

The Tie That Binds!

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Marriages, families, clubs, churches, companies or professions: a certain common element binds them together - something as fundamental as gluten is to bread dough. The fundamental ingredient in these social entities is their core values and beliefs. In a marriage, there are vows; in a family, there are traditions; in a club, there are rules; in a religion, there are creeds; in a company, there is a mission; and in a profession, there is a purpose for being, a common cause - a philosophy.

All health professions share at least one common purpose or cause: the betterment of humanity through the reduction of pain, suffering, illness and disease, and the restoration or continuance of wellness. The health professions are bound by this common cause. However, they not only differ in their approach to the reduction of human suffering, but in their beliefs as to the source from which pain and suffering emanate.

Thus, bound by the commonality of the establishment and preservation of human well-being, health professions also experience significant competition, and even animosity, over divergent approaches and varied belief systems regarding what health is, and how it may best be obtained and maintained. Sometimes, these differing beliefs are complementary; sometimes, they are alternative; and sometimes, they are a distinct antithesis of one another.

Even within the individual health professions - each bound by its own set of core values - dissension, disagreement and debates ensue. While the details of the debates within these professions may vary, the root of dissension lies not so much in the content of the argument as in the interpretation and application. Chiropractic is a profession that exemplifies this premise.

In more than a century of chiropractic, the documents most collectively successful in bringing widespread agreement to the profession are the paradigm statements produced by the Association of Chiropractic Colleges (ACC) in 1996. These statements were agreed on and signed by all the chiropractic college presidents in North America - an achievement never before accomplished. Following the release of these statements, nearly every chiropractic organization, by action of their membership, voted to endorse the work of the ACC. In doing so, core values of the profession were established; yet the very content upon which all agreed also formed the basis for disagreement and discord within the profession.

Allow me to illustrate my claim by presenting the following two statements from the ACC paradigm:¹

1. Purpose - The purpose of chiropractic is to optimize health.

This is a simple statement filled with strength, but open to interpretation. Consider the word "health" by reviewing the following questions and possible answers:

What does it mean to be "healthy"?

1. an absence of disease (in the traditional medical sense);
2. an absence of signs and/or symptoms of abnormal function;

3. normal function, but with signs or symptoms present. (Anyone want to define "normal"?); or
4. subluxation-free.

Can "healthy" be defined in the same terms for an 8-year-old and an 80-year-old?

1. An 8-year-old lacks maturation of many body functions, including full stature of growth, but is not considered to be unhealthy.
2. An 80-year-old has lost some body functions and is less able to move about, but otherwise may feel quite healthy.

Is "health" as it pertains to chiropractic, strictly a physical state?

1. The term "health" also can be applied to mental, emotional, spiritual or social well-being.
2. The "health" of one's financial state, occupational setting, life style (smoking, drinking, drugs [recreational or prescription]), diet and weight all impact one's overall "health."

Is a person living in Los Angeles, breathing a daily dose of atmospheric contaminants, drinking fluorinated, chlorinated water, and reaching high levels of anxiety while commuting to work each day, as healthy as someone living in an environment of fresh air, unpolluted water and low levels of stress? What level of carcinogenic, atmospheric or allergenic antigens and contaminants makes the body "unhealthy"?

1. "Health" is related to and a product of our environment.
2. Depleted nutrients and added chemical substances in our food may impact a person's "health."

2. Principle - The body's innate recuperative power is affected by and integrated through the nervous system.

This is another powerful statement open to broad interpretation. Consider again the questions and possible answers:

What is the "body's innate recuperative power"?

1. the law of homeostasis;
2. an undefined vitalistic force;
3. innate intelligence;
4. the "spirit" within the body; or
5. God.

Is this "innate recuperative power" limited to or by the nervous system? Is it strictly a physical phenomenon?

1. There is a relationship between the nervous system and the endocrine system that appears to have competing roles.
2. Recent theory incorporates the "extra-cellular matrix" as another source of control and integration of body functions.

What is the role of energy, and how is it defined in this context?

1. physical (chemical, hormonal, electrical, magnetic).
2. metaphysical (spiritual, universal, immeasurable).

While all doctors of chiropractic may answer the above questions in varied ways, they may all be right, at least to a partial extent. The crux of my premise is found in the definition of chiropractic and the related scope of practice, as applied to the issues presented.

The ACC Paradigm defines chiropractic as "... a health care discipline which emphasizes the inherent recuperative power of the body to heal itself without the use of drugs or surgery."²

Furthermore, the ACC Paradigm defines the practice of chiropractic as "... focus[ing] on the relationship between structure (primarily the spine) and function (as coordinated by the nervous system), and how that relationship affects the preservation and restoration of health."³

If the practice of chiropractic is defined to be the "... detection and correction of subluxation," as adamantly advocated by some in chiropractic, and certainly an acceptable subset of the ACC definition, then the profession needs to determine what to what aspect of "health" the "... detection and correction of subluxation" applies.

On the other hand, if the practice of chiropractic is defined to include the "detection and correction of subluxation" and other natural remedies that "detoxify the body"; "bolster the immune system"; "enhance mechanical performance"; "reduce pain"; "alter the workplace setting"; "improve physiological or psychological function"; "reduce medication dependence"; etc., does this carry the definition and scope of practice beyond "... emp-hasiz[ing] the inherent recuperative power of the body...and the relationship between structure and function?"

If the major premise put forth by Dr. R.W. Stephenson citing the presence of a "Universal Intelligence"⁴ is true, then according to his 32 supporting principles, the job of the chiropractor is to reduce obstruction to the flow of intelligence that is the healing force within the body.

If Dr. Stephenson's "major premise" is not true, and if the same could be said of any or all of the additional 32 principles, what, then, of the "recuperative powers of the body?" Are they nothing more than mechanistic principles functioning at a level we do not yet understand or perceive? Will more science better interpret what is classified as "nonscience?"

Is there a middle ground, wherein some truth may exist in both extremes, but where the greatest portion of the truth exists somewhere in between? For example, while the ACC statement speaks strongly to the role of the nervous system in its relationship to the body's "recuperative powers," have we considered the possibility that the human genome may actually be the arbitrator of health more than the nervous system?

While paradigm statements unite us, our more specific interpretations and applications lead to

contrary perspectives. With ample tolerance, diversification of perspectives is not necessarily a bad thing. Dissension comes when one part of the profession attempts to impose its will, or opinion of "what is" on another. Dissension heightens when one part of the profession attempts to engage forces external to that profession (the media, medical community, legal entities, and governmental agencies), to either impose or inhibit the other perspectives from existing.

While gluten holds the bread dough together, it also provides the elasticity that allows the dough to "rise" with the action of yeast - to a larger, more palatable form. With a better quality or a greater amount of gluten in the chiropractic profession, so to speak, we would be able to grow and expand, while we continue to "air" differences - and all this could be more effectively done in the cook's own kitchen. The smell of homemade bread, fresh from the oven and in good form, with a solid crust, is the most desirable offering we could make.

A Call to Action

After 100 years of dissension and disputes, the coming together of the minds will not be a small task, and movements toward commonality cannot be accomplished in large steps. That is not to say bold action will not be required. Quite the contrary; decisive movement will be a necessary ingredient for the profession to end its public civil war. The wisdom of President Abraham Lincoln remains equally factual today: A house divided against itself cannot stand.

The following are some suggestions to help move us toward a better understanding of the many perspectives within the profession.

1. Agree to dialogue.

Dialogue means "two-way conversation." Conversation includes the more important component of critical listening, as well as the more common component of speaking. Historical experience within our profession suggests that pretentious talking, accompanied by posturing, pursuit of power and theatrical stage antics, squeezes out rational listening. When the talking is finished, original divisive attitudes persist, or are even amplified.

Studious dialogue, involving rational discourse, is needed to establish a foundation upon which the chiropractic loaf of bread can be molded. This discourse needs to be factual and public: no back-room deals, no reporting of half-truths and no literary judgments devoid of integrity. We cannot separate ourselves from our personal biases, but we can certainly state clearly and openly what our biases are and how they might affect what we say.

2. Establish a set of guidelines to determine what is acceptable information available for public disclosure.

I am not speaking of another set of *Mercy Guidelines* or any other set of guidelines published post-*Mercy*. Rather, the profession needs to agree on what can and should be expressed by the designated representative mouthpieces of the profession. Guidelines should define clearly how one determines what is fact; what is expert opinion; what is acceptable information based on rational thinking; and what is questionable, biased or incorrect.

Once guidelines have been agreed on, then all public and private voices should be measured against the same standard. Those falling short should be shunned and exposed. Those meeting or exceeding the standards should be listened to without scorn. Challenge and critical analysis should not be unacceptable, but when proffered, it should be done in a professional manner.

3. Reinstate the value of integrity in our intraprofessional relations.

Yes, cheating occurs in our chiropractic educational programs; fraud and abuse exists among some of our practitioners; and self-aggrandizement exists within the many organizations and their leaders who chant the chiropractic mantra. Leadership authority Stephen Covey speaks of honesty as "... making our words conform to reality" and integrity as "... making reality conform to our words."^{5,6}

Wouldn't it be grand if we all could be assured that when any two leaders in the profession expressed opinions that differed on a subject, the difference was based on competing factual information, unfettered by political or personal gain and profit? Given the onslaught of external propaganda focused on discrediting chiropractic itself, the combined strength of the profession would bring the greatest likelihood of successful combat. The continuation of our lack of internal consensus will continue to be our nemesis in attempting to gain external legitimization. I conclude my earlier metaphor of the bread with these two powerful idioms: We need to "learn which side our bread is buttered on," before someone "pulls the bread and butter right out of our mouths."

References

1. Phillips RB. Redefining chiropractic: Position paper on chiropractic by the Association of Chiropractic Colleges. *Today's Chiropractic* Nov/Dec 1996; pp.14-16.
2. Ibid.
3. Ibid.
4. Stephenson RW. *Chiropractic Textbook*. Davenport, Iowa, 1927; pg. xxxi.
5. Covey, Stephen. *First Things First*. Simon and Schuster, New York, 1994.
6. Covey, Stephen. *The Seven Habits of Highly Effective People*. Simon and Schuster, New York, 1989.

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