

We Get Letters

Maintaining High Standards

Dear Editor:

The very idea that a doctor of chiropractic would choose to liken the current inner squabbles of accreditation to the policy of outright discrimination of certain country clubs on the PGA circuit is preposterous. I am constantly amazed at the inane attempts to draw such parallels by doctors to strengthen their arguments.

Shoal Creek has attempted to limit membership to individuals who otherwise qualified, except for race. Chiropractic has no intention of limiting qualified doctors who meet agreed-upon standards set by their peers.

Further, we are not an athletic organization whose highest calling is the latest cotillion or fund raiser. We are skilled doctors charged with maintaining high standards in a competitive and technically demanding profession. We should be vigilant that our profession is never diminished by emotion-ridden fringe groups.

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Rome, Georgia*

Guidelines for Philosophy

Dear Editor:

The following is in response to Dr. J.F. Winterstein's article titled "Philosophy for Chiropractors?" in Dynamic Chiropractic dated August 1, 1990, 8(16) pp. 29.

In that article the author outlines some guidelines of what he believes the philosophy of the profession should give us, such as when to adjust young people, when to advise against other treatments or remedies, or when to include them. The author points out that above all "the philosophy should give us a sense of logic, a sense of good and valid reasons for doing that which we do."

The fact is the philosophy of our profession is very well-defined, described, and published by the founder D.D. Palmer and the developer of chiropractic, B.J. Palmer. The philosophy definition: (love of knowledge) is based on a study of the relationship of man to his universe.

The basic premise of our profession is that this world, this universe, functions intelligently. When one looks at the whole picture, it is unreasonable to deduce that luck runs this world. This world operates by laws. Observing this degree of organization and balance in the world is what chiropractic has labeled "Universal Intelligence."

The same is observed if one studies the human body. It too works in beautiful harmony -- all the parts doing their job to contribute to the good of the whole. If we take the relatively small example of digestion -- food enters the mouth and the stomach, and triggers an entire symphony of events. The body intelligently synthesizes and secretes literally hundreds of chemical enzymes, co-enzymes, hormones, bile, etc., in exactly the right quantity, the right quality, at the right place, and at the right time. This body can transform a peanut butter sandwich into insulin, heart cells, liver cells, and red blood cells. This is literally the creation of life -- all from a simple peanut butter sandwich. Now when this type of organization, cooperation, and synergism is observed, we must admit that this body functions intelligently and it is this intelligence that chiropractic has labeled as "innate intelligence."

Innate intelligence merely refers to the organization and cooperation of all the parts of the body and the processes are regulated intelligently, not by luck.

It is these observations which have formed the basis of our profession. It is a realization that the process and relationship of the body parts is highly complex and beyond our current capacity to understand the whole. All the scientists in the world cannot create one cell, or that which can be called life.

Now the Palmers, recognizing this, made the assumptions that this body knows how to take care of itself, intelligently. That the only true and valid way of helping this organism was to ensure the nerve system was free to orchestrate all the processes.

I most certainly agree with Dr. Joseph Janse in his statement given at CMCC in 1977 that "we must keep our profession open-ended ... to promote innovative investigation and research, no matter where it leads." Our profession can and will certainly do this but we cannot change our philosophy and foundation which has already been laid down.

If the baseball profession decided that proball must now be played on roller skates, it would result in an entirely new game. Similarly, if we, as a profession, change our philosophy which is the foundation upon which this profession is built, then the result will be something that is not chiropractic.

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Hold Out

Dear Editor:

I write this letter to end an alarming trend in our profession. Due to the new circumstances that have arisen which allows DCs and MDs to work together in a practice setting, a degrading and humiliating circumstance has given rise. It is being done to us, but we are perpetrating the problem. This is the dilemma to the point:

Registered physical therapists (RPTs) cost an MD a lot of money in a workers' compensation/personal injury practice. Instead of hiring a RPT for the job at the rate of \$30-\$40/hr, MDs and their office administrators have discovered that chiropractic doctors will accept less for a greater amount of services to be provided to the practice.

As chiropractic physicians in that type of setting, we can diagnose, adjust, do physical therapy, take x-rays, interpret x-rays, order and interpret all laboratory work, do physicals, write reports, bill under our own license, and more. RPTs can do physical therapy -- that's it. Yet we will work in an MDs office for \$15/hr after going to school seven to nine years, earning less than many laborers.

I ask the profession to hang on, especially those looking to earn money directly after completing the rigors of chiropractic college when the money situation is extremely tight. I understand that the bills are coming due and that student loans are knocking on the door, but please don't prostitute yourselves or the profession.

MDs earn \$35-\$70/hr. Are we, as doctors in the workers' compensation/personal injury arena, second rate? I would say no. I would even venture to say we're superior, as the human frame is 60 percent comprised of the neuromusculoskeletal systems. A majority of our education is geared toward physical medicine. An MD's education is geared very little, if any, to physical medicine. I would hope that with all our education and knowledge that we would not accept less than a truly acceptable wage. Hold out -- I am.

Are we to do more and accept less than even the rate of a physical therapist for an even greater and more expansive service? We are chiropractors, chiropractic doctors, and chiropractic physicians. Don't be fooled, don't be used; because if you give in to this inequality for a quick buck, you ruin the chances for the next doctor in our profession to earn an acceptable wage on par with our educational level and on par with any medical doctor.

Christopher Sabatino, D.C.
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Hired Guns

Dear Editor:

I have read with interest Dr. Ventittelli's letter to the editor regarding worldwide auditing services. I believe that Dr. Ventittelli raises a very valid point regarding paper reviews. In fact, he understates the damage that these services are causing the chiropractic profession. I, like others, have been a practicing chiropractor for more than 30 years and have had to endure much, but in my opinion, no issue in the past can compare to the magnitude of the ongoing damage that is occurring in our profession through paper reviewers and Medicare.

When a doctor receives a request from an insurance company for copies of his records, he can kiss the doctor/patient relationship goodbye, as well as his legitimate fee for services rendered to that date, in 99 percent of the cases. Why is this true? Simply because these reviewers are essentially hired-guns, typically utilized by insurance companies in a covert attempt to use us against each other, to do the work that they would like to do themselves but cannot without jeopardizing the insurance contract relationship. In order for these review services to survive, they must perform for the benefit of the insurance industry, and it is unfortunate that chiropractic diplomates of orthopedics or the general chiropractor will placate and prostitute our doctor/patient relationship by doing the dirty work that the insurance company will not do so as not to destroy their policyholder's contractual relationship. It is peculiar how the insurance company will insulate itself from harming the contractual relationship, isn't it? Yet, when a paper reviewer does his work against another chiropractor, he will destroy that chiropractor's patient/doctor relationship and hurt the entire profession as well.

In my opinion, there is no ethical or legitimate way or excuse to insist upon or continue with the performing of paper reviews by way of outside firms that solicit this business. However, there are avenues available to the insurance industry who legitimately perceive a problem with an individual doctor. Those avenues are the state peer review committees and the ordering of an independent chiropractic examination. Instead, what is transpiring is the wholesaling of doctor's records to various review services, en masse, for the covert purpose of cutting the claim, while these state peer review committees are, for the most part, extremely fair; they take their responsibility to the profession and the insurance company seriously for legitimate disputes. Yet, the insurance industry largely ignores these state committees and thus deprives the chiropractic profession of financial support that the fee income would generate, as would all other forms of support that go along with the utilization of state peer review committees. The insurance industry's lack of support of the chiropractic peer review committees is a blatant admission that the review process lacks integrity and results in stealing funds from the premium-paying policyholders, while at the same time degrading the chiropractor's doctor/patient relationship.

I also note with interest that the NCMIC has currently refused to provide malpractice coverage for these individual paper reviewers, as should well be, because the process as practiced today is fraudulent. I personally have caught insurance companies selectively sending, for paper review only, copies of my office notes, which would leave much to be desired in a fair adjudication or review.

In addition, I have heard of cases in which the paper reviewer was a neurologist, a nurse, or even a nurse's aide, which, if true, is an abomination. Let's review some of the important things that comprise the doctor/patient relationship aside from a case history, examination findings, and daily notes: there are many interpersonal skills that go into making up this relationship, which are so important to the outcome of the treatment protocol, such as the doctor's observation of the patient's attitude, manner, gait, poise, and posture, as well as personal inspections of the ailing personality. Aside from the injured body part(s), all of these observations help the doctor mentally arrive at a treatment protocol. In addition, the treatment is based solely on the doctor's determination of the cause and extent of the problem, the chiropractic treatment skills in which the doctor is proficient, and those he selects to utilize in the best interest of the patient. Try preparing adequate office notes that reflect all this effort, and you will suddenly have a paper-work bureaucracy of federal magnitude right in your office.

Also, the majority of practicing chiropractors are not narrowed chiropractic orthopedic diplomates. They utilize many different treatment techniques, such as Palmer, Grostic, Logan, Meric, Gonstead, DeJarnett, and Van Rump, to name a few. These and other diversified methods, all of which call for different treatment protocols including wide ranges in the number of office visits, in the great majority of cases lead to a successful doctor/patient relationship, and thus a successful treatment outcome. For a chiropractic orthopedic diplomate or general chiropractic reviewer to attempt to set a criteria by limiting visits, exam procedures, or limiting x-ray procedures is patently in error, for he is using his own set of criteria (or the company's) which is not the treating doctor's set of criteria.

Certainly, there are exceptions where the injured party may be recovered in a relatively short period of time or number of visits; but remember these are the exceptions and not the rule in our profession. In the majority of cases, no matter what technique or treatment regimen is followed by the treating chiropractor, the overall treatment benefit is far greater and the overall treatment cost far less when compared to medical treatment protocol and procedures. Remember that the insurance premium is based solely on the medical model of care, and not on the chiropractic model. To attempt by way of

paper reviews to compress or limit treatment protocol or fees to the exception, and thus make it the rule, is the same fallacy that has perpetuated the turmoil within our profession, as well as our government bureaucracy.

I suggest that both the International Chiropractors Association (ICA) and the American Chiropractic Association (ACA), as well as state associations and examining boards declare it to be an unethical procedure to perform "paper reviews" for companies that solicit this business with attendant penalties. The only legitimate reviews should be conducted by state peer review committees or by way of an independent chiropractic examination performed within the area of the ailing patient.

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