

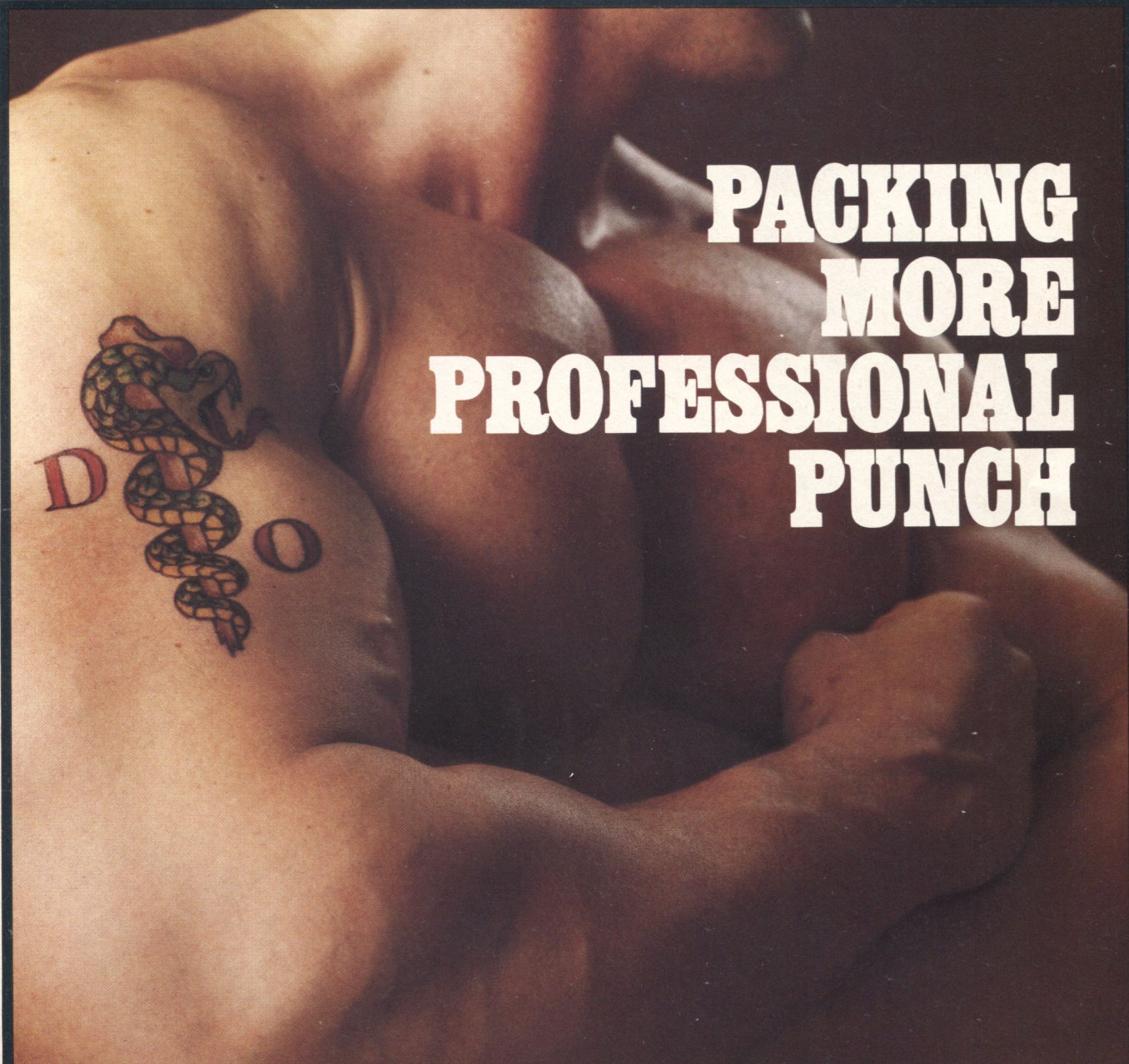
# MEDICAL DIMENSIONS

Magazine for the Young Doctor—May 1977

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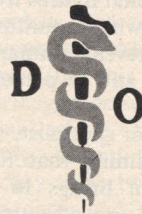
# OSTEOPATHS

A Professional Group  
Publication

# OSTEOPATHY

After decades on the fringes of medical acceptance, DOs are claiming increasing recognition as practitioners of modern scientific medicine. This story interprets the osteopathic view of how and why that's happening.

## PACKING MORE PROFESSIONAL PUNCH



by Carl Jón Denbow, Ph.D.

**F**or years, osteopathic physicians have battled against AMA lobbies in a number of legislative halls for the right to take the same licensing examinations as their MD counterparts. Now, despite continuing pressure against osteopathy from the ruling medical class, a number of states are financing colleges of osteopathic medicine.

For instance, the first three university-based schools have been established in the last several years. These new schools, whose founding indicates the growing academic respect being accorded osteopathy, are located at Michigan State, North Texas State, and Ohio universities. Legislatures in Oklahoma and West Virginia have also given support in the last few years to new non-university affiliated colleges of osteopathic medicine.

*Dr. Denbow is currently assistant professor in the Department of Journalism and Radio-TV at Murray State University in Kentucky.*

Although these five additions represent a doubling of the number of osteopathic institutions, still more are on the way. Two schools in New York and New Jersey have recently received pre-accreditation status, and plan to begin instruction this fall.

This year, there were 3,655 osteopathic students enrolled at the ten operational colleges, with a freshman class of 1,089. According to Ann Crowley, Ph.D., of the American Association of Colleges of Osteopathic Medicine (AACOM), this is the largest number of beginning students in the history of the discipline, which now has 15,572 practitioners nationwide.

As one might expect, academic acceptance of osteopathy took many years. Some justification for the growing confidence can be found in the fact, reported in the *Journal of the American Medical Association*, that on a percentage basis, more than twice as many United States MD graduates failed state licensure examinations in 1970 as DO graduates. (These figures were for states where one board administers the

same exam to all applicants and which that year actually tested both types of physicians.)

Such results would not have been possible without the uniform licensing laws whose passage came only after decades of intense legal and political warfare. This history of strife in the healing arts goes back as far as the late 1800s, when the first osteopathic physicians arrived on the medical scene. At that time, three groups of doctors—allopaths, homeopaths, and eclectics—were already quarreling over the correct use of drugs. Allopathic physicians advocated massive doses that were supposed to produce effects opposite to those of the disease in question. Homeopathic doctors used smaller amounts of drugs intended to produce reactions similar to the target ailment's. The eclectics borrowed methods from each of the other schools on a basis more pragmatic than philosophical, but they maintained a slight preference for drugs made from vegetable matter.



Andrew T. Still

## The Osteopathic Oath

I do hereby affirm my loyalty to the profession I am about to enter.

I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no deadly drugs to any, though it be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation, and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will ever be alert to adhere to and develop the principles and practice of Osteopathic Medicine and Surgery as taught in this College.

In the presence of this gathering I bind myself to my oath.

Aided by the tremendous political power of the AMA, the larger allopathic school eventually began to absorb the other MD sects and modify its drug philosophy in the process. As this consolidation proceeded, the battle lines sharpened between the AMA and the school of osteopathy, which was originally based on radical concepts that purported to make obsolete some items in the black bags of its opponents. Important as these new treatment ideas might prove, though, the survival of osteopathic medicine was also pegged to political power. Since its founding in 1897, the American Osteopathic Association (AOA) has, like the AMA (49 years its senior), evolved into a strong and politically astute organization.

Recent legislative interest in the DO, however, is due only in part to shrewd use of political muscle. A more important factor is the osteopathic emphasis on producing much-needed family physicians, rather than specialists.

In Michigan, the state with the largest number of practicing DOs, osteopathic physicians make up 25 percent of the state's doctors—but nearly 40 percent of its GPs. Similarly, the Ohio Osteopathic Association estimates that while only 10 percent of that state's doctors are DOs, they handle 25 percent of the primary patient load. National figures from the AOA and the AMA, while admittedly only approximations, reveal similar trends—38 percent of MDs and 75 percent of DOs in primary care.

Whether GP or specialist, the academic and clinical training that today's osteopathic physician brings to his practice prepares him to use all current scientific methods of treatment: drugs, surgery, radiation, and manipulation.

This last technique is one of osteopathic medicine's most distinctive features. At the same time, it accounts for a good deal of the misunderstanding about that profession—a misunderstanding due in part to the "bad press" osteopathy has traditionally received and to over-zealous statements made by some early practitioners. While Andrew T. Still (1828-1917), the founder of osteopathy, did *not* say that manipulation would eliminate the need for all other treatment modalities, a number of his early followers did.

A Civil War surgeon, Still wrote in the 1894 charter (its second) of the first DO school in Kirksville, Missouri, that its purpose was "to improve our present system of surgery, obstetrics, and treatment of disease generally, and place the same on a more rational basis and to impart information to the medical profession..." Still's original concept of osteopathy did, however, exclude most drugs—an exclusion that was primarily a reaction to the then-widespread and unscientific use of drugs, which, in his opinion, were just as likely to hinder or prevent a patient's re-

covery as they were likely to help it.

To avoid this crude therapy, which some had called "puking and purging, blistering and burning," most early DOs used only such drugs as the anesthetics and antiseptics needed for surgery. The osteopathic rationale for both surgery and manipulative therapy assumed that the physician should use the treatment which would act as a catalyst and enable the body to heal itself. Put another way, the osteopathic doctor maintained that once the diseased organ had been removed through surgery or a structural malformation corrected with manipulation, natural repair mechanisms could work more effectively.

Whether or not the structure of the musculoskeletal system has much effect on the function of bodily organs and defense mechanisms has been the crux of the scientific/philosophical—as opposed to political—debate between AMA-sanctioned medicine and osteopathic medicine over the last century. Research by physiologists like Irvin M. Korr, Ph.D., formerly of the Kirksville school, has shed some light on this question. Korr, and others doing research in this area, are examining the theoretical and physiological underpinnings of current manipulation techniques.

Korr now teaches in the research-oriented osteopathic school at Michigan State. One of his research findings was that when spinal vertebrae are out of alignment, an increased rate of impulse firings can often be detected in the nerves that connect with the affected area of the spine. This increased level of nerve activity can in turn produce relatively continuous and strong contractions of the affected muscles, rather than the normal slight contractions necessary to maintain muscle tone. Over long periods of time, various types of tissue degeneration result. "Sustained, exaggerated sympathetic stimulation may lead," Korr reported, "to chronic circulatory changes in target tissues and visceral organs which can, of course, profoundly impair their function and even threaten their survival. High sympathetic tone may alter organ and tissue responses to hormones, infectious agents, and blood components. It alters cellular metabolism and may eventually lead to serious pathological changes."

Palpation of the spine by osteopathic manipulative therapy, Korr's research indicated, can often reduce the too-frequent nerve firings and return the affected tissues to a more nearly normal state.

Discussion of these questions can also be found in recent allopathic literature. For instance, an article by a DO in the January 1975 *Virginia Medical Monthly* stated that while such use of manipulative therapy is controversial, there is "some theoretical validity, experimental support, and repeated clinical observation supporting this approach." The discussion closes with an admonition that has not always

been heeded: "No physician in good conscience can ignore accepted and successful methods of treatment for the sake of a philosophy or school of medical politics."

As an example of the internecine nature of the political wars between the AMA and the AOA, consider the recent tide of battle in California. This controversy first exploded in the late 1950s, when allopathic physicians enticed a large number of California DOs to break ranks and join their state medical association. By 1962, the College of Osteopathic Physicians and Surgeons in Los Angeles had been fully converted to an MD school, and many "renegade" DOs paid \$65 to exchange their degrees for certificates attesting that they were graduates of the transformed institution. The expected *coup de grace*, though, was the enactment of a new osteopathic practice law whose effect, simply and devastatingly, was to deny new DOs the opportunity to take licensure examinations in California.

This act, voted in a statewide referendum, passed for several reasons, according to Dr. Richard Eby, a practicing gynecologist in Pomona, California, and a past president of the Kansas City College of Osteopathic Medicine. "The MD reason was the need for about 3,000 new members for the California Medical Association—in order to have enough extra physicians to give California the largest delegation at the national AMA convention," says Dr. Eby.

"On the DO side," he continues, "we were threatened with the loss of all hospital privileges if we did not take the MD degree." Eby commented that a large number of the state's DOs thought this outcome was very likely and were thus "enticed" into making the switch to allopathy.

The magnitude of the pressured defections, Eby implied, allowed the AMA and the CMA to mount an effective media blitz. "The state was blanketed through the press, TV, and radio for a week or two before the election with news that all parties, except a handful of dissident DOs, totally agreed with the proposed merger."

After the dust had settled, the requisite 3,000 DOs (85 percent of all in that state) had become MDs. Many knowledgeable people on both sides of the argument believed that the AMA and its California affiliate had dealt osteopathic medicine a death blow. These forecasts of impending doom turned out to be inaccurate; far from being on the brink of extinction, osteopathy was instead about to enter a kind of golden age. And an important part of that dramatic turnabout took place in a courtroom.

In 1974, the California Supreme Court overturned the disastrous 1962 licensing statute on the grounds that it "denied equal protection of the law to graduates of osteopathic colleges." Even before this momentous decision, however, it had be-

come clear that the sweeping merger attempted by the AMA was an anomaly—not the wave of the future. The rapid increase in new osteopathic colleges, for example, had already begun. Also, prior to the 1974 ruling, DOs had gained full practice rights in all 50 states, and were serving as medical officers in the civil service as well as the armed forces, and had been appointed to the National Advisory Council on Education of Health Professions in the Public Health Service. From a national perspective, therefore, the California court decision turned out to be merely one further indication of the growing acceptance of osteopathic medicine.

The case had much greater effect in its home state, of course, because with new osteopathic physicians unable to secure licenses, the profession had been consigned to a Shaker-like extinction. Instead, the court found unanimously that the public health was not protected by a blanket exclusion of these physicians from active practice within the state. Justice Raymond L. Sullivan's opinion gave two reasons for this:

- A DO's training enables him to perform "the full range of activities commonly thought of as constituting medical science," and

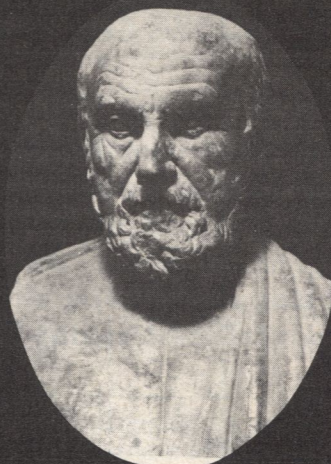
- The osteopathic examining board, made up entirely of DOs, is able to insure that the "incompetent and unqualified" are not "loosed upon the public."

Dr. Eby says that this decision specifically acknowledged osteopathy as a separate but equal school of medicine. "The court not only claimed that we were as complete as any other branch of medical training, but contained a facet that the MD schools do not—the osteopathic philosophy, techniques, and practice."

Additionally, he said, the ruling led to a 1975 state law making it a misdemeanor for a hospital to refuse any properly qualified applicant a staff position on the basis of school of origin. About 200 DOs, well below the pre-merger number, now practice in California. But 900 have been licensed there since the examining board's court-ordered reactivation—many by reciprocity from other states—and eight to ten of them enter California each month.

The roots of the AMA's political opposition to the osteopathic movement can be traced to 1874, the year Andrew Still first discussed his new philosophy of health care publicly. A few decades later, in the mid-1890s, when Still's proteges began presenting themselves for state licensure, organized medicine's public condemnation of osteopathy focused increasingly on the poor quality of DO educational facilities. Although true at that time, these charges ignored the fact that osteopathic colleges were equivalent to many MD schools of that era.

Not all DOs, however, were satisfied with this situation. Dr. C.M.T. Hulett, who



Hippocrates

## The Hippocratic Oath

I swear by Apollo the physician, and Aesculapius, and health, and all-heal, and all the Gods and Goddesses, that according to my ability and judgment, I will . . . reckon him who taught me this art equally dear to me as my parents, to share my substance with him, and to relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation, and that . . . I will impart a knowledge of the art to my own sons . . . and to disciples bound by a stipulation and oath according to the law of medicine but to none other.

I will follow the system of regimen which according to my ability and judgment I consider for the benefit of my patients and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked . . . in like manner I will not give to a woman a pessary to produce abortion. With purity and holiness I will pass my life and practice my art.

I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and further from the seduction of females or males, of free men and slaves. Whatever in connection with my professional practice . . . I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge . . .

While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art respected by all men in all times! But should I trespass and violate this oath, may the reverse be my lot!

# OSTEOPATHY

## **Flexner criticized osteopathic schools for 'exploiting' students with 'a mass of hysterical exaggerations, alike of the earning and of the curative powers of osteopathy.'**

later founded the A.T. Still Research Institute, said in 1899 that the American Association for the Advancement of Osteopathy (forerunner of the AOA) lacked control over the quality of instruction at the various osteopathic colleges, and consequently, their educational standards varied widely. Dr. Hulett denounced a number of the 26 schools then in existence as a "reproach to the profession." A decade later, whether due to AOA action or adverse economic conditions, the number of DO schools had fallen to only eight.

A deeper study of the question of caliber of medical education came in 1910 with the publication of the famous *Flexner Report*, which stated that the training received at most of the nation's 155 medical colleges was totally inadequate and recommended therefore that only 31 be allowed to remain in operation. Abraham Flexner, A.M. (his MD degrees are only honorary), divided these colleges, all of which he had visited personally, into two groups: the "scientific" schools and the "sectarian" schools of osteopathy, homeopathy, and eclecticism. Allopathy, Flexner declared, had given way to scientific medicine, and so should the others.

Flexner's categories were not universally accepted. Those he labeled "sectarian," for example, claimed that mainstream medicine had been coerced into a more scientific bent only by their reforms, most of which were reactions against the abuses of 19th century allopathy. These physicians, incidentally, continued to use the term allopathic to refer to the majority group, a practice that has continued with DOs to the present. In recent years, moreover, some MDs have begun to readopt this label, especially to distinguish their medicine from osteopathic-style practice.

In any case, Flexner was not easy on any of the sectarian groups. He charged that they tried to mix science and dogma, one of which would ultimately have to be abandoned. If dogma were dropped, Flexner felt, the difference between the sects and what he called "scientific" medicine would soon disappear.

The view implied by Abraham Flexner is that true science is free of bias. The stan-

dard for more than a half-century, this view is now widely debated. Thomas Kuhn, Ph.D., a noted philosopher of science, has argued that at any given time a science—be it medicine or nuclear physics—operates under a general model, which he calls a paradigm. But far from being free of bias, this model imposes certain restraints and also tends to channel thinking.

Viewed from this perspective, rigor in research design and results analysis is all that can be required of a science. The so-called medical sects of 1910 were not, it must be said, rigorous on either count. But slowly, and with much initial backsliding, osteopathy did begin to use and modify its original tenets to form a theoretical framework within which scientific investigation could take place. The research questions pursued under this "osteopathic paradigm" were not always those that an allopathic researcher would have been likely to investigate.

Flexner's most scathing criticism was directed not toward the "dissenting schools" already discussed, but against those he refused even to label as legitimate medical sects. Chiropractors, mechanotherapists, and others, he said, liked to masquerade as medical sectarians, but were actually "unconscionable quacks" of the most "unqualifiedly mercenary character." The way to deal with these groups, Flexner suggested, was through "the public prosecutor and the grand jury."

Although he put the osteopathic school in a more respectable category, Flexner was still rather sharp with it. DO colleges, he said, "fairly reek with commercialism," and the catalogs of these schools "exploit" potential students with "a mass of hysterical exaggerations, alike of the earning and of the curative powers of osteopathy." On less subjective grounds, Flexner found that the entrance requirement of less than a high school education was inadequate, and that the laboratory and clinical facilities were poor, the number of teachers insufficient, and the research activity very scant.

How accurate were Flexner's statements? Dr. J.S. Denslow, vice president of the Kirksville College, feels that Flexner's factual observations were probably accurate. However, Denslow also said Flexner probably had no basis for impugning the motives of early osteopathic educators, as he did with his charge of exploitation. For one reason or another, the fledgling science did develop and improve. Denslow said that although it is difficult to determine cause-and-effect relationships in historical research, he is convinced that Flexner's work was instrumental in upgrading both allopathic and osteopathic educational standards. Indisputable is the fact that nearly half the nation's MD schools were closed in the decades following the report.

The situation within osteopathy was similar. In 1905, the AOA began requiring

that osteopathic schools offer a three-year approved curriculum. In 1915, this was raised to the Flexner-approved four years. In 1916, a high school diploma became an entrance requirement. But it was not until 1939 that admissions standards were raised to one year of college, followed quickly the next year by a two-year pre-professional requirement. Flexner had thought the high school diploma was the very lowest credential that should be accepted, and advocated the two-year college prerequisite as well.

Though Congress first recognized DOs as equivalent to MDs in a 1929 bill regulating medical practice within the District of Columbia, it was not until the 1960s that DOs gained equal national recognition from the federal government. At the state level, the process took an equally long time. Vermont was the first state to license DOs, in 1896, and it was not until 1973 that the last one, Mississippi, granted them full practice rights.

In most states today, any public hospital will admit qualified DOs to its staff. In addition, the osteopathic group maintains more than 220 of its own hospitals, the majority of which are accredited by the AOA. These hospitals admitted about one million patients in 1976.

Although appointment to the staff of a public hospital indicates the quality of graduates of modern osteopathic schools, some objective data is also available on the background of these physicians. Nationally, about 97 percent have at least a bachelor's degree, compared with only about 90 percent of all MD students. One reason for this percentage difference, according to AACOM's Crowley, is that some allopathic colleges are offering the combination college and medical school program, which takes high school graduates and puts them on a six-year track leading directly to the MD degree. "None of the osteopathic schools have anything like that," Crowley says, "because the AOA says that admission to a college requires a minimum of three years of pre-med training."

It does not seem significantly easier to enter an osteopathic college than an allopathic one. The new school at Ohio University, for example, which accepted its first freshman class last fall, turned away about 92 percent of a pool of highly qualified applicants. The charter class there has an overall undergraduate GPA of 3.3 and one third have advanced degrees—one a Ph.D. in immunology from Ohio State.

Why, one might wonder, would a prospective medical student apply to a DO school rather than an allopathic school? Usual answers have included a natural orientation toward family medicine or previous contact, while growing up, with an osteopathic practitioner. Although these reasons doubtless have some validity, a 1975 survey at Michigan State University

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# OSTEOPATHY

provides further insights.

It was found that over half of that year's graduating class knew almost nothing about osteopathy when they applied to medical school, and had entered because they had not been accepted at allopathic institutions. Nonetheless, the study revealed that osteopathic education had indeed left its mark by graduation time. Most graduates had decided to pursue careers in general practice, and "a significant proportion had become imbued with a high respect for osteopathic medicine, in large part because of the opportunity it gave them to deliver health care."

\* \* \*

"I knew nothing about osteopathic medicine when I started here," says Michael Settecase, a second-year student at the Chicago College of Osteopathic Medicine. "I applied to both MD and DO schools in Illinois, and this is the only one which took the time to look closely at me. My overall grade point average was not that high, but for my last three years, when I took pre-medical courses, I had a 3.5.

"The more I learn about osteopathic medicine," Settecase continues, "the more excited I get. It is everything I always wanted medicine to be." Apparently he is not alone in that attitude, and cites several members of his class who have had opportunities to transfer to MD schools, but have passed them up.

One difference between osteopathic and allopathic orientations is illustrated by observations Settecase made while assisting his father-in-law, an MD. "Twenty-five percent of the people I saw could have been manipulated as part of their therapy and would have benefited from it. Another 5 to 10 percent absolutely *should* have been, because their primary complaint would have taken nothing more than manipulation—low back pain, strained shoulder, and so on. But things are changing—even Harvard is beginning to teach manipulation, under the title of biomechanics.

"Our school treats you from day one as if you are going to be a GP, but emphasizes the holistic osteopathic approach," Settecase commented. "If someone comes in and wastes your office time because he's not getting along with his family, that's just as much a GP's problem as someone with a broken leg or an ulcer. You must constantly look at the total patient."

Despite the emphasis on general or family medicine, osteopathic physicians can be found practicing in any one of a full range of medical specialties—from psychiatry to pathology. Specialties are usually studied in residencies approved by the AOA, but recently, with prior approval, some DOs have been permitted to com-

plete AMA-approved training programs in fields where there is a shortage of residencies available at osteopathic hospitals. Under these circumstances, the DO has to agree to take the appropriate osteopathic specialty exam after his postgraduate study. Requirements of this kind obviously help the AOA maintain control over the education of its own. The AMA, for its part, has tried several methods in recent years to wrest some of this control from the rival organization.

These approaches differ from those tried earlier mainly because, to varying degrees, they implicitly recognize the increasing quality of osteopathic training. For instance, after years of branding osteopathy as "cultist" and unscientific, the AMA in 1967 launched a program to persuade osteopathic colleges to become allopathic colleges. A year later, when it had become clear that the prospects for a conversation at that level were less than promising, the AMA adopted an alternate plan aimed at encouraging the defection of rank-and-file DOs. Specifically, they were made eligible to join the AMA and affiliated state and local groups. Also, many AMA specialty boards were opened to DOs who completed approved residency and internship programs and passed the exams.

Since the goal of this still-operational plan is to "bring about an eventual amalgamation" of the two disciplines, the negative response it has received from organized osteopathy is not surprising. The AOA explains its attitude by saying that while it has been willing for many years to cooperate with the AMA on a basis of mutual respect, this unilateral action does not meet that criterion. Accordingly, the AOA has declared it "unethical" for a DO to join the AMA or any sister group and has imposed stiff sanctions for breaking that code. In short, the new AMA approach is viewed as simply an attempt to absorb osteopathy the way the homeopaths and eclectics were swallowed up long ago, not as a plan to promote cooperation between equally competent groups or aimed at bettering the nation's health care system. Without this element of cooperation, relations between the AOA and the AMA continue to be combative.

As the struggle continues, however, the outnumbered DOs are gaining respect. The general public is turning to osteopathy for health care services, particularly at the primary care level, and particularly in notoriously underserved areas.

Americans have traditionally favored diversity over monopoly in such areas as politics, economics, and philosophy. Despite militant undertones, the promise of increased professional competition between an expanding osteopathic school and an entrenched allopathic school should work to the ultimate benefit of health care consumers. □