



This is a resident case log of a patient encounter in which an “Aware Medicine topic” was central.

Chiropractic manipulation for a heart attack? Really?

I have never seen a chiropractor myself, but I have heard from many different people that chiropractic manipulation can be helpful for back pain. I’ve never really seen it used for serious medical conditions. I never thought anyone would even think about it as a treatment for an MI.

During my rural ER rotation as an intern in Monroe, a patient walked in that I don’t think I’ll ever forget. He was a man in his early 70’s. He was overweight with a history of high blood pressure. He was opting not to treat his hypertension; he never had his cholesterol checked in his life. He came to the emergency department with left sided chest pain, shortness of breath and mild diaphoresis. The pain began a couple of hours before he came into the hospital and was gradually worsening. He walked into the ER on his own.

When I went to take his history, before telling me about the pain, the first thing he did was tell me that he didn’t want any medications. I proceeded to take the history of his pain and recommend obtaining an EKG and starting some aspirin and nitroglycerin as well as supplemental oxygen. He reluctantly allowed the EKG, nothing else. I was confused as to why he came into the ER if he was going to refuse treatment. His EKG showed ST elevation in his inferior leads

We recommended med-flight transfer to Madison for emergent cardiac catheterization. The patient refused this as well. The emergency room attending physician and I discussed with him the risks of refusing treatment and made sure he knew what he was up against. He continued to refuse treatment—even continuing to refuse a simple aspirin. When I asked why, he stated that he was a chiropractor, his father was a chiropractor and that his son is a chiropractor. He stated that his father lived into his 90’s without any heart problems and that he’s never had heart problems either. He stated he didn’t believe in our medications. He didn’t really have an answer when I asked why he would come into the Monroe Clinic ER if he didn’t want any medical treatment. He knew we wouldn’t be offering chiropractic manipulation. He agreed to the testing that we performed—the EKG and pulse oxygenation that is...he refused blood draws as well. He was offered admission to the medical floor at Monroe Hospital for medical management, but as might be expected, refused this as well. So he stayed in the ER, basically waiting for the pain to get better. I didn’t know what would happen. I’ve never seen an MI just evolve in front of me without any type of intervention. Any patient with an acute STEMI I had ever dealt with was either whisked to the catheterization lab for an intervention or was coming to me in the MICU from the catheterization lab after having completed the procedure.

Later in my ER shift that day, I revisited him when I had some time—the ER wasn’t too busy. He was still having pain, though it had decreased some. He told me more about how his dad was a chiropractor and performed adjustments on him from everything from a cold to back pain or a headache. He felt that it always worked. He stated he never took any medications other than a vitamin. He simply believed medications were unnatural and didn’t want any in his body. His plan was to go home and have his son perform chiropractic manipulation on him.

My shift ended and I went home before he left the hospital. I talked with the attending who was there that day later on and he said that after a few more hours the patient was eventually comfortable enough to go home and his son picked him up. I still don’t understand why he came to the hospital.

Maybe he thought we would be able to offer chiropractic manipulation. Part of me thought that maybe he knew he was having a heart attack and wanted to prove he could survive it with his approach and without our help. I don’t know what happened to him after he left. Hopefully, he survived.



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I certainly didn't agree with his medical decision making, but I respected it, and so did the attending physician I was working with. He had the right to make the decision for himself, based on his values and beliefs....but I wish we could have convinced him otherwise.