

Opportunities for the osteopathic medical profession to pursue worldwide acclaim and recognition

This is a unique time in history. Opportunities are awaiting our profession, in particular, to make a difference in health practice and delivery. International development organizations are calling for a primary care developmental emphasis, realizing its cost-effectiveness. The roles of these organizations are changing, and all have an increased focus on health. Recognizing that a healthy population is essential for development, the World Bank, for example, is the No. 1 lender of healthcare dollars. However, further exploration of this primary care initiative reveals that there exists no true understanding of what it means, let alone how to implement it. International organizations are now calling for assistance by nongovernmental organizations and civil society.

The very essence of our profession is rooted in primary care. We produce the greatest percentage of primary care providers of any profession, of any country in the world. We have what economists term “a comparative advantage.” This represents a great opportunity for osteopathic medicine to distinguish itself in the world healthcare arena:

■ There is an opportunity to affect healthcare policy and direct change by working with governments, supragovernmental organizations, corporations, the private sector, and other nongovernmental organizations.

■ There exists the opportunity to formulate the definitions of disease. For example, the World Health Organization (WHO) is presently working on a definition for what we, as osteopathic physicians, refer to as the “somatic dysfunction” and what chiropractic calls the “subluxation.” Our chiropractic colleagues, who have been working with WHO for more than 15 years, are paying to send professionals to work for WHO on such projects to ensure their professional interests. Should we also be participating in such endeavors?

■ Working abroad raises the status and recognition of osteopathic medicine. Increased visibility not only improves external recognition, but also that within the United States. This has the dual benefit of better public relations, as well as increased pride in practitioners themselves.

■ As scientists, we have the moral obligation to see that our research findings are adequately disseminated in the world medical community. It is distressing to hear from my Finnish colleagues that research conducted more than 40 years ago by scientists like Irwin M. Korr, PhD, is being repeated. While some DOs have tried to hide their osteopathic roots, the rest of the world medical community is trying to rediscover them! In a world of finite resources, particularly in medical research, is it not criminal to repeat research that has long been established

clinical practice simply because we have so poorly communicated our findings?

■ Chronic disease is now overtaking infectious and communicable disease as the burden of disease worldwide. With improvements in infant and child mortality, more of the population is reaching adulthood. It is essential for a nation's workforce to be fully biomechanically functional to maximize economic development capacity. The labor force in developing countries is often most susceptible to injury because there exists a lack of the technology to lessen the physical workload. Occupational and rehabilitative medicine is increasingly being recognized for its developmental importance.

Osteopathic medicine is now in a position to be “the gold standard” in health education and delivery.

DOs around the world are not alike. While American DOs have always been trained as physicians, when Dr William Smith returned to Britain, he brought back only the concept of osteopathy—manual medicine—rather than the complete medical philosophy. Dr Smith and those who followed him have done a vastly better job in disseminating the concept of osteopathy to the world than we have in spreading A.T. Still's concept of osteopathic medicine. There are osteopaths worldwide and schools of osteopathy in Great Britain, France, Belgium, Australia, New Zealand, and the Canadian province of Quebec.

So, it becomes essential that we have what strategic marketing folks call a clear “brand identity.” Rather than trying to change world understanding of the osteopathic establishment, let us build on it! Rather than proclaiming to be the “real DOs,” perhaps what we need is to identify the concept of “osteopathic medicine.” Rather than alienating our greatest allies, let us work with our colleagues in osteopathy in furthering both aspects of the profession.

An inconsistency in logic exists within our profession. By the mid-1970s, the names of all our schools were changed from colleges of osteopathy to schools/colleges of osteopathic medicine, yet we still call ourselves “Doctors of Osteopathy.” Could we be causing the lack of brand identity for our profession both here and abroad?

If we choose to “fling out the banner of osteopathic medicine,” it absolutely must be an organized effort on the part of the profession coordinated by a single entity such as the AOA's Council on International Osteopathic Medical Education and Affairs, ensuring a beneficial experience for all. It is essential to have an organization coordinating and facilitating

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activities and meetings. As a profession, we will need to send delegations to represent us at WHO, the World Bank, and other international organizations and agencies, as well as to governments and other nongovernmental organizations. We need representatives who understand the language of diplomacy. To advance the profession, we must show a unified effort. We need to build teams who know and understand the development jargon and are savvy enough to negotiate for the profession.

Our institutions may wish to become official "WHO Collaborating Centers" and involve themselves in various research projects around the world; this is certainly quite prestigious. But it would be naive to approach an organization such as WHO without a thorough understanding of its modus operandi. This is where one of our institutions should contact the international osteopathic medical unit to coordinate their activities, to strategize and plan how to best approach the outfit and have a unit member or two join in the negotiating process.

Business abroad is conducted quite differently; getting things done is about who you know and finding out who you need to know. And politeness—taking the time to sit down to tea and other niceties—will make or break professional success abroad. We need a diplomatic corps to be the "first contact" with our profession.

A worldwide osteopathic medical unit would assist our institutions and physicians in learning the ropes—who to contact and when. It would also provide a forum at meetings to share experiences and create an awareness of activities and potentially coordinate collaboration with other osteopathic institutions.

On a national level, we may want to obtain a presence within ministries of health to set practice standards for osteopathic physicians within a country.

How do we set standards in place? The chiropractic profession has made offers to freely train, say five students, with the understanding that they return to their home country to practice. They have found that is about the correct number for ministries of health to determine it is worth setting up a practitioner policy. These students then serve as the basis for future activities within that country, including the setting up of schools, satellite campuses, and affiliated clinics.

The developing world may, in the long run, have even more opportunities for the profession. Aside from altruistic reasons, there exist strategic advantages of working in the developing world:

■ Besides research opportunities, we may want clinical affiliations overseas as training opportunities for our own students in an environment with diseases rarely, if ever, seen in the States. Practicing in the developing world puts a new spin on the concept of rural healthcare and diagnosis.

■ There is money in consulting and grant proposals. If the participants are familiar with the process, it can be quite profitable for the institutions involved.

■ American-trained physicians, particularly those with a public health degree, are generally put in key positions in the ministries of health immediately on their return. This provides the osteopathic profession with an instant friend in the ministry and certainly facilitates future work within that country.

■ But perhaps most important, these new physicians are usually the first to be chosen for jobs within the United Nations system, which are filled on a quota basis. Ultimately, this gives us the opportunity to infiltrate the international organizations themselves!

The international scene is wide open. The potential is enormous. These organizations have their own agenda, but by maintaining our focus and working together as a unified force for the profession—with care, planning, and finesse—we can honor those who have gone before us and leave a tremendous legacy for the next generation of osteopathic physicians.

Dr Gro Harlem Brundtland, the new Director General of WHO, stated that too many regard politics as an obstacle to rational decision making rather than an essential part of democratic governance, and that this has got to change. We have a window of opportunity that may not remain open for long. Let us seize the opportunity and make a lasting difference together.

We have been challenged. Are we ready to pick up the gauntlet and take osteopathic medicine to new heights in the 21st century?

We must. And we must do it now!

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