

loskeletal findings in diagnosis and treatment, of providing research to support that use, and of developing the necessary theoretical underpinnings for clinical observations. We must now make sure that we remain in the forefront of developing that theoretical base, research knowledge, and most importantly, the clinical practice to which current and future members of the profession are heir. On this rests the future of the profession.

We challenge others to add their views on this issue.

Michael M. Patterson, PhD

Contributing Editor, JAOA
Professor of Osteopathic Principles
and Practice Director of Basic Science
Research University of Health Sciences
College of Osteopathic Medicine
Kansas City, Mo

Informing public, students will make profession 'visible'

To the Editor:

There have been many problems that have gripped the osteopathic medical profession almost to the point where one may lose site of how far the profession has come. No one is better at reminding us of our history and achievements than Norman Gevitz, PhD. So, it would only be appropriate for Dr Gevitz to warn us of our shortcomings, as well as to offer solutions to deal with them. Actually, in his latest article, published in the March issue of *The Journal of the American Osteopathic Association* (1997;97:168-170), Dr Gevitz merely expounds on what osteopathic medical students have been saying and begging the American Osteopathic Association to accomplish for years—"Spread the word."

As a new graduate, I can only add an intern's point of view to that of Dr Gevitz's. I originally considered applying to osteopathic medical schools at my friends' urging and after reading *The DOs: Osteopathic Medicine in America* by Dr Gevitz. Little did I know that when I entered a college of osteopathic

medicine almost none of my peers would be as informed as I about the profession nor would they have read Dr Gevitz's book. As a result, my classmates were uncertain about the future and lacked confidence in osteopathic medical institutions. Nor were they reassured when they went through poorly regulated clinical rotations where teaching standards were hardly reinforced. This lack of knowledge about the profession does not help these students explain who DOs are when they're confronted with an avalanche of questions. Lack of knowledge fosters a lack of confidence that only snow balls.

The failure of our profession to properly inform our students about our history, along with having no informative, persistent advertising/public relations campaign targeted at the general public, has slowly—but surely—eroded the profession from within. Our hospitals and postgraduate training programs have suffered as our students seek nonosteopathic residency positions.¹ Many even ignore the osteopathic rotating internship year, thereby shrugging off the one way they can give something back to the very profession that gave them the opportunity to practice as physicians. Even more problematic, most of our graduates don't practice osteopathic manipulative treatment (OMT). The abandonment of OMT is due to the lack of confidence in our osteopathic medical institutions as they further perpetuate the problem by not using OMT during the clinical years of our education.²

The osteopathic medical profession has so recklessly rushed to join mainstream medicine that not even professionals within the healthcare industry can distinguish between DOs and MDs. This lack of distinction further augments our lack of recognition.

Today more than ever, because of the changes in healthcare, it makes sense for the profession to address this public invisibility. We live in an atmosphere of intense competition. Hospitals are scrambling for healthcare dollars. Yet, we are confronted with a public who has grown disillusioned with the current healthcare system; they are particularly dissatisfied

with their physicians. It is in such an atmosphere that a campaign for a holistic and hands-on physician with an unlimited license to practice all modalities of medicine can only bring interest in osteopathic physicians. An informed public would restore confidence and rekindle a new interest among osteopathic physicians to finally use OMT consistently in clinical practice. The creation of a market niche for osteopathic physicians brought about by the type of public relations campaign described by Dr Gevitz would do more than just affect census in osteopathic hospitals. It would restore confidence in our postgraduate medical education programs.

Let us not be sidetracked by the increasing number of colleges of osteopathic medicine. Their success is not due to an attempt to fill an ever-growing niche for osteopathic physicians. The public is not informed enough to choose an osteopathic physician over an allopathic counterpart. Rather, the colleges are growing because of economics, availability of capital, record breaking numbers of applicants to all medical schools, and a disregard for the fundamentals of quality education, including scientific research.³ ♦

Pouya Bahrami, DO

Fontana, Calif

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