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From distinct to indistinct, the life cycle of a medical heresy. Is osteopathic distinctiveness an anachronism?

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Abstract Osteopathy began life as a medical heresy. In the USA, osteopathy embraced medicine and surgery, with an inevitable diminution of distinctiveness. Osteopaths elsewhere practice in much the same way as a century ago. Limited to manual intervention, categorised as 'allied', 'complementary' or 'alternative', distinctiveness is now diminished by similarity with other professional groups. In contrast though to late nineteenth century practice, osteopaths today are the beneficiaries of hitherto unimaginable medical and scientific knowledge, and the target of an omnipresent societal demand for evidence-based practice (EBP), that is requiring of professional and institutional support through explicit policy. There is an urgent need to overcome a cultural torpitude within osteopathy to subject any and all aspects of practice to robust scientific scrutiny, and in particular to relinquish those aspects that have assumed the dimensions of a bloated sacred cow, whose chief requirement for sustenance is faith. To manifest both distinctiveness and professional visibility, determined engagement with science (the evidence), and with other communities whether in clinical practice or in the basic sciences is now imperative. Marginalisation through progressive irrelevance is a poor alternative.

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Introduction

"Osteopathic manipulative treatment may be regarded as the most defining characteristic of osteopathic medical practice."[1]

"If somebody cannot see or feel the difference between two practitioners, then there is none."[2]

A little more than a century ago, osteopathy began life as a medical heresy; that is, a belief or theory strongly at variance with established beliefs and customs,[3] and it numbered among one of several alternative practices in late nineteenth century America.[4] Osteopathy laid specific claim to the systematic utilisation of the instinctive and ancient practice of manual intervention with a rational view of human structure and functional interrelatedness. The practice of osteopathy in the US and elsewhere was characterised by manipulative intervention *in addition to* a statement of guiding principles or philosophy of practice.

Today, osteopaths outside the USA practice osteopathy in arguably much the same way as they did a century ago. There has been no discernible alteration to the original scope of practice, one limited to manual intervention. Nevertheless, that osteopaths are now the beneficiaries of unimaginable medical and scientific knowledge when compared to their professional forebears is undeniable. It is therefore surprising that so often within osteopathy the language and the debates appear to have changed little, being characterised by repetition and what could be described as an unwillingness to engage with current scientific knowledge.

For example, osteopathic lore surrounding the sacroiliac joint demonstrates this well. The osteopathic literature presents the perceived osteopathic view,[5] one that manifests an intellectual gap between current knowledge in functional anatomy, and biomechanics.[6,7,8] This gap is not new. Strachan and colleagues[9] stated in 1938: "The anatomy of the joint is important only in interpreting our results of motions obtained. We find that anatomy of the sacroiliac joint does not in itself declare the function of the joint, because the study of the joint surfaces exposes too many small irregularities…the importance of which has not been apparent," referred to later under '*mechanics*' as: "…*of minor importance and doubtful significance*."

More recently, Fryer and colleagues[10] inadvertently confirmed an intellectual gap observed by others. Gerald Weissmann, Editor-in-Chief of the Federation of American Societies for Experimental Biology Journal (FASEB), highlighted an apparent disconnect between the teaching of the basic sciences and the teaching of osteopathic medicine in the USA.[11] Fryer and colleagues demonstrated the presence of not only wide variance in the undertaking of spinal and sacroiliac assessment but the use of a plethora of treatment techniques by a group of US osteopaths.[10] True, the study has limitations and a low response rate, but it raises a red flag regarding the utilisation of evidence-based practice.

The contention of this short commentary is to assert that the astonishing growth of knowledge seen in medical sciences, and in particular in the application of the scientific method to clinical reasoning, has rendered void the late nineteenth century rationale that once provided a basis for the heretical birth of osteopathy. Today, notions of osteopathic distinctiveness in an era of evidence-based practice (EBP) are illusory and rhetorical. This is a predictable endpoint, commented on by others, who recognise the similarities in contemporary medical education and training,[12] the use of multi-professional clinical guidelines for best practice[13] and a pervasive philosophy of EBP, with the capacity to inform clinical reasoning *in situ* that imposes an ethical demand for best practice rather than 'business as usual'.

In the beginning

The early apparent clinical 'success' of osteopathy was attributable in no small part to a withholding of the health challenging features of usual medical and surgical practice of the late nineteenth and early twentieth century. This mere withholding of usual practice in favour of more benign manual intervention and lifestyle advice boded a more likely improvement in clinical outcomes. Nevertheless, in spite of this apparent putative 'success', osteopathy in the USA bore the same burden of ignorance in the medical sciences from which its allopathic progenitor suffered, together with the handicap of nascent technology, and an absence of the scientific method in practice.

In the USA, osteopathy developed relatively quickly into the practice of osteopathic medicine and surgery,[4] eventually leading to full membership of the medical and surgical communities. In clear contrast to the USA, in the UK and elsewhere osteopathy remained confined to the limited practice of manual intervention where is now formally described as a part of 'allied health' or 'complementary and alternative medicine' (CAM).[14] There has been little professional development beyond the practice of manual therapy