

## Orthopedists

Linda Elyad, DC

The DC's eyes widened, his voice raised with conviction, as he said to me earnestly, "The reason we don't get referrals from orthopedists is because we are unethical."

I agree with what the above DC was implying -- that we have to make changes so patients will be referred to us by orthopedists. But we shouldn't make changes in our ethics because we think that we are bad, and the MDs are justified.

There are many reasons we don't get referrals from orthopedists. The reason that has to do with our level of ethics is so minor, it's almost irrelevant.

Medical doctors might believe we have inferior ethics, and so they shouldn't associate with us. But the MDs might now need an excuse they can use to justify not associating with us. We shouldn't agree. It's just the coal calling the kettle black.

In both medicine and chiropractic, ethics can be improved. Here in California, the state legislature has been struggling with the California Medical Board for years about lax enforcement of medical ethics<sup>1</sup>.

I doubt that the DC who made the generalization about orthopedists really had an adequate basis of experience to make that generalization. Sometimes when we make unsubstantiated generalizations, it's a case of wishful thinking or projection.

I wonder whether he's too caught up in identifying with the medical model. Maybe he really wants to be an MD. Maybe he's engaging in unrealistic self-blame because he doesn't like who he is.

I've always felt that as a chiropractor in the health care delivery system of today, my position is like the Afro-American's was 30 years ago. One of the things that strains unity among chiropractors is our own form of Uncle Tomism. Some of us are identifying too much with the masters.

It has been 125 years since Afro-Americans were officially given political equality in the form of the right to vote. That right to vote has been translated into the Afro-Americans' current amount of representation.

Why should we expect to routinely receive referrals from orthopedists for patients we can help? Why should we think we chiropractors will attain a level playing field in health care delivery in America only a few years after the Wilk case?

The delivery of health care in America has to do with political, cultural, and economic systems as well as science, research, and ethics. I see my position in relation to orthopedists in the context of a huge, slow, political, cultural, and economic changes in America that are like tides or currents. I am navigating within these megaforges. The primary condition, which leads the orthopedists to avoid professionally associating with chiropractors, is still our profession's segregation.

Perhaps chiropractors will get referrals from orthopedists when state medical boards start getting letters like this:

*From: The Law Offices of Kill, Maim, and Tear*  
*To: State Medical Board*

Dear State Medical Board:

My firm represents Mr. John Doe. Two years ago, Mr. Doe suffered an accident at work as a result of which he had daily debilitating headaches, neck pain, and low back pain. He was referred to a medical doctor by his employer. The medical doctor placed my client on pain pills.

Due to the effects of the pills and his injury, my client has not been able to work for two years. Mr. Doe was repeatedly informed by his medical doctor, Dr. No, that chiropractic was not an appropriate alternative treatment. Dr. No informed my client that there was a significant risk of stroke and there was no scientific proof chiropractic worked. Mr. Doe went to a medical library, where his research revealed that Dr. No's allegations were unsubstantiated by the scientific literature. (See attached). Three months ago, Mr. Doe started receiving treatment from a chiropractor. He has recovered to the extent that he has gone back to work and no longer needs pain pills.

My client has lost two years of his life due to the incompetent actions of Dr. No. He has suffered pain, disability, and loss of income. On behalf of my client, I am now taking the following actions:

- 1.) I am writing to you to ask that Dr. No be investigated for incompetence and malpractice.
- 2.) I am writing my client's insurance company to ask that all payments to Dr. No for my client's case be refunded or refused since his treatment was inappropriate and unnecessary.
- 3.) We are considering the possibility of taking legal action against Dr. No, the employer who referred my client to him, and the State Medical Board, if you fail to discipline Dr. No.

Dr. No's attorney has informed me that Dr. No's action met "standards of care for medical doctors." We formally request that the medical board draw up rules implementing new standards, or reply in writing within 30 days why you haven't.

We look forward to hearing from you.

Sincerely,

*David Kill, Esq.*

DCs, learn to like who you are. Don't engage in unnecessary self-blame. Don't confuse yourself by identifying with those who reject you.

#### *References*

1. "Bill would restrict state medical board: panel accused of botching probes of doctors." San Francisco Chronicle, Jan. 20, 1993, p. A28.

*Linda S. Elyad, D.C.*

*San Rafael, California*

MARCH 1993

©2024 Dynamic Chiropractic™ All Rights Reserved