



CHIROPRACTIC PHILOSOPHY

Do We Have A Chiropractic Model?

By J. Richard Burns, D.C., L.C.P., D.Ph.C.S.

Do we have a chiropractic model? Do we want to duplicate a medical model to try to gain acceptance? Are we trying to alter our procedures to fit into someone else's mold, or are we creating our own mold? I believe it is important for our profession to establish a chiropractic model and work within that format rather than try to duplicate an existing format which does not lend itself to the practice of chiropractic. It is necessary for our profession to educate our patients, our peers, and third party payers as to what chiropractic protocol is rather than letting these groups force us into a protocol that is not designed for our profession.

Should we walk around with white coats and wear stethoscopes around our necks? Or should we present chiropractic as a separate and distinct profession? Many of the chiropractic graduates are not proud to use the term chiropractor. They want to handle their inferiority complex and get more acceptance by using titles such as Chiropractic Physician, Chiropractic Orthopedist, or Chiropractic Neurologist. They are fol-

lowing the medical model, which has not only proven to have failures but also confuses the public to what a chiropractor actually is and does.

At this time the public is moving away from medicine and toward alternative healthcare. They are especially seeking out many types of health care systems as opposed to disease care systems. In the *New England Journal of Medicine*, Eisenberg [1993] stated that the United States population, in 1990, made an estimated 425 million visits to providers of unconventional therapy. That number exceeded the number of visits to all United States primary care physicians, which were 388 million visits. Eisenberg [1998] published another study on the trends of alternative medicine in use in the United States, between 1990 and 1997 and found that complementary health care or alternative health care, had increased to 629 million visits annually whereas visits to medical doctors stayed approximately the same.

You see some people with doctor of chiropractic degrees (I can't call them chiropractors) want to go to a medi-

cal model by giving vitamin injections, prescribing drugs, performing minor surgery, casting fractures and performing obstetric/gynecology exams. It seems they want to play "real doctor." This is contrary to where the public is shifting its healthcare consciousness. We should be thrilled that the public wants to follow a health care model that our profession embraces as opposed to following a model which is losing acceptance.

B.J. Palmer stated it succinctly in 1950:

If sick public, entering Chiropractor's office, anticipate getting what they got in physician's office, they must be disillusioned. If they expect to have thirty minutes' time spent upon their ills, they should be awakened. Competent Chiropractor will spend ten minutes telling patient why he will not waste other twenty minutes doing unnecessary and foolish things which accomplish no return for investment of time or money, either in health to patient or knowledge to Chiropractor. Spend ten minutes and do what a Chiropractor knows he must do. Why waste twenty minutes of mysterious hokum? Why must Chiropractors think they, too, must go on fooling sick people because they have always been fooled and expect more fooling in Chiropractor's office?

[Palmer 1950]

Another reason chiropractic would not want to duplicate a medical model is that the medical model is extremely dangerous. As reported by Eisenberg in 1998, 106,000 people die each year from improperly prescribed medica-

tions. This makes it the fourth leading cause of death in the United States. Only heart disease, cancer and stroke kill more Americans and only 15,000 people die each year from illegal street drugs. [Eisenberg 1998] In the average year, 1.6 million people are hospitalized due to the side effects of prescribed drugs and 160,000 will die from their reactions. As published in the *Journal of the American Medical Association* in 1994, approximately 180,000 people die each year, partly by the result of a doctor caused injury. This is equivalent to three jumbo jets crashing every two days killing all passengers. If the airline industry had this type of record, would any of us fly? [Leappe 1994]

Robert Mendelsohn [1979] reports that in Bogotá, Colombia, in 1976 there was a fifty-two day period when doctors disappeared altogether except for emergency care. The death rate went down 35%. The same thing happened in Israel in 1973 when the doctors reduced their daily patient contact from 65,000 patient visits to 7,000. This strike lasted a month. According to the Jerusalem Burial Society, the Israeli death rate dropped 50% during that month. There had not been such a profound decrease in mortality since the last doctor strike, twenty years earlier.

A study regarding medication errors revealed that in the 36 institutions studied, 19% of the medication doses were in error. The most frequent errors by category were wrong time (43%), omission (30%), wrong dose (17%), and unauthorized drug (4%). Seven percent of the errors were judged potential

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