Archival & Historical Committee
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Interview with
Steven F. Rubin, DO, FACOFP *dist.*
President 2007-2008

Dr. Froelich: Dr. Rubin, I appreciate your being here today. This is the last week of your Presidency and the Archival & Historical Committee would like for you to summarize what your year has been like.

Dr. Rubin: Well thank you very much for the opportunity to be here and tell my story. It has been a very eventful year. In March 2007 I became the 54th President of the ACOFP and it was a dream come true. And as a part of that dream I had to decide, with all the projects and advancements that we have had with the previous presidents, what I was going to do differently. What could I bring to the ACOFP that hasn't already been brought? One of the things that I felt was of vital importance was communication. I realized that we now have technology that allows us to disseminate vast amounts of information through the Web and other new media. We now have mechanisms to do incredible things through electronic means. I was in the right position to decide that if we were going to get our message out to the members of the ACOFP, we should tap in to these modern means. I also insisted that the message had to be on a regular basis. To keep our membership appraised of what the ACOFP was doing, we had to operate on a real-time basis. Subsequently, I consulted with the rest of the Board and staff and we developed the first ever ACOFP blog. We kind of championed off of the success of the AOA blog that Mr. Crosby and the AOA presidents have done and gestalted it to our own needs and mechanism of conversation with our membership. This brought

our constituents information about the ACOFP, all the events and happenings of our conventions, and information that was important in the practice of family medicine. It brought things regarding drug interactions, ACOFP events, politics affecting family physicians and D.O.s, medical news, news about our students and our state societies as well as my travels to all the ACOFP state activities. There were all kinds of other pertinent news and activities that were brought to our members on a real-time basis and that helped our physicians on a day-to-day basis. So, improved communication was one of my presidential goals which I think we successfully accomplished this year. It will only get better and better as the technology and our ability to understand how to disseminate the information this way gets better. Our main ACOFP office has been absolutely wonderful in making this come to fruition. They deserve a huge amount of credit for the development and the continuing success of the blog. I can't thank them enough.

Another of my greatest goals and my passion is leadership development. I've always thought that as a leader, developing leadership should be one of your most important tasks. You may have noticed that most everything that I have done, written or said in public during my presidential year has always been accompanied by a quote of some sort regarding leadership. I tried to put in something that would get through to the member in some manner; communication that would touch their heart and their mind through the words of some of our great leaders. So I utilized that mechanism of being able to develop my theme of communication and leadership and disseminated it through the blog that we developed and our wonderful publication, the Osteopathic Family Physician News. I believe that this publication has brought tremendous information about of the association and that it is of tremendous educational value; especially with the papers that our members have supplied for publication.

Committee Member: How did you get involved with osteopathic medicine initially?

Dr. Rubin: That's very interesting. I went to Johns Hopkins University, which you know obviously has its allopathic organization in John Hopkins Medical School. I was a sophomore at Hopkins and a very good friend of mine by the name of Robert DiGiovanni, who is now in Largo, Florida, was my classmate. We were in class one day and we were discussing our future endeavors and Rob had mentioned to me that he was just looking to be an osteopathic physician. I said, "I thought you wanted to be a doctor." He says, "No, no, you don't understand, Steve, an osteopathic physician is a doctor. My dad's a doctor, a D.O." "D.O.? What's that?" He started to explain to me what it was. It sparked my interest, and then I started reading about the profession and learned about all the things that osteopathic medicine was about, especially the holistic approach and using your hands to diagnose and treat patients. I said, "My God, this is right up my alley." I've always been into physical fitness and sports activities, for example, karate, so using my hands and using my body in addition to using my mind seemed a natural progression. When I went to the registrar's office at Johns Hopkins University to get information on osteopathic medicine, the guidance counselor said, "Well it's over there," pointing to an area where there was chiropractic, optometric, and osteopathic medicine literature, separate from the allopathic literature. I was kind of surprised that osteopathic medicine was grouped with these allied health specialties but I took the information and began to educate myself. I looked up everything I could on osteopathic medicine. These were the days before computerization so I had to go to the library and to book stores to find information on osteopathic medicine. The one book that I remember and which literally explained all the history and differences of osteopathic medicine was "*The Difference a DO Makes"* by Bob Jones. Then I met another osteopathic physician by the name of Eric Sheflin, D.O. I think you probably know him well. Eric was a friend of mine for many, many years and we developed a fond friendship. I learned from Eric

just what was so special about osteopathic family medicine via the experiences I had observing him in his office practice.

So as one can see, my osteopathic education began in my sophomore year in college from a classmate of mine, who I ended up attending the Kirksville College of Osteopathic Medicine. It was furthered and impressed upon my heart and my mind by Eric Sheflin, D.O., FACOFP dist, who mentored me in the way I practice to this very day. He showed me that as an osteopathic physician, and, especially, as a family physician, there were no limits. He was the one that really kind of got me hooked on family practice. I loved orthopedic surgery and thought that would be my specialty. It was after seeing how Eric practiced as a family physician that I first realized how limited I would have been as an orthopedic surgeon since as a family physician not only could I take care of orthopedic problems but also all the other medical conditions that I would not be able to take care of as an orthopedist, especially developing the lifelong relationships with my patients. He was so ahead of his time! He had diagnostic and therapeutic equipment that only the super specialists had and that got me even more excited about family medicine. From that point on it was a "done deal"; I was going to be an osteopathic family physician! I want to share with you an experience I had with my father when I first mentioned to him that I was going to be and osteopathic physician. I remembered him saying to me "I think I remember hearing about a D.O. by the name of "Sam Shepherd". I think he killed his wife and I think they made a show out of his life called The Fugitive." Obviously this was not the best publicity for the osteopathic profession, but even my father had heard the term osteopathic physician. This type of stuff may not have flown off people's tongues but just by the fact that Sam Shepherd had been a DO and the situation that occurred (obviously without its own history) kind of gave notoriety to the profession. But then

my father started to understand what I wanted to do. I have been so overjoyed with my decision to become a D.O. because as a D.O. and, obviously, as an osteopathic family physician, I have had trouble understanding how non-D.O. family physicians practiced medicine without using their hands to diagnose and treat patients, in addition to the uniqueness of the holistic approach to medical care that is so very special to being an osteopathic physician. From the beginning to the present, my osteopathic education has grown from the relationships I had developed over the years with some of the great leaders of the osteopathic profession. Ron Goldberg, D.O. and Joe Namey, D.O., took me under their wings and got me interested in the political and educational aspects of osteopathic family medicine and the American College of Osteopathic Family Physicians. Everything just blossomed from there.

Committee Member: Did you have any memorable quotes from these folks?

Dr. Rubin: The most favorite quote I recall is one by A.T. Still, D.O. It goes like this: "Let your light so shine before men that all the world will know that you are a D.O. and that no finer designation can follow a human name. There is no more noble degree than D.O." I used this quote in one of my blogs because it is something we, as osteopathic physicians, should never forget. There is no more noble name as osteopathic physician. When you say that, it is all encompassing. When you say those two words, osteopathic physician, you know who we are and what our medical training entailed. We know. We know what we started out with. We know how we were educated. We know what we were taught. We were taught the holistic approach, that everything is intertwined and interdependent. When you say osteopathic medicine and osteopathic family practice, it really brings out every osteopathic concept that was set down by A.T. Still, D.O.

Committee Member: How did this year compare with other years regarding the financial and membership status?

Dr. Rubin: When I took over this year as president we had been almost $150,000 in the red and this was unacceptable. My board had to make some very important decisions and we decided that we needed to take proper fiscal responsibility and fiduciary responsibility to make necessary cuts without risking any of our programs, committees or projects that were essential to the ACOFP and its membership. To date, we are now $2,000 in the black due to the hard work of the board and our ACOFP Executive Director and staff. So we were able to be very fiscally responsible and at the same time, able to successfully accomplish the ideas and projects that I initially set for this year of my presidency.

Committee Member: Along with this, what was your biggest disappointment?

Dr. Rubin: I think my biggest disappointment this year, as I mentioned in my farewell speech to the House, was related to my health. Shortly after I became the 54th president in March 2007, I developed an unfortunate autoimmune problem. My biggest disappointment was that due to the medical condition that I developed, I wasn't unable to do all of the elective things that I would have enjoyed doing like being able to visit the many campuses and interact with the students, interns and residents. Unfortunately my travel was limited by my health, but what I did not do in quantity I tried to make up in quality, including the ACOFP blog which allowed me to have the communication without the visitation. I made sure to go to certain important events that affected all of our osteopathic family physicians such as Washington, D.C., I knew that my interactions and focus on the political events had to be a priority since the issues, such as, liability reform, Medicare reimbursement to mention a few were of extreme priority. I had been to Washington many times to fight the fights of the practice of medicine, and in particular osteopathic family practice. I have worked closely with the AOA in Washington and Chicago and the American Academy of Family Physicians on issues common to all physicians. The ACOFP Board I and have

worked with the AAFP trying to increase our interactions and our relationships on many issues that we shared. I made it to quite a few of the state ACOFP societies. But as far as personal disappointments, I just didn't do enough for the profession; I didn't get to the all the business of the ACOFP or at least not as much as I thought I should have due to my health issues. Ronnie Martin has told me that, good health and God providing, I'll be able to make certain things come to fruition this year as well and I'll get to go see some of the other schools and some of the other campuses this year even though my year as president has come to an end. Those were some of the things that I was not able to do this year. So if anything, the disappointment was more not being able to travel to the places that I would have enjoyed and meet more of the people of our profession. With Ronnie Martin's assistance, I do think I will have the opportunity to do some of the things this year that I was unable to do during my year as President.

Committee Member: For the purpose of the interview record, would you mind telling us your diagnosis? What was your health issue?

Dr. Rubin: Well at age 12 I had a disease called ulcerative colitis and at the age of 41 due to the unresponsiveness of the disease to medication I elected to have a proctocolectomy and ileostomy. What's very important and interesting about that time is that in 1995 to 1997 I had removed myself from all society activities including those with ACOFP in order to recuperate mentally and physically from the surgery. After my surgery in 1997 and recuperation, two of my very good friends on the ACOFP Board, Dr. Eugene Pogorelec and Dr. Joseph McNerney, said to me, "Steve, tell us when you are well and ready to come back and we would like to have you back with the ACOFP. I was well in 1997 and true to their word, they brought me back to the ACOFP to serve as chair of the Marketing and Membership Committee and then onto the ACOFP Board and the rest is history. So they gave me a second chance, the opportunity to

come back and serve when I was physically well. I can never thank them and the rest of the ACOFP Board enough for that second chance.

What has happened subsequently with my health is an extremely strange and bizarre situation which is exceptionally rare. After the surgery for my ulcerative colitis, I thought I was finished with the disease. Instead, a strange autoimmune condition that is extremely rare and associated with ulcerative colitis occurred in my lungs. This is a very rare condition, where the antibodies from the ulcerative colitis now started attacking my lung and has resulted in a condition called ulcerative bronchitis, literally ulcerative colitis of the lung, pathologically indistinguishable. So that's where I am right now. I've been receiving treatment at the NIH as well as my osteopathic pulmonologist who first diagnosed this almost 6 years ago when the first symptoms started. My health is all on the upswing now. I was very concerned about even being able to make it to this convention because up until three weeks ago, I feel that I had come very close to dying. I was not so sure that my life on this earth was for much longer. With the expertise of my doctors, the NIH and especially, my D.O. pulmonologist, I'm here and I'm very pleasantly surprised that I have the strength, health and good fortune to enjoy this wonderful convention.

Committee Member: I ask this question because I was impressed with taking over with the association $150,000 in the red. What was the total budget the year that you did this?

Dr. Rubin: Our total budget was approximately 4 million dollars. Like every other business we have had some decrease in return on our investments but we had to make some serious budgetary changes in order for us to be in the black.

Committee Member: Can you speak about the barriers that you've encountered now? What kind of personal barriers did you have when you first started practice?

Dr. Rubin: This is a very interesting question because I never felt that I had any barriers. I never saw anything as a barrier. I finished osteopathic medical school in the 1984 and my internship and family practice residency in 1986. I actually opened my practice in 1985 because as a resident, I was able to moonlight as a licensed physician. There were two specific incidences that were really very interesting and coincidental. The first incidence goes back to my undergraduate years at Johns Hopkins University. I graduated from Hopkins a year behind a gentlemen whose father was an osteopathic radiologist at Saddlebrook General Hospital where I completed my internship and residency... That hospital subsequently became Kennedy Memorial Hospital and subsequently closed down, unfortunately, in 1992 to become a rehabilitative hospital. As I was finishing my residency, I was talking to one of the attending radiologists at the hospital, Dr. Leonard Papel who had been a family physician before completing a radiology residency and he had maintained an office near the hospital. He mentioned to me that the area needed an osteopathic family physician like me and that if I wanted to establish a practice I could utilize the office. I discussed this with my wife Roni and that was the beginning of my practice in 1985. So, I put a sign out on the lawn, Steven Rubin, D.O. and I never left. That was 23 years ago. I will never forget the first 2 patients I saw in my office. The first person who walked in the office was a 68-year-old Hispanic man who had been seen by orthopedic physicians from two of the fine orthopedic centers in New York City for shoulder pain. This gentleman had been receiving physical therapy and injections for approximately 6 months. To this day I don't think they ever examined the gentleman because, to make a long story short, when I examined him, he had absolutely nothing wrong with his shoulder. What he had was shoulder pain that was referred pain. He had a somato-visceral problem which unfortunately turned out to be primary hepatocellular carcinoma of the liver with chronic active hepatitis causing phrenic nerve irritation and thus referred

shoulder pain. The second patient I saw in the office was a 22-year-old Indian young woman, who was in this country about four months. She was complaining of having fevers on and off and not feeling well. When she came into the office I took an extensive medical history and found out she was having fevers and chills on and off every few days. Coming from India I had suspicions of what she might have and ordered lab work including a peripheral blood smear. I took the smear over to pathology and my suspicions were confirmed by the pathologist that this young woman had Malariae malaria, a condition very rare in the U.S. and one that until now I had never seen. So these were the two patients I saw first and I said, "Boy is this family practice stuff is going to be some practice of medicine!" What a great start. From that time on it has been just that way. I mean the amount of pathology and interesting things that you will see in family medicine is amazing. If you look for it you will find it.

You asked about the barriers that I ran into in my practice as a young osteopathic family physician…as I said, I really didn't feel that there were any. I think I felt occasional jealously directed at me from some of the physicians around the town where I practiced because I was the new doctor in town and they were the "old wise doctors." You'd hear some of these old allopathic physicians say, "Oh, he's one of those young D.O. guys." Little by little but very quickly my practice became very busy while the old wise doctors were going out of practice because they couldn't compete with the osteopathic family medical care I was bringing into the area. There were really no prejudices from the community just the other doctors. I know the community accepted me with open arms and as I said it has been 23 years since I started my practice. The small little 185-bed hospital that I did my training in was just a phenomenal hospital. There was always incredible pathology and "hands on" experience. We had this small group of interns and residents in this small 185-bed

hospital whose census was almost always 100%. It was just phenomenally well run and it was purely an osteopathic facility, even though we had a few token allopathic physicians on staff. I never felt that there was any prejudice with any of the allopathic physicians on staff at the hospital. It was like going to Kirksville again - Kirksville being a purely osteopathic place where I loved going and where I learned osteopathic medicine in the truest unbiased manner. This osteopathic hospital provided that same feeling. As far as the my practice of medicine was concerned, I never felt that being an osteopathic physician was anything but an asset to my ability to fully practice osteopathic medicine the way I was taught.

Committee Member: How did the presidency affect your medical practice and your patients?

Dr. Rubin: I had to modify it to some extent. I mean as a solo practitioner when I'm not in the office, I don't see patients. But I have a very wonderful resource of physician friends in the area who made sure that my patients were taken care of and they were available for them when I was traveling. It was a very interesting phenomenon; very few of my regular patients went to see the other covering physicians. Most of them just waited for me to come back from wherever I was traveling in order to see me. So if I was away on a week here and there, we'd reschedule people as we had to because the patients wanted to see me, especially if it was not an emergency. I won't know the full economic damage until my accountant tells me how the year went financially. It was never about the money. I was never concerned about that. As long as I have enough money to be able to eat and provide for my family, that was more than sufficient. The stipend that ACOFP gave me certainly helped defray some expenses but it did not make up for what I did not make in the office. As I mentioned, it was never about the money so it really did not matter since this was a once in a lifetime honor. I would not give up this year and all the opportunities it brought to me, for any amount of money. I really don't think about it that much. I think it was just...well, we

went from one week to another and that it made it somehow more exciting. I think my patients were as excited for me to be the president of this organization as I was. My patients became interested in what was going on with me and so when I would come back from my trips, many of my patients were interested in my experiences and we would discuss them. They were interested in what I was doing for the ACOFP and where I was traveling. They also were very concerned about my health as well. It was nice to have a whole bunch of "Jewish and non-Jewish mothers" call me and see how I was feeling after my trips. As far as economics was concerned, I am sure my income decreased but I would never have done it differently. It was a sacrifice to some extent, but it never impeded my ability to provide for my family and I was still able to care for my patients.

Committee Member: I know your practice is unique and we have discussed what the government has allowed and has not allowed in reimbursement and insurance companies' interference and influence on medicine, etc. Can you elaborate a little bit?

Dr. Rubin: I made a choice many years ago. I guess because… again, one of my favorite quotes: "In order to know what it is to be a doctor, you have to know what it is to be a patient." Being a patient all my life because of my ulcerative colitis, I knew what I did and didn't like about medicine and the delivery of medical care. I liked being able to feel comfortable with my doctors and talk to them. In the beginning, as a young patient, I was treated as a kind of non-entity. I was talked to in a manner that was aloof and seemed uncaring. Let me explain what I mean. When you are 12 years old sitting down with your Parents and the doctor looks at you and in a thoughtless way says, "We have to watch this ulcerative colitis because it could turn into cancer." it can be devastating emotionally. That word cancer stayed me with for 41 years until I had my surgery and every time I had an exacerbation, the word cancer went through my mind. So I learned firsthand that what you say to people and how you impress

things upon them really matters. Doctors have to really watch what and how they say things because people hold on to things that we say and they might take it differently, just as I did. I mean I was frightened every minute for 41 years not as to if but when the colitis would turn into cancer. But, I know these experiences helped determine the type of medicine I wanted to practice. I also chose many years ago not to have anything to do with managed care. I call it "dismanaged care" or "unmanaged care". It nurtures fragmented, lower quality health management that can seem very uncaring. I wanted to be able to provide my patients with the quality of care that they needed, desired, and deserved and allow them all the time that was necessary to achieve that end. We always had scheduled appointments but I never ran on time because I never allowed the restriction of an allotted appointment time to shortchange my patients. I delegated my time with each patient to whatever was necessary for their care. So managed care has never been an issue because I never participated in it. To maintain freedom to practice the highest standard of family medicine I decided to have a "cash only" practice, or whatever you want to call it, from the very beginning. Most patients, of course, had insurance but I would let them know that I didn't participate but that my office would assist them with the insurance forms or whatever was necessary for them to be reimbursed. I was and am available for them 24/7 and they all have my cell phone should they need to get in touch with me in an emergency. I started my practice much as what we call now a "concierge's practice" without making patients pay a fee to join my practice. They also receive as much time in the office as is needed, when they needed it. If they need to come in today, they come in today. If they need to come in tomorrow, they come in tomorrow. I never tried to do anything but make my priority their and their family's healthcare. The patient's and their family's medical concerns are my concerns. So it has worked very well for my practice and my patients. There are different means of blending practice types. We

have some people on our board that have full managed care and blend in the various forms of cash pay. But I chose this way and I think I made the right choice for me. I see no more than 20-25 patients a day maximum, but I'm in the office for 12 to 14 hours. So if you do the math, there's a lot of time I spend with my patients, but I feel that that's how I personally have to do medicine. I can't shortchange a patient and I certainly can't work any faster than I'm allowed to with what I'm given at the time that they come in.

Committee Member: Dr. Rubin, what would you consider was your greatest accomplishment this year?

Dr. Rubin: I think one of my greatest accomplishments is the blog website. It ranks up there as one of the most far reaching and permanent accomplishments that will be with the ACOFP for many years to come and offer the means of communicating with our membership. As I said previously, I hope that we as an organization will communicate better through the website this year and from now on. It is really a great feeling to know that something I started during my year as President will outlast me and improve the organization. I hope that our blog will bring better communication to the ACOFP and will thereby serve our members well. Communication was one of my main themes throughout the year so it was good to leave behind that kind of legacy. I realized that communication is the one of the greatest assets an organization can have especially since the ACOFP and it's President are working with the medical schools, the Board members, the leaders of the profession and the students. The blog allows them great insight into the business of the organization. Bringing that insight to practicing osteopathic family physicians via the mechanism of the blog should improve communication, leadership development and member's services. Those were the things that I wanted to concentrate on during my presidential year. Once you have communication, then everything else follows suit. I think that we set a good precedence with getting our information disseminated too. I know the blog goes out

twice a week to nearly 30,000 people. That encompasses students, residents, program directors and the practicing physicians. The information that we sent out allowed them to know what was going on with ACOFP and the medical world. Information is brought to them almost in real time so things are very timely. As I mentioned before, with things in medicine, doctors need to know important medical and legislative issues including, recalls of medications, legislative bills that affect the practice of medicine and other issues that maybe they were not aware of. Changes in Medicine occur rapidly and we need to be able to change with it and disseminate information rapidly and in a timely fashion. Hopefully, through the mechanism of the blog, things will be brought to our member's attention and that hopefully help make a difference in the way they practice. I received many accolades on the presidential blog because it really is a blog and that means that people are able to respond back to you and to have a one-on-one communication. Everywhere I've gone these accolades and comments have had to do with the ability of being able to communicate better. I think that that's one of the greatest things we can do with our college and our members is to make sure that communication is there and available to them on a day-to-day basis so they know where we are on issues because they want and need to know. We know that our membership wants to be aware of the things important to them and the profession and be afforded the opportunity to be knowledgeable of those things affecting the organization and the profession more than just twice a year when we meet at a convention. The blog is on a biweekly basis and the members can know what the ACOFP is doing at all times.

Committee Member: Dr. Rubin, did you have any other favorite projects?

Dr. Rubin: Oh, there's one other thing that I'm very, very proud of and please realize that this was a collaborative effort with our entire Board. I won't take the credit because it was not just me doing it. Everything I've done this year has been in collaboration with every

one of our board members and every one of our past presidents who were on the Board. I have learned from their expertise and I have taken direction from them. They have tremendous expertise and advice. One of the things that we did do this year that was to improve our ability to bring more interest in the family practice residencies by getting the students more interested into going into family medicine. Unfortunately we know that everybody seems to want to be cardiothoracic surgeons and super sub-specialists etc. and they want to do endoscopy and procedures of all sorts. They want to do this because everybody's telling them, "Well you can't make a living as a family doctor." which is so far from the truth. As I mentioned before, we have people who participate in full managed care medicine and are doing phenomenally well and we have people that are doing no managed care or a blend of the two who are also doing phenomenally well. We had a great concern with the match this year. Out of 2,500 residency positions we only had 255 graduates go into our osteopathic family practice residencies. Now the total numbers are up, but we also have more schools. If you look at it percentage-wise, you're looking at roughly 25% who went into osteopathic family practice residencies and you had, with the scrambling after the match, another 25% that went into the ACGME residency. So maybe we'll get 50% going into family practice, but that's way down from what the history of osteopathic medicine has been. We expect it to be 80/20; 80% went into family medicine and 20% went into specialties. What we tried to do this year was develop what we call "Special Proficiency" residency programs. What we will attempt to do is take about six months within the three-years of the osteopathic family practice residency and build within that time an elective focus on some form of procedural medicine that the students who are interested in going into family medicine would have a great desire to do. For example, let's use dermatological diseases for this example. We know that there's a myriad of surgical and cosmetic procedures that can

be economic windfalls within a family practice. We don't want to make our family practice residents into dermatologists but we can help them acquire certain important procedural skills. They will not be dermatologists at graduation, they will be family doctors but they will have much more educational emphasis on dermatological diseases and procedures by having six months of pure dermatological disease education in that three-year period of their family practice residency. It will make them feel more comfortable to go out into practice and do things that also provide an additional ability to make an income. We're doing that with endoscopy right now. We're doing that sort of training with hospitalists. Times are changing and we have to listen to our residents and our students about what's important to them. So to build osteopathic medicine and for it to go further, we need to do things that will enhance the ability of these students, who are coming out of school with many hundreds of thousands of dollars of debt (and feel that they won't be able to pay off that debt), and give them an ability to practice osteopathic family medicine in the way that it should be practiced, in an economically rewarding manner and in the way that they want to.

Committee Member: Will they get a certificate of completion of that certificate of special proficiency?

Dr. Rubin: They will get a certificate of special proficiency will be granted by their program. The special proficiency will be by examination, but they will not receive any form of a CAQ (Certificate of Added Proficiency). This is not the intent. The intent is to give them something within the family practice training that will make them much more proficient in a specific arena that they choose, not a disease entity. We don't want to do disease entities, but something specific that has procedural orientation such as endoscopy and dermatological procedures whether they be cosmetic, surgical or perhaps hospitalist medicine. Now there are new hospitalist guidelines and opportunities that would give a family physician a different lifestyle if they wanted to

practice in the hospital and not have a private practice. But we have to be sensitive to the needs and the desires of the upcoming students and nobody has a handle and a hold on those particular things. No specialty and no subspecialty of medicine should be able to deny family practice the ability to be able to do those things. That's why we will make sure that our residents will be able to be trained and able for the future and will have opportunities that no other segment of medicine can exactly provide. We think this is the future.

Committee Member: I know the ACOFP Board has also worked hard to secure reasonable means to bring people who did AMA (ACGME) training back into the fold and in getting re-certification.

Dr. Rubin: Correct. We're trying very hard to make it as seamless as possible for our osteopathic physicians, who are well trained but not through the AOA, to come back into the ACOFP and the AOA. We're stagnant in our membership now and we want to bring back those people who have the desire to "come back" into the profession. However, because of certain limitations and certain obstructions that have been placed on the road to their coming back, we are losing them. Our board this year is working slowly but surely to overcome those obstructions and bring our ACGME residency trained D.O. family physicians back home. Hopefully we'll be able to make it so that these physicians, who are completely trained and that meet the appropriate criteria, will be able to join us. They may have to fulfill certain obligations with our osteopathic board to be able to meet the criteria to come back with the same proficiency that we expect from our own osteopathic residents and physicians who have completed AOA programs, but we will try to get them back in the fold. Once a D.O., always a D.O. I believe that this is going to be a large part of the future growth of our profession by

bringing back those who went a different route of training but truly want to come back to the osteopathic profession.

Committee Member: Would you comment on the action of our Congress Delegates in this respect to this initiative?

Dr. Rubin: Well, it was interesting. We had, what were the two resolutions? Resolutions 42 and 50 at the ACOFP Congress of Delegates. We have kind of a dual situation at hand. Our military people, who have to be ACGME trained because that's what is required in the military, have pretty much a seamless way of coming back into our profession. However, those who have gone ACGME training outside of the military have certain obstructions. We're trying to see that these obstructions are somewhat relieved so that we can bring back these members. Our osteopathic brethren for whatever reason, whether it be geographic, economic, whatever it is, sometimes are forced to go into ACGME programs only because of certain family obligations or whatnot, not necessarily by choice. But we want to make sure that they can come back and have a mechanism to come back and make that mechanism as seamless as possible.

Committee Member: What was that mantra or advice that you impressed upon our D.O. students?

Dr. Rubin: The mantra is, first of all, always be proud of who you are. I think that the one thing I tell the students is that what you decide to do, you're going to be doing for at least 25 to 30 years, if not longer. We have some of our doctors, for example Dr. Allen or Dr. Maddox, who have been in practice well over 50 years. And there's a reason we're in this, because we love medicine. You should love what you do because you should think with your heart and not with your pocket. I think that those are the things that I am trying to tell the students. You will make a living; you'll make a good living as a physician and as an osteopathic family physician. However, you should love what you do thoroughly. It's a practice of love. It allows you the ability to develop relationships that are lifelong relationships with patients. From day one when you start

seeing the little kid and then 30 years later you're taking care of that kid's children, there's something so very special about a family physicians' practice that no other practice in medicine can ever experience. It is being there and growing with these people through their lives, being part and parcel of their family. You can be a part of all of the good and all the bad that happens in life whether it's health or it's their weddings; whether it's their births or their funerals. The fact is that family practice is all encompassing. I see family medicine as being the practice of medicine of the future, not just of the present. I think that we're going to see a pendulum swing back to the things that we have been talking about. We hear about the "medical home" concept again bringing family medicine back as the center of everything and everything filtering through the family physician as the anchor for each patient and a home to depend on.

Committee Member: Dr. Rubin, when you traveled around the country this year, what impressed you the most?

Dr. Rubin: The thing that impressed me the most was the pride and the dignity that I saw in all of the doctors and students that we dealt with. It was incredible and heart warming to see it in the students. The excitement of the students is so infectious and it restores my faith in the future of osteopathic medicine still. They're so naïve at this stage that they're just like a sponge. They're sucking up everything. They love to hear the stories, the history, all the things that we went through. I think that our history and the things that we went through are very important things for them to understand so they can appreciate how far we have come and how far we are going. Many of them obviously have never been in situations of adversity and prejudice concerning being a D.O. Not like you Howard [Neer]. You were there when you practiced where maybe you didn't have full practice rights, where you couldn't write prescriptions, where you couldn't be on a staff of a hospital. I've never experienced that much because of the

years that the doctors ahead of me fought to get those privileges. The students don't really know where we've come from. I think that they love hearing the history of osteopathic medicine, in particular osteopathic family practice. I think the doctors that I've spoken with have been the passionate ones, the ones that still love what they do; they enjoy the education that we as an organization are providing them. They're forever thankful for the communication that we provide them. But again, Howard, I think that what I was most impressed about was still the honor, the dignity, the integrity, and the love of the students and what they do and their expectations for the enjoyment of the practice of osteopathic family medicine.

Committee Member: Do all of the schools have ACOFP chapters for their students?

Dr. Rubin: Yes, all of the schools have it and almost all of the schools have 100% participation. We've been giving awards through the years to the schools and it almost seems like it's silly because all of them participate and are active in the ACOFP student chapters. We provide the student chapters with money so that they can do campus events. We bring in speakers. We have provided them with our presidents and some of our other board members. We go to their schools and speak to them and to their student bodies and educate them on what we're doing for them as the ACOFP. We have a very active student chapter liaison in the office who is providing the students with all the information that they can to be a successful chapter.

Committee Member: What would you predict or like to see as the future of the ACOFP?

Dr. Rubin: Well, I'd like to see a lot of things happen for the ACOFP. I think our future is very positive and that we are headed in a tremendous direction. I think we have developed a great lineage of leaders to follow. Our Board has vast knowledge and an impressive collective wisdom that benefits us all. We have people whose knowledge extends through education, through political acumen, through the practice of rural medicine; we have it all. Dr. Tom Told, our past president, has a practice in a rural area that

literally is on the frontier of medicine. I mean he does everything, as he says, "from womb to tomb". He is delivering babies, doing surgeries, and doing complicated medical management that otherwise would not be available there on the frontier. As a matter of fact, he's presently teaching surgeons to do bone marrows and tonsils and some other surgical procedures because he's moving into the educational aspect of his twilight years. Here's a man, an osteopathic family physician, who has expertise above and beyond some specialists and who's now teaching sub-specialists. We can teach our future family practitioners to be all that they can be, like Tom Told. So I think the future of osteopathic medicine is very bright. I think the pendulum has turned for us to where the government is now finally realizing how very important family medicine is to overall healthcare delivery in the United States and to the world. It's the pinnacle of best healthcare. We're talking about international medicine too. The ACOFP and AOA are involved in international discussions right now. I think we have roughly 2,500 truly osteopathic family physicians throughout the world outside of the U.S. right now and we are in discussions with many other countries. I think there are over 50 nations that have DOs with practice rights. I see that what started out as an American-based school of medical thought is now going to become a world-based medical concept of the future. I think that what we've done is educate the world on what family medicine and, specifically osteopathic family medicine, has to offer. We're seeing that certain countries want to follow in our footsteps, most recently China. China is very interested in our family medicine based medical approach. That effort is being led by Royce Keilers [Past President of the ACOFP], Dr. Ronnie Martin, Dr. Bill Burke and Dr. Ken Veit on many previous trips, as well as many others from the AOA. The Chinese see the type of medicine that we, the American osteopathic family physicians have here and they want to make a primary care based model of medicine the prototype of Chinese medical care that they intend to instill into

the entire country. It's very exciting stuff. I think the future holds nothing but positive growth for our profession and osteopathic medicine in general.

Committee Member: The committee would like to thank you for being here today and we'd like to thank you for your service, your sacrifices, and your love for this profession.

Dr. Rubin: It truly is a labor of love. I love this organization and I look forward to being a part of it for many, many years to come. Thank you.

(Applause)