

Where Do We Go from Here?

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The process of professional self-evaluation is always somewhat painful, but very necessary. The health care system is undeniably engaged in an ongoing re-evaluation of outcomes as determined by three objectively measurable criteria: cost-effectiveness, efficiency and patient satisfaction. These criteria have been an outgrowth of the efforts of managed care. For the most part, their findings have reinforced what natural health care has advocated for the last 100 years: that the best approach is one that works synergistically and holistically with the body's "innate" mechanisms to correct dysfunction at the root cause, not just suppress symptoms. How can we, as natural/preventative practitioners, contribute to this process, while at the same time improving our ability to promote the health of our patients more efficiently and cost-effectively?

To adequately address these questions, we must first determine our current position. Only then can we choose the direction in which to move, and identify the obstacles that must be overcome to achieve the stated goal. By definition, the extent to which an individual doctor participates in the process of self-correction and self-adjustment will be determined by the perceived need to make a correction and the comprehensiveness of one's current practice.

Collectively, our current status makes us the only comprehensively trained natural/preventative care providers in the U.S. health care system licensed in all 50 states. However, notwithstanding our training, we are not defined as primary care providers based upon our training and expertise in evaluating, diagnosing and treating patient conditions in cost-effective, efficient, natural protocols. Instead, our role is defined by our competitor's blind ignorance of what natural medicine is capable of and by an outdated, "reductionist" perception of disease and how the body functions. Because of these inherent misperceptions, we are classified in a very limited role as nothing more than "spinal therapists" functioning on the periphery.

Apparently, some within our profession are satisfied with this characterization of our skills and training and are happy to continue treating patients within the limitations imposed upon them by the existing health care paradigm. While we respect the right of each practitioner to choose how they conduct their practice, we are not satisfied with the current health care system. It is our position that every person treated within the U.S. health care system deserves the right to an informed, unpenalized election of the type of treatment they receive. Whether your individual practice style is limited exclusively to spinal adjusting or includes a broader range of natural/preventative therapies, we believe this objective is consistent with principles of health and freedom. Can we not unite behind the goal of changing the current system to one that truthfully serves the patient's efforts to achieve optimal wellness?

Having identified a commonly shared perception as it relates to the existing health care system, let us turn our attention to assessing the success of the current system in terms of its own measuring criteria. Recently disclosed facts show that medical malpractice is the eighth leading cause of

mortality in the U.S., and that "legally" prescribed drugs are the fourth leading cause of death. This proves irrefutably that the system is not efficient at even the most basic of objectives: keeping people alive.

By definition, for allopathy to contribute significantly to promoting health is beyond its design constraint. It has never been, and can never be, anything more than disease management. As for cost-effectiveness, we have but to recall recently published data showing that over the last 12 months alone, the cost of the 10 most commonly prescribed drugs for the elderly has increased 80%.

As for patient satisfaction, the current model is undeniably doctor-centered, not patient-centered. It scores poorly when assessing the satisfaction of patient needs and/or expectations. It is our opinion that when the illusions are dispelled and the facts objectively evaluated, individuals of conscience cannot reasonably argue that the current system is anything but an abysmal failure except when treating acute traumatic injury. Since acute traumatic injuries account for approximately 18-20% of the reasons people seek medical care, the exclusively allopathic model achieves the completely unsatisfactory rating, at best, of two on a scale of ten.

What are the reasons for such glaring failure? Invariably, the "policy experts" tell us that the fundamental problem with health care delivery in the U.S. is analogous to a coin. One side is defined as access to care by the population; the other side is the cost of delivering an adequate level of care. The argument continues that as the cost of care rises, access declines. As access declines, costs are driven up, because the increased cost can be spread among fewer and fewer consumers. This analysis fails for the same reason the system it analyzes fails: it addresses only symptoms, not root causes. The experts have not thoroughly analyzed the problem. When subjected to a complete analysis, a single cause can be identified for our current health care woes. Frankly stated, it is simply not subject to the forces that typically operate in a free market system to promote full access and cost containment.

So far, we have examined our current professional position within the existing health care delivery system and the system's record as measured by its own criteria. In short, we now know where we are and where the system is within which we operate. The final question is: in what direction do we collectively want to move?

We believe our profession must tirelessly pursue primary care provider status at all levels within the system. We must achieve full recognition of our training and expertise to perform evaluation, diagnosis, treatment and rehabilitation of our patient's condition at the state and federal level. Nothing short of this goal is worthy of our heritage as natural/preventative health care providers, and nothing short of this goal will provide our patients with the care they deserve (and are demanding) in ever-increasing numbers. It is highly unlikely at this stage of the process that the American health care consumer will settle for less than full coverage for comprehensive natural/preventative wellness care provided efficiently and at a reasonable cost. It appears equally evident that allopathically trained physicians are not adequately trained (and furthermore, not inclined) to acquire the training and skill to provide this type of care.

For those of you who maintain that our integration into the existing health care system will result in a loss of our identity as a separate and distinct healing system, we respectfully refer you to the motto of our profession chosen in 1908: "Health is the entity." By advocating our profession's full integration into the U.S. health care system as natural/preventative physicians, we remain true to our heritage, and we move ever closer to the goal of providing a natural system of health care for all patients who

choose it. Our professional motto does not read "Subluxation is the entity"; it reads "Health is the entity."

Let us stop the doctor-centered, treatment-focused debate that has raged within our profession since B.J. Palmer assumed leadership. Historically, his strategy may have been the only thing that preserved our profession and natural health care for the American consumer. As amateur historians and political scientists familiar with the forces operating in the U.S. during the first half of the 20th century, we believe a compelling argument can be made that in fact, chiropractic would not now exist as a distinct profession were it not for his leadership.

Having said that, we are equally convinced that those forces have changed dramatically in the last 30 years, and our profession must now adapt to the existing situation. We advocate, in response to the undeniable changes occurring even now, that our profession must resume its rightful place as comprehensive, primary natural health care providers. In so doing, we can remain faithful to (and be guided by) those principles that have distinguished our profession since its inception. Let us unite behind:

1. promoting the health of the patient;
2. service to the patient (not doctor-centered, technique-limited care); and
3. truth as it relates to evaluating the outcome of all modalities of treatment.

Science is finally capable of verifying the potential of natural medicine of and how the body functions as an integrated system. Furthermore, American health care consumers are demanding natural/preventative care in ever-increasing numbers. Finally, we are the most comprehensively trained natural providers. Let's do whatever it takes to lead the parade.

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SEPTEMBER 2000