

[IMAGE]

Dynamic Chiropractic – June 17, 2002, Vol. 20, Issue 13

Chiropractic Sleight-of-Hand

By Edwin Kribs, DC,PC

Too many of today's chiropractors want nothing more than to walk the hallowed halls of the hospital setting, stethoscope draped around their neck. And, if their dreams come true they'll be "making rounds" as well. I can envision them marching from room to room ordering every diagnostic service in sight - like kids in an expensive toy store. It's a vision guaranteed to put a smile on any hospital administrator's face. One claimed the MUA (manipulation under anesthesia) procedure alone was adding 10 percent to his hospital's gross.

When I recently interviewed a medical doctor affiliated with a MUA performing hospital, I asked him if the hospital was happy with the income from MUA procedures.

"You betcha," was his answer.

What is safely performed a million times a day in chiropractic offices is done in a hospital operating-room setting. Add the risk of general anesthesia, the cost of the three-visit procedure, currently averaging over \$12,000, and you have "Manipulations' Ultimate Absurdity," a more accurate definition of MUA.

The true cost of the chiropractic/medical embrace, however, must be measured by the increase in unnecessary surgery and hospital-related risks. Our original and basic premise is to keep people out of hospitals and off drugs. We are by trade and purpose natural healers who inspire the human body to heal itself.

Some chiropractors vie with each other to see how many MRI exams they can call for, and how many patients they can send to their new-found friends, the surgeons. One chiropractor was thrilled, as he put it, to be able to observe spinal surgery and then have the surgeon refer the patient back to him for long-term follow-up care. The RD (real doctor) syndrome strikes again, making DCs behave like frustrated MDs, as if they believed the medical critics and are ashamed of their natural health care roots. Is the title "doctor" more important than healing? This is obviously not a marriage made in heaven.

It used to be called "I'll wash your back if you wash mine," or more accurately, "Let's screw the patients together."

Chiropractors are going the way of the early osteopaths in the 1960s, when they decided to abandon their founding principles to gain medical acceptance. The question that remains unanswered is: If chiropractors join the crowds by putting patients into hospitals, who will be around to keep them out?

All this is a "real" chiropractor's nightmare: embracing medicine while accepting the appalling dumbing-down of our manual skills, and playing the 80-10-10 game with our patients. It has long been accepted by health professionals that 80 percent of all patients get well just by showing up at any doctor's door (unless something is done to kill them); 10 percent will show no change; and 10 percent will get worse.

This is a boon for health professionals without a conscience. Another way of putting it is: Build a practice by playing up the 80 percent, and to hell with the remaining 20. The patient has no way of knowing if he is a victim of this sleight-of-hand shell game or whether the chiropractor no longer has the manual skills he once had.

I would be terrified to put my neck in the hands of today's chiropractic school graduate and expect a skilled therapeutic adjustment. I don't believe their commitment to our health care heritage is what it should be or could be.

Not too long ago I attended a joint medical/chiropractic conference at a large hospital center as a preliminary to chiropractors gaining hospital privileges. When I questioned one of the presenters on his seemingly endless emphasis on bringing money to the hospitals as a prerequisite to becoming accredited, I must have hit a raw nerve. It was comical to see him jump to his feet, point at me and scream, "How did he get here? Who let him in? Don't we have a sergeant at arms?"

I looked up to see if I had fallen out of the ceiling, instead of being an invited guest. With a smile as big as Cincinnati, I calmly asked him at what point he had decided to abandon his prior principles of keeping patients out of hospitals and away from drugs and surgery whenever possible. He had to be restrained.

From the beginning, chiropractors have been scorned and even persecuted as second-class citizens in the health-care community. Why? Essentially because until recently we offered a noninvasive, drug-free therapy uncontrolled by the mainstream establishment. To appease this medical opposition and gain the title "doctor" we have allowed ourselves to be restricted to a single, stand-alone therapy, spinal manipulation,

and a scope of practice limited to spine-related conditions.

There is evidence to suggest that the spinal adjustment is nothing more, and, I must emphasize, nothing less than a nonspecific, dynamic laying-on of hands done in a manner and setting that facilitates healing.

Despite all the trimmings we are really one-armed paperhangers when it comes to treatment. Our cherished chiropractic adjustment has not changed in over 100 years, while we have essentially become overeducated, overpriced spinal masseurs.

However, going into hospitals, gaining prescription rights and performing minor (for now) surgery, as some chiropractors are currently demanding, is morally and financially indefensible.

Only by acknowledging the truth about their profession will chiropractors be able to restore our integrity. To do this, we must return to our original mission rather than becoming indistinguishable from high-tech, high-cost, mainstream health-care providers. To serve the public we must transform chiropractic into the broad-based allopathic alternative to traditional medicine it was always supposed to be. This means in addition to spinal manipulation, chiropractors should be providing natural health care services such as physical therapy; biofeedback; psychology; nutrition; exercise; and physiological relaxation and imagery. These are some of the "new sciences" of self-regulation and self-healing that are winning more and more acceptance by responsible health care professionals in every field, both traditional and innovative.

There is something else that might help: a refresher in ethics and principles. Today's chiropractors must be made to live up to their claims of being safe, low-cost practitioners of a healing art, dedicated to keeping their patients out of hospitals and away from drugs and surgery whenever possible. After all, we have enough "real" doctors milking the system and killing too many patients already.

Edwin Kribs, DC, PC

New Hyde Park, New York



Page printed from:

http://www.chiroweb.com/mpacms/dc/article.php?id=15231&no_paginate=true&p_friendly=true&no_b=true