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## Background questions:

What are the contemporary opportunities to achieve that vision? What are the challenges? And what are the intended and unintended consequences of having no cohesive professional vision to address existing issues of organization, governance, and growth of and for the profession?

October 28, 2020

Dear Dr. Ross-Lee,

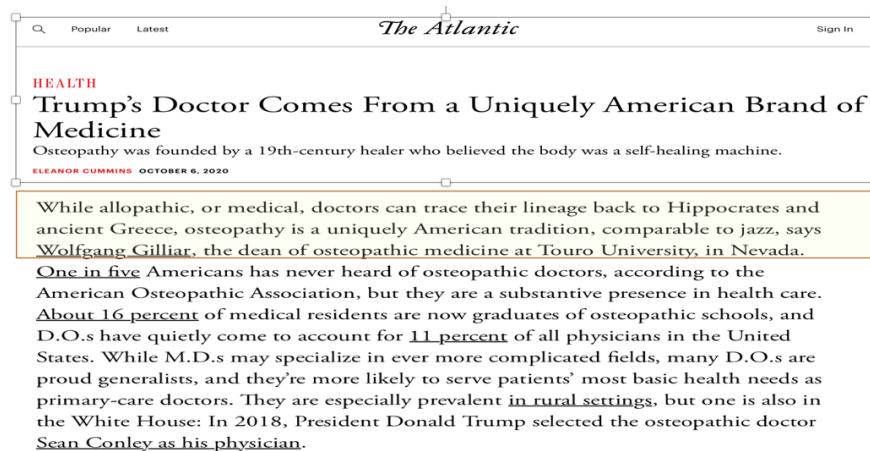
Dear Members of the Board of the American Osteopathic Foundation,

Thank you for this kind invitation to put to paper some thought-splinters directed at finding and sculpting a mutual vision of what Osteopathic Medicine is, what it 'does,' and what its practitioners of the future will do and represent within the greater collective of health and health care provision and especially vis-à-vis individual patient care.

Allow me to frame this invitation within the following motto:

**“Vision: envisioning the world through a refined osteopathic medicine lens”**

The current discussion is much needed; a discussion that must be candid in the form of a 'radical candor' (Kim Scott)-type of understanding that stands to illuminate the promise a profession that has served this country in some 'quiet' and 'loud' ways ever since its inception almost 150 years ago.



I am reminded however, by a recent note a trusted colleague sent me through the following SMS text in response to an article on Osteopathic Medicine in the Atlantic by Eleanor Cummins (October 6, 2020), stating: “... somehow though, I get the sense that articles never seem to capture what osteopathic medicine really is.” (TSL) We need to get to that next level?

The thoughts and descriptions that follow are based on an immersive relationship with “Osteopathic Medicine” from my pre-medical times, to the prodigious exposure to such osteopathic manipulative medicine titans at Michigan State College of Osteopathic Medicine as Myron Beal, D.O., Philip Greenman, D.O., John Goodridge, William Johnston, D.O. Fred Mitchell, Jr, D.O., Edward Stiles, D.O., Robert Wards, D.O. and in my ‘itinerant’ rotations in Philadelphia, the very special Dr. David Heilig. They all showed me how ‘osteopathic medicine’ is practiced AND integrated into the practice medicine in an evidence-based manner, long before that term became a standard ‘practice-driver’ in the 1990’s. The only goal of listing these activities above and below is to show the *richness of what osteopathic medicine* has to offer, including the hand as both diagnostic and therapeutic integrative tool.

#### **UPSHOT 1: The hand as the tool of tools.**

From there, I actively integrated as best as I could, the osteopathic concept into my own education as a budding physiatrist at the National Rehabilitation Hospital in Washington, D.C., where I was guided by the then medical service director, John Toerge, D.O. There, I saw, first hand, how a humble and a quietly impressive and knowledgeable physician rises to become the doctor’s doctor since he did have that ‘extra touch:’ in communication, with deep expertise, at a professional level far above any politics and polemics, in short, someone to emulate, again. I had the good fortune of learning from Prof. Dr. Warren Lux (Georgetown), later the director of the Traumatic Brain Injury Unit at Walter Reed Hospital that what matters is not the ‘degree’ but what you ‘do with that degree.’ I grew into seeing myself as an equal among peers and even withstood the criticism by some of my resident colleagues who felt that it was ‘unfair that I knew so much about musculoskeletal medicine and how to examine patients so effortlessly.’ Wherever I navigated my career path subsequently, the ‘art of the hand’, as the ‘tool of the tools’ gave me a dimension and confidence of patient care that I would otherwise never had the opportunity. The running of the acute traumatic brain injury at Tufts Medical School in Boston, and guiding a high-end, boutique practice in Silicon Valley for over twelve years with an active faculty appointment at Stanford in Palo Alto, CA taught me to appreciate what osteopathic medicine had to offer: a directness with the patient that is otherwise unmatched in medicine. As the Chairman of the Special Interest Group of Manual Medicine at the American Academy of Physical Medicine, I was able to introduce in 1993/1994 the first professional society’s “*Practice Parameters and Guidelines on the use of Manual Medicine in the Practice of Physiatry, an evidence based approach*”).

*"What I do know is that when I put my hands on a patient as part of a comprehensive physical exam, I begin to evolve a line of questioning that isn't entirely conscious. I pick up information in my hands that guide the questions I next need to ask."*

*Philip E. Greenman, DO, FAAO*

**UPSHOT 2: Osteopathic Medicine Connects directly with the Patient: DIRECT PATIENT CARE.**

I knew that I would return to the full-time academic world and thus, in 2004, I accepted the 'call' to chair's position of the Stanley Schiowitz, D.O. OMM Department at NYITCOM (formerly known as NYCOM). Having been in an academic teaching and clinical practice and administration until today has shown me how important it is that we **READY OURSELVES** to change our education system: today's students are so wonderfully gifted and truly dedicated to social causes, integration, diversity, acceptance of the other, that the osteopathic philosophy of 'wholeness' speaks to the inclusivity of the human spirit. **GOAL: work WITH our students.**

**UPSHOT 3: Osteopathic Medicine started as a social movement and is now poised to pick up where it started: SOCIAL COMMITMENT and VISION. Today's Students will lead forward.**

**Education:** being in the middle of the current education system, it is clear, if not obvious, that we must go from 'teaching down to' the students to provide a learning environment that fosters **LEARNING**. Illuminated learning. Creative and Critical Thinking will be key emphasis.

*"If we teach today's students as we taught yesterday's, we rob them of tomorrow."*

John Dewey

**UPSHOT 4: the new 'education' is *finding* what the learner needs and then guide her or him, forward individually; as osteopathic physicians we need both 'hard' and soft-skills (communication, team-work, creative thinking, conflict management abilities, leadership qualities, etc.)**

In regard to research in osteopathic medicine, Philip Greenman, D.O. envisioned research along three axes or domains, namely (1) Physiologic Mechanisms, (2) Clinical Outcomes and (3) Osteopathic Approaches.

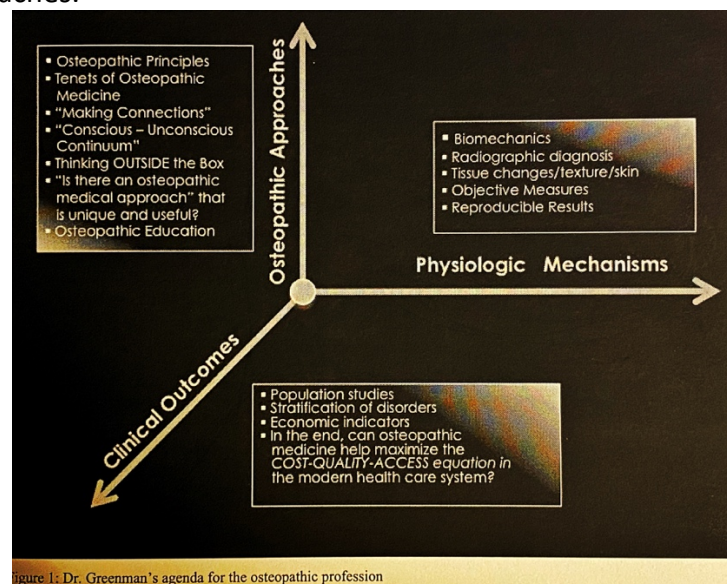


Figure 1: Dr. Greenman's agenda for the osteopathic profession

**UPSHOT 5: Thoughtful and Innovative Research and Scholarly Activities will be key for being ‘accepted’ in the scientific world. Critical Thinking and the application of data-driven expertise will play a crucial role.**

Putting the new Vision Together

Summary Ideas – Visioning Domains	What does this mean? How can we do this?
<b>UPSHOT 1: The hand as the tool of tools.</b>	<p>Through the use of the hand, the physician is able to obtain immediate tissue feedback and response to the diagnostic and therapeutic application of the hand.</p> <p>The artful use in the examination and treatment are key to determining additional information that is clinically useful and actionable (e.g. if amenable for OMM, for instance).</p> <p>The use of the hands will assure ‘better’ seeing/reading/comforting of the patient – thus LEADING to a <b>better patient – physician communication</b></p>
<b>UPSHOT 2: Osteopathic Medicine Connects directly with the Patient: DIRECT PATIENT CARE.</b>	<p>Other than surgery, no other branch of medicine can provide the DIRECT PATIENT evaluation and treatment in response to the OMM provided.</p> <p>I would call the future of osteopathic medicine: <b>Osteopathic Medicine: Direct Care</b></p>
<b>UPSHOT 3: Osteopathic Medicine started as a social movement and is now poised to pick up where it started: SOCIAL COMMITMENT and VISION. Today’s Students will lead forward.</b>	<p>Given the social commitment of our students and medical/surgical residents (generally speaking), the future approach to care is the building of the <b>new professional identity from the BOTTOM UP</b> rather than trying to request re-orientation of the ‘old’ (old mind-set) in a medical world that has become fractionated and quite polarized in different directions. <b>There is great source of hope when seeing the modern medical students working together.</b></p>
<b>UPSHOT 4: the new ‘education’ is <i>finding</i> what the learner needs and then guide her or him, forward <u>individually</u>; as osteopathic physicians we need both ‘hard’ and soft-</b>	<b>Medical education is shifting from the ‘sage on the stage’ to the ‘guide on the side’ –</b>

skills (communication, team-work, creative thinking, conflict management abilities, leadership qualities, etc.)	We must meet each learner where he or she expect us to meet and then guide them from there towards the appropriate goals. Modern Technology will be able to assist as well as AI (support not supplant).
<b>UPSHOT 5: Thoughtful and Innovative Research and Scholarly Activities will be key for being ‘accepted’ in the scientific world. Critical Thinking and the application of data-driven expertise will play a crucial role.</b>	<b>Research is important on all levels of basic science, DATA science and clinical practice.</b>  We can learn a lot from what the ‘masters’ do and accomplish using manual medicine techniques and see how their ‘thinking along the guided hand’ (see Greenman above) guides clinical decision making. Key will be that the new MODERN physician of the future will be able to serve as a data scientist/analyst as well as a humanistic scholar with empathy and compassion. “Clean touch” will serve as the connector. <b>Osteopathic Medicine is a Connecting Medicine.</b>

In summary, I believe that Osteopathic Medicine is indeed a uniquely American contribution to the health system. We need a new approach to the new problems, especially during and after this pandemic, if it ever ends in the near future. Our students will be the best ambassadors and they will go the extra mile to ‘deliver.’

As before, viewing Osteopathic Medicine in the light of ‘Jazz’ – can allow the comparison to ‘classical music’ – which is akin to the orthodox medicine with one personal opinion often. Osteopathic medicine has four tenets and emphasizing the innate healing ability is a major component of understanding diseases better.

Osteopathic Medicine and its physician representatives have nothing to ‘explain’ or feel defensive about. We should lead with our strengths. Always.

We should not look for ‘proof’ of anything other than doing quality work and staying connected to the task. Quality is always being recognized.

Thank you very much for this special invitation.

Please feel free to share or distribute any or all of the thoughts presented Sharing is the only way to go.

Warm regards,  
Wolfgang Gilliar, D.O., FAAPMR

## References

Cummins, Eleanor; *The Atlantic Magazine*, Trump Comes from a Uniquely American Brand of Medicine, October 6, 2020

Scott, Kim; *“Radical Candor”*, 2<sup>nd</sup> edition; 2019 St. Martin’s Press; New York City