

Dogma, Diversity and the Health Revolution

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My role in the profession gives me the opportunity to see and participate in many activities, from the political to the spiritual; from the ISSLS and RAC to the Parker Seminars; from \$10 adjustments to \$10,000 subluxation stations; from dogma to science - in short, from the sublime to the ridiculous, and all points in between. I won't dare say that I've seen it all, for there's always something new in chiropractic just around the corner. The diversity can be interesting, educational, inspirational and infuriating. There's never a dull moment in this profession!

Diversity has its positive aspects. It can be a sign of creativity in chiropractic; of a group tested by hard times and determined to survive. We are the hearty individualists and iconoclasts of health care. Our diversity has been one of our resources, enabling us to meet the many challenges and obstacles presented us. The broad range of attitudes, beliefs, talents and practices in the profession also serves as a buffer against the encroachment of the state on the liberties of the individual in matters of health care. We are, and have been for most of our history, the great bastion of alternative (and complementary) healing for society. It's only in the last decade or so that the fruits of our diversity have been widely acknowledged (albeit grudgingly in some quarters) as valuable to the health of the nation.

At the same time, our diversity is also our great Achilles' heel. This is surely not earth-shattering news, but perhaps it's worth reviewing briefly. We don't agree on what a chiropractor is, what he or she does or doesn't do and why (scope of practice); consequently, we have multiple, conflicting membership societies and agencies (political structure). Our disagreements about fundamental purposes in the profession translate into conflicting orientations toward training new doctors (chiropractic education). We don't agree on how clinical knowledge and procedures should be developed (epistemology), and as our techniques proliferate, we collectively offer the public an ever-expanding smorgasbord of healing methods.

For every chiropractor, noted the late Stanley Martin, DC, there is an equal and opposite chiropractor (the "Forrest Gump" syndrome). We disagree about the proper balance between integration (with the wider health-care and higher-education communities) versus our need for autonomy as a profession, and so we remain largely isolated and ostracized from the world around us. We quarrel about terminology and often cannot communicate clearly among ourselves - never mind with other health-service providers and the public. Some of us see university-based chiropractic schools as a threat to "pure" or "principled" chiropractic, and so we have not acquired the public funding and resources that have enabled other disciplines to mature.

Our diversity confused some of us while we were in training; only the doctor with his or her "head planted firmly in the sand" can avoid this confusion, once in the field. One consequence is a tremendous naiveté - dare I say, gullibility - on the part of many DCs. Charismatic speakers and motivators prey on this weakness, offering "simple" solutions to complex issues in clinical care and practice building. False confidence is sold to clinicians based on simple-minded slogans, flowery epigrams and marketing strategies of dubious ethical dimensions, and we, in turn, all too often pass this nonsense on to our patients. It should perhaps be no surprise to us that we see only 10 percent of the potential market for musculoskeletal problems, never mind the broader range of

health problems to which our methods might usefully be applied. Moreover, our diversity prevents us from marshaling the talent and resources to build a robust science of chiropractic.

We don't listen to the public very carefully. Our diversity includes an arrogance that we too rarely recognize. They've told us time and again that they think we're good with backs and necks, but rather than capitalize on this, we send them contradictory messages. Ignoring our strong suit, we tell the world we can help everything from pimples to cancer, and ruin our credibility in the process. Some of us tell the public that chiropractors don't diagnose and don't treat any particular health problem; should we be surprised to find a negative or confused image of the chiropractor in the public mind? We surely are our own toughest opponents, and perhaps this also is a manifestation of our diversity.

We have opportunities now that may not come again soon. Wellness will become a billion-dollar industry soon, and chiropractic could be in a wonderful position to participate in this revolution. Our skills in treating the locomotor system; our knowledge of neuromechanics and nutrition; and our concerns about early deviations from health are profoundly relevant in this social metamorphosis. If we wish to participate in society's transformation, we'll need to get our egos and our dogmas out of the way and observe carefully what our patients and the public say and do. They are not talking about subluxation, but they have grown increasingly concerned about diet, exercise and prevention.

Our diversity can be a continuing strength, if we are willing to exercise discipline. Will we speak to the public in their language, or in our jargon? Our patients must be our first priority, and for their sake, primarily, we must investigate to find out what works and what doesn't in the art of chiropractic - and we must communicate this knowledge clearly. Their needs, rather than our pet theories, must come first. Their needs, from symptoms to wellness, should be the focus of our research. Diversity can be a tremendous aid in these explorations, if we are determined to study our clinical art with the goal of helping patients, rather than seeking to validate what we presume to know. In the words of Dr. C.O. Watkins, let us be bold in what we hypothesize, but cautious and humble in what we claim.

How far we have come! How far we have to go!

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