

Primary Care: Be Careful What You Wish For

By James Edwards, DC

How many times have you heard this statement? "If the chiropractic profession is going to survive, we must become primary care physicians." While becoming primary care physicians (PCPs) sounds noble indeed, I have argued for years that we should abandon the *primary care* term and instead focus on ensuring that we remain "direct-access, first-contact physicians."

I took and have maintained that position for two reasons. First, if we remain "direct-access, first-contact physicians," patients will be free to select us as their provider without having to ask their medical physician for permission. And second, promoting ourselves as "primary care physicians" is like waving a red flag before the "bull" of political medicine, because primary care is the absolute core of their existence.

Let's face it, one of the reasons the "primary care" flag is waved so fervently is because some in the profession view it as the basis and rationale for obtaining prescriptive drug rights. That argument continues even though it's been documented¹⁻³ that doctors of chiropractic can successfully serve as primary care physicians without prescriptive drug authority.

So, let's look at primary care in the medical model. If there is a "Holy Grail" within the practice of medicine, it is vaccinations, no doubt about it. And if we as doctors of chiropractic truly want to be accepted in their medical model, we will have to adopt that position – or be viewed as despised heretics. There is no middle ground. Let's look at the recommended vaccinations by the Centers for Disease Control and Prevention (CDC) during the first two years of a baby's life, with most requiring multiple doses:¹

- Hepatitis B vaccine (HepB) (Minimum age: birth)
- Rotavirus vaccine (RV) (Minimum age: 6 weeks)
- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).
- *Haemophilus influenzae* type b conjugate vaccine (Hib) (Minimum age: 6 weeks)
- Pneumococcal vaccine (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years)

for pneumococcal polysaccharide vaccine [PPSV])

- Inactivated poliovirus vaccine (IPV) (Minimum age: 6 weeks)
- Influenza vaccine (seasonal) (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])
- Measles, mumps, and rubella vaccine (MMR) (Minimum age: 12 months)
- Varicella vaccine (Minimum age: 12 months)
- Hepatitis A vaccine (HepA) (Minimum age: 12 months)
- Meningococcal conjugate vaccine, quadrivalent (MCV4) (Minimum age: 2 years)

And let's not forget there are more CDC-recommended vaccinations for adolescents and adults, including annual flu shots for all.

It is not the purpose of this article to discuss the benefits and risks of vaccinations. But I ask this question: Are you willing to administer all of those vaccinations to your infant, adolescent and adult patients so you can meet the accepted standard of a primary care physician? I suspect the majority of you will not just say, "No," but will say, "Heck no!" So, if we are not willing to do that, then maybe it's time for us to stop trying to be something we don't want to be and trying to obtain authority to do things we don't want to do.

Here's the bottom line: Yes, we should fight to the death to ensure that the public retains the ability to obtain conservative care from doctors of chiropractic by remaining direct-access, first-contact physicians. However, I do not think the majority of the chiropractic profession believes that primary care – when it includes the medical "Holy Grail" of vaccinations – is the right course to follow. But one thing is certain. If you truly want to be accepted as a legitimate primary care physician, then grab your hypodermic needles ... because follow it you will!

References

1. Sarnat R, Winterstein J. Clinical and cost outcomes of an integrative medicine IPA. *Journal of Manipulative and Physiological Therapeutics*, 2004;27:336-347.
2. "DCs as Primary Care Providers: New Managed Care Study Finds Improved Patient Outcomes and Significant Cost Savings With DC Gatekeepers." *Dynamic Chiropractic*, Sept. 1, 2004.
3. "Chiropractors as Primary Care Providers: Update to 2004 Study Shows Continued Low Utilization Costs and High Patient Satisfaction Rates." *Dynamic Chiropractic*, June 4, 2007.

4. "Recommended Immunization Schedules for Persons 0 Through 18 – United States, 2011." Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, Feb. 11, 2011;60(5);1-4.
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