

We Get Letters & Email

Editorial Staff

What Was the AMA Thinking?

Editor's note: The following letter to the editor was sent originally to the ACA in response to the American Medical Association's approval of Resolution 232 at its most recent House of Delegates meeting. Both the ACA and DC reported on the resolution.

Dear ACA Government Relations:

I read your well-written article in the August *ACA News* regarding this latest attempt at a monopolistic and discriminatory power grab by the AMA. Of course you know that *Dynamic Chiropractic* gave the same item a nicely done spread on the front page of its July 29 edition.

Let me call your attention to an interesting sideline to the whole matter, which neither article mentioned. The AMA House of Delegates meeting, where this Resolution 232 was passed, was held in Chicago, Ill. In the state of Illinois, MDs, DOs, DPMs and DCs have a common or mixed licensing and regulatory board which makes decisions for all those professions. Chiropractors are officially licensed by the state as "Chiropractic Physicians." The individual licenses issued by the state to each chiropractor read, "Chiropractic Physician." And National University of Health Sciences (formerly National Chiropractic College), located in a suburb of Chicago, has been granted the legal right by the state of Illinois to confer the degree "Doctor of Chiropractic" to its grads.

So, the AMA House of Delegates, at a meeting in Illinois, and with its AMA headquarters in Chicago, are out of step and out of touch with the very state in which they passed the resolution! I wonder if it is even legal for a private organization like the AMA to try via passing a resolution to take away a right (use of a professional title is a property right) that has already been granted in law in the very state where it held its meeting?

Rand Baird, DC

Chair, Public Health Committee

Chair, Associate Member Committee

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Dangers of Cholesterol Medications

Dear Editor:

It seems like I've been reading Deborah Pate's articles for almost 20 years, and each one has been well-written and informative. Her recent article highlighting the connection between Achilles tendon ruptures and the use of fluoroquinolone antibiotics is another example. Over the past 10 years, I've

had at least five patients rupture various tendons secondary to flouroquinolone use (most frequently the Achilles, but also subscapularis). Despite the significant body of literature detailing the connection, I am always surprised to see how few of my medical friends are aware of the relationship, even orthopedic surgeons treating the ruptures.

Besides cautioning patients about possible risks associated with flouroquinolones, recent research suggests that it is also important to inform patients about the connection between tendon injuries and the common cholesterol-lowering statin drugs. Earlier this year, Marie, et al., reported on 96 spontaneous tendon injuries (including complete ruptures) that were directly related to the use of statins (*Arthritis Care Res* 2008;59:367-72). The authors noted that the potential for tendon ruptures occurred with all the statins: atorvastatin, fluvastatin, pravastatin, rosuvastatin, and simvastatin. They also noted that ruptures were more likely to occur in physically active patients and in patients taking steroids or flouroquinolone antibiotics.

Because of the connection between physical activity, statin use and tendon injury, I recommend that extremely physically active patients consider alternate methods to control or cholesterol levels. In the Feb. 27, 2006 issue of *Dynamic Chiropractic*, Dr. James Meschino refers to a series of articles that show dietary intervention can be as effective as the cholesterol-lowering medications.

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