

We Get Letters

Sticking to the Issues

Dear Editor:

This letter is in response to statements made by James C. Smith, D.C., which were published in the October 25, 1991 issue of Dynamic Chiropractic. While Dr. Smith may disagree with Dr. Clum, his vitriolic personal attack was not only unprofessional, but factually inaccurate.

Dr. Clum and I were classmates at Palmer college. As an intern at PCC, Dr. Clum's clinic practice was legendary. Not only was he awarded the Clinical Excellence award, he broke records for the number of patients cared for. Dr. Clum's commitment to getting chiropractic to the people was an inspiration to his classmates. He was instrumental in bringing chiropractic care to many indigent and minority patients who would otherwise have been overlooked. As a faculty member at Palmer College, he continued this tradition.

Contrary to the claim of Dr. Smith, Dr. Clum did qualify for licensure and has extensive clinical experience. Having been adjusted by Dr. Clum, I can personally attest to the fact that he is a gifted adjuster.

His accomplishments as an educator speak for themselves. Apparently Dr Clum's CCE and ACC peers disagree with Dr. Smith as well, having elected him to various offices in these bodies. Dr. Clum has watched Life-West grow from a fledgling institution to a strong and healthy one.

While Dr. Clum and Dr. Williams share a common vision, anyone who thinks that Dr. Clum is under anyone's thumb doesn't know the man. He is anything but a "parrot" and speaks his mind freely. Yes, Dr. Smith and Dr. Clum have some fundamental disagreements. I am sure that Dr. Clum, being the gentlemen he is, will stick to the issues and not resort to false and malicious character attacks when addressing these matters.

Christopher Kent, D.C.
Paterson, New Jersey

Editor's note: When we printed Dr. Smith's letter, we neglected to edit out several passages that were not "issue-related" but were personal. We apologize to Dr. Clum for that oversight. In the future it will be our editorial policy not to print letters or parts of letters that are deemed personal attacks.

Lunch Menu Regurgitated

Dear Editor:

I was trying to reduce the size of my tumorish pile of chiropractic communication, when I came across your September 13, 1991 issue of Dynamic Chiropractic. I know that you are already working on your lunch menu; however, it came to my attention that you presented us with an incomplete breakfast. It seems that you left off your own meal.

You always have trouble digesting "The Fred Barge," and if you ever ate "The Terry Rhondberg," your bowels would explode! You normally feast a bit too much on the Sportelli sausage and your gut is showing; I'm glad that you followed your physician's advice and switched to a bland diet. The "Joe Keating" causes enuresis, and I do not blame you for switching to "The Richard Tyler." It is known that you can not live on RHT alone, and that is why we came up with a breakfast for you. We call it "The Donald M. Petersen Jr., H.C.D. Special."

This meal is what you are able to digest best. You prepare it by using two cups, sometimes one, of egg substitute cooked in genuine fat-free artificial butter. You add Sportelli sausage and Donsbach seasonings for true taste. This is, of course, stirred constantly and cooked in a microwave; a hot fire may burn it.

I know that this dish is also palatable to 60 percent of our profession; if we mix it up with a few more ingredients, and be careful not to adjust it, maybe the medics will eat it too.

I was not sure of this last fact so I hired out a think tank for a stupid amount of money. They said that the medics would eat it and the public would eat it as well. The only drawback to this meal is that it is only recommended to be consumed up to eight times. So what are they going to eat next?? I guess they will have to go to the surgeon generals office for some take out. Me, I'll look for those descendants of the hens kept by B.J.

Philip A. Facquet, III
Commack, New York

Gaining the Public's Trust

Dear Editor:

Recently, after work on Friday, my wife, daughter, and I went out to dinner, after which we went to our local Dairy Queen for ice cream. We discovered the next day that the cashier failed to give us change, some \$17, from a \$20 bill. I went to the establishment first thing that day to explain the situation and to receive my change. The manager found that indeed the register was over, but by only \$13. I assured her that I gave the cashier \$20 and felt that I was entitled to my full change. I told her that I was a chiropractor in the area and that I was not in the habit of scamming people. Her response was, "I don't know, I've heard that chiropractors do scam people." As one can imagine I was insulted by that remark. I took my change and walked out.

My immediate thought after this incident was to say thank you to management consultants who teach that every patient needs extended care and then teach the doctor ways to persuade patients to follow through with their program. My thoughts also turned to some of my colleagues who insist that every patient needs daily care (except Saturday and Sunday, of course) for weeks on end. Then I paid homage to those among us who have elevated insurance abuse to an art form. I couldn't leave out the

chiropractic pseudopriests who advocate "new age" occultism like crystals, fire-walking, and channeling, as an adjunct to chiropractic practice.

In the final analysis I had to admit, though the restaurant manager could use a lesson in tact, she was voicing the sentiment of a large segment of the general public. For the most part, people do not trust us because some of our actions do not deserve the public trust. Insurance companies are run by people who do not trust us. As a whole, industries and workers' compensation carriers do not trust us. The medical profession does not trust us. We do not even trust each other.

When are we going to mature and eliminate the unethical practices of our profession? I believe our survivability depends upon gaining the public trust, not only via research, but by self-regulation. When we begin to apply the golden rule to our practices, as well as our lives, I think we will gain what we deserve -- public and self-respect.

Brian T. Massman, D.C.
Hixson, Tennessee

Patient Hunting or Education?

Dear Editor:

As the wife of a chiropractor and manager of our office, I take exception to a number of points made by Dr. Richard Tyler in his RHT column.

Dr. Tyler states that participation in a health fair is the equivalent of "patient hunting." We live in an area where the residents are quite uneducated about chiropractic, and we participate in health fairs to further educate them. As an example, a number of people we speak to believe headaches are "normal" and don't realize they can be treated. True, we do end up having some of the people we reach as patients. But more often than not the people are not from our area, and we recommend they look into finding a reputable chiropractor in their area.

Dr. Tyler has stated that complimentary spinal exams cheapen the profession. We maintain if they are done properly, they are an opportunity for patients to discover if chiropractic can help them. This is similar to the consultations that many attorneys use. We live in a state without insurance equality, and the decision to see if chiropractic can help is a financial one. Our offer of initial exams to prospective patients enables them to determine if chiropractic is for them without wasted cost.

I am not arguing the crux of Dr. Tyler's argument that chiropractic needs to sharpen its image, but to label health fairs and complimentary exams as the culprit is short-sighted. Education is necessary. These two forms, if done properly, can be successful tools for this purpose.

Deborah F. Merritt
Durham, New Hampshire

Master Sergeant, D.C.

Dear Editor:

I am a chiropractic physician who is a serving member of the Army Reserve. My military background goes back to March 15, 1956 when I first enlisted in the Marine Corps. I served for seven and one-half years on active duty, rising to the rank of 1st Lieutenant. After leaving active service I used my GI bill benefits to complete my education, graduating from Northwestern College of Chiropractic in September, 1972.

In December 1979, after a break of 15 years, I re-enlisted in the Army Reserve. Currently, I am a Master Sergeant in a Special Forces Reserve unit serving as Operations (Team) Sergeant of a Special Forces "A" Team." The nature of our mission and training requires parachuting, carrying heavy rucksacks, and taking long walks in the woods. This requires a high level of physical fitness and produces a plethora of musculoskeletal injuries. As a result, I have given adjustments in some rather strange places using field expedient "tables." The troops know what I can do and seek me out for care so that they can continue the mission. They continually bemoan the fact that this care is not available through the formal military channels. In addition to the many adjustive treatments I have given, I have treated many non-musculoskeletal conditions with nutritional counseling and recommendations.

Army Special Forces medics are the best military medics in the world, trained in all aspects of primary care from disease to trauma, including minor surgery and emergency dental. They are always interested in improving their skills and ask me to teach them my skills so that they can improve the care they provide. Working as they frequently do in undeveloped areas, far from medical facilities, they are confronted with situations where chiropractic care is the primary choice.

I have enjoyed many positive professional experiences and my share of negative ones. The osteopaths in the military are very open and accepting, on several occasions deferring to me when manipulation is the treatment of choice. When I was 1st Sergeant of the service company, which included the medical section, the three osteopaths would ask me about adjustive techniques, preferring our short level adjustments to osteopathic adjustments. I would say, based on my experiences, that among the troops I am considered a health care asset, albeit unofficial.

Were I to be provided the opportunity, I would apply for a commission and volunteer for immediate active duty in the Army as a chiropractic physician. Based on my experience, the need for chiropractic care in the military is real and only opposed by those who created the situation which resulted in the Wilk, et al. decision.

I will make myself available to anyone, anytime, who wishes to take advantage of my experience, to further the cause of chiropractic for the military.

Richard Hunt, D.C.
Minneapolis, Minnesota

Taking the Philosophy Out of Chiropractic

Dear Editor:

I read with interest the exchange of letters between Drs. Barge and Winterstein regarding

Philosophical Constructs and must say I agree wholeheartedly with Dr. Barge. For an institution so devoted to scientific honesty, it is incredible that National College could publish such a biased journal. There was not a single article by anyone even remotely representative of philosophically-based chiropractic! How credible would a research journal be if it refused articles by acknowledged researchers? They don't need to publish a second issue; their minds are already made up.

The final irony to me was after reading Dr. Winterstein's statement on the great strides of acceptance we had made by dumping philosophy in favor of research (as evidenced by the September 23rd Time article.) I picked up the November 4 issue of Time and read its article on "Alternative Medicine." In it, chiropractors are referred to as "back crackers," and a neurologist relates that his "nightmare is seeing someone with a spinal cord tumor who has been going to a chiropractor for years, instead of a doctor." I'm sure glad we sold our philosophy for that.

Then again, if you take the philosophy out of chiropractic, I guess we are just a bunch of "back crackers."

Fred Neil, D.C.
Lynwood, Washington

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