

## We Get Letters

Not to Worry, Chiropractors

I read with great interest the grave concerns expressed by the chiropractic profession over national health care reform which is looming on the horizon. As an observer of social change as it affects the American medical delivery system, I do not think there is much for the chiropractor to worry about. The world has evolved to where the chiropractic physician is the first line of contact with the health care system for many Americans. The chiropractic expanded role (beyond that just of spinal technician of) of health care workers of all levels would be imbedded into a framework which plans to deliver as much possible care for the least possible cost. Contrary for this change (reform) to be totally negative move for chiropractic physicians is probably also emblazoned with a great deal of positive-opportunity. From a social change perspective, "movement" is certain with Clinton and in my opinion, the direction will be positive for your profession.

Yours truly,

*Jacob Green, M.D., Ph.D.*  
*Jacksonville, Florida*

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National Health Care: A Frightening Thought

I think the time may be coming when we, as chiropractors, had better wake up and smell the morning coffee. With the strong possibility of national health care, this profession is approaching a crossroads, and we had better keep our eyes on the ball before we are legislated out of existence on our 100th anniversary by the simple stroke of a pen.

I am not necessarily thinking what you probably think I am thinking. Everyone (ACA, ICA, etc.) is screaming about a national emergency, because we may be excluded from national health care. On the contrary, I AM FRIGHTENED AT THE THOUGHT THAT WE WILL BE INCLUDED IN NATIONAL HEALTH CARE! Allow me to explain myself.

Having originally practiced in Michigan, I was "privileged" to be included in the state Medicaid program. Office visits were paid at a fee of \$9.00 each and x-rays were paid at a maximum of \$34.00 for an entire series, regardless of how many views were necessary. It generally took between six to nine months to be paid the measly pittance we received. I am of the firm opinion that if we are included in a national health plan, that we will be paid on an identical basis as the Michigan Medicaid program. The government will limit our treatment fees, our x-ray fees, and the number of visits that we could legally treat our patients.

Basically, what the AMA could not do, which was to try and destroy chiropractic by keeping it OUT of

most insurance plans, it will finally accomplish by making sure that we are included In the national health plan and then starving us to death by cutting our fees down to levels not seen since 1975.

Medicare, regardless of what anyone says, limits us to twelve visits yearly, which is fine for supportive care but worthless for active, acute care. If we are found to do ANYTHING wrong, we are subject to a \$2,000.000 federal fine PER VISIT. This is the way to treat patients and run an office? With the possibility of fines that could bankrupt us yet we can't even charge our usual fee, we must only charge the "limiting fee" determined for us by Big Brother in Washington?

No, my chiropractic brothers and sisters. The well-meaning and well-intended doctors fighting to include us in national health care are unwittingly and unknowingly fighting to destroy us from within. We will be sold down the river AGAIN, just like we were when we won a "great victory" by being included in Medicare in 1972. This profession will truly THRIVE if we actively fight to be EXCLUDED from national health care, rather than contribute to worthless and crooked politicians who will only screw us anyway.

When I read in Dynamic Chiropractic and other magazines about chiropractors lobbying senators and representatives to have diagnostic x-rays covered by Medicare, I just sigh deeply and remember what it was like under Michigan Medicaid. I kept praying that we would NEVER convince enough legislators, so that I would not have to compromise my x-ray fees and my integrity for the few patients who did not feel that the required x-rays were worth the price. Am I just greedy for money? I don't think so. This is the only profession I know of that has its fees for senior citizens regulated by the federal government, which believes that the patients cannot afford us. Yet, the same federal government does not regulate the fees of car dealers, jewelry stores, grocery stores, gasoline stations, clothing stores, department stores, etc., yet senior citizens patronize them all the time, and while they complain about the prices, they whip out their credit cards, checkbooks, and yes, even CASH, and pay their bills. I would truly enjoy running my business without having someone tell me what I can legally charge a patient, yet they refuse to control the fees of very aspect of my business that is called overhead.

So, in closing, it's time to think VERY deeply as to what is the real emergency. Do we REALLY want to be included in national health plan, with 1975-level fees for office visits and x-rays, and a possible limit of six visits per patient per lifetime? Or would we rather be EXCLUDED from the Plan, FREE to charge our own fees, FREE to see the patient as often as necessary (subject to the patient's desires), FREE from the possible federal fines of \$2,000.00 per visit for nebulous mistakes?

Yes, I realize it might cause some hardship for a year or so, while patients go to all their "free" practitioners, but we are an unduplicatable service. When they realize, ONCE AGAIN, that free drugs and free surgery will not make them healthy, they will be back. And when they come back, we will be FREE of the shackles of federal regulations, insurance regulations, UCR restrictions, and we will be just like any other normal business, subject to the whims and wishes of the free market, succeeding or failing by the quality of the service we deliver.

Sincerely,

*Robert Itkin, D.C.*  
*Madison, Georgia*

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Thanks, We Needed That

I began reading your publication when I was in chiropractic college and have enjoyed it since the first time I did pick it up! Your father is missed and I must say you have done a remarkable job of carrying on!

Thank you for your dedication and devotion to the advancement of chiropractic as a science, philosophy, and art.

Thank you in particular for your efforts and participation in the Mercy Center Consensus Conference. This is another important step in the development of our profession.

Some of my associates call Dynamic Chiropractic a "rag," but I find it to be the most current and accurate source of information impacting my profession. Keep up the good work!

Sincerely,

*Mark E. Bame, D.C.*  
*Tappahannock, Virginia*

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The "C" Word

Dr. John Baker's recent letter to the editor (December 4, 1992) comments on the use of the word "chiropractor." I couldn't agree with him more and as a director of admissions I echo his sentiments.

Continued use of the word chiropractor only reinforces the concept of DCs as "lesser than" medical doctors. The problem is that use of the word chiropractor does nothing to educate the misinformed or the uninformed that chiropractors are, indeed DOCTORS.

Every student I interview gets a mini lecture on the subtle but important distinction of making it a habit to say "chiropractic doctor" or "Doctor of Chiropractic." In using this terminology instead of chiropractor, the general public may very well begin to ask questions about a DC's background or they will automatically begin to view chiropractors as "real" doctors.

Thank you, Dr. Baker, for this much needed observation.

Sincerely,

*Paul Forgetta, M.Ed.*  
*Director of Admissions*  
*Cleveland Chiropractic College - Los Angeles*

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Kudos to the MPI Faculty

Re: Keith Innes' article (November 20, 1992). I've had the privilege of studying under B.J., Vinton

Logan, and as a young boy, Hugh Logan. They were dedicated to bettering human well being. Their dedication and sincerity of purpose had an indelible impression on me.

Then comes along L. John Faye and a group of tremendous instructors to further imprint my career. They give direction and reason of purpose to what should be done and to see if we did do it. I've had most, not all MPI postgraduate courses.

I'm in my 43rd year of practice and I wish Faye, Innes etc., had been around when I first entered the profession. How many more could have been helped?

I for one want to give credit to these heroes -- these dedicated teachers. Surely they should be honored and I want to personally thank them for their dedication and sacrifice.

I'm semiretired -- my practice years are declining and I've had a tremendous life. I do hope MPI continues to impart its knowledge and that it becomes ingrained in our young DCs.

I appreciate MPI's efforts

Thanks,

*H.S. "Trip" Triplett, D.C.  
Ashland, Kentucky*

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"Pain Can be a Funny Thing, Sometimes You Don't Feel It."

I just wanted to relate an unusual situation I just learned of. You may find it worthy of repeating.

I am a practicing chiropractor and attorney at law. I was attending a continuing legal education seminar on bankruptcy yesterday, and met a fellow lawyer working for Blue Cross in a neighboring state.

The other lawyer wanted to tell me about a chiropractor in his state, and the investigation they are doing of him. It seems that this particular chiropractor has a glass bowl placed at a restaurant with a sign on it "drop in business card for a free meal." The lawyer made it sound like everyone "won" a free meal and got to listen to the chiropractor speak on chiropractic.

For reasons not revealed to me, the state's attorney general and the Blue Cross lawyers became interested in this chiropractor's activities.

The fellow lawyer related how several members of the attorney general's staff and Blue Cross legal staff had fictitious business cards made up, placed into the bowl, and sat back while they waited to win.

They were not surprised when they won, and they all showed up for the free meal there with their true identities never revealed.

The lawyer regaled the tale of the chiropractor going table to table, discussing the dining guests' symptoms, and recommending his chiropractic services. This procedure went on even with the

"ringers." In this case each "ringer" had a pre-arranged set of symptoms, designed to give the doctor plenty of rope.

The "ringer" that really turned out to be a big hit with the attorney general and Blue Cross folks was the fellow that had no symptoms or problems of any kind. The lawyer reported that the chiropractor told this "ringer," "You really need to stop into my office for an examination, you know pain can be a funny thing, sometimes you can't even feel it."

I am glad that this did not happen in Alabama, but I am saddened to know that somewhere in a neighboring state a fellow chiropractor has big problems he may not even know of yet.

The publicity that comes from this type of activity is not becoming for the chiropractic profession. Unfortunately I foresee chiropractors, podiatrists, psychiatrists, and psychologists being singled out for "sting" procedures from a variety of sources in the near future.

Sincerely,

*Roy E. Kadel, D.C., J.D.*  
*Mobile, Alabama*

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