

Think Scope of Practice Is Finally Secure? Think Again

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ADC friend of mine had just joined an occupational medical group of physicians and physical therapists, and was excited about the prospects of working with other providers in the work-related injury world. As with the physical therapists, he would see patients referred to him by the "occ docs" and treat accordingly.

On one of his first days there, he had just auscultated the heart of a patient with mid-back pain and walked out of the room into the hall with his stethoscope still around his neck. One of the MDs, perhaps surprised to see my friend looking "doctor-like," said, "Hey Marc, do you know how to use that thing?" The doctor didn't mean to be rude, but my friend felt he reacted viscerally, meaning to insinuate, *Don't go acting like a real doctor, because you were hired to do the manipulation. Leave the heart-listening thing to me!*

As Long as the AMA's Around...

The MD's attitude can be understandable, since it seems physicians have slowly been losing their autonomy in the current, whirling maelstrom of health care. They want to stay at the top of the provider food chain and have been getting increasingly more possessive of that position. After all, to my knowledge, the American Medical Association (AMA) only grudgingly recognized the creation of specialties such as physician assistants, nurse practitioners and doctors of physical therapy.

In 2006, the AMA announced its "[Scope of Practice Partnership](#)" to "oppose scope of practice expansions by non-physician providers that *threaten the health and safety of patients.*" (Italics added) But organized medicine has gone further than that. In Texas in 2016, the AMA legislated to have the right to diagnose human disease *taken out of the chiropractic law.* To me, this is like saying, "You chiropractors aren't bright enough to use a reflex hammer, and may hurt some unsuspecting patient with it." The medics [did not succeed](#),¹ but the intent was aggressive protectionism and obviously had nothing to do with patient "well-being."

I can understand their angst, but the chiropractic profession has fought too hard to acquiesce now. Over the years, we have had to claw our way to legitimacy. No better example of this struggle is the battle over basic science tests.

Much like the old antebellum laws restricting access to voting for African-Americans, basic science tests were implemented by state medical organizations as a strong obstacle in keeping DCs, osteopaths, podiatrists and others from getting licenses to practice. Chiropractic basic science education had not yet evolved and strengthened among the colleges, so these tests were intentionally made difficult.

According to Dr. Joe Keating, the late chiropractic historian, from 1927 through 1932 only 26.6 percent of chiropractors passed these tests in seven named states.² The tests finally became obsolete in the 1970s when education had matured and standardized, allowing successful

completion by most healing arts students.

But as a student in those days, I too found myself riding with some classmates to Vermillion, South Dakota, to take one of the last basic science tests available. That's right, we were volunteering to take *their* test, since it would reciprocate with 37 states, giving us a huge leg up over the hurdles of licensure. National board examinations had not been accepted yet by many states. This was also the case among other professions, since I sat between an osteopathic student and a foreign MD from the Philippines.

We Cannot Get Lazy

Chiropractors and the chiropractic profession cannot get lazy in the fight to keep our scope of practice. Some bureaucrat somewhere is plotting to make him or herself look more important, using manipulated health data to show phantom "cost savings" by cutting chiropractic health care out of insurance programs.

No better example of this trend is the change in Medicare prohibiting DCs from ordering simple X-rays. When I first heard about this, I almost chuckled, thinking that it could not be true. But then I read the official decree. So now, after more than 40 years, the Centers for Medicare and Medicaid Services (CMS) is forcing me to explain to any given senior patient that they need X-rays, but I can't order them. They will have to discuss it with their primary care physician. An MD friend of mine called recently and asked, "What the heck is this all about?" Cost savings? I don't think so.

Call me cranky, but I know how to use my stethoscope when I need it. I can even use my reflex hammer without leaving bruises. Before I treat a patient, I would like to know what's wrong with them, and that means I need to come up with a working diagnosis. But, the history of American medical care makes it clear to me that even if your "tribe" of non-physician practitioners has the education and legal right to do stuff, the organized "dominant authority" in medicine may continue trying to take your rights away.

References

1. "Chiropractic Flag Flying High in Texas." *Dynamic Chiropractic*, July 1, 2017.
2. Liewer D, Keating J. *Protection, Regulation and Legitimacy: FCLB and the Story of Licensing in Chiropractic*. Greeley CO: Createspace, 2012.

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