

FROM THE PRESIDENT'S DESK



Mind, Body and Spirit: What Makes Osteopathic Medicine is 'Hands-on'

Bruce R. Williams, DO, FACOFP

What's the difference between a DO and an MD? Have you ever been asked this question? How did you reply? If you're like me, it was answered neither in a simple phrase nor one sentence. It became a discussion—and perhaps a complicated discussion, at that. What if the same question were asked of your patient? What would their response be? "I was listened to." "I was cared for." "My concerns were addressed." "I was a person, not a condition." What if the question were asked of a colleague? "The doctor was thorough." "The doctor was prepared." "The doctor had done the work-up."

What does it mean to be an osteopathic physician? We know who we are. Our patients know who we are. Our colleagues know who we are. But how do we articulate this? How do we tell others what osteopathic medicine is, in a way that illustrates how we are different from other types of physicians and from alternative medicine? Notice, I did not say every *other* alternative medicine, because osteopathic medicine is not alternative medicine. So what makes an MD and a DO different?

In most, cases, that response is not black or white, but gray instead. And that's not a bad thing. Over the past 150 years, both philosophies of medicine have evolved. But there are differences. Allopathy is defined as the treatment of disease by conventional means, that is, with medication that counters the symptoms. The osteopathic philosophy of medicine, in contrast, sees an interrelated unity in all systems of the body, each working with the other to heal when illness occurs. Allopathic medicine treats disease, whereas osteopathic medicine treats dysfunction. Find the disease and stop it, or find the dysfunction and reverse it. That's the fundamental difference between the philosophies and, hence, the foundation of our training.

A great deal of overlap, right? Especially as we learn more about disease and dysfunction.

What else? Early on in our osteopathic education, we, as osteopathic medical students, are taught how to be patients. We entered an OMT lab and let a perfect stranger put their hands on us, touch us, look for tissue texture changes, asymmetry, restriction, tenderness—dysfunction. We placed our trust in that person, and when it was time to correct the dysfunction, we trusted that same person—our classmate—to do what was necessary to help us. This not only taught us OMT but also taught us to communicate with our patients, to grow that physician-patient relationship that is so vital. If a patient allows us to perform manipulation,

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they will trust us to do a comprehensive evaluation, make evidence-based recommendations, and help them. Why? Because there is almost nothing else you can give your patient that will make them feel better when they leave your office than when they came in. It is disappointing that this gift of OMT bestowed on us in osteopathic medical school is not always given to our patients. And, if it is given, it is documented, it is coded, it is billed, it will grace the physician and the practice as well. But most importantly, it helped our patient!

Our training has instilled in us a culture of networking, fellowship, and family. When attending conferences, we're motivated more by seeing our friends and colleagues than by earning CMEs. Sure, we get the education, but it's renewing and strengthening our relationships that feels more important. We embrace each other genuinely. Relationships matter to the osteopathic physician. And the relationships we have with each other are deepened by the relationships we have with our patients.

We see our patients as our family. We have all been told not to get too emotionally attached to our patients. For the osteopathic physician, that idea of not becoming attached gets tossed out the window. We are engaged, we take the extra steps: we write the letters, make the phone calls, fill out the forms, do whatever needs to be done to help patients get better—because these patients are our family. Does this mean MDs don't treat their patients this way? Absolutely not! The difference is in the way DOs go about it.

Every physician. Every provider begins with the goal of being trained to help their fellow human being. We all enter our professional course to help, especially those who can't help themselves. And, for the most part, we've all realized that goal. Have we experienced discouragements along the way? Sure. But ultimately, healthcare is a noble profession, entered into by noble people, people who seek to do what will help their fellow man. We want to see our patients healthy, happy and successful. When it comes to our patients, we seek to see the whole picture of their health: like all healthcare workers, we strive to take everything into account. The difference is in how we see our role and our philosophy to that end.

Osteopathic distinctiveness? It is "hands-on." We listen, we learn their histories. We touch and perform the exam. We will see,

evaluate all the available information and make a diagnosis. We speak with our patients in terms they understand and agree to.

Osteopathic medicine is mind, body and spirit. Understanding all three, in tandem, is the key.

Osteopathically yours,



Bruce R. Williams, DO, FACFP
2022-23 ACOFP President

CALENDAR OF EVENTS

MARCH 29-APRIL 2, 2023

ACOFP 60th Annual Convention & Scientific Seminars
American College of Osteopathic Family Physicians
Orlando, FL & Virtual
acofp.org/acofp23

APRIL 20-23, 2023

Ohio Osteopathic Symposium
Ohio Chapter of the American College of Osteopathic Family Physicians
Columbus, OH
ohioacofp.org

APRIL 27-30, 2023

Arizona Osteopathic Medical Association Annual Convention
Arizona ACOFP Chapter
Scottsdale, AZ
azosteop.org/roots/

JUNE 2-4, 2023

Maine Osteopathic Association Annual Convention
Maine Chapter of the American College of Osteopathic Family Physicians
Rockport, ME
osteopathic.org/event/112th-moa-annual-convention/

JUNE 9-11, 2023

Texas Osteopathic Medical Association Annual Convention
Texas ACOFP
San Antonio, TX
txosteop.org/annual-convention

JUNE 15-18, 2023

Direct Primary Care Summit
Minneapolis, MN
dpcsummit.org/

JUNE 23-25, 2023

ACOFP Future Leaders Conference
Louisville, KY
acofp.org

JULY 27-30, 2023

Michigan Summer Family Medicine Update
Michigan Association of Osteopathic Family Physicians
Grand Rapids, MI

JULY 28-29, 2023

Florida Society of the ACOFP Virtual Family Medicine Update and Convention
fsacofp.org/
Virtual

AUGUST 2-6, 2023

ACOFP-CA
Anaheim, CA

AUGUST 4-6, 2023

POFPS Annual CME Symposium
Pennsylvania Osteopathic Family Physicians Society
Hershey, PA

AUGUST 11-13, 2023

NCS-ACOFP Annual Conference
North Carolina Society of the ACOFP
Pinehurst, NC

OCTOBER 6-9, 2023

OMED 2023
American Osteopathic Association
Orlando, FL

APRIL 4-7, 2024

ACOFP 61st Annual Convention & Scientific Seminars
American College of Osteopathic Family Physicians
New Orleans, LA

SEPTEMBER 19-22, 2024

OMED 2024
American Osteopathic Association
San Diego, CA

CME Resource: *Osteopathic Family Physician* Offers 2 Hours of 1-B CME

ACOFP members who read *Osteopathic Family Physician* can receive two hours of Category 1-B continuing medical education credit for completing quizzes in the journal. Visit the ACOFP eLearning Center at www.acofp.org to access the quizzes.