



# View From the Pyramids: Boundaries

**AAOJ Editor-in-Chief Janice Upton Blumer, DO, FAAO**

## EDITORIAL

People do bad things all the time, but when that person shares your profession, how do you respond? We as a community are trying to pick up the pieces, to regain composure after the news of Larry Nassar and his actions. He was an osteopathic physician who violated the osteopathic oath. He lost his way, and in the process, he lost his empathy and his boundaries. He did so and called it OMT—and the end result will forever change what we do. There is a stain in the fabric of the profession that just won't come out no matter how hard we try. We will recover, and the next sensational story will cover the footprint this one has left on our profession and our hearts. When it does, we will move on, keep the torch burning and ask ourselves, "What about me? Is there some part of me that has lost my way, or lost my boundaries even in the slightest? Have I forgotten that there is a patient on my table, with a history, with feelings, with past experiences that may color what is happening to them or what I am doing to help them? What am I doing to protect their boundaries and my own?"

I love this profession, and I love the fact that we have meaningful therapeutic contact with our patients. I personally made the assumption that the patient gave implicit consent for treatment when they landed in my office and on my treatment table. As a profession, we need to rethink what "consent" means. The #MeToo movement is not going away, nor should it. Silenced for years, this movement is now finding its voice. That voice includes calling out what is perceived as harmful contact in spite of the intention to help. Without clear boundaries, we as a profession may find our-

selves in the crossfire of a movement indignant with the abuses that have been hidden for years.

This indignation is finding its way in to the media as well, in the form of sensationalism such as the *Los Angeles Times*' op-ed article that stirred up ire in the profession. People are angry, and that anger toward one person's horrific actions is spilling over to affect all in the profession he shared. Media and opinion have become a battlefield we physicians need to navigate so we don't accidentally step on a landmine and blow ourselves into court.

Osteopathic physicians have, by their very nature, received information through touch. Indeed, perceptual transference is a way to diagnose the patient. Have we reached a tipping point in our society, however, where touch itself can no longer be trusted, no matter who is delivering it? Is consent needed each and every time we touch the patient? Are we asking that consent? Boundaries, both professional and personal, are required from each and every one of us to move forward, make peace and shed light to the darkest corners of the profession. In picking up the pieces and beginning the healing process, I am hopeful that each and every person in this profession will take the time to remember the intention to "first do no harm," take an inventory of boundaries, both personal and professional, and begin to see OMT as the procedure it is.

In service,

Janice Upton Blumer, DO, FAAO