

## Third Generation Perspective to My Medical Conspiracy

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### Letter to the Editor:

My medical conspiracy does not involve a disguised identity, nor establishing osteopathic training in a predominantly allopathic institution.<sup>1,2</sup> The osteopathic profession has exponentially evolved since the 1950s, with over 30 osteopathic medical schools established across the nation and graduate medical education (GME) programs accredited with Osteopathic Recognition under the Accreditation Council of Graduate Medical Education (ACGME).<sup>3,4</sup> I have been fortunate to be exposed to this uniqueness and healing potential of the osteopathic approach since childhood and to be among the new generation of osteopathic physicians, but barriers to equality, although not explicit, are still prevalent.<sup>5</sup> I still have a story to create; my journey has only begun. It is my hope and responsibility to address our deficiencies and implement solutions for the betterment of medicine and health of our patients.

The artistic and healing nature of Osteopathic Manipulative Treatment (OMT) seems to appeal to people of diverse interests. Just as my grandfather pursued his passion for the Arts through an English degree and composing numerous literary works (that have yet to be published), I, too, immersed myself in the distinct realms of music and the sciences. I completed Bachelor of Arts degrees in Music and Biology in four years at Case Western Reserve University. I then endeavored for the “traditional” (yet increasingly non-traditional) route of medical school admission directly after undergraduate education, joining the Ohio University Heritage College of Osteopathic Medicine Class of 2022. I hope to

dedicate my career to application of Osteopathic Principles and Practices (OPP) in research and subspecialty pediatric care. I have yet to encounter further mountains of competition to fulfilling my education for the sake of my future patients.

Here we are in the 21<sup>st</sup> Century. The influx of medical school applicants is ever more diverse and expansive. Non-traditional applicants seeking a second career are accepted into the field. Rather than be admonished for pursuing further education and a male-dominated career, women are applauded for entering the profession. I admit that I do not face the level of discrimination my grandfather experienced in academic opportunities as a newly board-certified Doctor of Osteopathy. I admire his bravery and persistence in his extraordinary measures for the sake of education that would seem unthinkable and impossible for this generation of physicians-in-training. It is because of individuals, such as him and my father, that osteopathic medical students, residents, fellows, and attending physicians have opportunity today.

Osteopathic medicine has been in practice since its founding by Andrew Taylor Still in 1885,<sup>6</sup> but allopathic medical education still reigns in popularity. Despite the exponential increase in osteopathic medical school establishment and physicians in practice,<sup>3,4</sup> osteopathic research published by these healthcare professionals have been striving for recognition with limited resources since its birth.<sup>7</sup> Surveyed osteopathic medical students have disclosed that better specialty training, locality, career opportunities, and family considerations draw them to select non-osteopathic GME programs.<sup>5</sup> It is disheartening that many of my colleagues in training verbalize these same

considerations and, at times, express lack of interest in learning Osteopathic Manipulative Medicine (OMM). The statistics and common opinion may change with our transition to a single accreditation system under the ACGME, but this persisting cultural divide must be addressed. As a physician-in-training, I acknowledge my responsibility to apply OPP into my learning, patient encounters, and research endeavors. I also encourage osteopathic physicians and educators to help students understand what it means to be an osteopathic physician.<sup>5</sup> The ACGME Osteopathic Recognition application does require additional effort by a residency program. However, pursuing this accreditation for GME programs and serving as mentors in osteopathic training programs such as these is key to sustaining OPP in training and then in clinical practice.

I am aware that I pinpoint discrepancies and barriers. In addition, I am part of an effort to resolve the paucity of osteopathic scholarly activity nationally. I have been fortunate to be invited as the student editor of a novel research development tool targeting osteopathic medical students, residents, fellows, and attending physicians. The “Scholar Series” was launched within the last decade, in order to meet ACGME standards of advancing students’ knowledge of the fundamental principles of research.<sup>5</sup> This free series of professional lectures is readily accessible online and provides a standard for research development, from developing a hypothesis to case presentations (<http://www.academyofosteopathy.org/scholar-series>, <http://www.ooanet.org/aws/OOSA/pt/sp/scholar7>, <https://scholarcomplete.com/>).<sup>5</sup> The authors have recently created an integrative learning application Scholar 12 to combine “Scholar 7,” “Scholar 4,” and “Scholar Specific” (<https://scholar12.org>). I am honored for the opportunity to be the student editor and ambassador for my academic institution, in our trial year among several osteopathic medical schools and several community hospitals in a health care system. My hope is that this research tool provides the resources pre- and post-doctoral osteopathic professionals have been seeking to assist their efforts to communicate and validate osteopathic knowledge. The first step to addressing the need for

additional research published by osteopathic physicians and especially validating OMT is to create an effective, readily-accessible tool to guide them through the research development process.

I am still questioned by lay people of all ages, healthcare professionals on all levels, and colleagues of my generation about what is osteopathic medicine and why I would choose such a route. I internally sigh in frustration every time, yet I know my responsibility is to instigate and facilitate greater awareness and respect for the profession. I tweak my “elevator speech” every time, but I always emphasize that our approach is patient-centered and empathetic; we offer an additional treatment option to pharmacotherapy; and we focus on integration of structure and function. However, this verbal communication can only reach so far. I have the freedom and opportunity to promote OPP and considerations for OMT in standard patient care and to publish literature validating the efficacy of this approach. The understanding of osteopathic medicine among the general public will only progress with evidence, and, thus, we must propel osteopathic scholarly activity. Scholar 12 offers the tool to facilitate these efforts.

The approach of medicine has drastically changed since the mid-20th Century. Technology is ingrained in medical care. Every patient encounter, assessment, and plan is documented and digitized. Concerns regarding insurance pricing and time constraints dominant our medical decision-making and dictate the duration we spend caring for our patients, respectively. Every validated procedure and diagnostic standard is justified by arduous years of research and clinical trials. Thus, it has become increasingly challenging and important to not disregard the patient-centered approach to osteopathic patient care. The Tenets of Osteopathy maintain their relevance and significance. We have a responsibility to consider the integration of structure and function, to think beyond the pathologies our patients demonstrate. We must remember and communicate that we offer a unique skill set that may serve as an adjunct or primary method of management. In respect for the physicians that unlocked doors and tore down walls of admonishment before my generation, I pledge to advance the osteopathic profession, in personal practice, research, and communication to others. I

know my hands have the potential to heal and my actions applying OPP can change the course of management for the better. I am honored to be the third generation of osteopathic physicians in family and the first female to pursue this field. I hope that my grandfather's efforts and devotion to osteopathy live on through my father and me. It is my responsibility and that of my osteopathic colleagues and mentor to integrate OPP in the ever-evolving realm of medicine. My grandfather and father surpassed barriers against osteopathic physicians, and so will I with my own path.

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#### Potential Conflicts of Interest Disclosures:

None.

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I recognize my father Michael P. Rowane, DO, MS, FAAO, FAAFP for raising me to recognize the uniqueness of osteopathic and the healing nature of Osteopathic Manipulative Treatment. He has been my foremost mentor and support in navigating medicine. I appreciate my mother Barbara G. Rowane, MD, FAAP for her balance of the allopathic perspective and for being a role model of tenacity in a male-dominated field.

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