Chiropractic Identity in the United States: Wisdom, Courage, and Strength

Christopher J. Good, DC, MA(Ed)

Abstract

Objective: The objective of this paper was to discuss the chiropractic profession's identity and 3 contentious issues related to identity.

Discussion: The various clinical specialties and independent groups in the chiropractic profession are so different in their beliefs, practice styles, and political agendas that a common identity is unlikely to be created. Areas of disagreement, including advanced practice, vertebral subluxation, and the philosophy of chiropractic, continue to separate those in the profession. Doctors of chiropractic should accept that differences within the profession will remain for the foreseeable future and that the profession should allow each group to live peacefully and supportively alongside each other.

Conclusions: If the profession embraces the ideals of truth, respect, and tolerance, it can continue to grow and provide diverse health care services well into the future. (J Chiropr Humanit 2016;xx:1-6)

Key Indexing Terms: *Chiropractic; History*

Introduction

In the course of the last 120 years, the chiropractic profession has had scores of political and legal victories and provided successful treatments to millions of grateful patients.[1] These accomplishments have created prosperity and fame for many in the profession, but despite these successes, or maybe partly because of them, the profession in the United States is still no closer to having an agreed-upon identity than when it began. Certainly, there have been attempts to define the profession, and these have resulted in some generalized descriptions of chiropractic. Three of these descriptions were developed over a decade ago through the position paper created by the Association of Chiropractic Colleges (ACC)[2] and the survey reports of McDonald[3] and the World Federation of Chiropractic (WFC).[4] These initiatives brought forth some measure of understanding, but what also emerged was the acknowledgement that there were divisions within the chiropractic profession. In particular, McDonald and the WFC classified subgroups within chiropractic by scope of practice (broad, middle, and narrow), and more recently, authors have observed that these separations persist.[5,6] A unifying identity has not been established in spite of continued advances in research and scholarly activity, education, licensure, public and interprofessional attitudes, and integration into mainstream health care institutions.[1] Given its successes, the chiropractic profession has made some gains in improving its authority, but in my opinion, this is the result of individuals and small groups establishing their niches, with the rest of the profession benefiting from this passively. Therefore, as the history and the current state of affairs indicate, the creation of a single unifying identity will not happen in the foreseeable future, if ever. However, considering that the profession's successes continue to accrue and that doctors of chiropractic (DCs) continue to thrive in many diverse ways, achieving a unified identity, perhaps, does not matter. Therefore, the objective of this paper was to review the history of the profession's identity, discuss 3 contentious issues, and offer suggestions to improve matters.

University of Bridgeport College of Chiropractic, Stratford, CT.

Corresponding author: Christopher J. Good, DC, MA(Ed), University of Bridgeport College of Chiropractic, 175 4th Ave, Stratford, CT 06615. Tel.:+1 315 406 5842. (e-mail: *cgooddc@optonline.net*).

Paper submitted June 1, 2016; in revised form August 2, 2016; accepted August 2, 2016.

1556-3499

© 2016 by National University of Health Sciences.

http://dx.doi.org/10.1016/j.echu.2016.08.001

Discussion

Beyond being known as highly effective "bonesetters," part of the chiropractic profession's identity has been created by patient conditions that have seemed to improve the most, the myriad therapies offered to the public, and the ability of individuals and groups to promote their specific style or brand of chiropractic. There are multiple scope-of-practice identities within the profession, and even within these groups, there are divisions. This creates a number of subgroups that are identified by a characteristic or issue, such as by specialization involving additional training (eg,

Table 1. *Examples of Chiropractic Subgroups*

Certification Based	Practice Style Based	Technique Based
Advanced Practice	Alternative Medicine Practitioner (Neovitalists)	Activator Methods
Diagnostic Imaging	Neuromusculoskeletal Specialist	Active Release Technique
Internal Medicine	Primary Care Physician	Applied Kinesiology
Nutrition	Spinal Care Specialist (Condition Based)	Chiropractic Biophysics
Neurology	Subluxation-Based Family Practitioner	Diversified
Orthopedics		Gonstead
Pediatrics		Network
Rehabilitation		Sacro-occipital Technique
Sports Practitioner		Thompson Technique
Wellness		Upper Cervical Specific

sports medicine, clinical nutrition). Others are identified by the conditions treated or the type of practice (eg, spinal care specialist, primary care physician (PCP), wellness care practitioner). Yet others are grouped by "philosophical" beliefs (eg, vitalism, neovitalism), choice of chiropractic technique (ie, with or without certification), or political agenda (eg, wanting to change scope of practice laws) (Table 1).

Once DCs become part of these subgroups, their allegiance does not shift very readily. It may be that once they have gained a modicum of financial and professional success, they see no reason to change the status quo, or in some cases, they have a deep abiding passion for their cause. Therefore, it would seem that the Institute of Alternative Futures was correct when it suggested that professional unity for chiropractic does not seem possible.[5] If this is true, and attempting to unify the profession under a single identity is fruitless, would it not be more prudent to try to live in peaceful coexistence and with mutual support? This is quite evident in the medical profession. Essentially, like medicine, which has more than 35 specialties and 50 subspecialties,[7] chiropractic also has a diverse collection of clinical specialties.[1] Like medicine, which has more than 150 medical societies and more than 400 different medical associations in the United States alone,[8] chiropractic has associations that are delineated by politics, philosophy, or personal interests.[1] Also, chiropractic is similar to medicine in that differences of opinion exist regarding the scope of clinical practice and preferred treatments. For example, there are differences among medical practitioners regarding sensitive issues, such as abortion,[9] end-of-life choices,[10] or the use of a specific clinical procedure even when there is better evidence for others.[11,12]

The chiropractic subgroups have created organizations that hold meetings, have a presence on the Internet, publish reports, and offer educational seminars. Like medicine, although there are occasional squabbles, many of these chiropractic subgroups exist without too much intrusion from each other. Sometimes a squabble grows into a full-blown battle. However, given the deep-seated differences, it is unlikely that either side will have an epiphany and suddenly align themselves with their adversary. It is also unlikely that one side would emerge so victorious that the other side would simply accept defeat and disband. The strength of conviction in the constituents of the subgroups, the sheer numbers on both sides of the debate, and history suggest that this will not happen. Therefore, it may be time for the chiropractic profession to take direction from the Serenity Prayer, which asks for "the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference."[13] Instead of arguing about what our single identity should be, would it not be better for the chiropractic profession to accept the things we cannot change and find the courage to change the things we can? This presumes that we have the wisdom to know the difference. The following are 3 examples of chiropractic identity issues that are being debated.

The Advanced Practice Issue

Those supporting the agenda regarding advanced practice promote that broadening the scope of practice laws to include prescriptive rights and minor surgery will result in increased use of chiropractic services and greater authority while tending to the primary care needs of the US population.[14,15] Supporters of this approach paint a dire picture of the current state of practice for their members and see advanced practice as an opportunity to create a financial boon, especially for new graduates.[16] Currently, chiropractic students in accredited programs are trained at a foundational level in toxicology, which includes instruction on commonly prescribed medications.[17] This makes sense, because undoubtedly DCs manage patients who already are taking or will take drugs while under their care. It is important to know the clinical effects of medications, especially with regard to the chief complaints with which a patient presents. However, if what occurred in the mid-1990s at Western States Chiropractic College is any indication,[18] attempts to broaden the chiropractic degree program to include training on prescriptive authority will continue to meet with rancor and failure.[19,20] To some in the profession, even the term "advanced practice" is disagreeable, because it suggests that those who do not want prescriptive rights are not advanced in their profession. Others object to this concept because proposed paths mimic the nursing profession or the physician assistant model, which some believe belittles the physician status of DCs.

Download English Version:

https://daneshyari.com/en/article/7550784

Download Persian Version:

https://daneshyari.com/article/7550784

Daneshyari.com