

## Step up to the Plate

John Cerf, DC

My experience in the emergency department (ED) has been fantastic. A number of ED physicians have commented that there should be a chiropractor in every ED in the country. ED physicians from our hospital have been describing the benefits of having a chiropractor in the ED to their colleagues in other hospitals. It is baffling that we are not breaking down the doors of all hospitals around the country. The mental obstacles that inhibit DCs from pursuing hospital privileges need to be eradicated, so chiropractic can take its valuable place in the hospital system! We have the ability to be important contributors to patient care in this setting. You can get there by identifying and eradicating self-destructive ideas about the process of pursuing hospital privileges.

I have found that most hospital administrators and medical physicians are willing to learn about our profession; understanding helps open them to the idea of a developing a chiropractic department. The administrators like the idea of increased use of hospital services, increased patient satisfaction, and the reputation of a hospital that strives to provide comprehensive services. The administrators especially enjoy obtaining these valuable services with no cost to the hospital itself.

Our experience as chiropractors tells us we will not be welcomed by all medical physicians. This is not an obstacle. Sufficient numbers of physicians are willing to give us a try, and they are usually willing to learn about what we do. They just need to be presented with the appropriate information.

You may believe that the orthopedists will object to our treating patients they would have seen. Fear of a turf war is only justified if we performed surgery. It seems back surgeons do not want to be burdened with nonsurgical neck and back pain. Surgeons and pain management specialists know chiropractors can be valuable sources of referrals. They are wise enough to keep us close.

Perhaps labeling a person an "MD" makes him or her intimidating. The most obvious similarity between MDs is that they all have good SAT scores; their personalities vary tremendously. Having lunch with MDs in the hospital is like sitting down to a holiday meal with family. Other than the common thread of patient care, they are as individual as the general population. Since we share the same interest in patient care, we fit right in with each other as members of the family.

Predicting the future can be hazardous for those of us without crystal balls. On Sept. 11, 2001, soon after the World Trade Center collapsed, I arrived at the ED with thoughts of acting as an extra helper for the hundreds of injured and dying patients who were anticipated, but never arrived. I had never been in the hospital during a disaster; I predicted that I might be asked to leave. As I entered the ED, the nurse manager and the medical director were standing by the door, anxiously discussing their strategy for the expected onslaught of patients. The nurse manager noticed me and asked sternly, "Why are you here?" I was preparing for a quick retreat when the director said,

"He is here to help." Space limits the description of my role, other than that it lasted until 4 a.m. the following day. (Perhaps it will be the subject of a future article.) The point here is that our responsibility is to pursue what we believe is the right course of action. Acceptance or rejection by others does not reflect the validity of our desire to participate and contribute. In this instance, the medical director called the following day to thank me for my assistance.

Insurance companies will come to appreciate chiropractors in the hospital. Due to chiropractic services in the ED, many patients have received less narcotic analgesics. There has been less repeat administration of analgesics. Nurses have advised me that there have been less repeat visits to the ED due to unresolved neck or back pain. Fewer back pain patients have required inpatient hospitalization.

Don't pretend you have read the minds of the physicians, nurses, and administrators and found they are all unwilling to accept chiropractors into the hospital. You are likely to discover that many have already had good experiences with chiropractors. Most are very interested to learn about what we do.

Problems may arise as you pursue hospital privileges - keep them in perspective. Most obstacles can be removed or minimized with persistence and patience. Do not act as if you are confronting mountains, when the difficulties only amount to molehills; and don't obsess on the negatives while filtering out the positives. Even if the hospital were to delay or reject your proposal, you would have had the opportunity to educate influential people about our profession. Some might even become your patients.

Just because chiropractors don't perform lifesaving procedures in the ED doesn't mean we aren't valuable members of the ED team. Dentists, like chiropractors, do not routinely perform CPR. Patients presenting to the ED on a Sunday night are not relieved to find that the CPR-capable ED staff does not include a dentist. The chiropractic manipulative approach addresses the mechanical aspect of neck and back disorders that do not respond as well to medications and other medical procedures. Don't minimize the value of chiropractic manipulation.

Feeling nervous about approaching a hospital is not proof that the task will be too difficult. Just because you may feel nervous does not mean you are justified to feel that way. Anxious feelings are probably related to thoughts about the unknown aspects of hospital protocols and politics. You can easily eradicate these illogical fears by attending a hospital protocols course.

Don't be deterred by setbacks. Most people are aware that Babe Ruth once held the home run record. Do you know that during the same time period, he also had the most strikeouts? Swinging hard can make you miss the ball, but when you connect, you will be credited with a home run. Pushing ahead forcefully may cause difficulties with some of the people you encounter, but will ultimately help you obtain your goals.

You don't have to be the president of your state society to investigate your local hospital. Your name doesn't have to be as identifiable as Drs. Croft, Hammer or Haldeman to secure a position in the ED. Let go of the mental baggage, step up to the plate, and swing hard.

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