

## Who Says You Can't Teach an Old Dogma New Tricks?

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I must be caught up with the spirit of Valentine's Day, because my article this month will go to the heart of several issues confronting the profession. I am captivated by where our profession is going, and if we can learn anything from our tumultuous first century.

I have an adage in the form of a question: "Can you teach old 'dogmas' new tricks?" This might be an excellent place to start. Can we begin this new millennium with a change of attitude in how we approach the issues dealing with the advancement of our profession?

In writing this monthly column, I get letters from DCs all over the country. Some are posted for all to see, others are sent to me as private communications. For the most part, I am impressed that the letters tend to be from younger graduates concerned about their futures, worried about the profession, disturbed by our image, and perplexed about how to help advance the profession. These letters are thoughtful, professional, and nonaccusatory. Their perception and major concern is that the leadership of the profession is not listening to the views of young doctors. Other letters arrive (some anonymously) from doctors so consumed with hatred or bitterness that they recoil and are incensed at the message and the messenger. The message is usually something outside their comfort zone or belief system. Still, other letters are patently transparent by the obvious agenda they are advancing on behalf of themselves.

What do we do to address some of the concerns of the younger doctors who truly are the future of this profession? The commentary is wide and varied, and for illustration purposes, the following are representative of the range of concerns.

**Education:** The doctors express concern that the chiropractic colleges are not preparing them for what they will encounter in the reality of this ever-changing health care environment. Some suggest that the concentration on the biological sciences to the exclusion of the science of business is a major cause of the lack of success for some practitioners. Still others complain that the cost of the education for a DC degree does not provide the return they believed it would from stories many had seen or read about. In all of this, however, there is an amazing common thread of concern expressed for helping people. Many of these young men and women say they love the profession; and are motivated to minister to the health needs of patients in a new and increasingly acceptable, nondrug, nonsurgical, vitalistic health care philosophy.

These doctors are correct: The world is moving toward a health care model that will not tolerate a mono causal concept of disease or a cavalier attitude toward wellness espoused by medicine or chiropractic. The consumer of today is more educated, affluent, militant, discriminating and demanding. To meet the needs of tomorrow's health care consumer, the education of the future will have to prepare the new graduate in a manner similar to the way business schools transformed

business education. We would consider it absurd for a business school to teach secretarial skills using carbon paper and manual typewriters in lieu of teaching word processing and computer skills. The age of wireless is here, and if we remain "hard wired" to a health care model that simply is not relevant anymore, we will be as dogmatic in our views as those early physicians who rejected the washing of hands as a means of eliminating infection. When dogma prevails, there is no logic or vision, only blind adherence. Each of us must prepare to do the work of the future. Advance preparation is the key, and we need to ask if we are prepared.

Politics and Political Organizations: Many of the young DCs are confused and bewildered at what appear to be obvious solutions to long-standing political wars, as was Dr. Ignaz Semmelweis, the hand-washing proponent. The cry for unity is discussed, but nothing is truly done about it. As Goethe commented: "When ideas fail, words come in very handy." The young doctors cry for unity, yet when they read the horrendous divisiveness of what is being done to "save the profession," they wonder if it should or can be saved. They comment that there are too many organizations, too many agendas, too many egos, and too many disparate solutions and visions. Perhaps we can teach the old "dogma" that vision is more than seeing, more than propaganda, more than wishful thinking. It is truly a concept that must be shared by the profession for it to become the "shared vision" for tomorrow. It is not the goal of leaders to have people revere them. When we finally get rid of who will get the credit, perhaps then something will get done.

Research: Here is one need shared by all: research. That is where the common ground ends, however. Some want research to "prove" chiropractic. Some want research to be solely focused on the subluxation and nothing else. Others want research money to be used for public relations, because we know "it works," so why spend any more time or money on research? Granted, that view is a minority view, but it exists. The majority thankfully expresses their appreciation for organizations, such as NCMIC, that have provided millions of dollars for research efforts, and FCER, which has undertaken major initiatives to advance the profession via research.

We cannot delude ourselves into thinking we know enough. Most recognize that research is an ongoing process, and each new project will open up many new projects, each searching for insight and understanding, building on what has already been documented. Does chiropractic have problems in the area of research? Yes. The key is to think in terms of solutions, not problems. Research will be one of the critical keys to future advancement, recognition, understanding and acceptance of chiropractic. It is an area that cannot be compromised or diluted in its importance. The chiropractic profession needs to act as if we (as a profession) are in a crisis, and then act accordingly. Crises seem to bring about a coalescing of ideas; goals; desires; ambitions; common objectives; and a sense of urgency to accomplish. Perhaps a controlled crisis is what we need to get the profession moving on the same path.

Success: This term can be decoded to mean money; material objects; motivation; personal goals and satisfaction; and those intangible benefits that come with helping people regain their health. How can the success factor of the profession be increased for all to flourish? Communication is the key, honest communication from the leadership of the profession to those they were elected to serve. One study estimated that only four percent of people are willing to look at new realities, accept the need to change, and risk making the changes. The other 96 percent will do everything they can to maintain the status quo. Each of us must determine into which category we fall and then take stock of what we need to do to create opportunities.

The direction of the leadership in the American Chiropractic Association (ACA), Congress of Chiropractic State Associations (COCSA), the International Chiropractors Association (ICA), and the World Federation of Chiropractic (WFC) all appear to attempting to focus on how to resolve long-standing issues in the profession. A motto we should adopt for the new millennium might be: "The future cannot be predicted, but it can be prepared for."

Undoubtedly, there are those that will continue to exert their divisive methods, to fuel a profession in conflict. It is always a good approach to seek the agendas, hidden or obvious, of those who continue to provide the disruption. Many will espouse, lofty goals and motives to disguise their real intent. It seems to me after reading the very incisive and perceptive letters from young doctors all over this country that regardless of how much camouflage is applied to the process, most young doctors are equipped with a "crap detector" (to use a phrase from a friend of mine) and can see through the ruse.

Perhaps the new millennium will begin with a new president, a new consumer, and a new kind of field practitioner, and who knows - we may really get someplace in the 21<sup>st</sup> century. With that in mind, perhaps we can teach an old "dogma" new tricks. What do you think?

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