

We Get Letters

"Dogma-Spouting Dinosaurs"

Dear Editor:

I have read, with interest, Dynamic Chiropractic's coverage of WCA's meddling in the affairs of chiropractic in other countries. Dr. Rondberg has written to governments that the Wyndham document "represents the standard of care for the straight chiropractic profession."

This reminded me of what my junior high school French teacher taught us about English. He said we Americans often use words that directly translated from English to another tongue confuse the non-English speaker. For example, one might say that they were going to cut down the tree and then cut the tree up. I still have this vision in my head of some poor Frenchman trying to figure out how Americans can cut the tree down and then resurrect it (cut it up). I am sure that if comedian Yakov Smirnoff were to tell this story he would finish with his trademark punch line, "What a country!"

I am also reminded of when my only thoughts regarding grass was when was my Dad going to tell me to cut the lawn. Or when fresh meant not old. Or when gay meant happy-go-lucky. Or when straight was what I wanted my lines in geometry to be.

Just imagine what some of these non-American leaders think when they got these letters from Dr. Rondberg.

What was the Prime Minister of Trinidad and Tobago (where English is the official language) thinking when he got Rondberg's letter? Let's see, the Chiropractic Association of Trinidad and Tobago has told him that DCs can diagnose and Dr. Rondberg has said that "straight" DCs do not diagnose. No! He couldn't, could he? Why, yes, the Prime Minister might think that all the chiropractors in his country are gay (i.e., homosexual) and that Dr. Rondberg represents straight (i.e., heterosexual) chiropractors. I don't know how people in Trinidad and Tobago feel about one's sexual orientation, but I am sure they think it rather weird that chiropractic health care varies depending upon one's sexual orientation.

Or imagine what the Prime Minister of Japan was thinking when he got his letter (if he did). If he has good translators, and I suspect he does, they have probably told him of both meanings of straight -- the old linear and the new sexual. This leaves him in a real muddle. Does Dr. Rondberg's letter have to do with the doctor's sexual orientation? Maybe, but given the fact that chiropractic has something to do with the spine, he might think that chiropractors who have scoliosis diagnose and those without are not allowed to diagnose. I bet he thinks this is pretty weird too.

Well, so do I! Straight, mixer -- what nonsense. Who do these sanctimonious philosophical dogma-spouting dinosaurs think they are? Dr. Rondberg talks about how he wants a profession that allows doctors of chiropractic to practice as they see fit and then he pushes his off-brand cerebral sclerosis on the world. If so-called "straight" chiropractors do not want to do some procedure -- don't do it. But do

not tell the world that this is chiropractic, straight or otherwise.

I practice chiropractic. I do not practice straight chiropractic. I do not practice mixer chiropractic. D.D. Palmer said, "I have never felt it beneath my dignity to do anything to remove human suffering." And he also said he was not for "mixing" medical practice with chiropractic. These are incongruent statements. Are we as a profession doomed to practice and think only parts of what D.D. or B.J. wrote, selected by some so-called leader? I suppose if Dr. Rondberg was to teach in chiropractic college he would teach the existence of the "duct of Palmer," a non-existent anatomical structure that B.J. "discovered." Well, most of the profession does not acknowledge that Dr. Rondberg is that leader. Let's all get real here, the only thing written in stone is the Ten Commandments. Chiropractic can and must grow and change or we will be where the Egyptian Sun God Ra is -- in a museum of ancient art.

Stephen Perle, DC, CCSP
Fairfield, Connecticut

Philosophical Perspective

Dear Editor:

I read Dr. Markson's comments with great interest. While what he calls for seems to be reasonable, it is premised on a bedrock of sound chiropractic philosophy. This also seems reasonable, but it begs the question; which philosophy is he referring to? Straight, mixer, his, mine or yours?

One of the weakest aspects and worst failings of the educational process at Palmer were the "philosophy" lectures. They had essentially no content, and were utterly devoid of even the barest shred of any sort of philosophy, chiropractic or otherwise. An instructor even told my class that we could not be chiropractors if we believed in the germ theory of disease. By the last quarter, the majority of the class spent the hour looking out of the window or reading a newspaper. The instructor deigned to take no notice, and blindly floundered ahead with 50 minutes of meandering. Sadly, the only reason the class was well-attended was that role was taken each day to enforce compliance. We would not be permitted to graduate if we did not endure enough "philosophy" lectures.

By that point in our education, philosophy class should have refined our thinking, creating a unified profession, supercharged to take our abilities and talents out to the world and begin the most important work that any man or woman can be called to do; heal the sick. It failed to do so and only contributed to the need for every doctor to create his or her own philosophy, adding to the confusion.

We have a profession that makes every one of us an island, on our own, and easy victims of backlash from the unscrupulous actions of a very few within our ranks. While we do not need to march in lock-step, we could all at least travel in the same direction. Can there be any doubt as to why the public is confused as to what we are? Even we do not know, nor are we willing to agree.

Dr. Markson is correct. Opportunity is knocking for us. We are also in great peril. We can continue to bicker and back stab and we will lose, victimizing ourselves once again. Or, we could decide to put aside petty differences, leave our egos at the door, and put together a unified profession. Can any of us even begin to visualize how strong we could be, and what we could accomplish?

*Kurt J. Russell, DC
Delray Beach, Florida*

Before Flinging Open Pandora's Box ...

Dear Editor:

I am in favor of chiropractic physicians obtaining the privilege of writing prescriptions but against them prescribing medication. Let me explain my position.

I graduated from the University of Delaware in 1981 with a BS in nursing. I have spent most of the past 12 years working in the intensive care setting, earning specialty qualifications and training. I continued to work in the hospital setting while attending chiropractic school. I have observed the effects of a broad spectrum of medications. I have seen lives saved by the prompt administration of anti-arrhythmic medication. I have seen heart muscle saved by clot-busting drugs during myocardial infarctions. But I have also seen the "side effects of pharmaceuticals. It was thought at one time, not too long ago, that Valium (Diazepam) was not addictive. After legions of people became "habituated" to this drug, medical doctors have switched to other "minor" tranquilizers in the treatment of muscle spasm and anxiety.

How many of you have watched someone withdraw from these so-called harmless drugs? How many of you have watched someone tremble and sweat waiting for the next dose of "muscle relaxers"? I have.

Do you remember the fuss in the news a few months ago about Halcion, the sleeping pill? Murders have been committed and this drug's effects used as a defense. And yet, this drug was supposed to be safer than sleeping pills already in use.

I am also concerned about the specter of addiction within the profession of chiropractic. Studies have been done that indicate the rate of recreational drug increases with accessibility. Anesthesiologists have a high rate of addiction, especially the short-acting narcotics used in their practice. How would you like to see our colleagues strung out on muscle relaxers and anti-anxiety medications? It can't happen? Do you really think your brother chiropractors are morally superior to all the medical doctors and nurses who wind up in drug treatment centers? ` So why do I think doctors of chiropractic should have a DEA number and write prescriptions. Because it would make it easier to order physical therapy supplies for our patients. Because there are groups in this country trying very hard to make a prescription necessary to buy vitamins. Yes, I said vitamins. Ridiculous? Have you looked into the history of naturopathic medicine in this country?

If you choose to do something, do it well. It is my sincere belief that prescribing medications would require another year of study tacked onto our present schooling, to include hospital experience. If we don't observe when drugs work and when they don't work, we are stuck believing everything the drug company representatives tell us about their new wonder drugs.

Let us consider the nature of this Pandora's box before we fling it open.

*Alicia Zika, DC
Independence, Missouri*

Motion Palpation -- a Subtle Erosion?

Letter to the profession:

Observation: There exists a subtle erosion in chiropractic that I should make you aware of. That is the slow eradication of the art of motion palpation. Let me explain.

I have taught motion palpation since 1977. I currently teach motion palpation at Life-West. Done so for the past eight years. The class size usually ranges from 22 to 30 third-quarter students.

We have eight palpation stations. That means only 16 students can use the stations at one time, leaving nearly one-half of the students to "make other arrangements." This causes frustration for the students and the instructor and, in fact, has actually turned off some students to the graceful, tender, precise art of motion palpation.

Many students actually want to purchase the stations for their potential practices, but they are told the stations are no longer being distributed. Why?

What would be nice: If there are any chiropractors out there who would like to donate their palpation stations to Life-West or any other chiropractic college of their choice that teaches motion palpation, it would be greatly appreciated.

By the way, if your alma mater does not teach motion palpation, why not? If you are sincerely interested in keeping motion palpation alive, why not find out if your college has a motion palpation course in its curriculum. Find out how many stations they have and/or need. If you need help in establishing a motion palpation course contact me directly.

I will state for the record that I have no financial interest in any way, shape or form in selling or manufacturing any brand of palpation station. All I know is that I need more stations to teach the ever-increasing number of students the art of motion palpation and that the severe lack of stations are detrimental to chiropractic.

If you are really concerned about loosing motion palpation as an art, I would suggest that you purchase a station or two for your office and a station or two to donate to the college of your choice.

I will thank you, the students will thank you, the college will thank you, the patients will thank you, your conscience will thank you, the profession will thank you, and, most of all, the universe will thank you.

I thank you for your time and await your reply.

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