps the final stroke in the portrait of a disease-based philosophy; a portrait that demonstrates the differences between this philosophy and a wellness-based philosophy. (Note that there are rare instances in which a person's obesity is actually caused by a disease process. These cases are obviously excluded from this discussion.)

Everyone knows people who are obese. The Centers for Disease Control and Prevention estimates that 35.7 percent of Americans are obese. Their course of "treatment" is dramatically different depending on the philosophical approach they choose.

The Disease-Focused Approach

A patient who chooses to take the disease route should expect to be presented with all of the usual tools the disease philosophy offers: behavioral modifications, drugs and surgery. This focus will ultimately allow the patient to disavow any responsibility and instead task the medical provider with the solution.

As obesity is labeled a chronic disease, it is unlikely that MDs will achieve much more long-term success than the latest fad diet. Patients will be lifelong customers of a growing list of prescription drugs that are required in an effort to address their obesity, its associated ailments and the side effects of the various drugs they are taking.

In the end, the disease approach will depress health and generally provide only marginal benefits. The ineffectiveness of this approach will ultimately be recognized after years of frustration and illness.

The Wellness-Focused Approach

A patient who walks into your office should have a completely different experience than someone experiencing a disease-focused approach. The first step will hopefully be to educate the patient. It's hard to have a goal of wellness when the patient doesn't understand what it is (and what it's not). Patients need to comprehend and be accountable for their health.

The next step will be to restore function. This will get the patient moving, functioning and feeling much better quickly. Nutrition will play an obvious role, along with diet and exercise. As a doctor of

chiropractic, you provide a warm, caring approach that will help obese patients feel good about becoming healthier. This is an important aspect in maintaining wellness.

Keeping fit and healthy is a lifelong challenge. Regular chiropractic care is part of the required regimen to meet this challenge. In addition to helping your patients address their weight issues, you can help them discover that other complaints improve along with improvement in their overall health.

In the end, the wellness patient will live a much better life. Weight gain may continue to be a challenge, but they will know how to live a wellness lifestyle and have the tools to make it happen.

The good news here is that if obesity is labeled a disease by third-party payers, it might just open the door for doctors of chiropractic to be reimbursed for it. If we can demonstrate the effectiveness of the wellness approach, it could begin to enlighten the public about what health really is.

Perhaps some of our nutrition companies will support a research project that looks at the long-term outcomes on obesity from wellness care versus traditional medical care. This would allow our dramatically different philosophical approaches an opportunity to compete in caring for over a third of the U.S. adult population. No small event.

Reference

1. Is Obesity a Disease? (Resolution 115-A-12). A Report of the Council on Science and Public Health. CSAPH Report 3-A-13; presented by Sandra A. Fryhofer, MD, Chair.

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