DO questions need for proposed new tenets of osteopathic medicine

To the Editor:
The article containing new tenets of osteopathic medicine proposed by Felix Rogers, DO, et al (J Am Osteopath Assoc 2002;102:63-65), fails to address an obvious issue: What is wrong with the existing four tenets or osteopathic principles? The answer(s) to that question should then direct us to specific areas that require revision.

The authors state that “if tenets are accurate and true, they will stand the test of time.” Have the current four tenets not withstood the test of time?

It seems that the cart is ahead of the horse. Change for the sake of change is unwise; however, change for just cause is wise. At this point I have not been shown the just cause. I await the ad hoc committee’s showing the need and cause; otherwise, I question why new tenets are proposed.

ROBERT C. CLARK, DO
Chair, Department of Osteopathic Manipulative Medicine
Touro University College of Osteopathic Medicine
Vallejo, California

Response

At the risk of sounding flippant, let me begin by pointing out that tenets are like a favorite sweater: you don’t realize it is worn out until someone points it out to you.

Our group discovered that developing tenets is complicated, because of multiple requirements. While tenets need to represent an acceptable definition of the philosophy and scientific basis of osteopathic medicine, they should reflect best practices and represent guidelines to shape osteopathic care. Further, medicine has changed since the tenets of osteopathic medicine were proposed in Kirksville, Mo, in 1953. Not only has our profession grown in numbers, but it has become significantly more heterogeneous. Although it remains a profession that is predominantly based on primary care medicine, there is a wide variety of practice styles, some of which emphasize osteopathic manipulative medicine and others that are group-based or part of multispecialty practice. Likewise, there have been major changes in AOA-accredited hospitals, our relationship to the allopathic medical profession, patient involvement in healthcare, third-party reimbursement, and guidelines for evidence-based medicine.

As osteopathic medicine becomes a significant part of the larger scientific community, our language needs to change to reflect that growth. A prior tenet stated that structure determines function, yet how do we interpret that tenet today as we unravel the secrets of the human genome? If others pigeonhole the osteopathic medical profession as providing distinctive care only through osteopathic manipulative treatment, it becomes even more important that our tenets need to change to acknowledge our emphasis on the musculoskeletal system, with an indication that our profession is part of a much larger philosophy of health and patient care.

The greatest change in the proposed tenets and principles for care involve statements related to the treatment of patients.

The current motto of the American Osteopathic Association is: “DOs: Physicians treating people, not just symptoms.” Prior tenets fail to provide a foundation for that statement. In contrast, the motto can be supported by the proposed tenets for patient care which identify the patient as the focus for healthcare and emphasize the need to address the primary cause of disease, optimize the patient’s natural healing capacity, and underscore health maintenance and disease prevention, while incorporating evidence-based guidelines.

FELIX J. ROGERS, DO
Ad Hoc Committee on Tenets and Principles
Trenton, Michigan

Clinical Professor
Michigan State University College of Osteopathic Medicine
East Lansing, Michigan

Reference

Corrections


Lines 12 through 15 of the abstract should read as follows: “A total of 147 patients met the study criteria, with an admission rate of 31 (21%) of 147 patients (6 [19.4%] of 31 to the operating room, 4 [12.9%] of 31 to the intensive care unit, and 21 [67.7%] of 31 to ward beds).”

These lines were printed in error as follows: “A total of 147 patients met the study criteria, with an admission rate of 116 (21%) of 147 patients (6 [19.4%] of 31 to the operating room, 4 [12.9%] of 31 to the intensive care unit, and 31 [67.7%] of 31 to ward beds).”


The name of the first author of this article is misspelled. It should appear as: Marina G. Protapapas, DO.