Osteopathic Medical Education: Renaissance or Rhetoric?

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The system of medical education used in the Western Hemisphere is based on a long tradition beginning in early Greece with Plato, Aristotle, and Hippocrates. Their belief that a disease could not be treated without knowledge of the whole patient and without including the concept of balance tremendously influenced the dynamic of the osteopathic philosophy developed by Andrew Taylor Still, MD, DO, who wished to offer patients an alternative to current medical practices, as well as *vis medicatrix naturae*, the healing power of nature. This renaissance in medical philosophy was grounded in Dr Still’s aim “to improve its practice.”

For the practice of medicine to improve, according to Dr Still, this expanded medical philosophy had to be taught in medical institutions and implemented in everyday practice.

Essential questions regarding implementation of Dr Still’s philosophy in the current health care environment must be addressed. To what degree are osteopathic principles being taught in modern osteopathic medical institutions? More important, how well is this teaching being received? If the osteopathic philosophy put into practice earns osteopathic physicians a distinctive and necessary place in health care in the 21st century, one must question the degree to which osteopathic medical students are dedicated to the principles espoused by Dr Still.

One way to quantify the integration of Dr Still’s philosophy in current practice may be to examine the degree of implementation of osteopathic manipulative treatment (OMT). A 1995 survey of 1055 osteopathic family physicians by Johnson et al found that osteopathic physicians used OMT only occasionally: 6.2% used OMT with more than half of their patients, and nearly one third used OMT with fewer than 5% of their patients. A survey conducted by Fry found that 71% of 100 osteopathic physicians used OMT with 5% or more of their patients. Finally, in a survey of 661 osteopathic physicians, Aguwa and Liechty found that 60.4% of osteopathic physicians used OMT with fewer than 5% of their patients.

These figures suggest that use of OMT is becoming increasingly rare. If OMT is to be cited as the mode of therapy that distinguishes osteopathic physicians from their allopathic counterparts, these statistics may cause concern for osteopathic educators and practitioners. As Kasovac warns, “We must remember that OMT is not the sole criterion to assess and analyze the practice of osteopathic medicine...osteopathic medical principles—along with the application of OMT—are what make us different from allopathic physicians.”

A 1998 study addresses Kasovac’s assertion that osteopathic principles and practice are what make osteopathic physicians unique. This study used a social science model to analyze the language of osteopathic physicians in family practice and found that the osteopathic philosophy was represented in varying degrees. Twenty-nine percent of the language of physicians in private practice incorporated osteopathic principles, while only 3% of the language of physicians in managed care manifested the osteopathic philosophy. Interestingly, the study indicated that the language of osteopathic physicians who completed allopathic residencies contained significantly fewer examples of osteopathic principles than their osteopathically trained counterparts. These attempts at philosophic quantification remain open to interpretation, and determining the dedication of osteopathic physicians to osteopathic principles remains problematic.

Research into these areas has primarily focused on practicing osteopathic physicians. An essential element in this dynamic, one which may well determine whether Dr Still’s vision of osteopathic medicine continues, has been relatively unexplored—the perspective of osteopathic medical students.

To obtain their perspective on osteopathic principles, a survey of 167 second-year osteopathic medical students was conducted at Des Moines University, College of Osteopathic Medicine and Surgery, Iowa. The results were promising in areas and disconcerting in other areas.

Before entering medical school, 30% of the 167 students were convinced of the validity of osteopathic medicine’s approach, 23% were skeptical of the osteopathic approach, and 47% did not know enough to make a judgment. After 1 year of training, 73% were convinced of the validity of the

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The osteopathic approach, 8% were skeptical, and 19% did not know enough to make a judgment.

Responses from the same survey indicate that 95% of the students believed they understood the osteopathic philosophy and were able to explain it, 75% planned to complete an osteopathic internship and residency, 88% planned to use OMT in practice, and 81% planned to teach osteopathic principles and further the osteopathic profession while in practice.

These statistics suggest that osteopathic principles and practice are being taught and are well received by students. However, questions of osteopathic identity and clinical application outside of the Department of Osteopathic Manipulative Medicine suggest room for improvement.

In the same survey, students were questioned as to the most distinguishing characteristic of osteopathic physicians compared with allopathic physicians. 47% reported that it was OMT, 40% responded that it was osteopathic physicians’ philosophic approach to medicine and healing, and 11% responded that there was no real distinction. This demonstrates a dilemma facing the osteopathic medical profession. According to Johnson et al., regular use of OMT by osteopathic physicians is on the decline. As nearly half of these future osteopathic physicians believe that OMT is their most distinguishing quality, what sense of exigency remains among those who do not incorporate OMT into their practices?

Kasovac would counter that osteopathic principles need to be factored into the equation of osteopathic identity and necessity. In the same survey, while 40% of the osteopathic medical students agreed with the assertion that the most distinguishing characteristic of osteopathic physicians is their philosophic approach to medicine and healing, only half responded that, other than instructors who taught manipulative medicine, their basic science instructors did not explain or apply osteopathic principles where possible. This statistic is understandable, as most basic science professors have PhD degrees, not DO degrees. However, 77% of the students also responded that visiting osteopathic clinicians did not reinforce osteopathic principles in their instruction.

The lecture-based academic setting, as well as courses in manipulative medicine, are the genesis of the future osteopathic physician’s identity. It is critically important in the early formation of this osteopathic identity that future osteopathic physicians understand the clinical application of osteopathic principles. Howell notes that this identity is in a “precarious position,” then continues, “Today, osteopathic medicine has moved close to the mainstream—close enough that in general it is no longer considered alternative medicine. The long-term survival of osteopathic medicine will depend on its ability to define itself as distinct from and yet still equivalent to allopathic medicine.” The feasibility of this long-term survival is a paradoxical issue that weighs heavily on the osteopathic medical community. As Howell states, “If osteopathy has become the functional equivalent of allopathy, what is the justification for its continued existence? And if there is value in therapy that is uniquely osteopathic, why should its use be limited to osteopaths?”

The strength of osteopathic medicine’s identity and the question of necessity are key to survival in the current health care environment. Both issues lie at the heart of the debate for and against a merger of osteopathic and allopathic medicine.

The survival of osteopathic medicine rests on the shoulders of practicing osteopathic physicians and osteopathic medical students. Although the survey of medical students was administered at one institution and may not be representative of all future osteopathic physicians, the lack of reinforcement of osteopathic principles by visiting osteopathic clinicians, even at one institution, should be important to physicians, educators, and administrators.

There is a need for not only a longitudinal study of these issues, but also a concurrent study of the other colleges of osteopathic medicine. An important aspect of such a broad-based study is that it would help establish the need for a standardization of the osteopathic philosophy among all osteopathic medical institutions and influence the level of dedication of future physicians to these principles. The longitudinal study would determine how well osteopathic principles are being implemented in the preclinical and clinical years and whether there is a need for more emphasis on the application of Dr Still’s vision. These studies would also be beneficial in assessing the current condition of and charting a course for the future of osteopathic medical education to ensure that the “DO difference” is real and not just rhetoric.

References