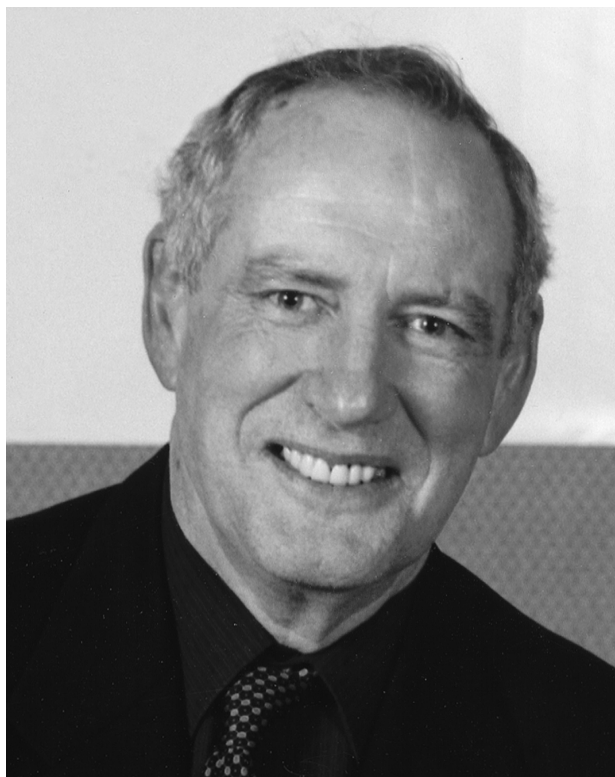


Chiropractic tomorrows



Brian J. McLaughlin, DC

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Governor, Canadian Chiropractic Association

Should Canadian Chiropractic Association (CCA) “lead” the profession or ‘respond to member interests’? 1999 president Dr. David Leprich in his last report stated “CCA is nothing more and nothing less than a membership association.” That being so we should lead the profession, being responsive to member interests! End of debate! Dr. Gherke is right and I am right!

Either choice, “lead” or “respond” are management

strategies that depend on clarifying our “identity.” A brief review shows CCA was granted letters patent by Federal Government Charter, December 10, 1953 with provincial divisions as charter members. The said charter members “exist separate and apart from any other organization within the cited jurisdiction” and ‘shall abide by the CCA constitution.’ (Bylaw #4.2.02 and 4.2.03)

CCA Charter Objects are:

- (a) To promote the philosophy, science and art of chiropractic, without the use of drugs and surgery and to cooperate with all other branches of the healing arts to provide the benefits of chiropractic to the public.
- (b) To promote scientific interest amongst members and provide assistance and facilities for specific studies and research into chiropractic.
- (c) To edit and publish books, papers, journals any other literature in both official languages to disseminate information to both the profession and the public.
- (d) To do things incidental or conducive to the public welfare relevant to chiropractic.
- (e) To assist in attaining the highest standards of training, professional competency and qualifications of members.
- (f) In doing the above may own, sell or lease real estate or buildings. Similarly any stocks, bonds or other securities in any part of the world.
- (g) To do all things to attain these objects and exercise the powers of the corporation.

This is a very broad range of objects and begs the question, “How do other Canadian chiropractic organizations recognize these objects and rights?” We should be debating the territorial imperative.

Obviously provincial acts govern practice standards. Similarly Canadian Memorial Chiropractic College (CMCC) and Université du Québec à Trois-Rivières (UQTR) have the educational mandate. Other organiza-

tions lay claim to the same or similar objects. Historically there have been power struggles which I am sure we have not seen or heard the last of.

CCA has over the years nurtured the development of CMCC, UQTR, specialty colleges and continued education towards higher standards and competency. We can not be accused of clinging to power or stifling new ideas and growth. In order to lead or be responsive to members we must earn their trust and belief then involve them in all processes and communicate, communicate, communicate.

For example:

- 1 Surveys, feedback and action steps.
- 2 Help develop niche markets to build on action 25 and strategic plan initiatives.
- 3 Life-style, addiction counseling, weight control, stress management, posture, etc.

- 4 Study the customs and needs of ethnic groups and tailor chiropractic benefits to suit.
- 5 Promote professional unity.

The Canadian dream of universal, accessible to all, health care is becoming a nightmare. Efforts to improve the system are being kept within the framework of the current monopoly. Issues of power and privilege obscure real debate. Current problems arose from a mismanaged system that did not anticipate demographic or technological change. Costs will continue to escalate as long as the main care providers are managing things. Our efforts must seek more productive areas.


We need to “brain-storm” not “blame-storm.”

- (a) identify potent assets and liabilities then set objectives to deal with them.
- (b) Form a practical, physically and financially reasonable plan to achieve those objectives.
- (c) Keep current on needs and adapt short and long term goals as indicated.
- (d) Have a time frame, a “driver” and monitor progress.
- (e) Nurture intra-professional ties through co-operative research, clinical studies and continuing education.

In today's world the force for change is relentless. Technology advances at an untrackable rate. Our profession must get in line by being on-line. The potential for immediate interaction between CCA and its membership is not only limitless but financially viable. Almost every aspect of CCA is user friendly at low cost. For example a clinical chat-line, the latest from research enabling both dialogue and donation to specific projects (A built-in pulse of what's wanted and some dollars!). “As it's happening in chiropractic.”

CCA can achieve its objects by being in touch with the members, responsive to their needs and developing chiropractic's role in improving the health and wellbeing of Canadians – SEIZE THE DAY.

4TH INTERDISCIPLINARY WORLD
CONGRESS ON LOW BACK
AND PELVIC PAIN
Moving from structure to function





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Leadership



Richard Gehrke, DC

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Most honorable comrade in this endeavor and Colleagues. My pleasant task this day is to provide credible argument that **“Leading the Profession”** has more merit than simply having our Leaders focus on “Member Services.”

Let’s begin this little journey knowing what the contemporary pundits construe Leadership to be:

Websters Deluxe Second Edition says simply “It is the ability to lead.”

Checking other reputable sources and coming up with ostensibly the same simple definition didn’t give me a

whole lot of satisfaction. Lots of folks have the ability to lead. **Take our profession for example.** If leadership was simply the “ability to lead” and having the number of self-professed leaders our profession has, we should be far and above any one else in the universe in terms of our position in the health care arena. **We’re not!**

Thus, when you can’t find the definition you’re looking for, create one. My definition of leadership, and the definition I base the rest of this presentation is:

“The ability to arbitrate a multitude of intellectual dimensions toward a singular purpose in the best interests of all concerned with the least number of casualties.”

I also must thank Dr. David Dunn for offering mentorship of this little project. He provided me with the seed of a thought that I will use to tie in Leadership and Member Services and it goes like this:

“Leadership is the ultimate member service”

I think we have a crisis in leadership in our profession today. I think it’s been a crisis for the best part of 100 years, save for the initial (say) 20/25 years of the profession where the personalities of the Palmers, and a few other similar heavyweights dominated.

Our crisis hasn’t been a lack of leaders nor leadership but rather that of too many leaders heading in too many directions. These leaders breaking chiropractic down into it’s evolutionary/philosophical **parts** and then taking any one of those **parts** and basing their schools of thought and learning on such singular issues. **Parts** such as innate, subluxation, a variety of specific technics (Logan Basic, NUCCA, Straight Schools, Mixer schools) and the list goes on and on.

This seems to have been the popular sport of the day and it doesn’t appear to have changed much in later years. Rather than looking at the common interest of the profession, **those aspects of what we do which are common to most of us**, too many of our leaders have taken it upon

themselves to “save” the profession from itself. They rationalize their efforts with such tantalizing emotional triggers as the profession ----- becoming too mainstream, ----- in bed with the allopaths, ----- losing its philosophy, ----- and a host of other arguments clear only to those followers who appear to reflect whichever color drives their emotional prism.

BACK TO MY DEFINITION OF LEADERSHIP

Effective leaders can arbitrate a multitude of intellectual dimensions

They don't simply take a single issue and turn it into a cause celebre. They possess one of the most uncommon of human traits that being common sense. They can listen to all reasonable sides of a discussion, find middle ground, and middle ground is where truth and logic resides.

Effective leaders have a single purpose in mind

Effective leaders see the larger picture and initiate/motivate a direction of thought/action. An effective leader is not so much single issue so much as they are **singular in purpose**. For the sake of this particular presentation, that purpose is **having all our horses pulling in the same direction knowing all the while each horse might have a different agenda! That agenda can be sorted out in the barn after a day's work but *certainly* not in the field while working!**

Effective leaders work for the common good

An effective leader recognizes the greater benefit considering all aspects of any given situation. They balance the needs of a profession against the needs of those we serve.

A profession exists, NOT for it's own benefit but FOR the benefit of those it serves. It behooves us then, to listen very carefully to what it is our patients/customers/clients say about us and want from us and then attempt to fill that need (market). Not so much us telling them what we feel they need to know and then providing it. That smacks of

the attitude of those folks we've come to love to hate, namely our main competitors in the marketplace of health care, the General Practitioner M.D.

And finally, an effective leader minimizes casualties

If we are to grow to be a recognized provider of a particular kind of health care, namely chiropractic care, **we have to ultimately speak with one professional voice**. As adamant as some of our current “leaders” of some of the “movements” are that **their way is the best and only way** to view/move the profession, I can't see moving the profession to one professional voice without some spillage.

We may debate how great the legal and medical professions are (overly powerful, self-perpetuating, authoritarian), but we can't dispute the fact that they've established and perpetuated their importance to society.

We profess to have a pretty potent tool in chiropractic and propose that it too is a major benefit to society. We take the **edge** off that tool by stumbling over ourselves when representing chiropractic from a multitude of perspectives to almost everybody (patients, government, government agencies, the Insurance industry, **everybody**).

Not until we can represent our profession with a united front in public, will we ever achieve anything near our potential.

What we do in the back rooms of our various professional organizational meetings is one thing. How we represent ourselves in public is another. It's simply a matter of maturity. We're not there yet but we could be very close.

What is it that we can best do for the membership?

Leadership is the ability to arbitrate a multitude of intellectual dimensions toward a singular purpose in the best interests of all concerned with the least number of casualties.

Leadership is the ultimate member service!

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