

Correspondence

A Response to Competition Within the Physicians' Services Industry: Osteopaths and Allopaths

To the Editor:

Erwin A. Blackstone's article in the Summer, 1982 issue *Competition Within the Physician's Services Industry: Osteopaths and Allopaths* uses social-scientific style to give Osteopathy a back-handed compliment. Blackstone's thesis is that Osteopaths' most important role in medicine is that they provide an alternative to the allopathic monopoly.

Towards the end of his article under the subtopics "Responsiveness to Consumer's Desire" and "Diversity and Innovation in Methods of Training and Practice," he begins to touch briefly on differences between the two types of medical practice.

As someone relatively new to Osteopathy, (I joined the faculty at N.E.C.O.M. in January 1982, with no previous direct acquaintance with Osteopathy), it has become my view that Osteopathy offers far more than an alternative or sectarian school of medical practice, as suggested by Dr. Blackstone, or even just a group of physicians who can testify in court against allopaths.

In Osteopathy and its educational preparation, there is an attitude and style that goes far beyond osteopathy considering itself a defensive alternative. Among the students and younger physicians of our area, I have observed real skill in medical practice. I find osteopaths, in Maine, to be community as well as medical leaders. Among some of our specialists I find a real commitment to individual and family patient care.

There is currently a growth in the one-year Family Practice Residency Programs beyond internship. Smaller community-style hospitals serve as a positive alternative to the large impersonal, regional hospital centers, several of which exist even in Maine. Inter-relationships between D.O.'s and M.D.'s seem more cordial in smaller communities. D.O.'s serve on staffs of allopathic hospitals in communities where no Osteopathic hospital exists. A number of our students were recommended to Osteopathy by M.D.'s after learning the student's view of what he or she wanted from a medical career.

Cooperation in serving the patient is as much the norm for osteopathy as is the negatively defined concept of "competition" articulated by Dr.

Blackstone. One needs to look at Osteopathy, its political stances referred to in Blackstone's article from a more positive point of view, not merely an alternative or contradictory view. I suspect that the American Osteopathic Associations or individual Osteopathy physicians take a position because they believe it is right for both patients and for their medical practice.

Osteopathy is not without its faults or its expedient practitioners. However, were I to re-write Dr. Blackstone's article, I would want to do it from a more positive and humanistic perspective. Back-handed social scientific compliments are not adequate to a presentation of Osteopathy in an academic Journal.

Spencer Lavan, Ph.D.

Associate Professor of Humanities

New England College of Osteopathic Medicine

The author responds

To the Editor:

Dr. Lavan in effect complains that I am too much a social scientist. To this criticism I must plead guilty.

From the perspective of economics, the patient will be served by having alternative sources and providers of treatment. Competition encourages the two schools to train their practitioners to fill market demands and satisfy consumer desires. Competition does not mean that providers of different disciplines or schools of medical practice cannot cooperate, nor does it mean that either osteopathic physicians or allopathic physicians have a monopoly on high quality of treatment.

I assume that others can do a better job of providing a humanities perspective than one whose view is that of a social scientist.

Erwin A. Blackstone, Ph.D.