

## Dr. Bruley Goes to Chiropractic College

Editorial Staff

Robert Bruley is not your typical chiropractic student or chiropractic instructor. Fact is, he's a bit of both.

Dr. Bruley began his medical studies at the prestigious Mayo Clinic in Rochester, Minnesota in 1972. He graduated with a specialty in family practice in 1976, part of the Mayo Medical School's first graduating class.

After graduation, Dr. Bruley moved to California and began an internship at the UC Davis Medical Center as a psychiatric resident. "I found myself getting hostile, anxious and depressed," recalls Dr. Bruley. "I was tired of school at that point, so I went out and started working in emergency rooms in Davis and Folsom."

Dr. Bruley returned to Minnesota in 1980 and became medical director and director of the emergency room at Eitel Hospital. He also directed an Indian health service, an industrial medicine clinic, and occasionally filled in for physicians in their clinics and offices.

Now, more than a quarter century after he began medical school, the majority of Dr. Bruley's time is spent as a chiropractic student/instructor at Northwestern College of Chiropractic in Bloomington, Minnesota, although he still provides episodic emergency room coverage for local hospitals.

We asked Dr. Bruley to take a few moments out of his busy day to tell us about his journey from medical college to chiropractic college.

DC (Michael Devitt): What made you decide to venture from the medical field to the chiropractic profession?

Dr. Bruley: It's not that I dislike medicine, but I felt it was just a band-aid approach to health care. We're really under the thumb of HMOs in Minnesota. The whole key is to crank through as many people as you can as fast as you can, and you end up dispensing lots of prescriptions. If someone comes in with a cough, you give them antibiotics; if they have six productive greenish coughs in the winter, you probably give them antibiotics six different times.

I felt that if I could broaden or get a different perspective, I might be able to sort these problems out and actually get more into health maintenance and disease prevention, as opposed to diagnosing disease which, to me, is already kind of an implicit failure. You've already got someone who's caught the disease. I did that for 23 years and am still doing it, but I'd like to try to prevent those diseases from occurring in the first place.

Along with this, I had some definite personal benefits from chiropractic. I had developed low back pain and lower extremity radiculopathy. I saw a good orthopedist and neurologist I had worked with and

knew to be competent. I was underwhelmed with the extent of their exams. They took my x-rays lying down on a table, so my lumbar spine looked nice and straight. They gave me some medicine that made me sick to my stomach, charged me a lot of money, and I still had my radiculopathy.

I ended up going to a chiropractor, who took my x-rays with me standing up. They showed all sorts of rotatory changes and some scoliosis in my lumbar spine. The chiropractor adjusted me a number of times, gave me heel lifts and some exercises, and basically, I fully recovered. It really opened up my eyes to some of the alternative approaches.

I also envied chiropractors. They generally confined themselves to an office-based practice, which I like. And because they had been persecuted or shunned by traditional allopathic medicine, you had a lot of chiropractors practicing individually who developed idiosyncratic techniques and viewpoints (probably I think for the better). They also embraced a lot of alternative therapies, which also hold much interest for me. I saw a much greater possibility of me carving a little niche in whatever practice I found myself in. It's a fun, exciting concept.

Finally, I appreciate the tactile aspects of chiropractic. We in the medical profession get so far away from touching people. We sit across the table, hand them a prescription and expect (or hope) they will get better. I was kind of jealous of my chiropractic friends who could do something manually, actually feel something and get something immediate, a more concrete sense of results.

DC: Why did you choose chiropractic over other alternative therapies?

Dr. Bruley: As an alternative degree, I thought chiropractic had by far the best standing. I thought they had the best schools and the best education, in my own opinion, and I felt that I would be able to do more overall. I could probably do a lot of these aspects through my traditional allopathic medicine background, but I wanted the DC degree, because I think it carries more weight.

DC: Now that you've had the chance to experience the type of education offered from both sides, have you noticed any differences in the way each profession is taught? What are the pluses and minuses of each type of education?

Dr. Bruley: You have to realize that my only comparison can be to where I went to medical school, and that was some 27 years ago, so it's not going to be an entirely accurate comparison.

At that time at Mayo, they had initiated a new school. It was a group effort put together by clinicians and well funded from outside sources. They put things together on a systems-course basis. In other words, we had a respiratory system course that united pathology, anatomy, physiology, microbiology, physical diagnosis, pharmacology, etc.

Here, you have a very heavy emphasis on basic science. I think the *Journal of Alternative Therapies* compared an average chiropractic school and an average medical school and found that the average chiropractic school nowadays has something like 220 more hours in basic science.

To me, it's kind of overkill. I'm really amazed at how my classmates have to go through extensive labs in microbiology, biochemistry and physiology. It's far more than I ever had to study, and I think it's going to be far less useful to them than it might have been for me (which it wouldn't have, by the way).

On the other hand, there's no question that they are getting an extremely solid foundation. I actually

think chiropractic school is significantly harder than medical school. You have to take in all those factors, and the fact that I'm older, but one thing I am absolutely certain about is that Northwestern gives absolutely nothing away in terms of quality of education. I'm extremely impressed. I think it speaks well for the profession in general.

DC: What about the relationship between instructors and students?

Dr. Bruley: It was more formal when I was in school. It's a little less formal here, and that's more my style. I like it more this way, but it's still very respectful. I have to keep reminding my classmates to call me Rob and not Dr. Bruley, because that's not how I really see myself.

DC: How have the other students reacted to having an MD in the classroom?

Dr. Bruley: I had this wonderful window of anonymity that lasted briefly - maybe a trimester at most - but it's not a big deal. I haven't really seen any difference. We're all kind of in the same boat, and I'm learning a lot. The radiology courses in chiropractic school I feel to be far superior and far more in-depth than anything I had in medical school. I wish I would have had them a long time ago, because I've had to read a lot of x-rays, and I learned a lot of this along the way, rather than from any formal courses. I think that's a major strength of the chiropractic training that I'm receiving.

They've been very supportive. We all have to keep a sense of humor about this, and I think in some way it may be reassuring to them to see that they can still remain "normal" after becoming a doctor.

I get a lot of questions, sometimes on medical things, and sometimes on the course material, but usually I'm as befuddled as they are, so we're in the same boat that way as well.

DC: Is there anonymity or hostility toward you from any of the students?

Dr. Bruley: Not at all. Maybe from the people who don't talk to me, but I haven't noticed because they don't talk to me. Everybody's been very friendly. It's no big deal ... it just seems to be very normal.

I have to sit down and take tests too, and study and carry my heavy briefcase. I'm somewhat spared from having to take all the courses they do, but I understand what they're going through and empathize with them. I'm also an instructor here, so I try to keep a caring perspective on the agony that they go through.

They have a lot of courses here. I was talking to one of my 6th-trimester students and she's going to have 13 different finals, which is really nuts. I try to take that into account with my own teaching and be as user-friendly and practically-oriented as possible.

DC: How long have you been teaching at NWCC, and what classes do you teach?

Dr. Bruley: They asked me to do this shortly before I started school, so this is my third trimester of teaching. I teach their cardiovascular systems course: a two-hour lecture and one-hour lab. I have five sessions this semester, and all my teaching is done on Thursday.

I'm a third (trimester student). I'm taking a fourth-trimester course, and I had taken one of the central nervous system courses, which is a third trimester course, in my first trimester. I've been doing some things out of sequence, but I go along with the people I started school with in the methods courses, because you really need to take those sequentially.

DC: You have a rather unique perspective as both a student and teacher at the college. You get to see just about every aspect of student life.

Dr. Bruley: It's really nice, because I've gotten to know both students and faculty as peers. I really have the best of both worlds here at Northwestern. At times it can be a real time stress for me, because sometimes I need to work on the course I'm teaching at the expense of what I'm supposed to be studying. I can't sit up there and juggle. I've got to have that prepared. Because of that perspective, they've involved me in curriculum revision here as well. I keep telling them to beware that everything I say could be wrong, but they seem to want my perspective anyway.

DC: What do you plan on doing after you graduate? Will you go into a chiropractic practice, a medical practice, or will you try to integrate the two?

Dr. Bruley: I know I want to do some sort of integration. I don't want to give up the ability to write prescriptions; it's a wonderful backup, but I really want to do much more of a chiropractically oriented profession, maybe with a medical perspective.

I'd use my medical background more as a filter and refer a lot of items out. I think I can really help a lot of people navigate their ways through the medical system and find people I feel to be exceptional in their particular field, in terms of referrals.

As to whether I'll be in a group, with somebody or by myself, I just don't know. I'm still learning and discovering and meeting people, and I'm not even sure I would stay in Minnesota, but I really can't say. I'm just hoping it'll become clear to me in the next couple of years.

I'm surprised at how much I enjoy teaching. I'm learning lots of different things, some of which have nothing to do with the practice of chiropractic. One is that teaching is very satisfying, so that's been another whole side-benefit to this new educational experience.

DC: How do you see MDs and DCs working together more on patients in the future?

Dr. Bruley: I think they are going to be working more closely together. I find a lot of my colleagues to be increasingly receptive to this. Nurses, x-ray technicians, the people I work with at hospitals - virtually all of them see DCs themselves.

There's a big interest in chiropractic and the awareness of what it can do, being very consumer driven, in my own opinion. In fact, the HMO clinic I was most recently at actually had a chiropractor on staff who worked a couple doors down from me. We would consult together on patients.

Now that's both good and bad, because it kind of narrows what the chiropractor can do, pigeonholes them into only a kind of musculoskeletal niche, if you will, and also sets them up to become fodder for HMOs. But I think it's definitely to the benefit of patients, and it's been an excellent experience for a lot of them.

A number of medical students have followed me around over the years, and I found myself telling them to try to go to chiropractic school rather than medical school for the same reasons I laid out here. None of them did. They all went to a traditional medical school, but I decided to put my life where my mouth was and just do it myself.

I see more MD/DC integration. I actually think it's not so much that allopathic doctors are uninterested

or even disagree with chiropractors, it's simply that there is so much information. These people are so busy, it's all they can do just to get a handle on what they're doing every day, as opposed to embracing something else altogether.

DC: Do you see any professional barriers?

Dr. Bruley: A lot of it comes down basically to money, as so many things in life unfortunately seem to. There may become a kind of a bitter turf battle for shrinking health care dollars, but I just don't see it, because I see the difference in what people are doing to be so great. Moreover, I really think that traditional allopathic medicine and chiropractic practices often tend to attract different types of individuals.

I generally find chiropractic patients to be more knowledgeable in many respects and more responsible for their health care, and overall, a healthier group of people. I see more of an integration in the future, but there's still going to have to become sort of a specialization, because chiropractic is not easy to learn.

A medical doctor who is interested is not going to learn this in a weekend seminar. It just doesn't work like that. I think there's always going to be some distinction there. But I think it's going to be a much more amicable arrangement in the future. I tend to look at things optimistically, but that would be my feeling.

DC: Knowing what you know now, if you had the chance to do it all again, would you do things the same way?

Dr. Bruley: I think I would probably just go to chiropractic school. Even if all things were equal, I think chiropractors have a much better lifestyle by foregoing this exhausting sort of on-call schedule that has really crippled, psychologically and physically, so many of my colleagues. I think that alone would have me go toward the chiropractic field.

I don't think I would have done both. I don't think I'd want to be in school that much, and I really needed a couple of decades away from school before I became interested in it again.

On the other hand, I was in a wonderful and unique situation back in 1972, the first class of a new, extremely innovative medical school at the Mayo Clinic, with only 40 students in that class. I don't think I could have passed that opportunity up. I also think that the very humanistic approach at Mayo Medical School was in many respects responsible - albeit in a rather roundabout fashion - for the experiences and beliefs that has led me to my new career choice at Northwestern. So, truly, what can I say? I only know that I am a fortunate individual, and am most excited over the possibilities ahead.

DC: Thank you, Dr. Bruley.

SEPTEMBER 1999