



Defining Your Marketplace

by Michael McKibbin, D.C.



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Throughout the world, the liberty to practice chiropractic varies greatly. There is a need for a comparative profile of trading conditions in the global chiropractic marketplace. This article provides a review of Australia's marketplace so that you can compare the experiences about your marketplace in your own country.

I will address what we sell as being the signature service of chiropractic — locating and correcting subluxations. We chiropractors share a unique privilege, the best opportunity of a quality of life that we call being "in adjust-

ment". To us it is an inalienable human privilege to express most of one's life while being "in adjustment" as opposed to being "out of adjustment".

People in power share a duty of care to ensure patients who have subluxation related disorders have access to chiropractic care. It turns fact upon its head for government to claim that an unselfish need to do good for others, "altruism" motivates the denial of appropriate access to chiropractic care. Australia's government denies that access to many public patients.

Trading rights Downunder

Among Australia's industries, its illness industry is unique in that it is sub-

divided in two. There is one big public health marketplace and one small private health marketplace. Medicine has a virtual monopoly, where most patients shop, in the public health marketplace. All-inclusive medical registration Acts give medicine all of the market turf. Exclusive licensing privileges give medicine multimillion-dollar trading advantages.

The trading rights of medicine's potential competitors are confined to the private health marketplace. For example with minor exceptions, throughout Australia, the trade of thousands of chiropractors with millions of patients is contained within the private health marketplace.

Decades ago, the *Wilk v. AMA* anti-trust suit exposed the use of a framework of restraints to contain chiropractic. That trial challenged the use of one professional trade barrier, the ethic-based boycott. It also gave a clear overview of the strategic use of anti-competitive conduct and trade barriers to capture trading control over a national health care marketplace.

Australia's national illness industry exemplifies the importation and the adoption by various governments throughout Australia of a framework of trade barriers similar to the Iowa Plan. The sole promoters of the nationwide containment of chiropractic are orga-

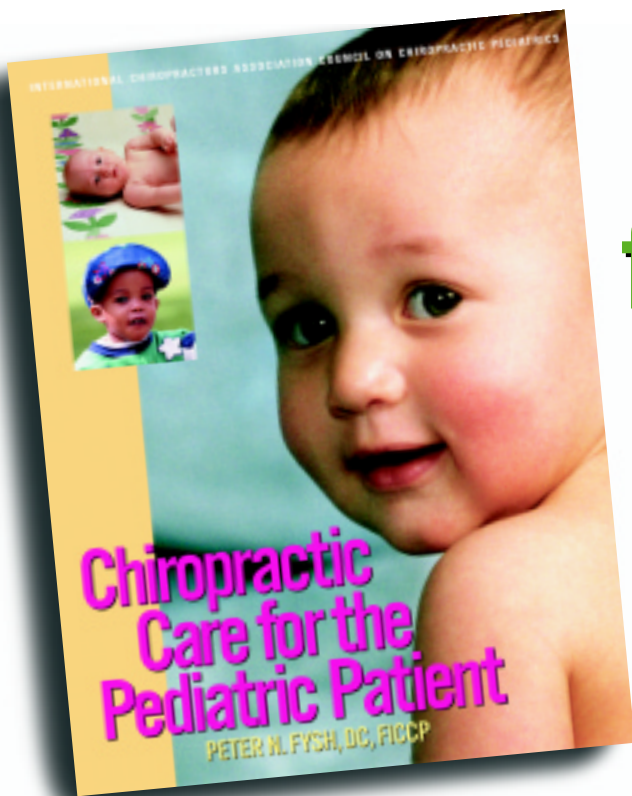
nized medicine and legislators. Such coincidental conduct smacks of conspiracy.

Please consider if your liberty to provide chiropractic care is obstructed or denied by any/all of the following trade barriers. These barriers restrain trade in Australia:

- 1. Information restraint.** Disinformation serves to justify the use of other restraints as well as serving to dissuade potential patients from using chiropractic care.
- 2. "Ethic" restraint.** Unlike the USA this was not legally outlawed. It still has a strong lingering influence.
- 3. Access restraint.** Denies public patients equality of access to chiropractic care within taxpayer-funded health care facilities and programs. Nationwide, no chiropractors have full time employment within taxpayer-funded Departments of Health to assist in planning or providing chiropractic care to public patients.
- 4. Gatekeeper restraint.** A monopoly right by medical practitioners to diagnose denies some patients of their liberty to make direct, initial, contact with chiropractors and be reimbursed. The law makes members of the profession most opposed to chiropractic the sole arbitrators about the liberty of patients to consult a chiropractor. With few exceptions spontaneous referral by medical practitioners seems to be extremely uncommon.
- 5. Legislative restraint.** Licensing is the key to the public health care marketplace. Licensing gives approval status through which medical practitioners gain exclusive entry to, and reimbursement in a multibillion dollar market while excluding their competitors, i.e. chiropractors. Flawed Medical Acts open a multimillion-dollar loophole in the big government insurance scheme, Medicare.
- 6. Economic restraint.** Historically, in the field of spinal adjustment/manipulation few medical personnel had formal accreditation equivalent to chiropractors. That service attracts refunds or a better refund when provided by medical personnel while the experts (chiropractors) attract no refund or a lesser refund. Under Medicare, radiologists are reimbursed for about \$10,000,000 worth of chiropractic x-rays, pa, that reimbursement is denied to chiropractors.
- 7. Scope of practice restraint.** This may confine "chiropractic" providing manipulative therapy for musculoskeletal disorders in only those proven fields of research based efficacy.

Please feel welcome to share comparisons of the marketplace in your country through *The Chiropractic Choice*. Send to Editor at thechiropracticchoice@chiropractic.org.

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About the Author: Dr. Peter Fysh is a world-renowned pediatrics speaker, teacher and author of innumerable papers and articles. A full-time family practitioner in Sunnyvale, California, Dr. Fysh has been a strong and powerful advocate of chiropractic care for children throughout his professional career. His slogan "Kids Need Chiropractic Too" is well-known throughout the world. Emeritus Professor of Pediatrics at Palmer-West in San Jose, Dr. Fysh is the Vice President of the ICA Council on Chiropractic Pediatrics.

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