

The McAndrews Leadership Lecture: February 2016, by Dr Greg Kawchuk. Putting the “Act” Back in Chiropractic

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ABSTRACT

The McAndrews Leadership Lecture was developed by the American Chiropractic Association to honor the legacy of Jerome F. McAndrews, DC, and George P. McAndrews, JD, and their contributions to the chiropractic profession. This article is an edited and truncated version of the McAndrews Leadership Lecture given by Dr Greg Kawchuk on February 27, 2016, in Washington, DC, at the National Chiropractic Leadership Conference. This was the second McAndrews lecture in this annual series. (*J Chiropr Humanit* 2017;24:44-48)

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You might ask, what would I know about the McAndrews family and their impact on the chiropractic profession. When I was a young chiropractic student at Canadian Memorial Chiropractic College from 1986 to 1990, there was no Internet. To communicate with loved ones, we wrote letters. So getting mail was a big deal. This meant that we found out about what was going on in chiropractic by mail. Every month we would receive some magic in the mail called *Dynamic Chiropractic*. From that newspaper, we would read about different treatments, opinions from thought leaders, far away conferences, and the tools we would need for practice. We would also read about the unfolding saga of the Wilk trial, where 5 chiropractors sued the American Medical Association for their antitrust efforts to contain and eliminate the chiropractic profession. This lawsuit could never have happened without George McAndrews, a lawyer who took the case, and Jerry McAndrews, DC, his brother, who had unmatched passion for the profession. As the years went on, the story of the *Wilk v. AMA* trial unfolded like a spy novel, and we could not wait to read what was going to happen next. For a young student, reading about the trial and the McAndrews brothers would forever open my eyes to the realities of chiropractic practice. From that point on, legitimizing chiropractic would never be just a matter of

educating people about chiropractic or producing more chiropractors; it was also about overcoming overt bias from individuals as well as powerful institutions. The outcome of the trial was profound for me and those in Canada. It showed that chiropractors could stand up to those who oppress chiropractic and win.

I am honored to have been invited to give the second annual McAndrews Leadership lecture.^{1,2} This presentation will not be a historical account about leaders from our past, but more of a talk about leadership itself—who, or what, will lead the chiropractic profession in the future. So back to the earlier question: “What is it that a researcher can offer on the topic of leadership?” Let me ask you a question. How many of you would like to attend a seminar today on a treatment technique—something that you can do with your hands? Lots of people. Okay, now, how many of you would rather attend a seminar on health policy or practice guidelines? Not so many!

Why is this? Why would chiropractors prefer to go to the technique seminar or the practice management seminar and not attend a lecture on guidelines or public health? Perhaps too often we have been told that seminars need to give us content that we can use on Monday morning. Sure, who does not want information they can use right away? But is there really some undiscovered miracle technique waiting out there that will transform chiropractic for all of us? Or could it be that the best chance we have to improve our profession, to be leaders in our profession like the McAndrews brothers, is to open our minds to new ideas? Now, do not get me wrong. Keeping our technique skills up is important and necessary, but it is not going to lead our profession to be better in the next decade. That is where the title of my talk comes into play.

“Chiostatic.” Are you “chiostatic?” Like kids learning how to play musical instruments, we as a profession have a bad habit of practicing the things we are already good

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at—the little song we can already play instead of working on the thing that really needs attention and hard work. Sure, we always need to hone our technique skills. However, it is time to consider that we need to invest in other areas if we want to leave this profession in better shape than when we each started to practice. We need to be as excited about going to a seminar on public health as we are about learning what color we should paint our waiting rooms.

So instead of being “chirostatic,” we need to be “chiroactive”—to learn about new things that improve care for our patient and then take those new ideas and make them work in our practices and our profession. We need to make chiropractic bigger and better than its founders could have ever imagined. What we need to do is to put the “act” back in chiropractic. This may sound good, but really, why should you care? Why not just keep going to technique seminars and practice-building boot camps? Well, as a university professor and the Research Chair of the World Federation of Chiropractic, I am fortunate to have the opportunity to speak to chiropractors over the world—people in different countries, associations, schools, and organizations. From my unique perspective, it is clear to me that we have a global crisis in chiropractic because we are not paying attention to innovation, including new ideas from outside of our profession that can benefit our patients.

For example, look at the dentistry profession over 100 years ago. It started without aseptic technique, without anesthetic, without knowledge of the role of bacteria in gum disease. Painful tooth extractions were mostly what dentists did. Now think about all the new ideas adopted by dentistry in the last 100 years, like fillings, crowns, and dental hygiene. Yet, despite all these innovative ideas that changed dentistry, the profession moved forward. There were no breakaway groups of dentists that decided they were going to treat only the upper teeth and not the lower teeth. Think about that. It is remarkable how dentistry evolved with new developments, yet they did it consistently and as a group. As a result, going to the dentist means nearly the same thing for people all over the world, for the betterment of everyone.

Now let us look at chiropractic in the same way. Take a look at a treatment room from 100 years ago and one from today. We see the same treatment table a century later. We still have the same nerve chart on the wall. We even see the same decorations. Is this the culmination of our progress over the last 100 years? Have there really been no great ideas worth adopting into our profession over that amount of time?

I am not saying we need to change for the sake of change. But can we do better than this? Certainly, what has transpired historically in our profession was important. We would never have survived this long as a profession if historic chiropractic was not powerful and impactful. But right now, do we embrace innovation for the benefit of our

patients, or do we spend our careers practicing with the same information that we obtained at graduation? Who in cardiology can still practice the way they did when they graduated 10 years ago? If they did, they would be unsafe. Why should chiropractic be different?

Now when I say this, chiropractors think that issues in accepting innovation only happens with “those other guys.” And who are “those guys?” It may be the chiropractors in the black and white photos taken “back then?” Nope. They are not the problem because they probably left practice decades ago or are no longer with us. So, who is the problem? It is likely you. These days, things are moving so fast that if you are even 3 years out from graduation and have not made a major upgrade in the way you practice, you are a dinosaur—a chirosaur. You are “chirostatic.”

If you do not believe me, take a look at what the fast food chain McDonald’s has done. How did this company achieve global dominance? They have a standard product. You may not like it, you may not eat it, but for the most part, it is a standard product that people know and expect to be given when they walk into any McDonald’s in the world. You do not go around the world and find a McDonald’s that serves kebabs. Everyone in McDonald’s is on board with delivering a product of high quality that is consistent from one location to the next. And yet for all that consistency, McDonald’s is still capable of innovation and big change. They improve and add choice to their selections. They embrace new ideas, and the ones they embrace, they use all over their empire to move together in a consistent way so that customers all over the world have the same great experience that continually is improving.

The lesson here, a consistent product, does not mean serving the same menu from 50 years ago. The product may be a standard all over the world, but it has also been allowed to keep evolving as innovations occur in nutrition and public preference. Not only is evolving consistency good for patients, it is also good for the chiropractic profession. Look at the jurisdictions in the world that have evolved in a consistent manner and you can see where chiropractic flourishes. Places where there is 1 association, not 7. Places like Denmark, Switzerland, Canada, and Iran. It is not a geographic thing. Nothing is different about the people in these countries compared with here. Chiropractic does better in these places because they have realized that as a starting point, chiropractic cannot be everything to every chiropractor. They created consistency first and then allowed the profession to evolve from that base. Where have we ever been successful trying to encompass all possible definitions of the profession as a starting point?

It is important that we as a profession look at *big ideas*, at innovation, because of the impending expectations of something called “pay for performance.” Today, many of you have to call ahead to get approval to be paid for treating your patient. Yet, no matter how your patient responds to your care, you still get paid. That approach is going to be

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