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## SCIENCE DESK

## Scorned No More, Osteopathy Is on the Rise

By **ABIGAIL ZUGER (NYT)** 1795 words

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THE new patient in the geriatrics clinic at Mount Sinai Hospital in Manhattan shook Dr. Jan Maby's hand, glanced at her name badge, and submitted to all the usual questions and proddings of an initial medical examination.

Only at home that evening did the patient comment acidly to the daughter who had arranged the appointment: "So. Now you're sending me to a veterinarian?"

When Dr. Maby heard the story months later, she laughed ruefully but without surprise. She is used to being mislabeled.

In fact, the "D.O." instead of "M.D." on her badge identifies her not as a veterinarian, an orthopedist, a podiatrist, a herbalist or any of a dozen other common misinterpretations, but as a doctor of osteopathic medicine. She is one of a venerable but tiny segment of the country's medical practitioners whose numbers are suddenly soaring, a growth spurt so remarkable in today's stagnant medical climate that despite the small numbers, it is beginning to attract attention among patients and health-care policy makers alike.

In the face of studies over the last 15 years that uniformly concluded that the United States faces a surplus of doctors, conventional, or allopathic, medical schools granting M.D. degrees are slowly beginning to shrink. But the number of osteopathic medical schools has grown to 19 from 5 in the last 30 years, with three new schools founded in the last three years and plans for more. Many older schools are expanding.

The ranks of osteopathic practitioners, which numbered 25,000 in 1989, will reach 45,000 by 2000, the American Osteopathic Association estimates. There are now about 700,000 M.D.'s. Insurers are watching the trend with interest, as some studies suggest that osteopathic doctors may provide much more cost-effective care than conventional medical doctors.

But whether osteopathic medicine achieves better results than conventional medicine is still very much a matter of debate.

Founded in the late 19th century by a small group of medical dissidents who believed in hands-on healing rather than drugs, osteopathic medicine has struggled for most of the last 100 years to survive alongside conventional medicine with a distinct philosophy but equal prerogatives.

The fundamental belief of osteopathy is that muscles and bones of the body play a more significant role in most diseases than conventional medicine allows. Osteopathic medicine holds that even problems with organs deep within

the body -- the lungs, heart and brain among them -- can be helped with a set of hands-on techniques for sensing and correcting muscle, tendon and joint abnormalities called "osteopathic manipulative therapy."

In addition to more conventional tests and drugs, these techniques form a part of osteopathic treatment for conditions ranging from back strain and migraines to heart attacks and Parkinson's disease.

Osteopathic medical schools are now accredited similarly to allopathic schools and have similar curriculums, although osteopathic students also receive up to 300 hours of training in body manipulations. The standards for hospital residencies are almost identical as well.

Laws now support unlimited osteopathic practice in all states and in the military, allowing osteopaths to write prescriptions, deliver babies, perform surgery and, like Dr. Maby, become subspecialists in large academic medical centers.

Osteopaths were once banned from conventional hospitals and strictly segregated into their own hospitals and practices. But the majority of O.D.'s now do at least part of their medical training in conventional hospitals, said Dr. Douglas L. Wood, president of the American Association of Colleges of Osteopathic Medicine. The profession's antipathy to drug therapy has largely vanished. Many osteopaths practice entirely with conventional therapies in conventional surroundings.

In fact, the parallel universes of osteopathic and allopathic medicine are drawing so close that at times the distinctions blur. But a merger is not high on either profession's agenda. Instead, like any long-estranged couple contemplating rapprochement, they are increasingly sensible of the differences that drove them apart in the first place.

Leaders of conventional medicine may no longer use the word "quack," but many still look askance at the osteopathic system of medical thought, which they feel lacks the intellectual rigor and the scientific underpinnings of their own practice. And osteopathic leaders point to their discipline's unique philosophy as exactly what is responsible for its sudden great appeal -- and also exactly what American health care may need most.

"Osteopathic medicine is both a profession and a social movement," said Dr. Norman Gevitz, a medical sociologist and historian at the Ohio University College of Osteopathic Medicine. "It has to demonstrate that it can offer something distinctive, unique and beneficial to the patient that allopathic graduates cannot offer. If osteopathic physicians become interchangeable with M.D.'s then there's no compelling reason for the profession to exist."

One of osteopathic medicine's most marketable features these days is its longstanding commitment to general medical practice, or primary care. Osteopathic education has historically prepared students exclusively to take care of patients rather than become specialists, academics or researchers. Osteopathic medical students generally spend considerably more time working as apprentices in clinics and private offices than their conventionally trained counterparts. "We live with patients in the wild," said Dr. Tyler Cymet, an osteopathic internist in Baltimore. "We get to see what they're like."

Although the number of osteopathic doctors in primary care has fallen in the last 20 years, about half of all practicing osteopathic doctors are still primary-care doctors, Dr. Wood said, in contrast to only about a third of M.D.'s. Many of the osteopathic doctors work in rural areas where there are very few doctors. Although only about 5 percent of the country's 700,000-odd physicians are D.O.'s, they account for almost 10 percent of all primary-care practitioners, and 15 percent of all doctors in communities with under 10,000 people.

A survey several years ago by the National Center for Health Statistics showed that the care M.D.'s and D.O.'s provide, including time spent with each patient and medication prescribed, did not differ much. But the Colorado Society of Osteopathic Medicine said a comparison of worker's compensations claims filed in Colorado in the last seven years has consistently shown that the average cost per claim filed by D.O.'s was less than half that of those

filed by M.D.'s. The society said it was because osteopathic doctors were the lowest-cost providers of health services.

These trends provide a rationale for the opening of new osteopathic medical schools despite a consensus statement issued last spring by five national D.O. and M.D. organizations citing "compelling evidence that the United States is on the verge of a serious oversupply of physicians."

The newest osteopathic school, the Pikeville College School of Osteopathic Medicine, established last year in eastern Kentucky, was backed by private financing specifically to provide more primary-care doctors in Appalachia.

"I absolutely agree that there are too many medical schools," said Dr. John A. Strosnider, dean of the Pikeville college. "But this is a school with a specific mission in a specific area. There should be 20 more like it around the country. If other schools can promise to send 20 or 30 primary-care doctors a year to eastern Kentucky, then fine, we'll close the school. But they can't do that."

The Pikeville college has drawn 51 of the 60 students in its first class from Appalachia. "They have their roots here," Dr. Strosnider said. "They understand their mission."

Preparing students to become primary-care doctors is a goal that conventional medical schools are now enthusiastically adopting (56 percent of new M.D. graduates entered primary-care training last year, up from 44 percent in 1991.) But some other aspects of osteopathic practice can still raise eyebrows among conventional doctors.

Although some scientific studies have proved the benefits of manipulative therapy for spine problems, evidence that it helps other diseases is sparse. "I'll freely admit that once you get outside of back disorders and you start looking at efficacy in such things as asthma, for instance, the data are not nearly as solid," said Dr. Wood, of the American Association of Colleges of Osteopathic Medicine.

Medicare and private insurance pay for manipulation treatments that may last from 15 minutes to an hour, said Dr. Eileen DiGiovanna, associate dean for student affairs at the New York College of Osteopathic Medicine in Old Westbury on Long Island.

Several studies have suggested that whether from time constraints or waning faith, osteopathic doctors are manipulating fewer and fewer patients. But meanwhile, many more M.D.'s are becoming interested in "manual medicine" and are taking courses in osteopathic techniques, Dr. DiGiovanna said.

The hands-on treatment of patients by doctors has a role in fostering the therapeutic relationship, Dr. Jordan J. Cohen, an M.D. who heads the American Association of Medical Colleges, said at a recent symposium on osteopathic medicine. But when it comes to treating diseases other than back problems, Dr. Cohen said, "that is when we enter a realm of skepticism on the part of the allopathic world."

And the skepticism about manipulation reinforces lingering feelings among proponents of conventional medicine that osteopathy is simply a less intellectual field all around.

Applicants to osteopathic schools have lower average college grades and admission test scores than M.D. applicants. But osteopathic schools are actually more selective than conventional medical schools. They accepted one of every 4.5 applicants for a freshman position in 1997 in contrast to one of 2.7 accepted for M.D. training, according to the Association of American Medical Colleges.

Still, the underlying question remains unanswered: whether the highest academic achievement and scientific sophistication is really necessary for either a good medical education or successful medical career.

Osteopathic doctors feel that this may not be the case. "If someone's going to medical school to take care of patients

and not just for the prestige of being a doctor then osteopathic training is a great way to go," said Dr. Debra Mangino, an osteopathic physician at Memorial Sloan-Kettering Cancer Center in New York.

"People's motivation for going to medical school -- a lot of it is prestige and honor and having an M.D." Dr. Mangino said. "But if it's really about taking care of patients, then you want to go to a school that's going to help you take care of patients and care for patients. If people thought about it that way then there would be a different perception."

Graph: "BY THE NUMBERS: Osteopaths On The Rise"

The number of osteopathic physicians, who often work in general practice instead of specialties, has grown sharply since 1970, even though osteopaths still make up only about 5 percent of all doctors. Graph tracks the number of osteopathic physicians, from 1975 to 1997. (Source: American Osteopathic Association)(pg. F6)

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