

We Get Letters & E-Mail

Not Convinced by Dr. Weil

Dear Editor:

In reference to your article, "The Rehabilitation of Dr. Andrew Weil" (April 21 issue), I am sorry, but I do not share the views of some.

In general, chiropractors make me laugh, especially when their self-esteem rides so heavily on "acceptance" by MDs. For years, Dr. Weil, this self-proclaimed alternative or "integrative" doctor has bashed chiropractic. He has finally realized that DCs see thousands of people and that bashing us is not to his advantage. He has discovered that far too many DCs will buy anything and fawn over anyone who gives them the slightest bone of recognition, especially if you happen to have an "MD" after your name. Furthermore, I think he realizes that DCs can provide him with an entirely new and huge outlet for his books, newsletters and nutritional courses and advice. He's making millions - which I do not begrudge him - but not off of me, after beating up my profession publicly for the past umpteen years. Is he rehabilitated, or merely redirecting his sales efforts?

To Dr. Weil: D.D. and B.J. were talking about and professing innate healing before you were born! Furthermore, if you had read B.J.'s writings, you'd know that he talked about the subluxation above atlas (emotional, spiritual) years ago.

I think Dr. Weil read some of B.J.'s books, put a nutritional spin on them, and then threw the books out before wholly digesting them. I, for one, am not convinced that this chiropractic-bashing MD is actually rehabilitated.

*Gary C. Stewart, DC
President,
Council of New Jersey Chiropractors
Paramus, New Jersey*

Still Not Convinced by Dr. Weil

Dear Editor:

After reading the recent article on Dr. Weil's presentation and overwhelmingly positive reception by the attendees at a recent Parker seminar, it seemed that Dr. Weil came to view the chiropractic profession with great respect. The May 2003 issue of his *Self-Healing* newsletter is at odds with that assumption.

In a two-page article on headaches, Dr. Weil listed many preventive measures, home remedies and professional treatments. Few of these have any evidence of effectiveness; chiropractic or spinal manipulation was not listed, however, and osteopathic cranial manipulation was.

Is not Dr. Weil aware that cranial manipulation is also performed by chiropractors? Furthermore, has the Duke University study on headaches eluded his attention?

In the Q and A section, in an answer to a question on the treatment for spinal stenosis, he recommends osteopathic manipulation; there is no mention of chiropractic care.

While I applaud Dr. Weil in his efforts to reach out to the chiropractic profession, he still has yet to recommend chiropractic care in his writings, at least not on this site. It seems his "rehabilitation" is far from complete.

David I. Graber, DC, DACBSP
Denville, New Jersey

Why Award Dr. Weil?

Dear Editor:

It was with great humor, and some disgust, that I read your article concerning the "rehabilitation" of Dr. Andrew Weil. I couldn't believe that he had really changed his opinion as dramatically as the article suggested. Even one of his most recent articles takes the position that chiropractic is only good in a one- or two-visit low-back-pain-treatment sort of way, stating, "Some practitioners claim that adjustments have overall health benefits and encourage patients to get them regularly as preventive measures, but medical doctors, research, and insurance companies do not support this view." I certainly educate my patients about the benefits of regular chiropractic care, and I believe that this view of chiropractic as a wellness-promoting profession is shared by a majority of my colleagues.

In addition, Dr. Weil states, "Also controversial is the routine use of X-rays to diagnose spinal misalignments and the prescription of long treatment programs to reverse degenerative disease of the spine." Most chiropractors find X-rays useful in the care of their patients - certainly not controversial. As for the prescription of long-term treatment programs, it takes time to correct subluxations. Most of my patients come to me with years of spinal neglect and damage, and it doesn't heal in a few visits. Unlike Dr. Weil, I don't take that to mean that chiropractic won't work for them.

It is humorous that Dr. Weil finds it useful to speak to chiropractors when he has a product or program to promote. He may not like us, but he likes our money. I don't know his new chiropractic advisor, Dr. Menke, but his input to the Web site certainly seems minimal - that is, unless Dr. Menke shares Dr. Weil's limited view of our profession. My disgust with this situation surrounds the "award" given to Dr. Weil by Dr. Mancini. What was the award for - the MD who has said the most incorrect and uncomplimentary things about chiropractic in the last year? I am proud of my profession, and I have many award-deserving heroes within it. I certainly don't need the latest pop-icon-MD telling me how to practice chiropractic.

Ralph D. Davis, DC, FICPA,
Wenonah, New Jersey

Thanks, Dr. Triano!

Dear Editor:

This is just a quick comment thanking Dr. Triano for his comments on the village idiot: Dr. Duvall [May 5 DC: www.chiroweb.com/archives/21/10/21.html]. It is time we all united against our common enemies (especially the ones who live in our own backyard - even in the doghouse). Dr. Triano, I have not always agreed with you, but you have my gratitude.

Jerry R. Szych, DC, MS, CCN, DACBN
Basking Ridge, New Jersey

"We cannot win the HMO game"

Dear Editor:

You hit the nail on the head with your editorial on HMOs and chiropractic. We cannot win the "HMO game!" [See "In Need of a Managed-Care Adjustment," May 5.]

Remember the movie "Wargames?" The answer to the computer's own question about how to win the game of nuclear war - was to not play the game!

"How do we, as chiropractors, not play the game?" If every chiropractor dropped all HMOs, what would happen? Fewer chiropractic services would be provided to the public, and we would lose patients, in the short run.

We need to change the rules to favor our care based on patient satisfaction, and the only way to do that is with medical savings accounts. How do we push this idea? That's the million-dollar question.

James C. Watson, DC
Canandaigua, New York

Managed Care - or Managed Money?

Dear Editor:

I had the pleasure of reading your article in a recent issue of *Dynamic Chiropractic* [See "In Need of a Managed-Care Adjustment," by Don Petersen, Jr., in the May 5 issue] and I found your point and analogies to be right on. I have what I consider to be a fairly busy practice in Pennsylvania, but it has been slowly shrinking since managed care (managed money) was introduced. It has been doing so for all the reasons you mentioned in your article. What frustrates me the most is, you and I, and every other DC and chiropractic organization out there, knows what needs to be done to get into the faces of these managed care companies, but no one seems to be moving, including myself. We keep conquering decisions made by higher courts and government, yet our practices continue to dwindle. We are going backward, not forward.

I know there are enough people that believe in what we do, and we fought hard to gain that respect. Now that we have them, we can't access them, and they can't access us. You're absolutely right - what did we win? I can't help but feel demoralized as a result of what these insurance companies have done and continue to do to our profession. How do we stop them?

Arthur Kassis, DC
Bethlehem, Pennsylvania

"I have seen a lot of 'self-destruction' of our profession"

Dear Editor:

It's Monday, March 17. I'm covering a DC's practice "somewhere" in Queens, New York, and the only thing that keeps going through my head is, "What will happen to this profession?" First, chiropractic is just one of the many "treatments" provided at this multidiscipline mill. Please do not misunderstand - I feel that if a practice is situated in an area where it tends to attract certain types of cases, then by all means, patients should be receiving real, honest-to-goodness, chiropractic care. However, when the DC is just one of the "modalities" in the "building of a case" - now, I'm embarrassed!

The other day, I was reading about physical therapists taking over the realm of manipulation, and truthfully, I was not surprised. Well, really - shouldn't PTs have manipulation privileges? After all, many of our own "colleagues" have been burying our profession by merging with MDs and PTs as a means of "survival." But what this marriage has actually produced is a further minimization of chiropractic. I have firsthand experience, as I, too, was a DC employee for an MD/DC/PT establishment. I have practiced 15-plus years, and I am by no means a purist in my chiropractic philosophy. I have procrastinated starting my own practice, not because of a lack of clinical competence or confidence, but rather, because of a lack of confidence in the system and society. It looks like the writing's on the wall - chiropractic will eventually phase out, due to a lack of unity and ethics, and a lot of greed among our so-called colleagues, who do not put much importance in what we really practice.

Although I have not owned my own practice, I have seen a lot of "self-destruction" of our profession. Practices I began covering over 15 years ago are either floundering because of managed care, or "jumping ship" into what I view as "non-health-related facilities." This is America - and yet, some of these "multi-doc" establishments DCs are working out of are depressed, inner-city free clinics. (Yes, free - as most, if not all of the patients, don't pay a dime, but receive "case-building" treatments. How interested can they be in what chiropractic can actually do for them?) Most of the DCs do not even adjust or manipulate. They perform more like mediocre massage therapists. Once again, I have firsthand experience.

The majority of these multi-doc facilities are overbilling for low-standard medical services (including neuropathic, orthopedic, osteopathic and psychiatric); acupuncture; psychology; physical therapy; chiropractic; and multiple-diagnosis tests. I have nothing against PT, particularly if intensive rehabilitation is indicated. However, most vulnerable and uninformed patients are receiving only adjunctive therapy modalities at these facilities, without anything physical. So what? They have the luxury of an office van to take them to and from their treatments, while the insurance companies come down on the poor, solo, principled, "legitimate" DCs who treat and bill fairly!

It has been noted repeatedly that the great empires of the world are responsible for their own downfall, due to a decrease in morality and ethics. Respect and trust in chiropractic is low among our own; the other health-related professions and the public have picked up on that. Although chiropractic has never been in the "loop," we have always had something unique, simple to understand, noninvasive, and economical to offer (even when we were the "last resort"). It appears

many DCs have lost (or may have never had) confidence in what chiropractic can do. Many of the DCs have been practicing for many years and had their "heyday" before the advent of managed care; they do not want to see a change in their standard of high living, so they have become "married" to a medical team, and lost their identity. I have the utmost respect for those "legitimate" DCs "sticking it out," not out of an idealistic/purist perspective - rather of a more "health-mindedness," having total confidence in what chiropractic can accomplish. Looks like our days are numbered!

Name withheld by request
Whitestone, New York

Think "Unity"

Dear Editor:

I would like to thank Dr. Lawrence Markson for his refreshing viewpoint in a recent ACA newsletter [*ACA Today*; inserted periodically in *DC* and available online at www.chiroweb.com/aca] regarding unification. I have written a number of similar letters myself, only to have them thrown in the trash. Not being a prominent chiropractor, what I had written would have only a small ripple at best. What I was hoping for was a dynamic and visible leader in our profession to motivate us to unite, which he has done.

Looking at this lack of unification problem for a number of years, I have, unfortunately, always come to the same conclusion: unification would be a monumental undertaking, because the two major schools of thought are essentially mutually exclusive. They either limit the scope to subluxation-correction manipulation, or become multi-based; there is no middle ground.

At one time, I thought we might engineer a single national chiropractic organization consisting of two divisions, each emphasizing a different scope of practice. Each division certificate would be color-coded with a specific written code of practice endorsed by a unified organization, and this document could proudly be displayed in the doctor's office lobby. Also, each year the presidency of this unified organization would shift between divisions, thereby limiting any potential "stacking of the deck." Would it work? I'm not very optimistic.

The health-care environment has changed so drastically in the last few years that the "semisafe haven" of chiropractic uniqueness and relatively low healthcare costs protecting us from our disunity in the past, has now been dismantled. We are at a critical crossroads, and if there is lack of positive unified action, I do fear the profession could actually be stolen from us. Certainly, we are all aware of others trying to encroach into manipulation, and from groups that are "more mainstream," as well as also being attacked by "health care conscious" governing bodies attempting to rescind some of our hard-fought privileges.

As an example of the former: Physical therapists are making continuing inroads using the 97140 billing code (use of manual therapy techniques). Where do we then go to attract new patients? If PTs can adjust and perform other therapies while being covered by more and better insurance, why go to a chiropractor - because they love us? Not likely.

There is an additional defense with unification against this malignant encroachment. We need to position ourselves as being primary health-care physicians, maintaining rights to diagnostic skills; and maintaining greater, more comprehensive educational training than "paraphysicians" like

physical therapists, while still continuing to treat our patients utilizing spinal/extravertebral manipulation as our primary mode of therapy. The patients should know we are fully versed and capable in other avenues of treatment, but prefer utilizing the healing power inherent in the nervous system, whenever possible.

We should emphasize being "natural holistic" physicians, while having at our disposal whatever the patient may reasonably require in an office setting, including (Hold your breath, now!) traditional medical therapies, when appropriate. Most patients are not the radical purists some of us are. Their main concern is attaining wellness as quickly and cost-effectively as possible. They are not primarily interested in whether there was a possible violation in the philosophical principle employed while getting this goal accomplished. The above emphasis also allows for minimal disruption of patient care and helps reduce medical costs (no increased cost for new doctor initial exams, for example).

Would we then jump to prescription privileges? This is the difficult step, and seems to be the feared ultimate catastrophe: the abandonment of our unique alternative approach and alas, loss of chiropractic. Let's get serious: If you really believe in the power of chiropractic manipulation, you would never abandon this form of therapy in your practice. Any devout, knowledgeable chiropractor understands its power, and would not forsake its maximum utilization in patient care. Only the insecure who haven't seen or practiced long enough to realize the potential of chiropractic manipulation will cry, "Chiropractic will surely die!" Yes, it will, but only for the uninformed.

Looking back at practices I have had the opportunity to serve in, pain control was a major issue. I certainly would have been willing to give a patient temporary relief of severe pain with medication, while letting the patient know that our job was to get at the cause and correct the problem, not just mask it. Do our medical counterparts use the above philosophical approach when they give medications?

The patient would know that in our "type" of office, we would only utilize medications for short periods of time, and the impetus would be toward correction, emphasizing natural approaches to healing and not the fighting of disease. Having medical prescription rights will also allow us to legally take patients off medications as soon as possible.

Is all this a wrong approach? Will the patient accept this subtle - but distinctive - change in thinking? I do believe the public is willing, so why can't we get together and fill in this unique niche using the more sensible approach to health, and become the real, preferred primary care providers. Is this worth uniting for? Is this worth surviving for?

Dieter H. Cluck, DC
Lakeland, Florida

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