

THE PIVOT REVIEW

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piv'ot (piv'ut) n. 1. a point, fixed pin, or short axis on the end of which something turns. 3. That upon or around which something turns or depends; the central, cardinal, or crucial factor, member, part, person, etc.

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Point--Counter Point

I recently received an email containing a Letter to the Editor in the October 2008

Palmer College Beacon.

The letter was written by two members of the Diagnosis Department at the college in response to a previous *Pivot* article of mine that had been reprinted in the *Beacon*. The author of the letter felt that "another opinion that is reasonable and prudent" concerning the subject of diagnosis should be presented. I think the major problem is that we just see chiropractic differently. If chiropractic is just another "physician-level health profession(al)," then diagnosis is reasonable and prudent and my approach is dangerous. If chiropractic is something different as the Founder and Developer of their school maintained, as the profession has maintained, as the state governments understood in

licensing our profession, and as we continue to maintain by continuing to exist as a separate and distinct approach from medicine, then on that basis their approach is unreasonable and unwise.

They argue that competence in diagnosis is necessary to obtain a chiropractic degree and also to "obtain a chiropractic state license." However, so is a knowledge of obstetrics and gynecology. Many subjects were once taught for informational purposes and not as part of the practice of chiropractic. Somehow our profession began to embrace diagnosis. Thankfully, we have not ventured into the fields of obstetrics and gynecology, at least not yet. Microbiology, bacteriology and pathology were also taught. Like the others, including diagnosis, no one thought they were of practical value. They were for informational purposes and to "obtain a degree and

license." The respondents spend two paragraphs presenting the argument that we teach it, you need to know it to pass our courses, and therefore you need to use it in practice. Palmer also teaches about a dozen adjusting techniques, which a student must show competency in, but are they expected/required to use them all in practice? No doctor of any kind is expected/required to utilize everything he/she was taught in school.

To choose diagnosis is a specious argument. There are certain minimal standards that are expected of a "physician-level health professional." The problem is that the chiropractic profession is not a physician-level health profession in the mind of anyone except a few people in our profession. If you want to be on a level with a physician then go to medical school and become a physician. What some of

us have done is call ourselves physicians implying that our training is on a par with a medical doctor and then we have gone about attempting to elevate our educational program to reach the level of expertise we have laid claim to. That is like assuming the role of an NFL quarterback before you have even touched a football. The difference is no NFL team will hire you. Unfortunately, in our profession we have state boards in charge of determining your qualifications who do not know what medical diagnosis involves. If I do not know what it takes to be an NFL quarterback, I could maintain that you are qualified even though neither

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one of us has ever played the game. I recall being at Palmer a few years ago when one of the diagnosis faculty was boasting that the top students in diagnosis were allowed to go on rounds at a local hospital. My response was that they should send the worst students to do rounds, not the best. The greater point though is that if they send anybody to a hospital to do rounds, they are admitting that their chiropractic education in diagnosis is inadequate.

I am perfectly content to respect the medical diagnosis approach to the practice of chiropractic if the diagnosis doctors are willing to respect my approach. If they want to practice medical diagnosis and go through the training that a medical doctor does, be examined as a medical doctor is, I am willing to allow them. I still feel it is a dangerous approach because even the medical doctors really are not that good at it. We need to agree that we have two vastly different visions and objectives for chiropractic. In my objective, medical diagnosis is not only not necessary, it is counterproductive. It teaches people that treating disease is important and is part of the role of a chiropractor, thus undermining the uniqueness of the chiropractic objective. In their approach it is absolutely necessary. If we could just allow each group to pursue their professional mission and allow the consumer to determine which product they want. Of course, to be fair to the consumer we must distinguish the two approaches. Unfortunately, the pro-diagnosis chiropractors, cannot allow us to continue because to the public our position is reasonable, rational and, in comparison to theirs, far more acceptable. Consequently, they must denigrate, refuse to teach, and ultimately try to pass laws against our approach. They can not or will not be satisfied with an approach based on mutual respect and tolerance. They must attack our approach as dangerous and not in the best interest of the consumer. It is even worse when it is done by chiropractic school faculty who usually have little if any experi-

ence in practice. I believe that the unnecessary fear that they are instilling in students and the “defensive” approach to practice that they advocate is actually more dangerous and, in my estimation, is partly responsible for chiropractors failing in practice. If you practice their approach, you probably confine your care to minor back sprains and you really cannot build much of a practice that way.

Consider the safety factor or as the respondents put it, we “should be focused on one question: ‘What is best for my patient?’” I agree that “we should put the needs of the patient before our own philosophical wishes,” which is why I think patients should be diagnosed by a professional who is properly and extensively trained and experienced in diagnosis. No chiropractor ever has or ever will be trained in diagnosis as a medical doctor is. It is delusional to think as a chiropractor that you are. To tell your practice members that you do not diagnose and if they want or need a diagnosis they should see a physician is what is best for the patient. However, they also need a spine that is free of vertebral subluxations and that is what we have to offer as chiropractors.

The bottom line is, there is only a conflict between the needs of the practice member and one’s “philosophical wishes” when one wishes to practice medicine (the diagnosis and treatment of diseases) without a license to do so i.e., this is not a conflict for medical doctors. That has historically been the conflict with medicine and chiropractic and as long as we have chiropractors and instructors who have a therapeutic philosophy, we will never be respected in the eyes of the medical world or accepted by the public.

The respondents to my article claim that the better diagnostician you become, the “more likely you will be able to keep them under your care and management.” That goes to the crux of the problem with some in our profession. They want to be an alternative to the practice of medicine. To be that

alternative, you must do everything medicine does only better or at the least as well, but more affordable. Chiropractic never has and never will succeed at that, and while we keep trying we do not have the education or the resources to compete with medicine in either the diagnosis or treatment of disease. To think that we will get as good as medicine in diagnosis when we are being taught by people who only have a chiropractic degree and no medical training, is simply “ludicrous and dangerous.”

The other argument that people promoting diagnosis in chiropractic often make is of a personal or practical nature. It concerns itself more with the chiropractor than with the patient or practice member. As what usually happens with the diagnosis argument, it becomes personal and presented on a so-called practical basis. I am not sure that I ever said that you could never be sued for mis-diagnosis if you do not diagnose. The fact is that you can be sued for anything these days. The issue is whether you are more likely to be sued for mis-diagnosis when you demonstrate that you do not diagnose or when you claim to have the same expertise as a physician. If, as the respondents suggests, “Missing a diagnosis is one of the top reasons for successful malpractice claims against chiropractors,” I would rather take my chances in explaining to a practice member why I do not and will not make a diagnosis and documenting that fact than using my limited expertise to try and make one. Chiropractors, in claiming a level of expertise of a physician, have placed upon themselves the responsibility of doing not what a “reasonable and prudent chiropractor (would) have rendered...” but what a medical doctor would have. Wait until the trial lawyers come to that realization. There will be thousands of medical doctors lining up to be expert witnesses against chiropractors. Right now, the chiropractors, like the respondents to my *Pivot* article, want us to be held to a chiropractic standard but they

maintain they are teaching a standard equivalent to medicine. You cannot have it both ways and frankly, I do not think that the majority of the profession wants to be held to a medical standard.

I do not know whether the respondents even practice chiropractic (most faculty do not), but I will put my experience and philosophy of 41 plus years and over 70,000 different practice members up against their experience. Being “extremely lucky” is only an issue if you are going to be a diagnostician and try to guess what disease your practice members have without the

tools, the expertise, the education or the training. I would suggest you need to be “extremely lucky.” The other choice is to be competent at explaining what you do, making the practice member aware of the difference between chiropractic and medical objectives, and not being afraid to tell the practice member who wants a medical diagnosis to go to a medical doctor. That does not involve luck but an understanding of what you do and the knowledge to convey that to the public. That is the mark of a professional and there is no luck involved. Δ

Thot

Being a good medical diagnostician has nothing to do with the correction of vertebral subluxations, but it might make you feel important, just like a real doctor.

R.I.P.-the 100th Monkey is Dead

Sometime back, the Foundation for Chiropractic Progress sent out a letter signed by 10 leaders in the profession in a fundraising effort. In the opening paragraph, they noted that it was believed by some “that if enough chiropractors served enough people for [a] long enough time, this would create a mass awareness of the benefits of chiropractic.” The letter goes on to lament that chiropractors have been serving for more than 110 years and it is not working. This idea goes back to the idiotic new age theory, first presented by Ken Keys under the heading of the 100th monkey that when a critical mass of people developed a specific awareness, the idea or behavior would somehow mystically transfer to everyone. He made up a story of monkeys on an island that washed their potatoes in the ocean before eating them and when the 100th monkey adopted the practice, it was automatically done by every monkey on the island and even jumped to islands far away.

Chiropractors have used this as a basis by which the world will eventually grasp chiropractic. Unfortunately, it has not worked. People have not grasped the benefits of vertebral subluxation correction. The public sees chiropractic as a treatment for musculoskeletal problems. So now we have begun a new organization to continue that public education program. The problem is that to attract enough donors to their effort they have to find the lowest common denominator for chiropractic care and that is musculoskeletal problems. Even if they tried to take it up a notch (in their minds), it would still be a “chiropractic gets sick-people-well” approach. We started out with that approach in chiropractic and degenerated into bad backs and stiff necks. Now some, and only some, want to work back up to that model (providing you consider that model a step up).

So what is the answer? Well I do not believe it will happen by a mass-

education effort. It will not occur by some organization taking your money and building a community awareness of chiropractic. It can only happen one spine and one mind at a time. There is no 100th monkey. The world is not going to suddenly come to a realization that they should have their spine checked regularly to enable the innate intelligence to be expressed more fully. It is only going to happen in individual offices, in a practice member here and a practice member there. It is going to take hard work by chiropractors in their offices and in their communities to reach those people. It will take harder work than we have ever done before. We must be committed to that individual effort. The easiest thing to do is write a check to some organization so they can promote your practice among 60,000 others. The difficult thing to do is develop the program and the materials necessary to educate your community. The former has never worked in the history of our profession. It is time to do the latter. Δ

Are You Still Enjoying Practice?

In the last issue, I asked whether you were still excited about the principle, the philosophy, and the idea of “changing the world” with chiropractic. Judging from the response there are relatively few chiropractors still excited. Those that did respond were mostly

students or new practitioners which I appreciate but I would expect. Can you imagine starting in practice without a healthy dose of enthusiasm? Although recently, with all the negative garbage students face in school, I suppose students are less and less excited about

chiropractic. It is a credit to those students who do still want to change the world.

What was apparent from the response, or lack thereof, is that those in practice for a number of years have lost much of their enthusiasm. Perhaps all

those that still are enthusiastic about chiropractic have become practice management consultants. The other possibility is that no one is reading the *Pivot* anymore!

So, are you still enjoying practicing chiropractic? Or for some, have you ever enjoyed being a chiropractor? Of course, I am talking about more than going into the post office or your neighborhood bank and having a clerk or teller address you as Dr. "So and So." That is good for your ego but in comparison to the years and dollars spent on your schooling, it is small reward. You may be making an acceptable living but even that is becoming more of a challenge these days and the hassles are becoming greater and greater in order to make that living. Besides, there are many ways you can make a good living without the initial outlay for education that a chiropractic career requires. An auto assembly line worker with as little a high school diploma can make over \$85.00 an hour. And if you are not enjoying practice, the question becomes why not?

You probably did not think when you got into chiropractic that part of your everyday activities would be fighting with insurance companies or hiring a person to handle that one job alone. You probably thought that it would be a lot easier to get people into the office. In fact, you may have been led to believe that people would just flock to you. I am sure you did not expect that practicing chiropractic would be such a scary undertaking. Even if you heard that every person who walked in your door would be looking to sue you (See Point Counterpoint), you likely dismissed it as over reacting or just plain nonsense.

Becoming a chiropractor is not an easy task. College, chiropractic school, opening an office, and building a practice all take time and money. That effort and cost should have a reward and more than just a financial one. Perhaps part of the problem is that as a chiropractor you have "forgotten your first love." Or maybe you never had that first love. For me, that first love was

being introduced to the chiropractic philosophy, to the idea that there is an inborn wisdom in the body which has the ability to heal and run it and that we can allow for the best expression of that intelligence by correcting vertebral subluxations. I was fortunate to be introduced to that idea by Reggie Gold as a 19-year-old freshman in chiropractic school. Granted, there are no Reggies teaching in chiropractic schools today and in most schools there is no one at all teaching philosophy. That is the reason many never had that first love. I have had numerous students and chiropractors read my books and write to me saying, "I never heard this in chiropractic school." Many chiropractic students today are introduced to the profession via a chiropractic student recruitment program. Many have never spoken to a chiropractor and it is not at all uncommon to find chiropractic students who have never been themselves adjusted. They have never known the philosophy and its practical application in a chiropractic office let alone fallen in love with it.

I would suggest that if you no longer enjoy being a chiropractor or have never enjoyed it, that perhaps you need to fall in love again (or for the first time) with the philosophy. When you realize what you are doing, releasing the power that animates the living world, you can get pretty excited about your day-to-day activities. If going to the office is not something you enjoy doing, try immersing yourself in the philosophy. Read some positive reinforcements. I would suggest you start with *Higher Ground* and *Still Higher Ground* if you have already read *Chiropractic Philosophy* (see p. 6 for a special offer on these books). I would further suggest that you begin to write about what you do as a chiropractor and address those writings to your practice members. Tell them about correcting vertebral subluxations to allow the innate intelligence of the body to be expressed more fully. Tell them how important it is for them and their families and for the whole world for that matter. Tell them how fantastic the

body is. You **have to be** in absolute awe of the body, how it is designed and how it works, to get excited about chiropractic. And then you have to tell people how honored and excited you are to be given the task of correcting vertebral subluxations to allow the body to work at its best. People need to know that a chiropractic office is the only place they can receive that service.

The more you understand what chiropractic, straight non-therapeutic chiropractic is, the more excited you get about it and what you are doing as an objective straight chiropractor. The more excited you are, the more you will just naturally convey that excitement to your practice members. The more excited they are, not about getting their back pain relieved, but about what chiropractic is really about, the more you will enjoy them coming in the office regularly and the more you will enjoy practice. It is the hope of the Foundation that this coming year will be the most enjoyable and successful one for your practice ever. If there is anything we at FACE can do to help you, please feel free to contact us. Δ

Death of the Grownup _____

I recently read the above book by Diana West. I highly recommend it. West discusses the idea that we have raised a generation of people who have not grown up. People are not taking the responsibility that an adult should take. The term *adolescent* refers to an age group between childhood and full maturity where you are recognized as an adult but allowed to act as a child. The author suggests that many today are in a sort of suspended adolescence in as much as they are adults but they still act as children.

The book made me think about a philosophical conflict that we have in chiropractic that is part of the basic difference between traditional chiropractic and objective straight chiropractic. The traditional chiropractor takes a greater role in the life of the practice member

than does the objective straight chiropractor. Specifically, traditional chiropractors are still involved in presenting the dangers of medical practice and drugs. They want to warn people of the dangers of vaccination, fluoridation, and a host of other medical procedures and use their authority to discourage people from utilizing those procedures. They want to make recommendations concerning rest, exercise, nutrition, etc. The objective straight chiropractor confines his/her efforts to the

location, analysis, and correction of vertebral subluxations and teaching an ADIO philosophy. If we educate practice members in our philosophy, they will have the knowledge and the ability to make intelligent decisions relative to their health and well being without our "advice." Sure, we are frustrated when long-term practice members come in the office for their weekly family visit and say, "Little Johnny may be out of sorts today because he got his shots this morning," but we press on without saying anything even though we would never take our own children for vaccinations.

Then I read this book which essentially says people do not have the ability to make decisions for themselves. They do not have the wherewithal to take responsibility for their lives. They have never grown up. It makes a pretty good argument for telling people how to live their lives. Perhaps they need to be treated like small children and told what to do. Of course that is not what West concludes. She suggests that we make them grow up. Today's news is filled with CEOs of the auto industry who have not grown up enough to run their businesses and need the federal government to tell them how to make cars. Wall Street financiers are like

small children who have no ability to act responsibly with money. We need a government to bail us all out from poor decisions on everything from credit card debt to taking out mortgages that we have no ability to pay back. With all

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that irresponsibility, how can we expect people to be knowledgeable enough to make decisions about what exercises they should do or whether their kids are better off with or without a measles shot.

At first thought, this makes a good argument for the traditional approach of taking responsibility for people who can not or will not do it for themselves. Telling people who can not or will not make decisions about their health and life what they should do seems to be better than nothing. But is it? If we have no grownups, then who is there to tell us what to do? Are we going to let the federal government, that has a totally irresponsible attitude toward living within a budget, make decisions for the car industry, bail out the banks or those people who should not be buying a house, or tell us when and if we need a vaccination? There was once a generation of grownups that believed you did not buy something until you had the money for it in your hand. Today, we put it on a credit card and they give credit cards to adolescents. They tell us that each household's part of the National Debt is over \$455,000. So why not put \$10-20,000 more on your credit card. If the government does not seem to care about cutting back on spending, why should we?

You do not nurture responsible actions by encouraging irresponsibility. Will the automakers, the Wall Street investors, and the bankers become more responsible if the government bails them out with the irresponsibility of creating trillions of dollars more debt? Will our practice members become more responsible in their actions if we choose to take on the responsibility of telling them how to live their lives, an irresponsible act on our part because we do not know what is best for them, their children or their health and well-being? We need to teach them how to

be responsible for their own lives. So it really comes back to the old "feed them a fish or teach them to fish" principle. It does not matter whether it is buying a house, building an automobile, investing your retirement, or making decisions about your health. You are always better off becoming knowledgeable on the subject and then taking the responsibility for your decision. As chiropractors, we need to enable people to be knowledgeable by teaching them the ADIO philosophy. That is being part of the solution. We should not be making decisions for them. That is being part of the problem. Δ

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