The Evolving Role of Osteopathic Medicine in Health Care Delivery in the United States

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EDITORIAL

Osteopathic Medicine has made great strides in the second half of the twentieth century and the early years of the twenty first. Its introduction in the latter portion of the nineteenth century was by Andrew Taylor Still, an allopathic physician, minister, anatomist, and machinist following the deaths of three of his children from meningitis after being treated with the conventional remedies of the times. It was based on concepts of manipulation of the musculoskeletal system to restore the body to its proper structure for maintaining the health of the body as a whole.

Dr. Still went on to become the founder of the first Osteopathic School of Medicine in Kirksville, Missouri, U.S.A. in 1892 granting the D.O. (Doctor of Osteopathic Medicine) degree. The first state to license D.O.’s was Vermont in 1896 [1]. Osteopathic physicians had initial difficulty being accepted as peers by allopathic ones during the first seventy five years of their existence even as additional schools were founded. This was most notably demonstrated by the banning of its teaching in California in 1962 by the California Medical Association, closure and conversion of an existing school to an allopathic one and the marketing of the M.D. degree for a considerable price to D.O.’s who had been its graduates. However, with the inclusion of the teaching of pharmaceutical therapy and virtual parallel curricula to allopathic schools along with continuation of manipulative medicine the stature of osteopathic physicians has become well accepted. Since the 1970’s they are licensed in all fifty states and even California now again has schools of osteopathic medicine. D.O.’s received their earliest acceptance in several mid-western states often filling much needed voids for primary care. Allopathic hospitals across the country rapidly welcomed D.O.’s into their graduate medical education programs and accepted practicing osteopathic physicians on their attending staffs.

In 2004, we reported on the integration of osteopathic medical students learning on a par with allopathic ones side by side [2], a practice that is now commonplace across the United States. In the area of Graduate Medical Education, on February 24, 2014, the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine (AACOM) agreed to a transition to a single accreditation system by 2020 which started July 1, 2015 [3].

In 2001, we reported on achieving dual American Medical Association (AMA) and American Osteopathic Association (AOA) continuing medical education credits for a national level conference, at the time an almost unique event [4]. Although the AOA has maintained requirements for D.O.’s to acquire requisite numbers of credits within its own system, there is increasing acceptance of AMA credits, as well, especially for those members who for a variety of reasons, primarily having trained in ACGME programs, have attained American Board of Medical Specialties (ABMS) certification.

A recent report from the Association of American Medical Colleges (AAMC) which represents 145 allopathic medical schools in the United States and 17 in Canada projects a potential shortage of 61,700 to 94,700 physicians including 14,900 to 35,600 in primary care in the U.S. by 2025 [5]. A number of potential remedies to this pending crisis have been suggested. Among these are larger medical school classes, consideration for reducing the length of medical school to three years, more government support to increase the amount of residency positions, and better use of technology and of physician extenders. Some of this alarming prospect will certainly be lessened by the graduates of the thirty three osteopathic medical schools accredited by AACOM. Although many of the graduates of these schools still gravitate to primary care, others also train in virtually every medical and surgical specialties and subspecialties. With the merged Residency programs, this may become even more prevalent.

Fortunately, the current full acceptance of osteopathic physicians in the health care system assures that they will be equally as important as allopathic ones in addressing the forthcoming shortages in both primary care and specialty areas.

REFERENCES
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