Since its founding, the osteopathic medical profession has proudly maintained that it is based on a philosophy of health and disease. This puts it in contrast to the allopathic medical profession, which holds that it is based on scientific evidence alone.1 How does this difference between the two medical professions affect professional identity and patient care? That is the central question in an important editorial by Norman Gevitz, PhD, appearing in this month’s issue of JAOA—The Journal of the American Osteopathic Association (2006;106:121–129).

Dr Gevitz points out that while the osteopathic medical profession does adhere to a philosophy of health that suggests distinctive diagnostic and therapeutic methods, it is a philosophy with which many other health professions increasingly find no fault. His contention, then, is that without truly distinctive actions that flow from this philosophy and are experienced by patients, the philosophy is essentially meaningless. In other words, it is like “faith without works.” He expands this argument throughout the rest of his thought-provoking article to cover the realms of teaching, research, and practice.

Dr Gevitz makes a number of key points, including the following:

- The osteopathic manipulative medicine (OMM) teaching facilities at the colleges of osteopathic medicine (COMs) must become central concerns of these educational facilities.
- The number of OMM teachers at COMs must be sufficient to provide quality, small-group instruction.
- A student’s personal experience with manipulative practices must continue beyond the second year of the curriculum.
- Students must be exposed to research, both classic and cutting-edge, pertaining to both the basic and applied aspects of OMM.
- The marginal and “guru”-based aspects of OMM must be minimized.

Certainly, Dr Gevitz is not alone in drawing attention to these pressing issues. However, not since Irvin M. Korr, PhD,2 wrote extensively about osteopathic principles and practice (OPP)—referring to osteopathic philosophy as a “way of life … one of the great revolutionary ideas of human history”?—has a writer put the issues in such bold relief.

It is arguable whether the allopathic medical profession is or is not based on a philosophy. The point can easily be made that all aspects of human endeavor are based on some philosophy, whether generally recognized or not. Notably, however, the osteopathic medical profession is unique and fortunate in that it has a recognized philosophy that can be used to guide its teaching, research, and practice. This philosophy can also bind the profession together as a unified group, preventing it from becoming lost in a sea of contradictory, puzzling findings that give no direction to its practice.

Yet, what difference does an osteopathic philosophy make when other health professions find little fault with it? Dr Gevitz argues that the most important difference lies in distinctive osteopathic modalities of palpation and manipulation that need to be emphasized in both education and professional practice. Although we strongly concur with this view, there are also additional aspects to consider.

A recent article in the JAOA by Carey et al4 described discernable differences in patient approach between osteopathic physicians (DOs) and allopathic physicians (MDs) that seemed to flow from the patient-oriented osteopathic philosophy. For example, Carey et al4 reported that DOs were more likely than MDs to use patients’ first names, explain etiologic factors to patients, and discuss the social, family, and emotional impact of illness with patients. Thus, perhaps the culture and philosophy of the osteopathic medical profession encourages distinctive practices other than just the use of osteopathic manipulative treatment.

Curiously, Dr Gevitz makes no direct mention of the many basic scientists who are deeply involved in the osteopathic medical profession. In the teaching of osteopathic medicine, we need to consider more than OMM educators in the mix. The basic scientists who shape so much of our students’ thinking in the first year of osteopathic medical school also need to be knowledgeable about OPP.
As a basic scientist myself, I was familiar with little of the osteopathic medical profession when I joined it in 1971. The late Paul Kimberly, DO, who was one of the premier teachers in this profession, invited me to experience this unique endeavor by taking OPP classes. These classes had a profound effect on my thinking and orientation toward the profession. To experience learning palpation and manipulation gives one a very different view of osteopathic medicine. Perhaps we should consider not only lectures on osteopathic philosophy and history for the PhDs and MDs on the faculties of COMs, but also direct experience in palpation and manual manipulation to provide them with deeper insight into the profession.

In the realm of scientific research, we need to clearly recognize that data do not exist in a vacuum. Data from all studies must be interpreted as to their meaning. Interpretation always takes place within the philosophic framework of the experimenter. As the profession seeks to implement higher-quality research studies, it will be increasingly important that the researchers, basic and clinical, engaged in these studies be intimately familiar with OPP so they will be able to interpret their data within these frameworks, rather than within either random or disease-oriented frameworks.

What are we to make of the external view of osteopathic palpation and manipulation? In a recent article in the JAOA, Allee et al5 presented data strongly suggesting that MD residents exposed to OMM during their residencies become interested in learning OMM. Unfortunately, these MD residents typically learn OMM as only a simple modality, stripped of the philosophic framework within which to interpret its usefulness. Under such circumstances, OMM is reduced to essentially physical modality status—and the osteopathic medical profession still loses the battle.

And so we ask, what of “faith without works”? Unless osteopathic physicians clearly demonstrate to the public that they practice in ways distinct from other healthcare providers, this profession will inevitably become irrelevant. How such demonstrations are accomplished is probably more complex than the application of manipulation and palpation alone—though these modalities are certainly a large part of the puzzle. Other aspects that flow from osteopathic philosophy, such as patient interactions and interpretations of research data, must also be considered vital to the profession’s existence.

Ultimately, the survival of the osteopathic medical profession depends on its visible commitment to basic teaching programs that elevate the status of OPP teaching and provide evidence-based interpretations of the clinical effectiveness of distinctive osteopathic modalities. Faith alone will not suffice.

References