

THE “DRUGLESS PHYSICIAN” - INCREASING MARKET SHARE

PART 2: Prince Charles - Scopes Trial & the Concept of a Core Curriculum

Although an attorney and chiropractor in the State of California, I am, by birth, an Englishman. Therefore, it is a particular pleasure to write this article in which I will look at some insights from the studies recently undertaken with respect to alternative and complementary medicine in my homeland.

Prince Charles

In 1997, a “Steering Committee for The Prince of Wales’s Initiative on Integrated Medicine” published a 68 page “Discussion Document” which should be read by anybody interested in this area. The report makes several points which are important to this series of articles:

1. The patient’s right to choose must be preserved;
2. The subject of “biological plausibility” needs to be addressed,
3. It would be preferable if all alternative and complementary practitioners came under the same umbrella. The authors pointed out, however, that this was not likely to occur as the various groups tend to fight for their own turf and the authors therefore recommended that:
4. A CORE CURRICULUM should be developed for all practitioners.

Before looking at these specific principles, it is important to note that Prince Charles’ committee used the term “Integrated Medicine”. The concept of “integrated medicine” deserves extended comment but this is not the time or place for that. Caution is called for with respect to the idea of “integration”. The authors of an excellent book (“*Complementary Medicine and the Law*”) dealing with the health care situation in England make the essential point. They contend that “integration” is simply a euphemism for “colonization” by the allopathic community of all successful therapies. I suggest we should seek equality before even considering integration.

Obviously, a patient’s right to choose is an illusion unless there are providers authorized by law to render the type of service chosen. It may surprise you to know that in the land (U.S.) which recognizes the constitutional right of a mother to choose to abort her fetus and in which Dr. Kevorkian is put on television killing his patient, there is no generally recognized constitutional right to choose alternative care. No case raising issues of a chiropractor’s scope of practice should ever again be brought without also raising the issue of the PATIENT’S RIGHT TO CHOOSE.

Biological Plausibility

I saw Peter Jennings on “Larry King Live” in early December, 1998 discussing his book about the major events and persons of the twentieth century. He commented that the “Scopes” trial (relating to the right of a teacher to teach evolution) was a turning point for this century. His point is well made and the issue of materialistic evolution, and the additional philosophical idea that reality (or disease) can be fully understood by looking at separate parts, remain at the center of all questions related to biological plausibility. Volumes could be, and have been, written about these issues. I will limit myself here to just two points.

“Vitalism” and “wholistic” thinking were declared to be nonsense by the early twentieth century philosophers of the Vienna Circle (such as Bertrand Russell) starting in the 1910’s. Their position was, in significant part, prompted by Darwin’s ideas. All practitioners, such as D.D. Palmer, who have refused to go along with this viewpoint were, and still are, branded as “quacks”.

This perspective on “quackery” is evident in a journal established in 1997: “The Scientific Review of Alternative Medicine”. A brief review of this publication makes it immediately obvious that by “scientific” they mean only scientific materialism. The founders of this publication have no room for ideas such as morphogenetic fields, energy or information medicine and “Mind” &/or “Universal/Innate Intelligence” are totally taboo. The following two articles from Volume 1, No. 1 of this journal (Fall/Winter, 1997) manifest the philosophical bias of the publication:

- 1) “Is Homeopathy ‘New Science’ or ‘New Age’” (Which do you think they chose? One should look at a book by two Italian MD’s for a counter-point: “*HOMEOPATHY, A Frontier In Medical Science*”. These MD’s make a convincing argument that homeopathy may, among other things, be working at the level of “information”; probably having to do, in part, with the H-O-H bonds.)
- 2) “Quantum Metaphysics” (This article merely reiterates the materialistic and reductionistic philosophical presuppositions of its author, Victor J. Stenger who is also the author of the book: “*Not By Design: The Origin of the Universe*”..)

Let’s go one step further and look at some of the persons on this Journal’s “Council for Scientific Medicine”. (Only 23% of the persons listed as members of this group are actually MD’s) Two names should ring a bell with all who followed the Wilk case. I am referring to the “quackbusters” William Jarvis and Stephen Barrett. Enough said! The philosophical bias of two other members of this group will suffice to make my point. I am referring to Sir Francis Crick (co-discoverer of the DNA molecule) and Anthony Flew. Sir Francis Crick has been called by one author a typical “English anti-clerical curmudgeon”. Sir Francis argued in his recent book “*The Amazing Hypothesis*” that “mind” is totally explicable by brain chemistry. Really, he just asserted his “faith” that we will, some day, be able to explain it all by chemistry. Anthony Flew is one of the World’s leading atheistic philosopher. One of his main claims to fame is his book “*The Presumption of Atheism*”. Their viewpoint deserves constitutional protection as does those of us who disagree with their philosophical presuppositions.

In my opinion, the circumstantial evidence for Darwinian evolution (as an explanation for the development of complexity and varied life forms) is outweighed by the evidence for “LIFE” BEING THE PRODUCT OF INTELLIGENT DESIGN. By that I mean LIFE IS a meaningful, purposeful (teleological) UNFOLDING PROCESS.¹ Suffice it to say, the subject of “biological plausibility” demands philosophical openness, scientific commitment and full and open debate. Of course, it is absolutely essential to recognize where philosophy ends and science begins.

Core Curriculum

At the start of the 20th century, the medical field had many different types of practitioners. The MD’s were called “regulars” and the rest were called sectarian. The “regulars” were allopaths who, like all other practitioners, have a particular philosophico-medical model which directs their thinking. Many of the so-called “sectarian practitioners” were given legal protection in the early part of this century. For example, California in 1907 created a medical board to be composed of 5 allopaths, 2 homeopaths, 2 eclectics and 2 osteopaths.

The story of how the allopaths became the dominant force at the expense of the homeopaths and eclectics, etc. is beyond the scope of this series of articles but I recommend that anybody interested in this subject should read at least E. Richard Brown’s *“Rockefeller Medicine Men”* (This group was the power behind the Flexner report.), Vols. 3 & 4 of Harris Coulter’s monumental work on the history of medicine entitled *“Divided Legacy”* and *“The Social Transformation of American Medicine”* by Paul Starr.

The general attitude towards licensing in the early part of the 20th century was to grant a license to anybody certified by the “associations” of the respective groups. However, pressure was developing for the states to require completion of a CORE CURRICULUM. Many practitioners argued that it would be unconstitutional to impose such a curriculum.

The CORE CURRICULUM issue was obviously heading for the United States Supreme Court. It got there in the 1912 case of Collins v. Texas 223 U.S. 288. The Supreme Court ruled that a state could, in effect, impose a CORE CURRICULUM upon all persons seeking to be licensed to practice medicine in any of its branches. California and many other states, including Illinois (See Part 3), responded by establishing two basic core curricula and two basic license categories: 1) Physicians and Surgeons and 2) Drugless Physicians (or sometimes drugless practitioners).

The Physicians and Surgeons license was, as has been repeatedly stated by the state and federal courts, designed to allow persons to practice medicine “in all its branches”; that is, without express limitation. The drugless practitioner category was designed to include the eclectics (“mixers”), homeopaths, naturopaths, osteopaths, chiropractors and all other types of practitioners so long as they met the requirements of the CORE CURRICULUM. I will return to these issues more specifically in Part 3, but it is essential to presently recognize that the category “drugless physician” is broader, and more inclusive, than any of the specific categories such as naturopaths, chiropractors, etc.. The drugless category was the UMBRELLA title under which all such practitioners once practiced. We can again.

It is also imperative to recognize that although the scope of practice granted under the physician and surgeons license granted allopaths (and presently osteopaths) the power to practice medicine “in all its

branches” they have failed to fulfill their franchise. This point was demonstrated in a 1997 release from the “Association of American Medical Colleges” which clearly states that “conventional Western medicine” is allopathy and that allopathy means treatment designed to “oppose disease”. Fine, as far as it goes, but we also need to remove interference with the body’s innate regulatory system(s) and support host resistance, etc..

Of course, conventional medicine does, quite frequently, go beyond treatment by “opposites”. A good recent example is the spinal cord regeneration stimulation techniques being used with the movie star Christopher Reeve. We should pay particular attention to the fact, however, that the doctors who are treating Mr. Reeve do not run out and seek a new license category. We need to follow their example and bring the various types of alternative practice under one drugless umbrella.

Before we can obtain legal recognition for such an UMBRELLA, we will need to compare allopathic and chiropractic education and then ascertain what in addition to manipulation needs to be added to an expanded CORE CURRICULUM to make one a DRUGLESS PHYSICIAN. Obviously, in developing such a CORE CURRICULUM, one would need to address at least herbs, acupuncture, homeopathics, bioenergetic and biofunctional medicine, detoxification and such things as the “biology of belief” and perhaps additional training in clinical nutrition. Appropriate medical model(s) or theories are also essential. Of course, many factors will need to be considered in developing such a program, especially the law in the various states and, in particular, and by way of example, the legal opportunity for up to 720 hours of electives within the chiropractic CORE CURRICULUM required by California statute.

There is an excellent article comparing chiropractic and allopathic education in the September, 1998 issue of the peer reviewed journal “Alternative Therapies”. The article is generally favorable to chiropractic education and points out that in fact chiropractors have more hours than medical students in certain of the basic and clinical sciences and also in such areas as nutrition.

For my purposes, I will look to the legal requirements related to chiropractic and allopathic education and will use California as my example. (Illinois is perhaps an even better example and I will look at that further in Part 3.) It should be noted that allopathic and osteopathic education is essentially the same except that the osteopaths add more natural healing methods and also manipulative therapy.

By statute, California chiropractors and medical students (allopaths and osteopaths) are each required to complete 4000 hours of education. This has been increased under accreditation standards to approximately 4800 hours for each group. However, medical students must complete their clinical studies in a hospital setting and must complete a one-year postgraduate hospital program in addition to the 4800 hours. (In addition, residency training is required by private associations participating in the process for granting specialization status.)

The medical establishment is likely to argue that hospitalized education is superior to training in an ambulatory setting. It is, at least in part. But, it is also a significant negative. Hospitalized patients are obviously already a long way down the disease continuum. The allopathic focus on the disease state thus becomes detrimentally reinforced. There is a great need to also recognize, train for, and focus upon:

- 1) Prevention **and** early intervention;

- 2) Removing interference with, **and** maximizing the function of, the body's innate ("wholistic") regulatory system and host resistance; and
- 3) The diagnosis and treatment of disease by all means necessary short of the use of allopathic drugs or operative surgery.

"Wholism" and the proposition that "life" is the product of intelligent design each have important social and cultural ramifications. It will not suffice for those of us who accept such ideas (or the contrary for that matter) to articulate them within only our own group.

We need to consider the social and cultural consequences of our basic assumptions and avail ourselves of all available opportunities to express our position in the market place of ideas. Mainstream medicine does this all the time. One example will demonstrate the point. The subject of mercy killing (euthanasia) has been a subject of deep philosophical debate in the western world for millennia. It was recently addressed by the United States Supreme Court in the cases of Washington V. Glucksberg and Vacco v. Quill. Fifty two friend of the court briefs were filed in the Washington case alone - "everybody", from the AMA and the AMA Student's Association to the National Association of Pro-life Nurses and even an individual practitioner of alternative medicine (Julian Whitaker) raised their voice and filed briefs. Unfortunately, no chiropractic organization or philosopher presented their ideas to the court.

In Part 3, I will make specific suggestions as to how a post-graduate program for the DRUGLESS PHYSICIAN could be made a reality under the law. The suggested course of action may also help to resolve the conflicts within the chiropractic community as to "what chiropractic really is", and also the potential conflicts between chiropractors and other practice groups such as the naturopaths, etc..