

Timing Can Be Everything

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It was a hot summer Sunday afternoon and I just couldn't get inspired to write my column. There was a good Diamondback baseball game on one TV channel and PGA golf on another, so it took considerable willpower to sit down and write. As I contemplated all the ways I'd rather be spending my weekend, I remembered participating in a Neighborhood Christian Clinic board meeting just the previous week - a meeting I also hadn't wanted to attend.

The Neighborhood Christian Clinic is a nonprofit agency serving the poor on the south side of Phoenix. I have participated in this charity as a clinician and member of the board of directors for a few years now. The meeting started well. On this occasion, the board was reviewing financial operations. We were very pleased to learn we had just received another \$100,000 grant from a local funding agency. We were particularly pleased that this money had come to us after a minimum of paperwork on our part. This was a suggestion of the legitimacy our clinic had established in the eyes of this local philanthropy.

Next, the chairman passed around a flow chart of a newly proposed structure for an expansion of personnel that would be necessary as our services grew. I noticed there were little boxes identifying a medical director and a dental director, but none such box for a chiropractic director. Although our chiropractic services were only five years old, we had grown from a single participating chiropractic physician (me) to four DCs in that short space of time. Despite all that, we were not recognized on this new organizational arrangement!

Perhaps I was being overly sensitive. However, a video promotion for the clinic, produced only six months earlier, had similarly neglected to mention the chiropractic care we provided to the patients. I wanted to jump to my feet and yell, "Why is there nothing in the video on chiropractic?" However, I kept my cool and simply asked, since I had come in just as the video started, whether I had perhaps missed the section on chiropractic. The medical director looked very sheepish and confessed they had completely overlooked the chiropractors. Again, I let it go and settled back in my chair. Our board meeting continued in its usual fashion.

About a week later, I got a call from the medical director asking if I would be available on a Friday afternoon. They were going to reshoot the promotional video for the clinic and wanted to be sure to include the chiropractic service. I accepted and we videotaped a very nice insert about the chiropractic care we offer to the poor and indigent. Everyone was pleased. It seemed an opportune moment to ask the chairman of the board if chiropractors also had been included on the organizational flow chart. To my surprise, he replied that chiropractic care had been added to the chart as part of the medical services.

I'm sure some of you are thinking, "We don't want to be listed as part of medical care!" I also have reservations about this and have preferred to suggest that we be identified as part of the health care team. However, I also think we chiropractors all too often expect to be slighted or insulted by the

allopathic Big Brother. All too frequently, we're ready to make a big deal about nothing. Many times, I suspect it would pay us to keep our mouths shut and wait for an appropriate time to make corrections.

Just so you don't worry, I plan to e-mail our board chairman and request a "separate and distinct" box for the chiropractic care offered at the Neighborhood Christian Clinic. I don't expect any resistance to this. I certainly am not forgetting the decades of abuse we have received at the hands of political medicine and I'm not so naïve as to think that the struggles epitomized by the Wilk antitrust case^{1,2} are all behind us. However, I think we also must be ready to recognize that not all slights are part of a grand conspiracy. Often, the best tactic is to seek inclusion first and fix the details as we go along.

It has been my experience, both at the local Veterans' Administration hospital and at the Neighborhood Christian Clinic, that if we DCs are miscategorized or "placed in the wrong box," this usually is nothing more than carelessness or the sign of a need for re-education. I have found that, once the individual MD finds out an individual chiropractor doesn't have horns and does have valuable skills, there is quite a welcome reception.

So many times we are our own worst enemy. We need to learn to play in the sandbox without starting a fight over nothing. Yes, there is a time to stand up and assert our legitimacy and the value of the clinical methods we bring to patients and to the health care team. And yes, there still is a political medicine out there that would like to "contain and eliminate" us as a profession. However, we must learn to be more discerning in our dealings with other health care providers; not all MDs are enemies. We would do well to learn to think first before we open our mouths and insert our feet.

Please! Timing can be everything.

References

1. Chapman-Smith D. The Wilk case. *Journal of Manipulative & Physiological Therapeutics*, April 1989;12(2):142-6.
2. Gevitz N. The chiropractors and the AMA: reflections on the history of the consultation clause. *Perspectives in Biology & Medicine*, Winter 1989;23(2):281-99.

SEPTEMBER 2007