Dynamic Chiropractic

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Seeing Around the Corner: Drugs Will Harm Your Practice

By James Edwards, DC

Donald Petersen Jr., publisher of *Dynamic Chiropractic*, recently opined [see "<u>Really?</u>" in the March 12 issue] that embracing ineffective and dangerous drugs when chiropractic has been proven to be so tremendously effective "is like a person waiting for their fiancee, whose flight is supposed to arrive at the airport at 5 p.m., and when they find out the flight has been delayed, start looking for a prostitute to marry." Perhaps there has never been a better analogy. Chiropractic owns the "crown jewel," proven treatment, but a small group of DCs is now willing to abandon it and collectively marry a drug "prostitute."

Small Group, Loud Voice

A few issues later [June 3], Dr. James Winterstein's "Best for the Profession or Best for the Public?" appeared in *DC*. While the article title sounds noble, the cry for chiropractic prescriptive rights is *not* coming from the public. Far from it! It is – after 116 years – coming from a very small minority of doctors of chiropractic who some say chose the wrong health care college to attend. The implication that chiropractic prescriptive rights is based on what the public wants and needs lacks foundation. In fact, I know of no group of impartial public citizens advocating for chiropractors to prescribe drugs (nor did the article name any).



The truth is that the push for drugs in chiropractic is

coming from a small number of vocal doctors of chiropractic, supported by a few chiropractic colleges that

are profiting or will profit by providing prescriptive training. Which begs this two-part question: Does our overmedicated society really need doctors of chiropractic to "pile on" by prescribing drugs? And is it appropriate for chiropractic colleges to testify in favor of drugs when they have a very real financial conflict of interest?

Former Secretary of State General Colin Powell stated the following in his book, *Rules for Picking Leaders*: "Look for intelligence and judgment and, most critically, a capacity to anticipate, to see around corners." As a past ACA chairman, I can tell you that I fell far short in regard to most of the leadership qualities General Powell outlined except for one: the ability "to see around corners." With regard to the chiropractic prescriptive rights issue, I must tell you that I can vividly see around this corner, and what I see disturbs me.

Without question, there are a significant number of doctors of chiropractic who see some benefit to having limited prescriptive rights (e.g., muscle relaxants, pain pills), even though they themselves would choose not to prescribe them. If you are in this group, you may not be that interested in the issue because you don't believe it will affect you or your practice. I submit that if the chiropractic profession ever incorporates drugs, you will be affected whether you choose to prescribe drugs or not. Allow me to give you half of dozen reasons why.

The Impact – Even If You Choose Not to Prescribe

- If you have no desire to prescribe drugs yourself, are you prepared to lose the banner of chiropractic being a nondrug, nonsurgical, natural health care science? If you are, remember that if the chiropractic profession ever starts prescribing drugs, it is a bell that can never be "unrung" and nothing will ever again separate us from other allopathic physicians. Instead of bettering our profession, adding drugs will make us completely duplicative.
- 2. If you have no desire to prescribe drugs yourself, are you prepared for your malpractice insurance rates to possibly increase because other DCs are prescribing drugs?
- 3. If you have no desire to prescribe drugs yourself, are you prepared to be viewed as a "second rate" doctor of chiropractic because your pro-drug colleagues will be marketing their "advanced practice" status? And are you willing to accept the <u>two-tiered profession</u> that prescriptive rights will unquestionably create?
- 4. If you have no desire to prescribe drugs yourself, are you prepared to be required by your state board to take continuing-education courses on drugs? If you think that sounds farfetched, think again. Right

now, the Texas Board of Chiropractic Examiners is requiring every Texas licensee to take 12 hours on <u>Medicare documentation</u> ... whether they accept Medicare patients or not! I submit to you that if chiropractors are legislatively authorized to prescribe drugs, you too could be required to sit and listen to the indications and contraindications for a variety of drugs you do not prescribe and have no intention of ever prescribing.

- 5. If you have no desire to prescribe drugs yourself, are you prepared for the loss of cross-referrals from medical physicians who will most certainly view you as encroaching on their health care discipline? And what defense will we have after we have admonished other health care practitioners for proclaiming they can do what we do after taking weekend seminars?
- 6. And finally, if you have no desire to prescribe drugs yourself, are you prepared for the public-relations nightmare the chiropractic profession and your practice will endure when not if a patient dies as the result of a chiropractic drug prescription? "Seeing around this corner" on this one is the easiest. The newspaper headlines and television news stories will scream out, "Smithville Mother Dies After Taking Chiropractor's Drug." Fair? Of course not; patients die every day from drugs prescribed by medical physicians. But when a DC prescribes a drug that results in a death, look out it will be "raw meat" for the media. Not once in a particular locale, but all across the country, over and over again every time a death occurs at the hands of a chiropractor.

I believe that maintaining chiropractic as a nondrug, nonsurgical, natural health care science is so vitally important to the future of this profession that my next column will discuss it further, exposing the untruths that are being told by pro-drugs forces. Stay tuned.

Click here for more information about James Edwards, DC.

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