

OSTEOPATHIC MEDICINE- THE FUTURE

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Origin- Osteopathic Medicine began as a unique nontraditional, nonmedicinal way to treat diseases and in so doing evolved into an approach emphasizing the normalization of body functions through structural alignment- manipulative medicine. It was arguably the first medical discipline which was not just disease focused, but actually looked at the whole body and the interaction of its parts. As a new discipline, it had to show that it both worked and was distinct from traditional medicine. The profession attracted those who used osteopathic manipulation, but these adherents also used (and taught) the medications and surgical procedures of the day. So, from the beginning, Osteopathic medicine used all modalities of therapy (even though Dr Still was not a believer in the germ "theory"). Early Osteopathic Medical Schools awarded the DO degree because it was felt that there was a significant distinction and manual medicine- manipulation- was rejected by traditional medicine. In many ways, it was the refusal of allopathic medicine to accept manipulative medicine that really was the root of our separation as a profession, not that we rejected conventional treatments if they worked.

Growth- the profession expanded from the original Kirksville College, founded in 1892, both in the number of Osteopathic colleges and of Osteopathic practitioners through the end of WW II, despite considerable opposition from organized medicine led by the American Medical Association. Since most "allopathic" hospitals were closed to DOs, Osteopathic hospitals were built and advanced training programs (Osteopathic internships and residencies) were developed. These hospitals differed little from their allopathic counterparts with surgery performed, babies delivered, emergencies seen in the emergency department and medical treatment for diabetes, heart attacks and the like treated in standard ways. There was use of Osteopathic Manipulative Medicine (OMM), but it was sporadic and usually not a primary therapy in the hospital setting. Growth slowed after WW II fueled by returning MDs and focused AMA depictions of Osteopathic medicine as a cult. A merger in California between MDs and DOs in 1962 was a low point, but problems with that merger, growing acceptance by state legislators because of constituents' care by DOs and physician shortages led to increased opportunities for DOs. The Department of Defense in 1966, after years of resisting, permitted DOs to enter active duty as medical officers and allopathic hospitals and residencies began accepting DOs. It seemed that all the efforts of so many to gain acceptance had arrived.

Demise of Osteopathic Hospitals- As more and more allopathic hospitals and post-graduate training programs (residencies) opened up to DOs, there was less need to have distinctly osteopathic institutions and over a relatively short time, Osteopathic hospitals found themselves unable to financially survive. Osteopathic residencies, mostly located in Osteopathic hospitals were reduced, although some found homes in allopathic hospitals.

Challenges- With this success, however, came additional challenges. It became increasingly difficult to articulate our difference- what additional value did we bring to the house of medicine. We point to OMM, of course, but since that is just one of our therapeutic modalities, not the basis of most practices, the profession has struggled to articulate our overall value as a distinct profession. We rightly point to our “holistic” approach and focus on primary care. But we cannot say that is unique to Osteopathic medicine. We note that DOs tend to practice more in underserved, especially rural areas, but again, that is not unique and is probably more because of a larger percent of DOs going into primary care. We are, in many ways, a victim of our own success. By being able to compete with MDs in all areas, we largely practice like them, although I believe we do have a more patient-focused approach. As I have tried to emphasize, we have always used the same tools as MD plus OMM and hopefully a more preventive, patient centric approach. We have become part of mainstream medicine! So, how are we different?

Expansion of Osteopathic Medical Schools- There has been a virtual explosion in the number of Osteopathic Medical Schools for 2 reasons- we can open schools and turn out graduates much less expensively than allopathic schools largely because of less requirement for and reliance on research and medical centers. That at least partially explains why such a large percent of DOs go into primary care. While there are concerns that the number of schools has outstripped available and qualified, the graduates seem to do well in further training and practice. Our schools may well serve as models for at least some of the new allopathic medical schools. While the schools all teach OMM, it is not clear that all emphasize the preventive and holistic aspects of Osteopathic medicine. Most seem focused more on board scores and preparing for residency selection.

Focus on Primary Care- Clearly, the percent of graduates of Osteopathic Medical Schools who go into primary care is much greater than that of allopathic schools, although some allopathic schools focus on primary care. It is not entirely clear why these graduates choose primary care, but part of the reason seems to be Osteopathic medicine’s focus on the whole patient and the interrelationship of all parts of the body and the body’s inherent capacity to heal itself. Specialties other than primary care are generally disease or organ specific and may be less attractive. The number of graduates going into primary care, however, is not by itself a distinctive element of our profession. Unity of the body, the body’s capacity to heal itself and the relationship of structure and function are part of a somewhat distinct philosophy, but the key word is somewhat. It appears that mainstream medicine has taken on at least some if not all these principles. So just as Osteopathic Medicine has become (perhaps always has been) like allopathic medicine in the use of all treatment tools, mainstream medicine has moved towards more of a holistic approach and tries to focus on health rather than disease- an Osteopathic concept!

Dearth of Research- Part of the problem in showing the usefulness of OMM is the difficulty in defining exactly what is and doing controlled studies on its utility. Double blinded studies with placebo are impossible. Comparing OMM with other therapies or no treatment for specific diseases and definitive endpoints are possible, but difficult. There has been funding both private and public, but long-term large studies have not been done. Our culture is not one of research- it is part of why our colleges are less

expensive and lack of exposure to research may be a factor in why our graduates go into primary care more than allopathic graduates. If we are serious about OMM as one of our main areas justifying Osteopath medicine as a separate and distinct profession, there needs to be much more of an emphasis on basic and clinical research.

Mainstreaming..... Ah, here is the crux of our “identity” crisis. We have succeeded, we have arrived- everything is open to us, but now what? Are we really distinct in our practice? Certainly, we are in the use of OMM, but while we can take pride in being the first to really take a holistic, patient-centered approach, most non-DO practitioners try to do that. The concept of health being more than the absence of disease is now widely accepted. I have observed and reviewed reports on thousands of physicians in the Army and I could not tell the difference between an MD and a DO, unless there was mention of OMM. The recent amalgamation of GME programs also is an indication that our 2 profession, Osteopathic and allopathic have moved closer. As I have tried to show above, Osteopathic medicine has always used the treatment tools of mainstream medicine and I would argue we have never been totally separate or wholly distinct. The remaining differences are 2- undergraduate Osteopathic medical education and use of OMM.

Future-

The Osteopathic profession will continue to be strong force and advocate for the patient with the goal of wellness of mind, body and spirit.

The profession should see itself as a collaborative partner within mainstream medicine and work on, for example, single licensing boards.

There should be renewed focus and emphasis on research about OMM with the goal of expanding its use.

The AOA should work with the AAMC and LCME to more closely align accreditation standards for undergraduate medical education and share our model for less costly undergraduate institutions.

Realistically acknowledge that Osteopathic medicine is not a separate profession if it ever was, but a significant force within the larger profession of medicine with a proud heritage and the promise of continued contributions.