Osteopathic Medicine

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Here we are in 2020, once again, asking about the future of osteopathic medicine. I have worked on behalf of and advocated for osteopathic medicine for nearly 50 years. During my pre-retirement years, I attended countless association and professional meetings of various osteopathic medicine-related organizations. At some point in these meetings, the subject inevitably turned to the question of the future for osteopathic medicine. During these 50 years, as we articulated our collective concerns about the future, the number of osteopathic medical schools have increased from 5 to 37 at 58 teaching locations in 33 states and the number of D.O. medical students have increased to nearly 31,000 – 25% of all U.S. medical students. The number of osteopathic medical school graduates hit a record high of 7,000 in 2019. According to the AOA, the 'profession' has grown 63% in the past decade and over 300% over the past three decades.

The acceptance of osteopathic physicians, recognition of their education, and the population served by D.O.s has appeared to follow the exceptional growth demonstrated in the above numbers. D.O.s are recognized as mainstream medical practitioners, are accepted in all insurance plans, are accepted in all professional practice associations, and are credentialed by the medical staffs of all hospitals and health systems. The post-graduate training programs, with very few exceptions, have been recognized by the ACGME – with many of the exceptions being related to the number of postgraduates in the individual residency programs. This has opened acceptance of osteopathic graduates into previously allopathic-only post-graduate and subspecialty residencies, which further enhances the acceptance and recognition of osteopathic physicians and their training. A review of these facts and the growth statistics would lead one to believe the future for osteopathic medicine is optimistic.

However, many remain concerned that, over time, osteopathic medicine may be subsumed into allopathic medicine and recognition of it and the D.O. degree may be transitory. Perhaps this is due in part to the ACGME merger decisions, the introductory discussions of LCME and COCA for a unified medical school accrediting agency, and the recognition that COMLEX and USMLE examinations may be redundant. Or, it may be a growing anxiety that membership levels of the associations (AOA and state associations) traditionally fostering and advocating for osteopathic medicine and its physicians are declining and soon may not possess the strength-in-numbers to advocate effectively.

Irrespective of their current individual membership status, osteopathic physicians should recognize that the promotion and advocacy of these associations and former 'osteopathic hospitals' have been vital in the growth and enhanced recognition of osteopathic medicine and its physicians, expansion of its medical schools and graduates, and enhanced training at the undergraduate and postgraduate levels. Further, the acquisition of former osteopathic hospitals by larger health systems, although distressing for some, provided greater practice opportunities for D.O.s. In some cases, osteopathic-supportive foundations became locally and nationally influential in supporting osteopathic research, medical schools, and students as well as postgraduate funding. The traditionally allopathic agencies and health systems could not ignore the exponential growth of osteopathic medicine and the number of graduate osteopathic physicians entering the medical field, recognizing the need to accept and even embrace them in mainstream medicine.

The 'osteopathic' advocates were diligent in having osteopathic physicians accepted with full practice rights and having its medical schools and post-graduate hospitals recognized as legitimate centers for

high quality medical education and training. The collective 'we' wanted osteopathic medicine and its physicians to be considered equivalent alternatives to traditional (allopathic) medicine and M.D.s. We have succeeded, evidenced by the unprecedented growth and recognition of osteopathic medicine and its physicians.

The issue at this point is how to differentiate osteopathic medicine and its educational components while retaining the unique position as equivalent alternatives to allopathic medicine. The challenge it seems is to identify, verify and clearly articulate the differences in the education and actual practice of osteopathic physicians.

The osteopathic medical schools and representative associations point out that students receive additional training in holistic care, osteopathic manipulative medicine (OMM) and treatment (OMT) and the palpatory diagnosis and treatment of somatic dysfunction(s).

Can we define and articulate how the training in holistic care is provided or received? How is it different from allopathic training? Can it be measured? What is the evidence?

Can we credibly accentuate the value of OMM/OMT training, when so few practicing osteopathic physicians utilize the treatments or even refer to those who specialize in OMM/OMT? Has sufficient evidence been published to demonstrate it is of value?

The palpatory diagnosis of somatic dysfunction(s) and the use of OMT by osteopathic physicians to relieve pain and improve patient discomfort are stated hallmarks of osteopathic principles and practice. However, there are few peer reviewed studies about the prevalence of somatic dysfunction or the frequency of its diagnosis and treatment by osteopathic physicians. Why?

Perhaps there are other issues of differentiation in the training, education, and practice of osteopathic physicians, but those mentioned above are highlighted most frequently. Another issue which has received some attention is the level of patient empathy demonstrated by osteopathic students compared to allopathic students. But this has not been satisfactorily explored or reviewed in the literature. Even if it were so demonstrated at the student level, a more meaningful evaluation would need to extend to physicians at the resident and active practicing levels. Is this an issue which needs to be further explored for potential publication?

The significant membership losses in nearly all national and state representing osteopathic medicine, except AACOM, is an issue that needs to be addressed. The past achievements of osteopathic medicine, its medical schools and physicians would not have been possible without advocating membership associations and osteopathic training centers. Currently, however, only 20% to 25% of practicing osteopathic physicians are members of the national representative association (AOA) and the membership numbers have declined precipitously over the past few years. This indicates potential members may no longer see the value of membership. Are the fees too high, expenses not understood, or do potential members no longer see a need for advocacy to retain the position as an equivalent alternative to allopathic medicine? These issues deserve exploration.

If practicing D.O.s, osteopathic medical schools and their students have concerns of being subsumed into allopathic medicine over time, osteopathic medicine needs to identify, verify, and clearly articulate the efficacious distinctions between osteopathic and allopathic education and practice. A representative, membership driven osteopathic-supportive association can assist in these

efforts, advocating for the retention of the hallmark principles and practices of osteopathic medicine or possibly incorporating them into allopathic medical schools.