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LEST WE FORGET

When I speak to a 25-year-old student today and mention something that happened a decade ago, the time span seems like an eternity to them. Rightly so, they were only 15 at the time. But for an old soldier like myself, a decade is a drop in the bucket.

When I read the tragically, comical article by ACA chairman Dr. Edwards (*ACA Today*, Dec 2, 2002), I reflected back to the 88/89 merger attempt. I then thought further back to the one in the early 1960's that formed the ACA. Both these merger attempts failed for the same reason merger would fail today. And yet Dr. Edwards states, "The official policies of both organizations are almost identical..." simply not true!

You see ACA will not talk about UNITY unless MERGER is on the table. Astutely, ICA understands that unity and unified action must take place *before* merger is a possibility. But, to be purposely redundant, ACA refuses to talk about unity, unless merger is on the table. This is NOT an "official policy" of the ICA.

Unity will bring to chiropractic a common professional definition. Remember fellow chiropractors it was the ACA board of delegates that refused to ratify the "Chicago Definition" that would have been a giant step toward unity. ACA has always stood on its "states rights" stance and accepts the chiropractic definition of 50 different states.

My question to the ACA is this, "Are the states' rights" and the "merger" dictum still "official policy" of the ACA Master Plan? If not would you please let the profession know!

As a veteran of chiropractic's political wars, I am repelled by ACA's constant clamor for merger. Unity can be achieved without merger, in fact it is a

pre-requisite for merger. Let us unify under the formula that I proposed in the early 1990s: public relations, insurance relations, legislation, education and standards of care.

Let me make one point very clear — standards of care is a necessary component of merger — but we can't have standards of care without standards of teaching. Standards in teaching will come from defining our professional realm of care. First things first, doctors.

As to the ACA's cry for funds for their HCFA suit, let it be said they brought the problem on themselves by exchanging "SMT" for our traditional spinal adjustment. In one fell swoop they relegated our singular term 'adjustment' into the trash heap of common domain procedures. Not only that, "Spinal Manipulative Therapy" also describes our care as therapeutic, a total distortion of our traditional non-therapeutic stance. Now, they ask us to stop the PT's from manipulating for spinal misalignments. Even DD said this was done before the specific spinal adjustment was delivered. Suffer the agonies of your own misdirection ACA. Would it only be that we did not have to suffer with you!

We have no more exclusive right to manipulate than do the osteopaths, PTs and bonesetters. Adjust, yes, by prior rights it is ours and there's still time to recapture this stance.

Lest we forget, let me cite just a few more of ACA's consistent inconsistencies and clearly show you that there are truly significant policy differences between the two organizations.

In 1991 the ACA was pushing for non-prescription drug usage in chiropractic. They stated, "The Board has taken the position that non-prescription drugs are not part of materia medica per

se — in as much as they are within the public domain." They actually presented seminars on "non-prescription substances."

That same year they stated, "The ACA recognizes that antibiotic therapy is the widely accepted form of treatment for bacterial infections." They further said, "No ethical Doctor of Chiropractic would seek to substitute spinal manipulation for antibiotic therapy in the treatment of bacterial infections." Now I don't like the terms "substitute", "spinal manipulation", or "treatment", but with the dismal failure of antibiotics, in this writer's opinion, chiropractic should be the care of choice in common bacterial infections.

The ACA in that same year stated, "Routine childhood vaccinations have been proven an effective campaign in the control of many diseases..." That statement begs the question of what the ACA will say if the government mandates the smallpox vaccination for health care providers?

The ACA must make some points very clear and cease in their attempt to promote the "Big Lie" that the official policies of both organizations are almost identical.

1. Does their Master Plan Definitions still consider non-prescription drugs to be "common domain" and within the scope of chiropractic practice?
2. When their Master Plan Definitions states that chiropractic does not include "incisive surgery" is this meant to mean that chiropractic care includes minor surgery?
3. Will they attend meetings of chiropractic national organizations as they try to discuss unity or will they still insist that merger must be on the table?

In the meantime ICA, WCA and FSCO will reason together and produce unified action. BUT lest we forget, please understand it is the ACA, not the ICA that will not discuss unity.

Enuf said!


Chair, Editorial Committee

CCE's PROPOSED CHANGES *continued from page 1*

tions. For legal, ethical and marketplace reasons, chiropractic must differentiate itself and avoid at all times situations in which the public might be misled or confused in their understanding of professional competencies and boundaries. ICA is also aware that many state laws forbid the use of the term "primary care physician" by a doctor of chiropractic. ICA has examined such statutes and regulations and has identified a very significant number of statutes that contain this prohibition. In order to provide for clarity on the legal status of this term, ICA has requested a formal opinion from the various state attorneys general on this matter. We have every confidence that the majority will find for the record that the use of the term "primary care physician" by doctors of chiropractic is inappropriate under the law. ICA is also deeply con-

cerned that the minimization of chiropractic terminology in CCE standards represents a shift away from that series of definitions and established professional activities that have come to be so widely accepted by policy makers, the public and the profession..."

ICA also questioned the wisdom of potential changes that would, "include physiotherapy in doctor of chiropractic degree requirements and in the clinical competencies." Such a step could further detract from the core procedures of chiropractic practice in the educational process and result in a fundamental redefinition of what chiropractic is and possibly be in conflict with most state laws defining chiropractic scope, besides being inconsistent with consumer needs and demands.

ICA urged the CCE to recognize that the "attractiveness of intruding into the realm of other professions for market-

place or philosophical reasons has an inevitable backlash, one that chiropractic will be forced to confront in very real terms in the days immediately ahead."

UPDATE

As *THE CHIROPRACTIC CHOICE* went to press ICA received word that CCE's Governing Board has referred two of their proposed changes to task forces. These include the introduction of "physical therapy as a core curriculum requirement" and using the language "primary care physician." These issues will likely be heard in January 2004. This gives the profession ample time to express their concerns. ICA however urges all doctors to thoroughly research the implications of these dramatic proposed changes and send in their comments to CCE.