Axioms, Osteopathic Culture, and a Perspective From Geriatric Medicine

Donald R. Noll, DO
Havilah Julia Sthole, AS
Thomas A. Cavalieri, DO

Osteopathic medicine is a rapidly growing discipline in health care that has much to offer the wider biomedical community. A distinction of the osteopathic medical profession is the importance of an overall guiding philosophy. Despite the osteopathic medical profession's success, there remains concern about the profession's ability to maintain its unique identity. Among many factors that have contributed to the profession's success, certain axioms from its earliest days are pertinent to the profession's identity. Maintaining a knowledge and appreciation of osteopathic axioms can play an important role in safeguarding the profession's identity. These axioms encapsulate osteopathic philosophy and, moreover, are universally useful for patient care. As osteopathic geriatricians, the authors explore the value and meaning of these axioms for anyone who treats patients, but especially for the care of the elderly. The authors also propose a new axiom, derived from the experience of 2 of the authors: "First try to blame it on the medications."

Axioms

An axiom is a maxim widely accepted on its intrinsic merit. It sums up an established rule, principle, or self-evident truth. Similar terms for it include adage, aphorism, epigram, truism, and precept. Axioms have a general universal and timeless appeal and are especially pertinent to the osteopathic medical profession's culture and history. Carol Trowbridge, biographer of Andrew Taylor Still, MD, DO, observed:

The art of osteopathy can be found in Still’s individualized patient oriented approach. Still could never bring himself to formulate a manual of osteopathic technique, insisting every case was unique. This individualized approach meant an overall guiding philosophy was highly important, so Still sought to make each osteopath a self-generating philosopher.

To teach his philosophy, Still frequently used easy-to-remember axioms to convey his ideas about patient care. From Still’s time until now, osteopathic physicians have followed in this tradition, so much so that axioms are an important aspect of the profession’s culture and identity. In the present article, we explore several osteopathic axioms and propose a new axiom based on our (D.R.N.’s and T.A.C.’s) background in geriatric medicine.

Each osteopathic axiom expresses a general principle about patient care. However, this discussion is not meant to be a reinterpretation of the 4 tenets of osteopathic medicine, first formulated in 1953: (1) the body is a unit, (2) the body possesses self-regulatory mechanisms, (3) structure and function are reciprocally interrelated, and
normal structures within the musculoskeletal system. He believed that the cause of disease could be found in a slight anatomic deviation from normal presentation, even an anatomic deviation as small as “the thousandth of an inch.” An overriding theme in his writings was the importance of identifying the cause, looking for the cause, searching for the cause, wherever these actions may lead. By “find it,” he meant find the cause. Still wrote that each student should “think before he acts, to reason for and hunt for the cause in all cases before he treats; for on his ability to find the cause depends his success in relieving and curing the afflicted.”

Find It, Fix It, and Leave It Alone

Although Still may have never written down the exact phrase “Find it, fix it, and leave it alone,” he clearly spoke it, and his contemporaries considered this axiom to be important. Ernest Eckford Tucker, DO, who was an early student at the American School of Osteopathy (ASO), referred to “Find it, fix it, and leave it alone” as one of Still’s frequently used epigrams. M.A. Lane, professor of pathology at ASO, said it was Still’s “well worn axiom.” W.J. Conner, DO—a close friend of Still’s—said of this axiom, “we worked by that rule all the time.” This axiom was so strongly associated with Still that a 1909 Kirksville postcard bears a drawing of him alongside it (Figure). Also of note, Still writes in his autobiography something very similar:

When you know the difference between normal and the abnormal you have learned the all-absorbing first question, that you must take your abnormal case to the normal, lay it down, and be satisfied to leave it.

A recurrent theme throughout Still’s writings is the importance of finding the underlying cause for the presenting problem. Still was critical of treatment based on the signs and symptoms of diseases, which he equated to guesswork and viewed symptoms as effects rather than causes. Treating symptoms does not mean the cause has been addressed. He also called drug treatment of this time a “system of blind guess-work.” For Still, the underlying cause of disease was usually found in abnormal structures within the musculoskeletal system.
One story highlights how deeply Still felt about treating with precision. Still befriended a student who was unable to afford school. Still mentored the student, meeting with him weekly and paying for his room and board. During the student’s final term, Still observed as the student treated a man with limited use of his left leg. Hoping to impress his benefactor, the student “manipulated the poor fellow from stem to stern, from port to starboard, and back again.” This prompted an angry reaction from Still, who told the student he had not learned anything about osteopathy, that he was ashamed of the student, and that he might even not permit the student’s graduation. Still then set the patient up for a manipulative maneuver and with one swift thrust caused a resounding ‘pop’ and enabled the patient to walk away without a limp or pain.

The phrase “leave it alone” also warns against overtreatment. Hildreth stated that the reasoning behind this part of the axiom was “if treatment was given too soon after the correction of a lesion, the tissue was apt to be traumatized and the disturbance would be worse than before the treatment.” Consistent with this interpretation, Lane stated that the last 3 words are the heart of the axiom. To Lane, “leave it alone” did not mean to avoid touching the patient again after the first treatment. It meant that after a lesion is corrected, nature will do the subsequent work of obviating the need for frequent treatments. Lane also believed “leave it alone” was a “vigorous protest” against the drug treatments of Still’s era, which were often harmful. For example, a pocket medical formulary published in 1929 listed many dubious treatments for pneumonia and includes adrenaline, bloodletting, strychnine, digitalis, belladonna, ergot, cresote carbonate, quinine, and iron. The practice of avoiding dubious drug therapies may help explain why early osteopaths were so successful.

Another facet of “Find it, fix it, and leave it alone” is that the phrase taken as a whole describes a process for patient care, a subject about which Still thought deeply. “Find it, fix it, and leave it alone” describes what we will
You Treat What You Find

“You treat what you find” is a lesser-known axiom from Still. It was Still’s habit to teach through lectures highlighted by colorful analogies and dramatic illustrations. Tucker recalled one of these lectures, during which Still began by telling the class he was going to draw a pig on the blackboard. In good humor, with chuckles from him and chuckles reciprocated from the class, he drew something like a pig, but it soon developed a long neck and two long legs and a fanlike tail. He turned back to the class, chuckled again, and the class chuckled back. Suddenly, his mood changed; he drew himself up and demanded, “How many of you diagnosed a pig?” He threw down the chalk, paused for effect, then continued:

“You read in your text books that pneumonia is such and such and so and so. Maybe it is. But you look for yourselves, according to osteopathic teachings, and see everything, not just what the book says. I never fail to find, and my graduates never fail to find, such and such a condition in the body. It is a turkey, not a pig. You will never find it if you never look for it; but if you look for it you will find it. If you treat that case according to what the book says, you will get the result that the book promises, which is not much. If you treat what you find as osteopathic physicians you should be able to cure your cases. What is osteopathy? You exam the body; as an engineer; and the body itself shows you what to do, what needs to be done. You treat what you find.

This account conveys skepticism toward accepted conventions. Still had good reason to be skeptical of the treatments prescribed in the medical textbooks of his day. In this particular account, he refers to textbook treatments of pneumonia, which—as previously mentioned—were of dubious value. Even in this day
of modern evidence-based medicine, skepticism toward accepted medical practices has a constructive role when expressed as a critical examination of the medical literature. This attitude of skepticism was discussed in the classic editorial by Sackett et al, who described what evidence-based medicine is and what it is not. The authors define evidence-based medicine as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. Inherent to evidence-based philosophy is the principle of evaluating the medical literature critically—and then of applying the best evidence judiciously to fit the individual. Sackett et al took the position that external clinical evidence can inform, but can never replace, individual clinical expertise. It is this expertise that determines whether the external evidence applies to the individual patient. In this sense, “You treat what you find” is complementary to evidence-based medicine philosophy because the axiom represents an admonishment to apply what you know to the conditions you find in an individual patient. This sentiment is expressed elsewhere in Still’s writings. “You must reason, I say reason, or you will finally fail in all enterprises. Form your own opinions, select all the facts you can obtain. Compare, decide, then act. Use no man’s opinions; accept his works only.”

The axiom also stresses the need to keep an open mind about the diagnosis and not be unduly biased by the authority of the previous diagnosis. The patient’s past medical history is of great value, and a previous diagnosis given by another health care practitioner is likely to be correct. However, previous diagnostic labels can be incorrect, which is important because treatment based on an incorrect diagnosis will lead to suboptimal treatment. There are barriers between physicians and other health care practitioners to revising a previous diagnosis. For example, a primary care physician can be reluctant to challenge a diagnosis given by a specialist, especially if it falls within the specialist’s area of expertise. Likewise, specialists may uncritically accept a previous diagnosis, especially if it falls outside their area of expertise. Physicians who are still in postgraduate training and who are given the task of completing hospital admission orders can be reluctant to deviate from a diagnosis given by others, even when the clinical picture clearly shows something else. Reluctance and caution toward reassessing an established diagnosis is appropriate. However, clinical conditions are constantly changing, new information comes to light, and initial assessments are not always correct. Every physician and health care professional needs to recognize when the pig has morphed into a turkey.

Another concept implied by “You treat what you find” is that if you do not look for it, you will never find it. In other words, interview the patient yourself, examine the patient yourself, look at the medication list yourself, and look at the laboratory findings and other test results yourself. If a specific condition comes to mind for a differential diagnosis, then it is generally a good idea to either confirm or rule out that condition. You treat what you find, and the findings will show you how to treat.

The axiom “You treat what you find” is especially useful in elderly patients because atypical presentations of disease are common. A fever may be absent during an infection, or an acute coronary event can manifest as acute confusion rather than chest pain. Textbook presentations are less common as a patient reaches an advanced age and comorbid conditions complicate the clinical picture.

**If You Talk With Your Patients Long Enough, They Will Tell You What Is Wrong With Them**

Although there is little evidence that he actually said it, Sir William Osler is widely credited with the aphorism “Listen to the patient. He is telling you the diagnosis.” The osteopathic version, or at least the version most familiar to us, appears to be “If you talk to your patients long enough, they will tell you what is wrong with them.” The latter axiom was so frequently used by Max T. Gutensohn, DO, and so fondly recalled by his students that it has become part of the profession’s heritage.
Through the tactile senses, and it strengthens the patient-physician relationship. Learning to listen is the key to letting the patients tell you what is wrong. The axiom implies that learning how to touch and learning how to listen to the patient are what a student can learn at an osteopathic medical school. Gutensohn’s description of the osteopathic approach encapsulates osteopathic culture and values, handed down to Gutensohn, and now passed along to contemporary osteopathic trainees and physicians. The axiom also makes a good recruitment tool for osteopathic medical schools. What can be learned at an osteopathic school that is distinctively different from an allopathic school? The student can learn “how to touch people and let them tell you what is wrong.”

Gutensohn also alluded to the need for a diagnostician to have a strong medical knowledge base. He linked having a strong medical knowledge base to being a good diagnostician. Because he was teaching, he had to keep up to date on medical literature, and this prowess in learning “naturally fell in with diagnosis.” A strong medical knowledge base requires being a disciplined reader, having self-motivation, and keeping up to date with the current medical literature. The inference is clear: knowledge has to be there for the “bell to ring.”

First Try to Blame It on the Medications

We propose a new axiom pertinent to the care of the elderly: “First try to blame it on the medications.”
develops peripheral leg edema, and furosemide may be prescribed to manage the leg edema. Later, a potassium supplement is added to manage hypokalemia associated with the furosemide. Then the patient gets heartburn from the potassium supplement, so a proton pump inhibitor is prescribed. The medication cascade can be avoided by switching to another class of antihypertensive agents rather than adding a medication to manage an adverse event of the initial medication.

The utility of the axiom is that it reminds the physician of a productive area to start to look for diagnostic answers. It is as Still said: “You will never find it if you never look for it.”

At the present time, the osteopathic profession is experiencing exponential growth. The 2012 Osteopathic Medical Profession Report indicated that between 1935 and 1975, the profession grew from approximately 8000 to 12,000 osteopathic physicians in the United States. Thus, it took the profession 40 years to grow by approximately 4000 osteopathic physicians. Today, the osteopathic profession in the United States grows by more than 4700 osteopathic physicians every year, and the rate of growth is only accelerating with the addition of new colleges of osteopathic medicine. In 2012, including new graduates, there were more than 82,500 practicing osteopathic physicians in the United States. These data should both please and alarm every osteopathic physician. Will we be able to sustain a distinctive culture in the face of such explosive growth? In 1 small study, Carey et al evaluated a sample of 54 office visits and used a 26-item list to compare the actions of 11 osteopathic physicians with those of 7 allopathic physicians. The videotaped patient encounters were scored in a blinded fashion. The results showed that the osteopathic physicians were more likely to discuss the patient’s emotional state, to use the patient’s first name, to discuss health issues in relation to social activities and family life, and to discuss preventive measures specific to the complaint. The investigators concluded that osteopathic physicians seem to have a distinctive communication style. Draper et al showed that the decision to study at an osteopathic medical...
school by prospective students is strongly associated with the level of agreement with osteopathic philosophy and the intention to use osteopathic manipulative treatment in future practice. Although these findings are encouraging, the challenges facing the osteopathic profession remain.

Conclusion
There are many other osteopathic-related axioms we could discuss. The profession’s past is particularly rich in axioms and other types of wise sayings intended to communicate concepts of patient care. Taken together they contribute to the osteopathic medical profession’s distinctiveness and its contribution to the wider biomedical community. Remembering our heritage through axioms is 1 way to ensure that the profession’s culture is passed on to the next generation and that the profession’s distinctive contributions to health care are sustained.

References

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The need for osteopathic geriatric academic leaders who are educators and researchers is well recognized. The University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine's Geriatric Residency program, a federally funded Faculty Training Project in Geriatric Medicine and Dentistry, has served as a model program in the osteopathic medical professional since its inception in 1989. Supported By: HRSA BACKGROUND: Declining numbers and a mal-distribution of geriatricians between urban and rural areas poses a serious threat to geriatric medicine. Geriatrics fellowship (GF) programs that supply the workforce have faced challenges competing for a small number of applicants to fill first year fellow positions. Osteopathy (also called osteopathic medicine) relies on manual contact for diagnosis and treatment (3). It respects the relationship of body, mind and spirit in health and disease; it lays emphasis on the structural and functional integrity of the body and the body's intrinsic tendency for self-healing. Osteopathic practitioners use a wide variety of therapeutic manual techniques to improve physiological function and/or support homeostasis that has been altered by somatic (body framework) dysfunction, i.e. impaired or altered function of related components of the somatic system; skeletal. Most students at University of New England College of Osteopathic Medicine (UNE COM) will go on to treat older adults at some point during their careers. Until now, those future physicians did not know exactly what it felt like to be in their shoes. In November 2016, UNE Library Services and the UNE COM Division of Geriatric Medicine received a National Network of Libraries of Medicine New England Region (NN/LM NER) Technology Grant to implement the Embodied Labs “We Are Alfred” virtual reality (VR) experience project. Beth Dyer, M.L.I.S., A.H.I.P., and Barbara Swartzlander, M.S.Ed.