

We Get Letters & E-Mail

A Bunch of Bull

(Editor's note: The following four letters are in response to the Jan. 31 Showtime Network cable broadcast of "Penn and Teller: Bulls#%t," in which Stephen Barrett, MD, and Charles Duvall Jr., DC, criticized the chiropractic profession. For more information, see "Penn and Teller Take Cheap Shot at Chiropractic, Alternative Medicine," DC, March 24.)

Dear Editor:

Since the early 1990s, we have become a society of political correctness - God bless the individual who inadvertently calls a "flight attendant" a "stewardess." Yet somehow, the application of this political correctness to the chiropractic profession is simply nonexistent. For instance, the term "quack," when applied to chiropractors, should have accumulated enough dust by now.

The recent Showtime program was aimed at poking fun at alternative healing methods. I didn't find it amusing in the slightest. As a matter of fact, I was appalled - and believe me - I'm not that thin-skinned. Chiropractic pioneers used to say, "Bad press is better than no press; at least they are talking about us!" That might have been beneficial once, but today, it's only a detriment.

I frequent comedy clubs because I enjoy a good laugh, and there have been times that chiropractic just happened to be part of the comedian's set, and it would elicit a hardy chuckle from me. However, I found the Penn and Teller skit downright nasty, chock full of belligerence, and sprinkled with obnoxious insinuations. To top off all their arrogance, they profiled one chiropractor who believed he could cure just about anything - as well as the "baby-twisting" we supposedly commit whenever children receive chiropractic care.

The bulk of our profession wouldn't underestimate the power of the adjustment, but we realize - what form of health care is a panacea? Those of us who adjust our own children also adjust our child patients, with the intent they will achieve the same results our own children do.

Although we may lack the empirical studies that prove its effectiveness, as long as we "first do no harm," why should we ignore our clinical results until proven otherwise?

Penn and Teller should have done their homework before commenting on the integrity and validity of our profession. They were able to reject the truth for TV ratings because we have such a poor track record of fighting back. For chiropractic "enlightenment," they turn to the inarticulate, self-appointed chiropractic authority, Dr. Charles Duvall Jr., who more or less states that chiropractors are just salespeople, with the sole objective of buying themselves Porsches.

A colleague advised me not to take the show to heart, because people with half a brain are able to "read between the lines." Still, although our profession has the concrete chin of Jake LaMotta, we have the right hook of Richard Simmons. No doubt we're a tough bunch, and we are able to withstand a substantial amount of punishment, but we obviously lack the ability to deliver a single, devastating blow. We must at least learn to keep our guard up!

*Greg McDermott, DABCO, DABFP
Fair Haven, New Jersey*

Dear Editor:

Why would one air a show that does greater damage than good to reputable professions? Why not have Penn and Teller talk about the dental profession, and how they are ripping off the public with their excessive charges (\$1,100 for a crown, \$85 for a cleaning, or \$3,500 for a bridge). Why not talk about the pharmaceutical industry and the many scams that go on behind the scenes, or overmedication that affects thousands of people, especially the elderly? How many hospitals in the United States are staffed by "credentialed" surgeons who make medical errors every day that impact thousands of lives?

How about the physicians who brand organs with their school insignias, leave tools inside someone after surgery, or operate on the wrong part or person? What about the insurance industry that delays or refuses routine treatments, causing unnecessary deaths or illnesses? Are these all scam artists? I daresay that they do the same thing alternative health care professionals do - they struggle, make mistakes and continue on with their mission.

It is disgraceful that a network such as Showtime does not think of what it does to struggling health care professions continuously faced with few research dollars, opposition from the almighty American Medical Association and prejudice from people such as Penn and Teller. What the two TV hosts failed to point out is that chiropractic is sanctioned by the National Institutes of Health (NIH), and is an official component of the Complementary and Alternative Medicine division at NIH, and an approved treatment plan for military personnel in the Navy, Army and VA system.

Chiropractors are employed by hospitals around the country and are included in the credentialed hospital staff. We were among the first to respond to the tragedy at the World Trade Towers. DCs treated thousands of firemen, police and other disaster staff at Ground Zero; the Pentagon; the Colorado Fires; and after Hurricane Andrew. In March, Harvard University included chiropractic in its ninth annual continuing medical education conference. Chiropractic is on the program as part of the "resident in lecture" series at the Smithsonian in Washington, D.C., on complementary and alternative medicine.

What will happen to Penn and Teller when they are faced with chronic illness; cancer; arthritis; joint disease; and other physical ailments? Will they turn to chiropractic? Theirs is simply a mean-spirited program that has no redeeming value!

*Bonnie S. Hillsberg, DC, MHA, MEd
Washington, D.C.*

Dear Editor:

I just finished reading the March 24, 2003, edition of *DC*. I am dismayed by what was printed regarding the Penn and Teller article. Although I was shocked about the whole television special on Showtime, I was even more shocked at the input Dr. Duvall Jr., added to the program.

Is "Junior" dissatisfied with his profession, or did he get paid some sum of money to denigrate it? Is he still in practice? If not, why does he still carry and use the "DC" after his name? Apparently,

Junior does not reap the benefits of being involved with chiropractic, and can only badmouth those of us who are successful in our practices; and those of us who help people with spinal and extra-spinal problems. If this is the case, maybe he needs to seek another profession.

Salesmanship has nothing to do with having a successful practice. In today's practice, we deal with educated people who make decisions based on the information gained from our examinations and expertise obtained in school. People continue to seek chiropractic care because we provide a valuable service to them. I concede that our profession includes certain doctors who bastardize it by making unfounded claims and abusing their privileges and patient trust; however, this is definitely not the norm.

Concerning problems caused by spinal manipulation, apparently Junior is not up on his reading. Yes, manipulations can cause fractures if an adjustment is applied improperly or on the wrong patient. However, plenty of literature dispels the myth that an adjustment can cause disc herniations or strokes. Hit the library, Junior!

Regarding what we buy with our earnings - that's our business! Is Junior envious that successful chiropractors can take nice vacations and buy the things we like to with our earnings? Maybe Junior needs to sit down and look at his practice, if he has one, and determine why he is not doing so well, and why he needs to disparage the rest of the profession. Maybe the problem is personality; regardless, it's his problem to figure out.

Remember, Junior: When you point a finger at others, there are three pointing back at you. Perhaps you need to just get out of chiropractic altogether - that would suit me just fine! I offer the same suggestion my parents gave me, and what I tell my kids: If you can't say something nice about someone, keep your mouth shut!

Christopher Gast, DC
Paris, Kentucky

Dear Editor:

After reading the *DC* article on Penn and Teller, I was infuriated. I would like to see all chiropractors ban together to see DuVall Jr., drummed out of the profession. I am a firm believer that he has violated the chiropractic oath; everything he says does harm to the profession and to chiropractors individually. In my humble opinion, repeated violation of the chiropractic oath should be grounds for loss of license and national board status. What do you think the odds are we can oust this guy out of the profession?

Rich Roth, DC
Denham Springs, Louisiana

The ICA: Past the Point of No Return

Dear Editor:

In response to your editorial, "Are We in Danger of Losing the ICA?" (Jan. 27), I propose the following question: What is the danger you refer to in the title of your editorial? I don't see any. Isn't it obvious that dwindling membership in this organization speaks loudly for its unimportance

in present-day chiropractic? We are so far beyond the fears of losing chiropractic; of being swallowed up by the medical profession, and of losing our identity by straying from our founders' words. We are bigger than that now.

We are constantly in the process of creating our identity, and that is a good thing. From its inception, this profession has been on the defensive. It may have been relevant then, but it isn't any longer. Although we have our detractors, we have always stood our ground successfully, and will continue to do so. The public has always endorsed us overwhelmingly, and they run the show. The public doesn't care one bit about our petty internal arguments; in fact, these arguments look stupid to all laypeople who become aware of them! All they know is that chiropractic works, regardless of philosophical bent or technique.

Chiropractic's relevance (then and now) has less to do with what B.J. said than it has to do with the results we produce, and the research we generate that demonstrates our efficacy. The ICA was the conscience of our profession. It is no longer relevant or appropriate to remain fundamentalist in our approach. Our founders laid the groundwork for us to go beyond, to move into unfamiliar and, perhaps, uncomfortable territory.

It is up to each of us to communicate with our patients that chiropractic begins with the fundamentals, but does not end there. We must all be open-minded enough to allow for the fact that we don't know what the end looks like. The ICA and, for that matter, the irrelevant, cliquish and absurdly juvenile WCA, do not belong in a chiropractic world that is moving forward.

We are not a mainstream profession because of unquestioned, faithful adherence to a straight philosophy. We are who we are because we produce results, and because we care to explore the reasons why. Although the ICA and its members mean well, it is high time to support the only organization, the ACA, that is actually doing something. And if you don't like what it's doing, change it from within. So, I must answer your editorial question by stating there is no danger in losing the ICA; the danger lies in living in the past and keeping it alive!

Steve Perlstein, DC
Santa Fe, New Mexico

"an unnecessary middleman group out to rape us"

Dear Editor:

Your Jan. 14 front-page article dealing with FCLB's PACE program ["FCLB Unveils Draft PACE Program for CE Approval] was a wonderful advertisement for that organization. It was so one-sided and glowing that I wanted to vomit. This group wants to position itself as the only approved organization to present license renewal credit hours. It will monitor the classes, give tests, and then, if you don't pass its tests, require you to purchase another program from it to study - then pay to take another test. It is called "outcome assessment for public safety."

Our national board tests were designed for public safety. Now, you have to take four tests at an outrageous price, and young students must save and beg to get the funds to take them.

You also failed to reveal how many hoops someone will have to jump through to be able to put on a program with PACE's blessing or approval. The cost to do so also is going to be out of a realistic range. Talk about overhead; the practicing DC will have to start a savings plan just to cover these costs!

The best advice I can give every DC is to tell his or her state board that PACE is not needed, and that it's an unnecessary middleman group out to rape us. Don't sit back and think the other guys are going to do it - take action now and call, fax, e-mail or write your authorities. Be proactive; it's so much easier than being merely reactive.

I urge you to investigate this more and print an article on the negative aspects of this program.

Theodore G. Hartley, DC
St. Petersburg, Florida

In Defense of "The Baby Killers"

Dear Editor:

That's a catchy title you gave the front-page article in the Jan. 27 issue of *DC*: It's loud, grabbing and dramatic. Emotion still sells better than hard, cold facts, I would imagine.

Your recounting of the article from the journal *Pediatrics* was relatively accurate.¹ I found your editorializing, however, and even more, your lack of background, rather disturbing. While adverse drug reactions in children are rare, they are frightening and quite concerning when they do occur, and no one agonizes over them more than the physician who prescribed the drug in the first place. As both a DC and an MD, I can assure you that I never write a prescription or an order for a drug lightly. I agonize over each and every one, thinking through the risks versus benefits, the adverse reactions and the impact they will or could have on the patient's life and well-being.

Synagis is a drug that I have, albeit rarely, written a prescription for, and your cavalier handling of it in your article was, well, offensive. You make the statement that, "Palivizumab [Synagis] is used for prevention of severe respiratory infections in high-risk patients. (Note the key word, 'prevention.')" This statement tells nothing of the true indications of Synagis.

The drug, which is actually a monoclonal IgG antibody, is not simply given for some nebulous hope of preventing infections. It is given to a select high-risk group of children to try and prevent the potentially devastating effects of the respiratory syncytial virus (RSV). To fully explain its indications and do justice to the drug, rather than simply indict it, we have to back up and talk a bit about RSV.

The respiratory syncytial virus is implicated in 75 percent of all cases of bronchiolitis cases and nearly 50 percent of all pneumonia cases in children.² Each year in the United States alone, 90,000 infants are hospitalized because of RSV complications at an approximated cost of \$300 million. The virus is ubiquitous in the environment, so much so that virtually every child will become infected within the first few years of life. Most children simply experience a severe cold, with copious, thick nasal secretions.

Illness from RSV requiring hospitalization is most common in children 1-3 months of age, and the frequency and severity of infections decreases with increasing age. Peak incidence of complications requiring hospitalization is at two months of age.

The virus is called "syncytial," because it causes necrosis of the respiratory epithelium of the small airways, leading to a syncytial appearance on pathology. Clinical manifestations of RSV infection typically begin with rhinorrhea and pharyngitis, then a cough and low-grade fever. Apnea, it should be noted, can at times, be the first sign of infection.

Mortality from RSV infection ranges from one to three percent of children ill enough to require hospitalization, meaning that 900-2,700 cases progress to death each year in the U.S. alone. It should also be noted that Synagis is only recommended for those children in whom it is to do the most good. This includes, but is not limited to infants with chronic lung disease who have required therapy within the past six months; and those with hemodynamically insignificant congenital heart disease who qualify because of prematurity or CLD.

This drug is given not only for prevention, but also to a high-risk group, to prevent a potentially devastating illness. A great number of studies show a number of children prevented from dying, far greater than the 705 cases of "suspected" severe or fatal outcomes.

Chiropractic periodicals and their publishers attack pharmaceuticals; that is a fact. But at least have the courage to be fair, honest and balanced. No drug is all bad, just as surely as no drug is all good. there are risks and benefits to them all.

To harp on the risks while ignoring the benefits is nothing short dishonest. In this case, I've seen no evidence chiropractic has anything better to offer - but lots of supposition, theory, dogma-spouting and chest-thumping. If there's something better, offer it!

Believe me, pediatricians would love to have something safer that works better. We're the ones who have to be there when these children crash; who have to intubate them when they won't breathe on their own; who have to talk to the parents when the best we have to offer isn't good enough. It's easy to be cavalier about the downside of these drugs when one doesn't have to treat the diseases they are intended to, and do prevent. It's another thing entirely when you have to give the parents of an at-risk child your best advice on what's best for their child. At that point, speculation simply doesn't cut it!

*Randy J. Ferrance, DC, MD
Mechanicsville, Virginia
Including Limited Pharmaceuticals*

Dear Editor:

I enjoyed the information shared by Dr. Jonice M. Owen on "The Use of Homeopathic Remedies by the Chiropractic Physician," in your Jan. 14 issue. She provides some useful bits of information and good tips; however, the article points out what I feel is the greatest deterrent to the general public's use of chiropractic.

In the article, Dr. Owen says that "homeopathy is a wonderful adjunct to chiropractic care, both in the acute and rehabilitative phase of musculoskeletal injury treatment. In the acute phases, homeopathy aids in pain relief and improved healing time. ..."

My point is that any honest chiropractor who has ever treated an acute patient has wished he or she had pharmaceutical first-line offense. Chiropractic care is great, but I have lost several hundred patients to MDs who provide medication, then tell the patients to discontinue chiropractic care, and often send them to physical therapists.

I do not claim to be an expert on homeopathy, but honestly, the philosophy of dilution does not make sense to me. My question is, why use homeopathy, when an entire pharmaceutical industry, with products that largely do what they claim to do, exists (I do not want to debate "side-effects")? Wouldn't these products also be a great adjunct to our chiropractic care of the acute patient?

I realize licensure is the first obstacle, but is it the only one? Is it proven to be better to give vitamins and homeopathic treatment to acute patients, or is it that since we are not allowed to use medications, we must convince our patients and ourselves that these "natural" methods are superior? I hope not, but I fear that it is more of a truism than the profession is ready and willing to admit.

Believe me, I have lost enough "acute" patients to last a lifetime. I am not a sales man, and I cannot convince a patient with tears in his or her eyes that it takes a full 30 minutes to get from the reception room to the treatment room, or that he or she will not benefit from a short course of medication in conjunction with my therapy. If I cannot administer it to the patient, he or she will get it somewhere else, and I'll lose another patient's confidence.

I have a real practice with many acute patients, and I am certain I am not alone in this regard. When and if this profession ever "steps up" to the future to include limited pharmaceuticals, I will be the first one in line!

*Michael Lynn, DC
Exeter, California*

MAY 2003