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The Second Generation Perspective to My Medical Conspiracy

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Letter to the Editor:

William A. Rowane, DO, MACOI, my father, wrote his reflective article "My Medical Conspiracy" during an era his children would never know.[1] His conspiracy involved using an assumed name to sit in classrooms not open to osteopathic physicians in the 1950's. A legacy to his progeny was to obtain the best possible training in medicine, commitment to patient centered care and the value of the osteopathic perspective. Upon entering osteopathic medical school in the 1980's, those barriers had been replaced by unique obstacles from that stage in medicine yet to be adequately addressed. Those obstacles would prove to be opportunities for growth and healing from all sides of medicine.

The Early Challenge: The Right to Practice as an Osteopathic Physician at an Allopathic Institution.

As it is still true today, upon being hired by a hospital every doctor must obtain hospital privileges. After completing a pre-doctoral fellowship, with a concentration in teaching and scholarly activity in Osteopathic Manipulative Medicine (OMM) and family medicine residency, submitting for the right to use Osteopathic Manipulative Treatment (OMT) as a requested procedure was made without hesitation. The Chairperson of Family Medicine, C. Kent Smith, MD was ideally suited to support and mentor a novice faculty member. However, what both of us did not expect was the challenge that followed the request to utilize OMT in patient care.

The novelty of such a request at Case Western Reserve University (CWRU) with University Hospitals of Cleveland (now UH Cleveland Medical Center) triggered a series of events. Varying departments along with the hospital credentialing committee raised the concern that OMT would lead to potential strokes and other untoward outcomes. Dr. Smith was supportive and continued to advocate for the right to practice as an osteopathic physician, however the obstacle remained.

The breakthrough for would come from outside the medical field; the hospital attorney (the father of whom was an osteopathic physician). With the clarification that a restraint of trade could lead to a potential class action lawsuit, the committee members acquiesced. The group decided to classify the use of OMT under the auspice of "don't ask, don't tell." Over the next several years, my osteopathic skill set was utilized to treat patients and precepted our resident physicians treating patients with OMT. The stealth use of OMT however did not last long. The word did get out through a local television show, which led to a guest appearance and, thus, the opportunity to share the benefits of OMM and Osteopathic Principles and Practices (OPP) with the public.

What initially was a concern for increased injury to patients, to being ignored, then subtly promoted locally came to a zenith when a local rival hospital started the promotion of acupuncture. The use of which was aimed at spinal care - a deeply intense competition at the time between the hospitals. University Hospitals scrambled to find a physician member of their team with the appropriate credentials in acupuncture and more; the rules had changed.

Studies utilizing OMT to improve outcomes in patients with low back pain in a prospective randomized trail began. In concert with the research was the development of a curriculum to train MD's in basic OMT for these conditions. A movement that was pioneered in a co-venture with

Paul Evans, DO. These combined efforts would culminate in studies that validated the positive impact on treating low back pain safely with OMT by novice physicians.[2-4] This collaboration with Dr. Evans extended beyond multiple peer-reviewed journal publications to include fundamental chapters as well as an entire textbook on the application of OMT.[5,6] As a "feather in one's cap", what was once a taboo topic culminated in an osteopathic physician in the center of large physician group photo of the Spinal Institute at the entrance into this large academic medical center. This obstacle that was overcome was not however without unintended consequences. The teaching of OMT to allopathic physicians was met with a mixed reception on the Osteopathic side.

Next Steps: To heal or not to heal?

The milestone of becoming the first osteopathic physician at a residency program director level at the academic medical center brought with it a different perspective. This included developing a fundamental osteopathic curriculum for all residents. This eventually led to a national course developed with Dr. Evans to train any and all physicians from the osteopathic intern to the novice allopathic physician seeking a successful teaching model to incorporate at their training sites. Most of the predominately allopathic-focused Family Medicine residency programs in Northeast Ohio attended our national courses and then highlighted having a formal osteopathic curriculum. All appeared well, but it was not perceived as appropriate by all members of the osteopathic community.

One of the ironies of minority profession is in striving/struggling for equality and access to resources with a larger professional group with superior funding, there is a resistance to sharing knowledge and skills that are potentially valuable to the larger medical community. My father instilled the premise that all physicians need access to every educational resource necessary for our patients. Training all physicians in the application of osteopathic concepts seemed logical and natural. This instinct resulted in an informal blacklisted by some members of the osteopathic community for the willingness to promote the integration of OPP and OMT into an MD training program. This included discouraging osteopathic medical students from training at a residency program with OMT training for allopathic physicians. In one instance, an osteopathic colleague admitted that they did not utilize OMT clinically, yet DO's should not share "trade secrets" with a MD. These revelations were unsettling, but they did not dampen efforts to train all physicians in what the osteopathic profession offered for patient care.

Fortunately, this period of professional isolation by members of the osteopathic community was largely short-lived. Most physicians, both osteopathic and allopathic, recognize that medical knowledge must never be limited. Every patient deserves access to the best possible care, including having any physician view their situation with an osteopathic len. Currently, many osteopathic organizations offer coursework specifically designed to train both MD and DO physicians, including the American Academy of Osteopathy (AAO). This organization is a premier osteopathic organization, with its mission to "teach, advocate and research the science, art and philosophy of osteopathic medicine, emphasizing the integration of osteopathic principles, practices and manipulative treatment in patient care".[7]

Professional Development:

Family Medicine is challenging for academic promotion committees for not being defined with expertise in a singular medical field. Another mentor, Stephen Zyzanski, PhD, the head of the research division in the Department of Family Medicine at CWRU, recognized that osteopathic training was the unique feature to focus academic development in a predominately allopathic academic setting. This advice focused clinical development, teaching efforts, and scholarly activity around the osteopathic perspective. This resulted in a successful academic promotion and a post-doctoral Master's thesis in Family Medicine under Dr. Zyzanski documenting an educational intervention of osteopathic training in an allopathic Family Medicine residency.[8]

Professional growth continued with the rigors of a thesis to obtain a fellowship with the AAO focused on the unique comparison of

osteopathic and allopathic physicians from various medical organizations. This study demonstrated that osteopathic physicians found added value with an osteopathic perspective and demonstrated increased biopsychosocial skills and comfortable managing patients with low back pain. These values were greatest in osteopathic physicians that chose to be members of osteopathic organizations.[9,10]

My father was a gifted writer and strived to continually develop his academic skills. One of the greatest ironies and triumphs for him was that he could not attend a course in an allopathic setting for the initial decades of his career, yet he eventually obtained a faculty appointment with the CWRU Department of Family Medicine at the end of his career. This allowed him additional opportunities to teach, academic collaborations, including a publication featured on the cover for the Journal of the American Osteopathic Association, entitled the "Osteopathic Approach to Asthma".[11]

In the end, having an osteopathic background became the driving force for a career of academic and clinical success. The opportunity to pursue a passion for the osteopathic profession was at its pinnacle with the honor of becoming the 2017-2018 President of the American Academy of Osteopathy. The earlier barriers entering the academic medical center environment were gone.

One of the greatest gifts from my father was exposure to the osteopathic profession. He role-modeled all the positive traits of osteopathic integration in patient care. His love of medical education influenced the career path of his son to become the Family Medicine Program Director at UHCMC, Director of Medical Education at University Hospitals Regional Hospitals and a current role as the Associate Dean of Clinical Education at the Lake Erie College of Osteopathic Medicine. He had to face challenges that osteopathic physicians today will never know and scarcely believe existed. It was his dedication to obtaining medical knowledge, no matter where the journey led him, that instilled how barriers must never be allowed when it comes to training any and all physicians, regardless of their degree.

Final Reflection and Lessons Learned:

My father would be incredibly proud that his osteopathic legacy that has extended beyond my younger brother Joseph E. Rowane, DO and myself as second-generation osteopathic physicians to a third generation, with my daughter, Marija. She is currently an osteopathic medical student at the Ohio University Heritage College of Osteopathic Medicine. She has embraced the osteopathic perspective, without undo external influences. Marija is finding her own academic success, including presenting and publishing in varying topics, included those highlighting the osteopathic perspective.[12-24,27] She superseded her father, who did not presented a poster until his fifth year as a pre-doctoral OMM fellowship and would not publish until all formal training was completed.[25,26] It is wonderful to see the next generation move light years ahead.

This osteopathic perspective is not limited to osteopathic physicians in my family. My father's positive influence impacted my other brother William A. Rowane, II, MD, as a compassionate and dedicated Adolescent and Child Psychiatrist. My wife Barbara G. Rowane, MD is incredibly connected to her pediatric patients and their families. She understands, firsthand, the benefits of OMT in patient care.

There are key lessons to be learned. History does have its influences, particularly on the present, but the past does not have to define the future. The commitment to embracing mentoring, persistence and continual improvement to make change occur must be a priority for all. The future is in training the next generation of osteopathic-focused physicians, whether that physician is a DO or an MD. This common mission to provide the best possible care for patients incorporating an osteopathic approach requires collaboration and moving beyond barriers set in the past. It is important to remember that previous barriers overcome by our founders, today would seem insurmountable in comparison, to minor challenges during my early tenure, and those that remain can be overcome.

Thanks, Dad, for paving this path!

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