

Are You an RD?

I can recall my first visit to the doctor. I sat in a cold, sterile treatment room for a long time until he came into the room. He was an overweight, unhealthy-looking man who was unfriendly and who said little. He was out of the room in a flash and sent a nurse into the room who produced a large needle full of a noxious looking brew and injected it into my poor little arm. What I didn't know at the time was that the shots he gave me (he never ordered the nurse to give just one shot, there were always several) didn't do a thing for the flu I had. But despite his unhealthy look, his obesity, lack of a bedside manner, despite his overcharging and the uselessness of his treatments, he was called "Doctor" and was considered by the public an "RD" or "real doctor." I recently talked with with OD during an eye checkup and he was talking about people's perception of "RDs" and it got me thinking...why are MDs, especially General Practitioners, thought of by the public as "real doctors" and in general, chiro, podiatrists, dentists, veterinarians, and some other health care doctors NOT thought of as RDs? This article deals with why all this has come about and what, if anything, we can do about it.

It has been said, and I think it is true, that for most people, perception IS reality. Long ago, the allopathic profession saw the truth of this and began to incorporate some strong symbols into their profession. The medical doctor has a lot going for him toward helping him to be perceived as a "real doctor." The easy one to see is that they had a strong headlock on health care in Europe and in early America. In the 19th century, they were in very real danger of losing this when the Popular Health Reform movement had licensure laws thrown out in many states. This was the time when MDs were practicing "heroic medicine" which included usage of some dangerous, heavy metal-based medications. The homeopathic doctors were becoming very popular and homeopathic colleges had sprung up around the country. Patients were flocking to homeopathic physicians right and left. The medical doctors got worried and used one of their best weapons -- politics.

The medical doctors actually used their two best weapons to counter this threat to their monopoly of health care -- money and politics. They started the AMA and used their influence to have licensure laws (and reiterated that to practice medicine you must have a license) reinstated. Thus, a legal and "real" doctor, was one who was practicing allopathic medicine and who had a vested interest that this particular form of health care monopolized the industry/profession. They also forbade their members from referring to non-MD doctors and thus isolated homeopaths, chiropractors, naturopaths, et al.

They also used tried and true methods of establishing legitimacy. These included a strong graphic symbol, the caduceus. Ironically, it consists of snakes entwined around a winged staff (i.e., the staff of Aesculapius, in Roman mythology, the god of medicine, identified with the Greek Asclepius). Some have suggested that the snakes clinging to a magic wand is an appropriate image for the medical profession. but nonetheless, it is a symbol identifying them with ancient cultures and thus, implying centuries of experience and tradition. Of course, these days the only health care system which could lay claim to carrying on the traditional approach of Hippocrates, is the Unani health care system practiced mainly in the Middle East (but which is spreading to England these days). MDs also incorporated the priest-like white robe/lab coat of "purity." A strong image for Westerners (though in

the Orient, white is a color worn at funerals, again perhaps appropriate given the morbidity rate of many patients who get operated on) which works at a subconscious level implying brightness, purity, rightness, cleanliness, etc. They carry the stethoscope around the neck, usually not in a necklace-like arrangement, but like a mantle draped around the neck. These are the trappings which signify some sort of ancient, respected profession and they ARE important in establishing public image of the profession.

But, these are not the most important part of establishing the RD myth. I tried for a while to understand what established the MD General Practitioner as the RD. I thought at first that it was the mystical medicine they prescribe. People in the U.S. equate the word "medicine" with drugs. But on further reflection, dentists, doctors of optometry, podiatrists, they can prescribe medications, but they aren't perceived of as RDs.

Is it the white coat. Again, the other health care professionals mentioned wear these. So, what is it? To me, it is very simple, they advertise themselves as Doctor and have legalized their ability to do so. These other groups call themselves "Dentists," "Podiatrists," "Optometrists," etc. ... It's no wonder that they are not thought of as RDs. Here in Texas, by law you cannot advertise yourself just as "Dr. Soandso" without putting the word chiropractor, or chiropractic doctor, or the like. Even MDs who use another word to designate themselves, lose the "RD" image. Psychiatrists, for example, are MDs, prescribe medicines, but many people don't think of psychiatrists as "RDs." People tend to confuse them with psychologists.

Hey, Buddy, How 'bout a Free Physical?

If medical doctors, RDs if you will, started calling themselves "allopractors" and putting their offices in tiny shopping centers and advertising free exams, and saying that "allopractic can help many conditions including diabetes, broken bones, pancreatitis ... come in for a free exam and see if allopractic can help you..." what do YOU think would happen to the public's perception of them? On top of that, what if they divided into three camps: one arguing that penicillin is the ONLY medicine to prescribe for everything, and the second camp using most medications but decrying surgery as useless, and the third camp arguing for use of anything that helps patients. What if MDs began showing up in malls, offering to examine your lymph nodes or with little portable exam rooms offering to do free physical exams ... what would happen to their profession? For that matter, what would happen to dentists if they showed up at malls doing free dental exams? In view of these tactics that are commonly used in our profession, is it any wonder why we don't get the kind of parity, the kind of treatment we want?

So What Can You Do?

People do not get respect by begging for it!!! Respect must be earned and demanded before it is received. In a letter to Dynamic Chiropractic, which I wrote on this topic some time ago, I touched on some changes that need to occur and received many affirmative responses from other doctors. One thing we must do, in my estimation, is to LOSE THE TERM CHIROPRACTOR! We are DOCTORS or doctors of chiropractic or even better, chiropractic physicians. We have to insist on being known as that and anytime anyone says, "You aren't are REAL doctor though," we need to set them straight. We are licensed as "real" doctors in all 50 states. We sign "attending physician" statements. We diagnose and treat patients and are expert witnesses in court on health care. Yes, doctor, you ARE a real doctor and don't let anyone, least of all yourself, forget that fact.

Of course, the person making that statement says, "You can't prescribe medicine (drugs) can you?" Now, this brings me to another part of the whole problem. Among all healing methods in the world including traditional Chinese medicine, Tibetan medicine, Unani medicine, homeopathy, naturopathy, etc., we are to the best of my knowledge, the only group chosen to hamstring ourselves by not allowing ourselves to do minor surgery and prescribe medications. To be a TRUE portal of entry RD we need to be able to do what the DOs do, i.e., do those things necessary to take care of problems from broken legs and dislocated arms to staph infections and hypertension. At my alma mater in Texas, an essential class we had was pharmacology. If a law was passed allowing us to prescribe drugs, it would not mean we would HAVE TO dispense drugs unless we thought it appropriate. So, the so-called "straight" chiropractors could still practice drugless chiropractic if they so choose. Expansion of our scope of practice and standardization of scopes of practice for the 50 states would go a long way toward improving our positioning in the health care delivery system.

Where's Our Ammunition?

Research such as double blind, peer-reviewed work is extremely important in validating what we do. Dr. John Triano, during a recent presentation in Houston at a relicensing seminar, described some exciting new research describing the effects of a spinal adjustment on the phenomenon of "respiratory burst" (phagocytotic chemiluminescence). His co-researcher was an MD.

The "RD" is perceived as practicing a type of health care which is researched and based not on anecdotes, but on animal studies and later on human studies. I say perceived because the layperson would be amazed at how much of allopathic medicine is NOT proven through double blind studies. Research, according to what we are seeing, will be the new "gold standard" of whether a treatment is effective (and therefore should be paid for) or not. This will not only be a factor in reimbursement, but also in legal cases such as personal injury and malpractice cases. Hard research with numbers and statistics and good experimental design and biochemical/physiological explanations will also increase the level of conversation and interaction with our allopathic counterparts. Most MDs I have talked with really have little understanding of what we do, why we do it, and of what possible benefit it would have to patients. It is high time that DOCTORS of all health care disciplines start practicing collegiality and fraternity. Another fact of life is that many young doctors out of school don't have enough money to open their own private practice and go to work either for another practitioner or a chain clinic. The problem is that usually they are assessed not by how good clinicians they are, how good their bedside manner is, or how caring they are, but by how long they keep patients coming, how many new patients they have -- in short, the numbers game. This really sends a poor message about what a good physician is. Although there is the same kind of abuse in dentistry, optometry, etc., as chiropractic physicians, we need to re-establish and reaffirm what we consider to be the methods by how a doctor is judged. Millions of dollars, thousands of patients visits is not any more the judge of the quality of care than a used car salesman who always exceeds his quota of car selling. It is a measure of salesmanship yes, but a measure of the quality of a physician -- NO!

Where is the "care" part of health care these days? If you get paid and the patient stays sick, if you keep the patient coming and they are status quo as when they began, who cares right? If money and patient visits is the bottom line, then no one cares, EXCEPT the PATIENT and INSURANCE COMPANIES! And make no mistake, without the patient, we don't exist. What is going to happen is we are going to see a lot more "sting" operations going on by the government and insurance companies and those clinics where everyone must have a problem and there are no asymptomatics, are just setting themselves up for a big fall that will, in the long run, cast a bad and lasting shadow on our

profession, and I for one hate to think of seeing a fellow DC caught by a hidden camera saying someone has a "pinched nerve" when a neurologist, orthopedist, and another DC have already examined them and found them in perfect health!

Conclusion

So how do you become an RD? Firstly, you become REAL. You don't shuck and jive patients about their problems or how long it should take for treatments to work, you show real concern, and you be REAL professional (sorry for the poor grammar, it is to make a point) in all your reports and communications. If you read a neurologist's or orthopedist's report and think "Gosh, that puts me to shame!" then change your report writing methods or find someone skilled at writing who can do them for you. Start doing a full exam and not just range of motion and straight leg raise. To be less thorough is to be less professional.

We are conservative care, neuromusculoskeletal specialists and we should be proud of that. Yes, Ms. Jones, I am a real doctor and that's why those manipulations/adjustments are getting you back to REAL health, not a medicated state of dullness.

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