

We Get Letters & E-Mail

Patient Perception and the Farce of "Fast Relief"

Dear Editor:

I enjoyed your [March 1 article](#), "Food for Thought 2013: Good and Bad News About Professional Trust," by Dr. G. Douglas Andersen. Coming up dead last in trust alongside other health care professionals ought to give all chiropractors pause.

Why do people trust us less than they do nurses, pharmacists, MDs and dentists? The author's data is derived from Gallop's 2012 Honesty and Ethics in Professions survey. It makes one ponder: Are these numbers a reflection of our current diminished market share? The question seems to answer itself.

But here's the rub: If we come out a distant third among fee-for-service health professionals (MDs, dentists, DCs), what about our reputed high ratings in patient satisfaction? Could it be that the poll of Gallop respondents represented *the public in general* - a small fraction of folks who have actually been to chiropractors? When you speak to past or present chiropractic patients, don't these numbers change dramatically? At any rate, the Gallop statistics are an eye opener.

Dr. Andersen editorialized ("The Obvious Cause of the Trust Gap" section of his article) about why Americans surveyed didn't seem to trust us. His conclusion? A particular patient in his office had a bad experience with another chiropractor. Really? The DC had advised the patient to return for additional care after the symptom had momentarily resolved.

Dr. Andersen encouraged the patient's impression that pain relief meant correction of the problem. He went along with her conclusion that the other doc's recommended treatment was bogus, in effect ridiculing the prior doctor's treatment plan, without even viewing his SOAP notes.

Dr. Andersen implied that DCs everywhere are doing this and that it's undercutting our image. He failed to mention if he routinely accepts patients' self-diagnoses and honors their personal plans for case management.

The absent chiropractor may have shirked their responsibility to explain causes and solutions. As clinicians, we know that an established condition needs a structured program of care. Of course, any DC who begs patients to come in without explaining why embarrasses themselves and the profession. But when colleagues promise quick relief in their headlines, we are concerned. Our training identifies this as facile and deceptive.

In his [Feb. 15 editorial](#) ("Eliminating Our 'Never Events'"), Publisher Donald Petersen observed, "Our 'never event' is letting your patients leave your office without being certain that they understand the importance of multiple visits (as needed)." The larger question may be whether we prefer to be patch-up artists, chasing symptoms as they pop up and down, or doctors of health restoration.

Patients present to us with long-standing spinal issues. Media ads trumpet drug-based "fast relief." Sometimes our own initial adjustments supply apparent "fast relief" - exhilarating to us and dramatic to the patient. Too bad if we take a big, proud breath and use the patient out of the office with a "If it comes back again, give us a call."

Both our experience and the literature document the benefits of longer-term care as opposed to a quick fix. If we fail to connect our exam findings with established underlying causes and clearly lay out a goal-oriented, monitored care program, we do the patient a disservice and reinforce the farce of "fast relief."

Our crisis of trust with the public, I propose, is not from recommending too much care as it is from recommending *too little*. Patients are smarter than we think. If we analyze and communicate with thoroughness and confidence - and with sympathy for the patient's suffering - we will not be rejected when proposing a care program of weeks or even months.

Often your hardest patients are the ones who have been to other DCs. Their concern is defined by the symptom and dissipated by its removal. It is your choice to take the effort and time to bring these ones to a higher level of understanding. It pays off in lifetime patients who, when the pollster's phone rings, will give chiropractic the highest endorsement you could want.

Ronald Marsh, DC
Portsmouth, R.I.

A Fly in the Ointment

Dear Editor:

Is there a fly in the ointment? Is it immoral to expect compensation for your services, doctor? Who should decide what your service is worth? Who, then, is to decide what car to drive, house to live in, clothes to wear, etc.?

Before you began your career in this health field, you may have asked the question, "How do I get paid?" I believe you cannot sell what you do not own. Additionally, you cannot give what you do not have. How long can you be selfless and give of your services? Not long. Your landlord wants rent, your staff wants to be paid, the government wants its taxes, your kids want to be fed, and perhaps your student-loan lender wants their money back (with interest).

Government health care sounds terrific, but when the health care provider asks, "How do we get paid for the services we perform?", all I've heard is crickets.

Please remember: He who asks the questions, controls the conversation. Doctor, isn't it time to ask: "How do I get paid?" Yes, doctor, there does appear to be a fly in the ointment.

Tim Jorgensen, DC
Enderlin, N.D.

Persecuted for Choosing to Practice Chiropractic

Dear Editor:

It may interest the editorial staff of *Dynamic Chiropractic* to know that on Jan. 17, 2013, the last chiropractic doctor to be jailed for the practice of chiropractic in the United States (Louisiana, to be specific) passed away at the age of 92. His passing ended an era of a particular form of persecution and incarceration of many chiropractic doctors across the country.

Dr. B.D. Mooring was the last of [two chiropractors](#) in Shreveport La., along with Dr. E.J. Nossier, who were jailed in 1974, clearly one year *after* receiving their licenses. Their incarceration was due to an overzealous judge, Clyde Fant Jr., who wanted to make examples of these two doctors who, in previous years, had defied judicial orders to cease their practice of chiropractic.

Even though chiropractic was legalized and licenses issued a year earlier, Judge Fant wanted to punish these two doctors for their previous defiance of the court. Clearly, this evidenced the ongoing unfair, bias and unnecessary harassment of chiropractic doctors.

Dr. Mooring passed away in Idabel, Okla., where he lived and practiced until the age of 86.

Steven Mooring DC
Pueblo, Colo.

Dynamic Chiropractic encourages letters to the editor to discuss issues relevant to the profession and/or to respond to a previously published article. Submission is acknowledgment that your letter may be published in a future issue of the publication. Submit your letter to editorial@mpamedia.com; include your full name, relevant degree(s) obtained, as well as the city and state in which you practice.

MAY 2013