

## Your Colleague Is Not Your Enemy

In 1982, I wrote an article published in *Dynamic Chiropractic*: "Your Colleague Is Not Your Enemy." That article was predicated on the fact that most of the "feces" in my life were not caused by the AMA, the FDA, the American Hospital Association or the medical doctor down the street, but were the result of the words, deeds or diatribes of my chiropractic colleagues.

During my first year of practice, I was privileged to care for a patient named Sylvia. After several office visits, Sylvia asked me if I knew why she had come to my office for care. She told me that she had been to two other chiropractors in northwest Iowa. When she mentioned my name to my colleagues, both chiropractors proceeded to tell her I was the "worst chiropractor" in our profession.

"If your colleagues are condemning you," she told me, "I thought you must be pretty good."

Sylvia was a loyal patient of mine for over 40 years. Four generations in her family became my patients. Thank you, Sylvia. You taught me the truth of the epigram on the wall of Palmer College of Chiropractic: "Every knock is a boost."

Based on that experience, I made up my mind never to condemn any member of my profession. After all, if they are not helping people, they will not remain in practice. Unfortunately, I have found little reciprocity in favorable treatment by members of the chiropractic profession. First, we had the "mixer vs. straight" controversy. Then we had the chauvinistic battle of "my college is better than yours." Next, we had the technique squabbles, followed by the state association tantrums. How silly we must have looked when we fought our battles in front of our state legislators.

Next came the "independent medical examiners" who chopped our claims for a handsome fee from the insurance companies. One chiropractor testified under oath that he was a full-time chiropractor making \$50,000 per year, but as a part-time claims examiner, he grossed \$1.7 million. Lately, we have chiropractors trying to keep others out of HMOs. I've seen and experienced reasonable bills cut or denied while friends of the peer-review gang had bills over \$20,000 approved.

Several years ago, my sons and I had an excellent working relationship with a major industry. We restored a permanently disabled patient to work after that patient had two back operations. They began sending us patients from nine factories that were scheduled for back or carpal tunnel surgery. We treated over 50 patients and prevented surgery in every case. Another DC told the safety director that he could treat his factory patients much quicker and less expensively than the Hagens. The first patient was helped. The second was aggravated and wound up having both back and carpal tunnel surgery. The company sued the chiropractor for the surgical expenses, fired the safety director, and ruined a great relationship we'd had for 12 years.

I've seen young doctors kept out of states because examiners thought their state had too many chiropractors or because the candidate for licensure might locate in the examiner's town. I've also seen standards of care established by people who never had a successful practice. One chiropractic

expert told a group of insurance adjusters that if the patient was seen more than five times, overutilization occurred. If you can correct your patients' spinal problems in five visits, please show me your "before" and "after" x-rays; I'd like to take your technique course.

When I first began my practice in 1953, I dismissed patients as soon as they told me they were feeling better. When I saw those patients on the street several weeks later and asked how they were doing, they were almost unanimous in telling me their symptoms had returned and they were seeing another doctor. Fortunately, I had several mentors who taught me that patients with chronic conditions need care over a period of several months to achieve maximum improvement.

Whenever we see new patients, their care is determined by our x-ray and examination findings; their chronicity; their activities of daily living; and their willingness to cooperate. When patients tells us they'd like to try "an" adjustment, I refuse to accept them because of their unrealistic expectations. We also use an adjusting protocol to adjust only when subluxations are present. A disservice is done to the patient when the chiropractor is not specific in their line of drive. Cracking the neck and pelvis on both sides and double transversing the dorsals is going to shortchange the patient and our profession.

The biggest damage done to our profession was done to Medicare when certain chiropractors told the HCFA that patients needed no more than 12 adjustments. Ironically, the patients who need the most care are now being denied that care.

Doctor, the next time you're tempted to condemn, criticize or complain about another chiropractor, remember what Booker T. Washington said: "You can't put another man down without putting yourself down with him."

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