"We are with you"

This past June, over 1,300 new osteopathic physicians received their degree. It goes without saying that by anybody's standards, the osteopathic profession is growing in numbers and strength. Each year, as each graduating class goes forth, our responsibility to them and their responsibility to the profession are intertwined.

For the past several years, we have been limiting our speaking engagements primarily to the student bodies of our several schools. In a recent letter from the chairman of one of the student organizations, there was a simple statement which is worth sharing with all of you. She said, *"We are with you* in the work to make our profession stronger." What better statement of commitment could students make to a profession. And what better response can we make to the new D.O.s and the about-to-be new D.O.s than "We are with *you*."

We who might be classified as the senior citizens of the profession are well aware that we are in the sunset time of both our clinical practice and organizational activity. The fact that there are student members of the AOA House of Delegates is a splendid thing, because the observation is securely implanted in their minds concerning not only the need for a national organization but an understanding of the various ways and opportunities for participation.

The problems of osteopathic medicine have changed. Open opposition of the profession has decreased remarkably in the last 50 years. There are still those who would destroy the profession, but their attacks are not so obvious and are more subtle. Our future may well be determined, not on the basis of how we handled adversity historically, but how we handle our growth and success in the forthcoming years.

And so, it is good to hear expressions such as "We are with you in the work to make our profession stronger." And, to the students and recent graduates in osteopathic medicine, rest assured that we, too, are with you and look forward to your contribution and leadership in the years ahead.

GEORGE W. NORTHUP, D.O., FAAO

The attitudes of medicine

The advancements in the technical aspects of the practice of medicine have come with such rapidity that it is mind-boggling. Perhaps never before in medical history has there been so much medical expertise to diagnose and treat so many diseases. And, medicine is beginning to look at the whole man. But there is also evidence that physicians need to look at the whole man, too—namely, themselves and their own reactions.

Despite all the advancements in medical science, physicians and hospitals are under the most severe criticism than at any time in their history.

In an article in the March 1983 issue of *Postgraduate Medicine*, the author writes that with all the medical miracles, it seems incongruous that "When physicians were helpless hand-holders, they were idolized and venerated as they made their daily rounds of ineffective house calls. Now that physicians are competent providers of genuine healing, they are portrayed in unflattering and often actively frightening terms."

The media would have you believe that much of this hostility is due to the rising cost of medical care. Such a belief is only part of the truth, perhaps a relatively small part of the truth.

From time to time, *Medical Economics* has conducted what they refer to as a Patient Attitude Survey. In an article titled "Why 3 out of 5 patients switch," the author points out that the recent Patient Attitude Survey shows patient loyalty to be a sharply declining commodity. For example, they report that in 1963, only 38 percent of patients who responded to their survey said they ever stopped going to a doctor because they were dissatisfied with something about him or about his staff. In the next 6 years, that disgruntled minority grew to 44 percent; in 1976, it rose to 52 percent. The most recent survey reveals another increase to 59 percent. The significant statement made in the article is that 59 percent is "almost triple the percentage who said they left the doctor because of his fees."

It is apparent that we must not be misled into thinking that what appears to be a growing es-

trangement between patient and physician is solely due to the rising cost of medical care.

The present *Medical Economics* survey (reported in the May 30, 1983, issue) shows that 59 percent of the 100 patients interviewed had switched physicians because their "doctor was cold, abrupt, and impersonal." Another 34 percent listed the doctor as being "too evasive and giving inadequate treatment." In other words, a whopping 93 percent of those interviewed changed physicians more because of the physician's attitude than because of his ability or lack of it to treat the patient's physical problem.

It would seem that all of us in medicine who have now become quite adept at wringing our hands over the seemingly never-ending attacks on our professionalism should be involved in a little professional introspection. But there is some light at the end of the tunnel, because the attitudes of physicians toward their patients in certain medical situations are being studied and evaluated. And, this study and evaluation is being carried over to the medical school curriculum. For example, a program of humanistic medicine has been initiated at the Mt. Sinai School of Medicine's Department of Medicine in July 1979. The program is designed to help develop a physician's behavioral response to patients who have a variety of medical, emotional, and sociologic backgrounds.

The attitudes of medicine are also under study at Stanford University. In a recent news release from Stanford's Medical Center, it is noted, "The desire to be a good doctor—warm, sensitive, caring—is part of every medical student's dream. Yet students at Stanford University School of Medicine say most medical schools do not encourage the development of these very qualities. In fact, many students learn to suppress, and even eliminate them during their medical education.

"Now, for the first time since the Abraham Flexner report on medical education in 1910, medical educators nationwide are questioning the process that leads to the denial of the emotional side of medicine by its practitioners."

A further effort on the part of Stanford University School of Medicine was a symposium which was held January 22 of this year; the key concept was getting humanism back into medical education. The symposium consisted of three panels made up of faculty and students and their findings were of interest. What the panelists concluded is that humanism begins to be eliminated starting with the "pre-med syndrome" before students even start medical school. Almost 90 percent of pre-medical students major in science, said Dr. Robert Cutler, professor of neurology and associate dean of medical education. "Is that emphasis necessary?" he asked.

Dr. Saul Rosenberg, professor of medicine, is quoted as saying, "Students coming into medical school know lots of facts, . . . but they are deficient in other skills such as communication, observation, problem-solving, and judgement-making. These are the skills involved in everyday practice as a physician."

The report goes on to point out that the lack of humanism is apparent in the admissions procedures as well as requirements. The lack of humanism continues once the students get to medical school, panelists noted, in the manner that fundamental clinical skills are taught. The physician-patient relationship needs to be nurtured in courses, said Aria Dibiase, third-year medical student. "Students don't get enough preparation in these skills. On their clerkships they have the most responsibility to talk with the patients. There is a lack of good role models. Students need to be taught how to be educators and communicators as part of being a physician."

And, so, it is encouraging to see some stirring, particularly in the field of medical education, to do something about the seemingly poor behavioral responses on the part of physicians to the patients receiving the benefits of scientific medicine.

It has almost become an aphorism, but it is still true—"Science is not enough."

GEORGE W. NORTHUP, D.O., FAAO

"Healthanomics"

Occasionally, an editorial from another magazine comes across my desk and my reaction is, "I wish I had said that." Such was the case in an editorial in the March/April 1983 issue of *Current Concepts in Gastroenterology*, by Chesley Hines, Jr., M.D., the medical editor. Dr. Hines writes on what he calls "healthanomics" (or preventive medicine by taxation). He makes an interesting point.

As we all know, the President recently signed a bill which provided for a rather modest increase in the excise tax on tobacco. There was also a rumor that he was going to raise the excise tax on alcohol, but apparently this got lost in the shuffle.

However, Dr. Hines wisely points out that "Had the President and the Congress decided to levy an even higher tax on tobacco and had indeed increased the tax on alcohol, the benefit to the public health could have been enormous." Of course, the increase in price of those two commodities would probably not affect those already completely "hooked" or dependent on either item. But Editor

Hines feels that perhaps it might have a beneficial effect on some people and reduce the use of these two toxic products because of sheer financial necessity. Despite the fact that many people in one way or another find the money for their habit, the increase in cost could, perhaps, slow down both nicotine and alcohol use and abuse.

Although Editor Hines admits that perhaps some of these suggestions are impractical, certainly no one could disagree with his intent. If heavy taxation could in any way reduce the consumption of alcohol, it could have far-reaching effects, not only in the number of automobile accidents, liver and pancreatic disease, but on smoking-related diseases as well.

Dr. Hines is probably right when he says that probably nothing is going to happen because it's politically impractical. This is particularly so when one considers the millions of dollars spent by the government to decrease cigarette smoking on the one hand as being dangerous to one's health and on the other hand voting huge subsidies to the tobacco industry. Unfortunately, consistency is rarely the hallmark of politics.

GEORGE W. NORTHUP, D.O., FAAO

editorial comment

Two reasons why an osteopathic physician should attend the AOA's national convention have been offered by D.C. Farnham, D.O., and called to our attention by Donald Siehl, D.O. Ironically, Dr. Farnham proposed these reasons in "A call to the convention," published in the June 1910 issue of the *Journal of Osteopathy*. The reasons are as applicable in 1983 as they were back then.

Dr. Farnham wrote, "There are two reasons why you should be there: First, because of your own needs; the need of vacation from work, and of refreshment and stimulation in your profession which comes from gathering in a common cause and receiving the uplift that comes from meeting face to face, of walking shoulder to shoulder, and communing heart to heart with your co-workers in a great cause.

"Second, because the profession needs you: Your presence, your enthusiasm, and your ability, even if but to listen and receive the wisdom and experience of others."

Your presence, your enthusiasm, and your ability will certainly be appreciated if you attend the 88th Annual Convention and Scientific Seminar, October 23-27, 1983, in New Orleans.

In a recent letter from AOA Past President John P. Wood, D.O., was enclosed a copy of an Associated Press release from Ocala, Florida, regarding the fact that the Florida State Society of Homeopathic Physicians has filed suit against the State of Florida seeking official recognition. Without knowing any details concerning the pros and cons of this case, it is interesting that, according to the report, the homeopathic physicians were recognized and allowed to practice in Florida until 1941. Apparently at that time the law was changed and they were no longer so licensed.

Perhaps there is a lesson somewhere in there that those who giveth can also taketh away. It is a reminder for all of our divisional societies and national organizations to maintain a legislative alert in regard to health care legislation, particularly legislation that in any way would tend to annul or obliterate our profession as a separate and distinct organizational body.

Herbert L. Miller, D.O., the immediate past president of the American College of Osteopathic Pediatricians, has shared with us an interesting item. In order to provide the best medical care to all individuals, regardless of their financial situations, Dr. Miller formulated a sample letter which he suggests pediatricians send to their patients' parents. The letter, printed below, could be adapted to the physician's individual practice, fitting it to each pediatrician's office letter format and style. "Dear (Parent); As your child's personal physician, I am concerned that some of you may be experiencing economic hardship because of temporary unemployment and the possible loss of your health insurance coverage.

My interest, as always, is to provide your child with the best medical care possible. If you are having difficulty paying your bills because you may be out of work, please let me or my staff know. We may be able to make alternative financial arrangements to accommodate you. Most importantly, I do not want any of my patients to feel reluctant to seek my services because they are having financial problems beyond their control. Health assessment visits and immunizations are terribly important to your child, and we should be doing all we can to be sure the care of your child's needs is not compromised by any temporary family hardships.

Please let me or my staff know if you would like to discuss my office policy on this matter."

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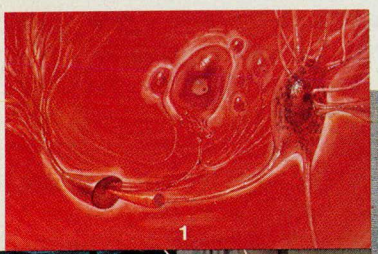
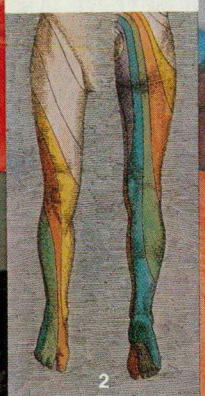
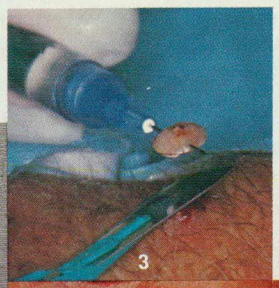
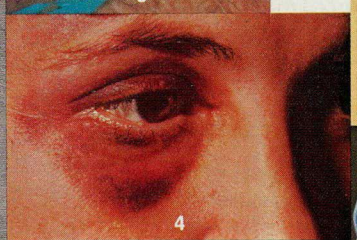
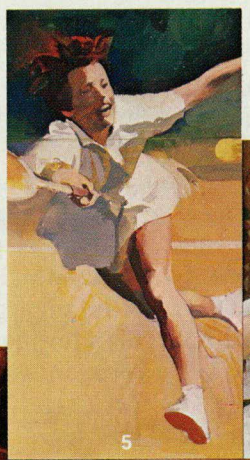
23 reasons to

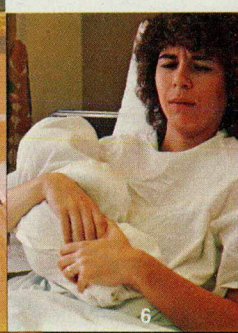


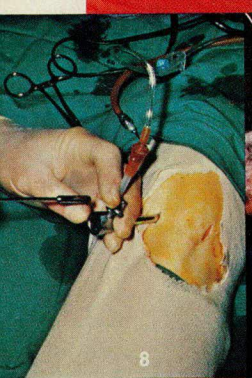


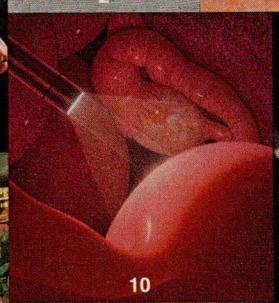


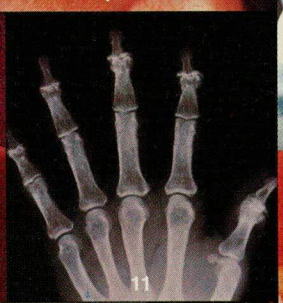


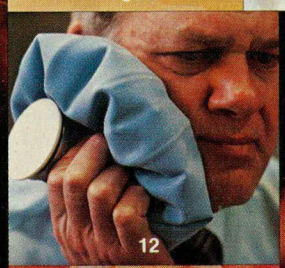


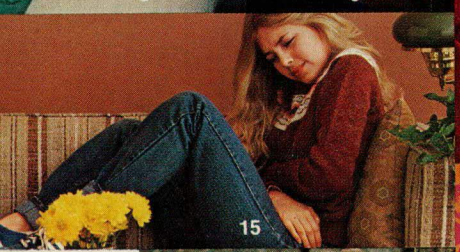


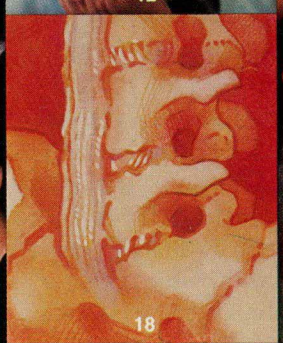


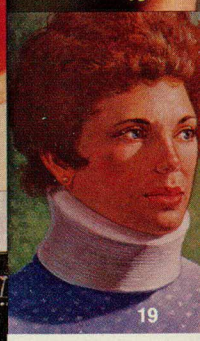


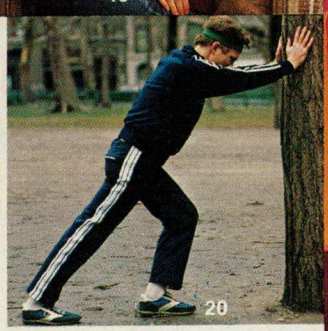


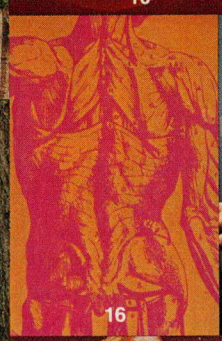


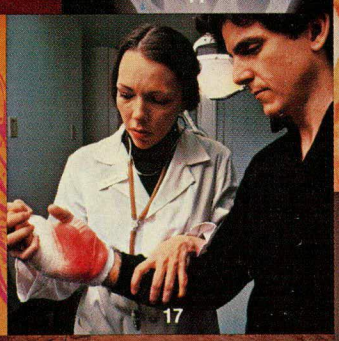


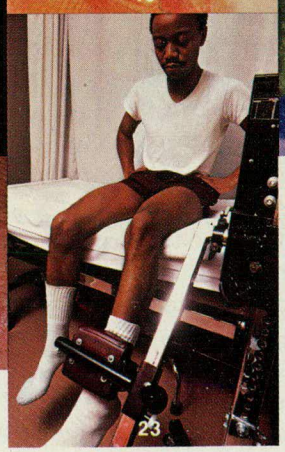


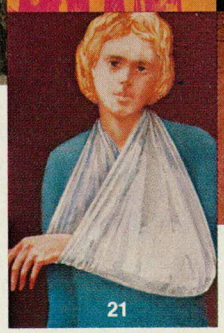


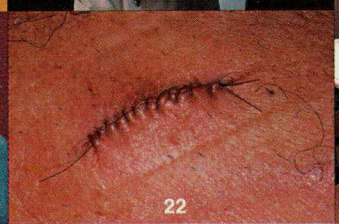












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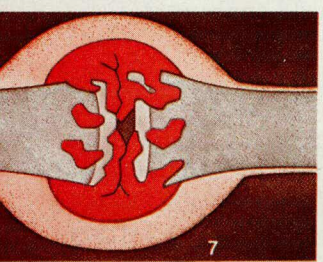

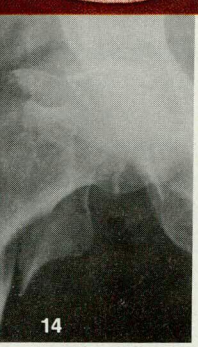

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This letter is a particularly fine way for a physician to express care for his or her patient, a care that extends far beyond the matter of finance.

Monthly vital statistics reports coming out of the National Center for Health Statistics are of interest, even if only from the standpoint of a perspective. Take the month of November 1982. There were 300,000 babies born in the United States, 3 percent more than in November 1981. There was a natural increase in the population of this country in November of 143,000 persons. This figure was arrived at by counting the excess number of births over deaths.

For the romantically inclined, one will be heartened to know that marriages were up in the same month, both in number and in rate. The marriage rate was 9.5 per 1,000 population, 4 percent above the rate for November 1981. Also on the positive side, there is evidence that with the 12 months ending November 1982, there were 3 percent fewer divorces, or 36,000 fewer than the prior 12-month-period.

Although these are not world-shaking statistics, they still are fascinating figures.

Teenage suicides are increasing at an alarming rate. They have increased by 150 percent in the past 15 years. There are all sorts of hypotheses for this problem, but very little if any hard facts. The increased divorce rate, general loosening of family ties, and the inability of some adolescents to find a productive role for themselves in a world where future employment opportunities are shrinking have been proposed as some of the causes. However, most of these theories come from anecdotal evidence. This has stimulated Harvard School of Public Health epidemiologist Eva Deykin, Dr. P.H., to conduct a controlled intervention study in the inner cities of Boston and Brockton, Massachusetts, to determine which teenagers are at high risk, and by providing direct personalized service.

Relaxation training, biofeedback, or even a hot bath might be the best aspirin substitutes for a tension headache, according to Dr. Stewart Agras, professor of psychiatry and director of Stanford University's Behavioral Medicine Clinic. According to Agras, people who turn to nonpharmaceutical solutions for simple tension headaches avoid the small, but ever-present medical risks of any medication while they receive "an extra divi-

dend—a philosophical advantage."

"People feel so much better when they're not dependent on drugs. There is a growing feeling that people should take control of their own health care. What better way than to shift from drugs—a passive solution—to self-management," he said.

Although there is no scientific research that compares the effectiveness of relaxation training or biofeedback with aspirin, aspirin substitutes, or mild tranquilizers, many patients have had excellent results with the techniques in the clinical setting.

Recent statistics report that more than a half billion office visits are made to physicians each year in the United States. This is from statistics published by the Metropolitan Life Foundation. This is almost three visits for each man, woman, and child in the nation. Of particular interest is that second only to symptoms referable to the respiratory system are problems of the musculoskeletal system, as a major problem that sends the patient to the physician. These findings are from the National Ambulatory Medical Care Survey conducted over a two-year-period from 1977 to 1978.

Symptoms referable to respiratory system ranked first, symptoms referable to the musculoskeletal system ranked second, and general symptoms ranked third. Symptoms in these three categories are responsible for more than three-tenths of all visits to physicians by men.

A group of genetically engineered antibodies are being developed by a Johns Hopkins scientist which may allow the same progress in treating adult leukemia as has occurred in childhood leukemia.

"One of the keys to dramatic improvements in curing childhood leukemia in the past decade has been our ability to subtype leukemias, so that we know exactly which cell types become abnormal in the disease," says Curt I. Civin, M.D., an assistant professor of pediatrics and oncology at the Johns Hopkins Medical Institutions. He stated that, "The drug combinations we use and current drug development are aimed at taking advantage of new knowledge about specific features of leukemia cell subtypes."

Dr. Civin believes this line of research might lead in several directions: "development of drugs which are designed to be toxic specifically to the affected cells, without damaging other, unaffected marrow cells; discovery of tumor-specific antibodies to serve as markers only for cancerous cells; and development of drugs which might be piggybacked onto tumor-specific antibodies, thus acting as guided missiles aimed directly at cancer cells."

A new method of testing people for glaucoma before symptoms develop and early enough to provide preventive measures was recently described by Maurice E. Langham, M.D., of Johns Hopkins University. he said that the "simple, straightforward test" takes about 5 minutes and has proven 100 percent accurate in ruling out those who are glaucoma-free.

In an address to the American Society of Contemporary Ophthalmology, Dr. Langham said that his team's research may provide a new clue as to the underlying cause of glaucoma. When pressure builds up within the eyeball, there is a loss of vision at the outer edges of the eye. The first step of the new test is to measure this peripheral vision.

Then pressure is briefly applied to the eye's outer surface. None of the people who were glaucoma-free lost peripheral vision, but in those who were susceptible to the disease, there was an immediate but temporary loss of vision, Dr. Langham reported.

Sometimes we fail to realize the magnitude of some diseases in this country. Take diabetes as an example. In a recent diabetic fact sheet, published by the Upjohn Company, it was revealed that there are more than 15 million diabetics in the United States. Perhaps more alarming is the fact that there are 4 to 5 million undiagnosed diabetics and 5 million borderline diabetics. It is the third leading cause of death in the United States, and the United States diabetic death rate is among the five highest in the world.

Diabetes is the leading cause of blindness; it causes a 17 times higher risk to kidney disease, and diabetics are five times more likely to develop gangrene and lose a limb. Diabetics are two times more vulnerable to heart attack and stroke.

The bottom line is a costly one. In 1982, the annual cost attributable to diabetes complications amounted to 12 billion dollars. It was responsible for 7 percent of all hospitalizations plus 14 percent of nursing home stays.

Health care costs are still rising, but at a slower rate than in 1982, according to the American Hospital Association's Office of Public Policy Analysis. The growth rate of community hospital inpatient expenses decreased from 18.7 percent in

1981 to 15.6 percent in 1982. This change in the rate of increase was attributed to reductions in the growth rate of two areas: supplies, services, and other expenditures; and payroll expenses. AHA analysts maintain that reductions in these areas are the result of a moderation in inflation and in the utilization of hospital services. A slower growth of admissions and surgeries has been observed along with a decline in the average length of a patient's stay.

"The central issue confronting hospitals today clearly is the need to reduce the rate of increase of expenditures for health care. The solution lies in changing the health care financing and delivery system in ways that motivate hospitals, physicians, insurers, and patients to be more cost conscious," said Alex McMahon, president of the American Hospital Association.