

DOs who train in allopathic residency programs not 'disloyal'

To the Editor:

I read with enthusiasm your treatise on the recruitment and retention of osteopathic medical students by osteopathic medical institutions, "The osteopathic medicine game: New strategies for winning," (*JAOA* 1994;94:715-718,723-731). I agree with the points you make. You continue to renew my faith that there are enlightened individuals in our profession who are concerned for its future.

I must take exception, however, with a theme that appears throughout the article: the concept that students who choose allopathic residencies are "leaving" the profession or are somehow "disloyal." Today's DOs are loyal to the osteopathic medical profession of today and not to the profession of 50 years ago. They are aligning themselves with a new osteopathic medical profession that does not recognize the social and professional barriers that older osteopathic physicians experienced.

Medical students are an inquisitive group. It is ludicrous for the osteopathic medical profession to hope that its graduates will simply ignore an opportunity to expose themselves to ideas presented in allopathic medical institutions. After all, graduates' attendance at an osteopathic medical school is testament to their interest in exploring new modalities of medical treatment for their patients.

It is wrong to assume that a DO graduate's choice of residency training is a declaration that forswears his or her osteopathic medical training. Perhaps we should embrace the idea that every DO graduate who enters an allopathic graduate medical education (GME) program is one more qualified physician who will represent the osteopathic medical philosophy to our allopathic medical colleagues. Perhaps the best thing that could happen to osteopathic medicine is for our graduates to leave the "cloisters" of our own training programs. In that way, we would demonstrate to the rest of the world that we are not only qualified physicians, but also that these GME programs may provide excellent GME training for the next generation of osteopathic medical educators.

DOs who enroll in allopathic residencies do not see themselves as disloyal; nor is it their intent to "leave the profession." To refer to them in such a manner is to do a disservice to a group of intelligent, motivated persons who represent the osteopathic medical profession to the entire medical community—allopathic and osteopathic.

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Response

To the Editor:

I really do not disagree with the points you make. However, I do not see anything wrong with characterizing students as "leaving" the profession. Indeed, many of them *are* leaving—and for good reasons. Specifically, they leave because the osteopathic medical profession does not offer a sufficient number of competitive programs. These students do not see anything distinctive in what osteopathic graduate medical education (GME) training programs have that would differentiate them from allopathic GME programs. I agree that these choices may be the result of enlightened decision-making and not necessarily an indication of disloyalty.

I had hoped that the loyalty issues I raised would be perceived as a concern regarding the entire profession and not just one limited to students who are leaving. I sometimes suspect that the most serious loyalty issues may reside in my own age group of physicians, aged 35 to 50 years. Apparently though, I did not make this point clear enough, and at least one student (you) thought I was targeting students alone.

Yet, I might reconsider the scope of this concern, specifically if we do somehow develop osteopathic residency programs that are compet-

letters

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itive with the Accreditation Council for Graduate Medical Education (ACGME)—approved residencies and that are imbued with a distinctive quality that results from our commitment to osteopathic principles and practices and our students *still* prefer ACGME—approved programs. My personal belief is that differences do exist between DOs and MDs which are the result of differences in matriculant characteristics, the type of curriculum

pursued, and the location of clinical training sites. Furthermore, the osteopathic undergraduate and graduate medical education together result in a type of physician who is in some ways qualitatively different. ♦

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