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Take the Time to Teach to Ensure the Legacy and Future of our Profession

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tice. After all, neck pain, back pain, headaches, and arthritic pain make up at least the top 5 to 10 complaints in any primary care setting, whether one goes into internal medicine, obstetrics and gynecology, family practice, or even pediatrics. Our osteopathic medical degree today is an asset, not a liability. This is what people are truly looking for. I believe that the pendulum has swung our way.

Many of my students and residents are now listening with fervor and enthusiasm. It is obvious that patients in the future will look to a physician who is not just comprehensively trained, but who also can provide cost-effective medical care. We could not have picked a better degree to have in the 21st century.

I hope that this letter stimulates further discussion on this important topic. I hope that more DOs think positively about what to do with our profession, contribute to the Campaign for Osteopathic Unity, and do everything possible to improve our place in medicine.

As always, I remain optimistic.

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To the Editor:

I would like to ask each of you to remember back to your osteopathic medical school years. Remember what it was like—the excitement, the nervousness, the newness of it all. The thought of achieving your dream of becoming a physician. Remember the attending physicians who were there for you. Those who took the time from their busy schedule to talk to you, to teach you, even just to acknowledge you. I remember a cardiologist (and chairman of the department of medicine at Parkview Hospital in Philadelphia), who when told of my interest in cardiology, called me in to his large office one day and handed me Eugene Braunwald's *Heart Disease—A Textbook*

of *Cardiovascular Medicine*. I will never forget how happy that made me.

Remember the residents who helped you, who guided you, and who kept you (and your patients) out of trouble. I remember the residents who showed me how to insert central lines and draw blood gases. I remember the residents who sought me out to share with me knowledge of their most interesting cases. We all have memories like these.

Admittedly, things are a lot different today. Managed care insurance companies are squeezing physicians to see more and more patients in less and less time. Physicians' incomes have largely been reduced, leaving less time for teaching. The corporate mantra "time is money" can be heard everywhere. Physicians are under siege from would-be physicians of all shapes and sizes. Nurse practitioners, physician's assistants, physical therapists, and many others have well-paid lobbyists working to extend their privileges at the expense of physicians. There is no doubt that times have changed.

Recently, physicians have begun to fight back. Medical directors for insurance companies in some states can now be held accountable for those decisions that endanger patients' lives. Government leaders have stepped in to restore standards of care that managed care companies have refused to adopt on their own. And finally, the American Medical Association membership recently voted in favor of collective bargaining for physicians.

Another way to safeguard the future of our wonderful profession is to assist in the training of tomorrow's osteopathic physicians. By taking the time to teach today, and mentor these bright and enthusiastic young students, we are assuring our profession's future. By doing for our osteopathic medical students what our trainers did for us, we can continue the legacy and secure the future of our noble profession.

I ask that all DOs will choose to support the osteopathic profession by taking the time to teach.

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Prepare the 'total' osteopathic physician for rural healthcare and public health roles

To the Editor:

One fourth of America's population lives in rural areas.¹ When compared with urban areas, rural areas have higher poverty rates, a larger percentage of elderly, and tend to be poorer in health. These areas suffer because of scarcity of physicians, lack of health resources, and barriers to medical care. This shortage of physicians in rural areas is a long-standing problem,² and the osteopathic medical profession has long been recognized as an integral part of its solution. Although osteopathic physicians make up 5.1% of the total number of physicians practicing in the United States, 7% of DOs practice in rural areas (American Osteopathic Association, personal telephone communication, October 27, 1999).

The lack of health departments in many rural communities forces the physician to occupy a dual role, as a medical doctor and public health practitioner. Thus, this disparity creates an impetus for osteopathic medical schools to provide thorough public health training in such areas as epidemiology, biostatistics, and health policy, to name a few. Even curriculum goals have focused greater attention on the need for developing skills in health administration and clinical research, both of which utilize public health skills.³

As the osteopathic medical profession continues to be an indispensable component of resolving the healthcare delivery shortage crisis in rural areas, academic health centers, medical schools, and accessible public health resources must collaborate to properly train physicians for their prospective role. Such advances may be accomplished in small classroom sessions, where rural cases can be analyzed from both a medical and public health perspective. Regardless of the chosen method, interactive vignettes must provide students the opportunity to assess a situation, create a plan to resolve the problem, implement the plan, and analyze the outcome.

Ultimately, preparing future osteopathic physicians with the proper health tools and