



View From the Pyramids: Osteopathic Identity

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EDITORIAL

Recently, our profession has been tasked with truly understanding what it means to be an osteopathic physician. We thought we knew who we were, but recent current events in the profession have caused us to question and reexamine what it means to be a DO. The events I am referring to are the ACGME residency merger happening in 2020, the decoupling of AOA membership from board status, and the current AOA discussions about removing OMT content on specialty board certification exams.

The definition of an osteopathic physician depends on who you are talking to in our profession. To a medical specialist, an osteopathic physician is someone who looks at the whole patient and uses an osteopathic nuance that is tough to pinpoint but is distinctly different than their allopathic counterparts. They may not, however, use osteopathic manipulative treatment (OMT) in their practice. Many of these individuals feel they have little need for OMT on a certification exam and have thus expressed discontent at having to “relearn” the lost days of OMT labs in school for board certification. To the generalist, OMT may be integral and peppered into a busy practice. To the OMT specialist, OMT is an important part of the daily life of their practice; indeed, they may not exist without it. For some, the notion of a world where OMT did not exist on a board exam, or where our rich history is lost, is frightening and exhausting while for others it is simply another day at the office.

Our governing bodies have yet another idea of osteopathic identity: simply those who hold a DO degree, regardless of the use of OMT. These governing bodies have a symbiotic relationship with the physician, one in which the DO customer must find value or they leave and take their business elsewhere. With all these differing definitions seemingly at cross-purposes, is it any wonder we are at a loss to truly explain who we are? In an effort to find the truth, I went to some of our historic resources.

On the back cover of *The DOs: Osteopathic Medicine in America*, the description states:

Osteopathy as originally conceived by Andrew Still was a radically different approach to healing. Its philosophy, view of pathology, and system of patient care shared little with the components of orthodox medicine. Indeed, the founder cast himself and his followers as nothing less than revolutionaries seeking to

overturn the entrenched allopathic order. However, as the D.O.s came to adopt a multidimensional conception of disease and their scope broadened, the objective differences between the two groups began to fade.¹

Perhaps our struggles to define ourselves are simply because of the “fading” of differences as we continue to navigate the ever-complex system of current medical practice.¹

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In *The Philosophy and Mechanical Principles of Osteopathy*, A.T. Still, MD, DO, wrote:

What is osteopathy? It is a scientific knowledge of anatomy and physiology in the hands of a person of intelligence and skill, who can apply that knowledge to the use of man when sick or wounded by strains, shocks, falls, or mechanical derangement or injury of any kind to the body.²

This definition seems clear to me: We cannot “lose” our hands in the equation or definition of who we are.

When I hear talk of removing osteopathic content from the board examination process, it makes me cringe. But truthfully, didn't we do that to ourselves already? If we are really being honest with ourselves, the “fading” differences began with the battle for equal rights and privileges in the earlier part of the century. Time constraints, physician burnout, and insurance reimbursement and audits are just some more of the reasons OMT starts to slip out of a practice.

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Just like that, OMT becomes like the typewriter, a relic of a past time.

It seems clear to me from the words of our founder that our hands are critical to the definition of who we are in our profession and should not be excluded from it, regardless of how they are used in individual practices or who is vetting the definition. Dr. Still later writes, "Osteopathy is not so much a question of books as it is of intelligence."² Let's hope our profession can make the intelligent decision in defining us for the future of our members. As for me, I am and always will be a 5-fingered osteopathic physician. What about you?

References

1. Gevitz N. *The DOs: Osteopathic Medicine in America*. Baltimore, MD: Johns Hopkins University Press; 1982.
2. Still, AT. *Philosophy and Mechanical Principles of Osteopathy*. Kansas City, MO: Hudson-Kimberly Pub Co.;1902:18-20. ■