

We Get Letters & E-Mail

Editor's note: The following two letters were written in response to "Treating the Elderly," which appeared in the September issue of *Acupuncture Today*.

Treating the Elderly: Further Advice and Observations

Dear Editor:

Matthew Bauer has written an excellent article about treating the elderly which I found to be entirely consistent with my own experiences.

I would welcome any articles discussing the treatment of elderly patients: the elderly constitute a continually increasing proportion of the population, and we will be seeing more of them. I'd also like to add a few brief comments:

1. Dr. Bauer says that "No other age group is as routinely overmedicated as the elderly." This is most true, and it requires subtlety and tact to deal with this situation. In fact, I would enjoy seeing an article about this, and about the different scenarios practitioners have experienced in the past.
2. It is surprising how vigorous some octogenarians are, and how depleted other patients in their sixties and seventies are. Chronological age and biological age are not often congruent. This is also quite noticeable when doing bodywork, in the relative firmness/flaccidity of the musculature.
3. Dr. Bauer's discussion about communicating with family or caregivers when gathering history or giving recommendations suggests another point: that some elderly patients who are quite independent and competent when they first become patients may at some point begin to evidence signs of deterioration that necessitates communication with other family members.

Barry I. Levine, LAc

Norwood, Massachusetts

Dear Editor:

I appreciate Dr. Bauer's article bringing to our attention the nuances of treating the elderly population. Like Dr. Bauer, I am in a practice situation where there are many retirees of all ages - some healthy, some moderately healthy, and some quite incapacitated. What I have found most frustrating in attempting to accurately diagnose and treat my patients is the overmedication to which Dr. Bauer referenced.

One thing I think he may have inadvertently overlooked was being consciously aware of how Western medications can affect the tongue and pulse, thus making it considerably more difficult to get an accurate diagnosis. I'm sure anyone who has had a patient such as a frail, 80+ year-old female with a bounding superficial pulse and a red, dry tongue (with no other symptoms of an external wind or yin deficiency, although the latter could easily be constitutional) could easily be misdiagnosed and mistreated.

Acupuncture can certainly help our elderly, and frankly I find them to be a most interesting patient population. However, it does require that we, as acupuncturists, become particularly familiar with the properties of Western drugs as best they can be translated into Chinese herbology.

With the advent of the baby-boomers moving into the "aging" population category, the elderly will make up a considerably greater proportion of our practices. I, for one, appreciate insights and information from other, more senior practitioners who have a large elderly patient population.

Patti Carey, LAc

Palm Desert, California

"The mandate of the AAMA is another sign of the encroachment of our profession by DOs and MDs"

Dear Editor:

Thank you for your article entitled "The Health Care Pie: It's Time for Us to Get a Bigger Slice" from the May issue. You remind us, once again, to be politically active in order to nurture our profession.

Speaking of getting a bigger slice, the front page interview with Marshall Sager, DO, also in the May issue, was disturbing. This is the second article this year in Acupuncture Today that claims that physicians are better qualified to introduce Chinese medicine to the community. The mandate of the AAMA is another sign

of the encroachment of our profession by DOs and MDs. Dr. Sager openly advocates a peaceful coexistence of "physician acupuncturists and LAcS" while undermining our validity as educated, nationally certified practitioners of Chinese medicine. To suggest that the cost of malpractice insurance reflects that physicians are better trained and educated to perform acupuncture is ludicrous. As acupuncturists, we also have a legal, ethical and moral responsibility to utilize our training in the treatment of patients.

As a licensed acupuncturist, I urge my fellow colleagues to take the time to be politically active in order to maintain our credibility as practitioners of Chinese medicine.

Chia Chia Cheng, LAc

San Diego, California

New Colorado Law Raises Questions about "Credentials and Qualifications"

Dear Editor:

I would like to comment on the article "New Acupuncture Bill Passes in Colorado" from the May issue. It is great to hear the state of Colorado has updated its laws regarding the practice of acupuncture. However, concerns are raised around the language about licensure by endorsement. The article states that the director of the Division of Registrations can issue a license to practice acupuncture to "any applicant who has a license in good standing as an acupuncturist under the laws of another jurisdiction," as long as the applicant presents proof of possessing "substantially equivalent credentials and qualifications to those required for licensure." The exact "credentials and qualifications" are not included in the law, but will be established by the director.

I am an acupuncturist practicing in the state of Washington. I trained at the Midwest College in Chicago prior to 1990, meaning the education required for completing the program at that time was at 1,350 hours. I graduated in 1988, and about 14 years later, I have taken tons of CME courses, worked on thousands of patients and taken some college courses to qualify for Washington state licensure.

Serious concerns are raised here on behalf of so-called "senior practitioners" like myself who may want to move to the great state of Colorado but potentially find a substantial amount of hours required in acupuncture education (e.g., 2,000 hours or more). The trend, as discussed in California, is around 3,000 hours, perhaps going up to 4,000 hours of acupuncture education, practically barring us to obtain such a

license.

The article does not qualify exact "credentials and qualifications," but it would be a great mistake and disservice to the profession to raise the hours to such a level that would practically prohibit senior practitioners from successfully obtaining licensure in Colorado. Therefore, oh great Colorado Acupuncture Association leaders, please keep the above point in consideration.

Augusto Romano, LAc

Kent, Washington

Acupuncture Today welcomes your feedback. If you would like to respond to an article, please send your comments to:

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You may also send your comments by fax (714-899-4273) or e-mail (editorial@acupuncturetoday.com).



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