



EDITOR'S MESSAGE

## Members of a Tribe

Every medical student who works with me is expected, at some point, to deliver a brief explanation of osteopathic medicine to a patient in my office. I do this partially because it's good training for the student (who will be giving variants of this talk for the rest of her career) and partially because I keep hoping one of them will give me a pithy summary I can borrow as my own. So far the latter hasn't happened; the answers I hear to "What is osteopathy?" are as diverse and as interesting as the answers I might hear to "What is Christianity?" or "What does it mean to be Jewish?"

This is not a flippant comparison. We osteopathic physicians feel as passionately about our profession as do members of a faith. And as with members of a faith, we have very different and often strongly opposing opinions as to what our belief system truly comprises. All DOs don't practice manipulation, but some DOs feel that we all should, and that we cannot claim an osteopathic identity without it. Yet I have known a vascular surgeon whose osteopathic identity was very strongly expressed, but through the rule of the artery and not the laying on of hands. Other DOs are embarrassed by the "ten-fingered-only" physicians who don't incorporate "real" medicine other than manipulation, and they regard these physicians as our barrier to assimilation, the marginal flakes who give the rest of us a bad name and keep us out of big ponds like JAMA: the *Journal of the American Medical Association*.

These are important conversations, and I have heard them become every bit as heated as discussions about whether a true Christian can support the death penalty or whether you are a "real Jew" if you don't keep kosher.

In this issue of OFP we explore osteopathic identity from many angles. Grace Brannan, DO, and colleagues review the very question of which attributes may be seen as dis-

tinctively osteopathic within the health care system. Ronald P. Januchowski, DO, and colleagues discuss their original research on the maintenance of this osteopathic identity by osteopathic medical students in a dually accredited training hospital. Joel Dickerman, DO, and Thomas Told, DO, FACOFP<sup>dist.</sup>, take a very wide-angle lens to their piece on "Lifelong Learning for the Osteopathic Family Physician" as they discuss not only our scope of practice from day to day, but our education for the rest of our lives.

Brian E. Kaufman, DO, returns the discussion to a clinical arena in "Osteopathic Approach to the Renal and Urinary System," written through a lens that combines internal medicine and neuromusculoskeletal medicine. Peter Zajac, DO, FACOFP, brings our patients into the conversation with his educational handout "How to Be a Proactive Patient." Finally, Alison Mancuso, DO and her co-authors demonstrate that not all osteopathic medicine is practiced on the treatment table with their case report, "An Unusual Case of Transient Psychosis from *Ehrlichia* Infection."

At the end of the discussion, there is never one defining metric that can summarize a culture, except that everyone within has chosen to self-identify as a member of it. But whether we have chosen our tribe or we have been born into it, we become its representatives whenever we communicate about it, practice it, or teach it to others. Of all the descriptors of osteopathy, Judaism, Islam, or Christianity I have heard in their many faces, I am struck by the constancy of one shared story: "We began with a teacher who lived a long time ago, and he believed we could live our lives in a better way. . ."

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