As the premier scholarly publication of the osteopathic medical profession, JAOA—The Journal of the American Osteopathic Association encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the healthcare professions to submit comments related to articles published in the JAOA and the mission of the osteopathic medical profession. The JAOA’s editors are particularly interested in letters that discuss recently published original research.

Letters to the editor are considered for publication in the JAOA with the understanding that they have not been published elsewhere and that they are not simultaneously under consideration by any other publication. Although the JAOA welcomes letters to the editor, readers should be aware that these contributions have a lower publication priority than other submissions. As a consequence, letters are published only when space allows.

All accepted letters to the editor are subject to editing and abridgement. Letter writers may be asked to provide JAOA staff with photocopies of referenced material so that the references themselves and statements cited may be verified.

Readers are encouraged to prepare letters electronically in Microsoft Word for Windows (.doc) or in plain (.txt) or rich text (.rtf) format. The JAOA prefers that readers e-mail letters to jaoa@osteopathic.org. Mailed letters should be addressed to Gilbert E. D’Alonzo, Jr, DO, Editor in Chief, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864. Mailed submissions and supporting materials will not be returned unless letter writers provide self-addressed, stamped envelopes with their submissions.

Letter writers must include their full professional title(s) and affiliation(s), complete preferred mailing address, day and evening telephone numbers, and preferred fax number and e-mail address. In addition, writers are responsible for disclosing financial associations and other conflicts of interest. No unsigned letters will be considered for publication.

Although the JAOA cannot acknowledge the receipt of letters, a JAOA staff member will notify writers whose letters have been accepted for publication.

All osteopathic physicians who have letters published in the JAOA receive continuing medical education (CME) credit for their contributions. Writers of original letters receive 5 hours of AOA Category 1-B CME credit. Authors of published articles who respond to letters about their research receive 3 hours of AOA Category 1-B CME credit. Faculty members and students at colleges of osteopathic medicine, and others within the healthcare professions who submit comments related to articles published in the JAOA and the mission of the osteopathic medical profession receive 3 hours of AOA Category 1-B CME credit for their responses.

Intent to “Teach” and Pay to Play in Osteopathic Medical Education

To the Editor:
I read with much interest the letter in the January issue written by Paul G. Kleman, DO, expressing his opinion of current trends in osteopathic medical education. I have great respect for Dr Kleman and for all of the other current and previous osteopathic physicians who have committed themselves as educators in our colleges of osteopathic medicine. However, as an osteopathic medical student, I must take issue with some of his stated views.

My own journey to osteopathic medical school afforded me the opportunity to explore and consider both osteopathic and allopathic medicine— and to make a career decision that was most in line with my own philosophy of medical practice.

During my exploration, I was fortunate enough to live in Philadelphia, Pa, which is a bastion of osteopathic medicine where DOs are active in all fields, from family practice to neurologic surgery.

In his letter, Dr Kleman laments what he suggests is a trend of osteopathic medical students pursuing interests in various medical specialties rather than—I assume—preparing to practice in the primary care fields.

As a result of projected needs in medical care, I can understand the desire of all medical schools, both osteopathic and allopathic, to have their graduates enter primary care fields. However, I simply do not understand why anyone would think, as Dr Kleman apparently does, that being “osteopathic” means that one should not specialize.

Intimately related to this discussion, Dr Kleman also describes his experience regarding the current lack of use of osteopathic manipulative treatment (OMT) by many osteopathic physicians. He expresses his dissatisfaction with DOs who eschew their skills and training in OMT and who, thereby, reduce the differences between the osteopathic and allopathic medical professions.

However, in my limited time as a member of the osteopathic medical profession, I have not noticed in the four basic tenets of osteopathic medicine that using OMT is a requirement for being a DO. On the contrary, the fourth tenet of osteopathic medicine states that “rational treatment is based on an understanding of body unity, self-regulatory mechanisms, and the interrelationship of structure and function.”

Although the use of OMT, when deemed necessary, is implied in this tenet, OMT does not appear to be a tacit requirement for “rational treatment.”

A letter written by George Mychaskiw, DO, in the May 2006 issue of JAOA—The Journal of the American Osteopathic Association helps to illustrate...
my position in this discussion. Dr Mychaskiw states the following:

OMT does not make one an osteopathic physician. A true osteopathic philosophy of practice is a far deeper thing, involving a holistic, patient-centered approach to care and excellence.

This statement sums up the role that specialists can play in the modern practice and evolution of osteopathic medicine.

I find it difficult to believe that OMT must play a pivotal role in the osteopathic trauma surgeon’s intraoperative management of a gunshot wound, or in the osteopathic pathologist’s classification and review of a tissue specimen. Are these DOs any less “osteopathic” because they approach their chosen practices without the use of OMT?

To limit the definition of osteopathic medicine to OMT and to imply that the practice of OMT is necessary in all facets of osteopathic medicine does a disservice to the philosophy and clinical practice of our profession.

The osteopathic medical profession needs practitioners of all stripes to continue to survive and succeed in the modern medical world. Our philosophy is too far-reaching and comprehensive to confine us to being merely esoteric manual practitioners.

It is a privilege to be educated in the process of becoming a complete osteopathic physician by the faculty at Touro University Nevada College of Osteopathic Medicine in Henderson. I have never once felt that I will be “forced” to use OMT in order to be in good standing with my colleagues. Rather, I am being taught that the philosophy of osteopathic medicine gives me a certain advantage over my allopathic colleagues because it will allow me to serve my patients in a distinct way—regardless of whether OMT is indicated in any particular case.

Jonathon M. Brown, OMS I
Touro University Nevada College of Osteopathic Medicine
Henderson

References