

THE CHIROPRACTIC  
**CHOICE**

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**Positioning Ourselves**

*"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease."*

The words of Edison come to mind as I write for this issue of CHOICE. They echo in my consciousness as I select the words to express the title of my opening comments.

Does the profession want to create the doctor of the future that Edison predicted my fellow chiropractors? If so it will entail more than detection, location, analysis, control, reduction and correction of the vertebral subluxation. That would be analogous to a dentist being confined to cavities.

Good doctoring transcends the mechanics of the practitioner, be it dentistry, surgery, chiropractic, etc.! Certainly the vertebral subluxation must be the chiropractor's basic frame of reference — BUT — what about counseling on proper exercise as it relates to the spine and its normal and abnormal contours, and as it relates to the person's general well-being? What about nutritional counseling and informing the patient about the myriad of supplements that are hawked to them today under the guise of "holistic medicine". What about life style advice as it relates to D.D. Palmer's "determining causes of disease" — trauma, toxins and autosuggestion (often called the 3T's, Trauma, Toxins and Thots)?

Will we counsel patients on the dangers of drugs, elective surgery, vaccination, chemical free water, exposure to sun, etc., etc.? Will we embrace a reasonable degree of diagnostic acumen to monitor body function and be responsible to referral? This of course would be doctoring in its traditional sense.

Or will we opt to simply becoming known as the ultimate bone setters, the manipulator of all joints of the body? Then too we might just confine ourselves to the spine and its subluxations, be a subluxation fixer, pop, pray and walk away, become spine plumbers so to speak. Certainly I jest fellow chiropractors, but remember we will not become the "Doctor of the Future" by becoming the bone setters of tomorrow!

Let's look at our choices. The right wing fundamentalist approach was clearly expressed by the good Dr. Joe Straus when he stated,

*"We must realize that our first obligation is to serve the principle not the people."*

In contrast from the far left wing we have the "CHOICE" of joining the *medical team!* Never mind that we would be relegated to the aches and pains, kinks and strains of the orthopedic ward, we'll be in the hospitals. We'll be mainstream! It will be worth it if we are *accepted* some will say!

But, have heart my friends, I'm not

just a croaking harbinger of doom! The right wing and left wing will always be with us and rightly so — they help us stay the course. They are the edges of the stream and the edges of a stream do not determine its direction, the mainstream does. The mainstream will carve a few turns when the obstacles get in the way and shift right and left, just as we do in life. We are tugged a bit by left and right wing forces when problems arise and at times lean one way or the other. The mainstream prevails however, and it does so by making choices in the direction it will take. Remember a river or stream has no choices.

*"The origin of a stream does not determine its course."*

*Gravity dictates its direction. But if its source is valid, the truth of a principle provides the force that determines its destiny."* **F.H.B.**

But we do!! Will we continue to embrace our principle and allow the dictates of good doctoring prevail in our profession as they have in the past? If so we do have some choices to make.

For instance, will open settings where the doctor utilizes multiple adjusting tables in an open room, commonly adjusts through clothes and has little time for counseling become our dominant modus operandi? The patient may then simply be on and off the table getting the relief afforded by the adjustment but receive little advice in rehabilitation, health, wellness, and chiro-

practic philosophy.

Or in contrast, will the dominant mode of practice be offices where patients are gowned, adjustments delivered hand to skin, patients resting rooms provided, and traditional time to talk to the doctor available on each visit. What will be the doctor patient relationship be, chiropractically, in this century?

Let me hazard to say that if the so called bottom line — money — dominates our choice, then the method that gets the patient through the office in the quickest possible manner will dominate and good doctoring will go down the drain. Will we follow the "money trail" or will our conscience be our guide? In respect to medicine's stance on this matter, Dr. William J. Mayo said:

*"Commercialism in medicine never leads to true satisfaction, and to maintain our self-respect is more precious than gold."*

And in like manner Dr. Mabel Palmer stated:

*"A dollar makes a poor lens for young men and women to use in viewing the future."*

And finally the words of Dr. Schweitzer come to mind:

*"I don't know what your destiny will be, but one thing I know: the only ones among you who will be really happy are those who have sought and found how to serve."*

I'm sure you know where I stand on these issues doctors, how about you? Have I piqued your interest? Is your conscience challenging you? Will you ignore it? Will my column provoke you to rebuke me, will it make you change your ways or be proud of yourself?

Position yourselves doctors. The choice is yours and if "Enuf" of you do it, it may well determine the destiny of the entire profession.

"Enuf" said.

Chair, Editorial Committee

**VA ADVISORY COMMITTEE** *continued from page 1*

the process. ICA will urge the chiropractic representatives of this committee to come together and aggressively assert the rights of veterans to receive the chiropractic services mandated by Congress, without obstruction or unnecessary delay on the part of the DVA."

The legislation authorizing the chiropractic program in the DVA, HR 3447, passed the U.S. House of Representatives on December 11, 2001, and was signed by President Bush in mid-January of 2002. H.R. 3447 contains a number of key elements, including specific subluxation language, for which ICA aggressively lobbied and which represents a major victory for chiropractic. HR 3447 provides for a nationwide program involving "at least one site for such program in each geographic service area of the Veterans Health Administration" (VHA), chiropractic care that specifically includes subluxation care, a training program to orient the VHA personnel regarding the benefits of chiropractic care and services, employment of doctors of chiropractic...through personnel service contracts and by appointments of licensed chiropractors in Department medical centers and clinics," and the establishment of an advisory

committee that will work with the agency to provide for a swift, thorough and meaningful implementation of this major new benefit.

Among the key issues which this advisory committee will deal with will be direct access to chiropractic care, a vital component of any benefits program and one of ICA's top priorities in this and in all health benefits programs, both public and private.

The inclusion of a representative from the National Association for Chiropractic Medicine is an unwelcome though not unexpected development, since the DVA had sought their participation from the very beginning of the discussion about possible legislation. ICA is preparing for what could very well be a difficult effort to insure that the Department of Veterans Affairs (DVA) implements the provisions of the legislation fully.

The advisory committee shall cease to exist on December 31, 2004.

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