

## We Get Letters & E-Mail

Let's Restore Integrity to Health Care - Starting With Us

Dear Editor:

I am writing out of concern for our profession, of which I have been a part for 35 years of practice. I have always wondered why, even after being around for so long, chiropractors - compared to all other health care professions - have such a poor reputation in the public's eye, and are at the bottom of the scale [when it comes to ethics](#).

The reason is that as a profession, there is oftentimes no integrity in how our practices are run. We all know that chiropractors do not have the edge on dishonesty; that is rampant in every profession. But if we are to be set apart and truly make a difference, then it has to *start* with us.

I'm sure it can be tempting, when times are slow and the money isn't there, to double-bill insurance companies and pad car-wreck claims; but dishonest gain is just that - dishonest. And it will come back to bite you.

I am amazed that most people, after being cheated by a chiropractor, have enough faith to try again. And I hear horror stories on a regular basis of people who, even after another chiropractor helped them physically, were hurt by the dishonesty of the doctor. Patients expect honesty in business dealings; insurance fraud drives up the costs for everyone.

So, why are chiropractors doing these things over and over? Is it overhead, personal debt, a wife (or husband) with a penchant for spending? That is still no reason for running a dishonest practice. Sooner or later, it will catch up with you.

Let it begin with us. We have the knowledge to help people; let's restore their faith in humanity at the same time.

*Philip Lawrence, DC*  
*Toccoa, Ga.*

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MDs Offer More - So Can We

Dear Editor:

If you believe medical doctors in the 21st century are using an algorithm of "diagnose, drugs, referral" [See Don Petersen Jr.'s [Report of Findings](#), "Underserved Patients," in the Feb. 15 issue], then you are sadly mistaken. MDs, particularly the younger physicians, are quite aware of the shift from "doctor as God," with a pill for everything, to "doctor as health partner."

Just go into any primary care office and generally you will encounter an array of offerings: supplements, products, books; in short, they are trying hard to meet their patients' demand for a more diverse methodology of treatment.

My own personal physician treats many conditions with herbal remedies and has a nutritionist on staff; the physiatrist to whom I refer many of my patients is also a licensed acupuncturist. My gynecologist prescribes bioidentical hormones, but encourages patients to use nutritional interventions where practical. And these are not "special cases" of physicians hand-picked by me; my docs are the ones on the provider list for my insurance. My husband's ENT encourages the use of neti pots.

And so, one would ask: What is the difference between a chiropractic office with a knowledgeable doc using natural remedies and manipulation, and a medical office with a knowledgeable doc using natural remedies, acupuncture and drugs? Not much, except that the MD has total freedom to move their patient through a variety of therapies: allopathic, homeopathic, herbal and manual.

They can also advise for and against any particular method, whereas the chiropractor, handcuffed by a narrow scope, can neither advise a patient against a pharmaceutical intervention nor prescribe one if they feel it is the optimal choice.

And so we are perceived by the general public as "less than," when in fact our embrace of the physiological, structural and spiritual makes us the logical *first* choice for patients.

Expanding our scope will enable reimbursement parity, efficacy of treatment, and allow us to take our place as the doctors of choice in the 21st century. Our chiropractic training and full-person approach speaks for itself; but without equality, our prospective patients may never be able to discover that. We must no longer be pigeonholed as some kind of "specialty" with exorbitant co-pays and severe limits on how we care for patients.

Discussing the terrible outcomes associated with prescription painkillers, as you did in your article, is only that: a discussion. I have had to send countless patients back to their "primary care" docs to discuss getting off these meds because I cannot help them with that; my scope does not allow it.

*Cathlynn Groh DC, APC*  
*Santa Fe, N.M.*

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*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. Email [editorial@mpamedia.com](mailto:editorial@mpamedia.com) to submit your letter; please include your full name, relevant degree(s) obtained, as well as the city and state in which you practice.

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