As the premier scholarly publication of the osteopathic medical profession, JAOA—The Journal of the American Osteopathic Association encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the healthcare professions to submit comments related to articles published in the JAOA and the mission of the osteopathic medical profession. The JAOA’s editors are particularly interested in letters that discuss recently published original research.

Letters to the editor are considered for publication in the JAOA with the understanding that they have not been published elsewhere and that they are not simultaneously under consideration by any other publication. Although the JAOA welcomes letters to the editor, readers should be aware that these contributions have a lower publication priority than other submissions. As a consequence, letters are published only when space allows.

All accepted letters to the editor are subject to editing and abridgement. Letter writers may be asked to provide JAOA staff with photocopies of referenced material so that the references themselves and statements cited may be verified.

Readers are encouraged to prepare letters electronically in Microsoft Word for Windows (.doc) or in plain (.txt) or rich text (.rtf) format. The JAOA prefers that readers e-mail letters to jaoa@osteopathic.org. Mailed letters should be addressed to Gilbert E. D’Alonzo, Jr, DO, Editor in Chief, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864. Mailed submissions and supporting materials will not be returned unless letter writers provide self-addressed, stamped envelopes with their submissions.

Letter writers must include their full professional title(s) and affiliation(s), complete preferred mailing address, day and evening telephone numbers, and preferred fax number and e-mail address. In addition, writers are responsible for disclosing financial associations and other conflicts of interest.

Although the JAOA cannot acknowledge the receipt of letters, a JAOA staff member will notify writers whose letters have been accepted for publication.

All osteopathic physicians who have letters published in the JAOA receive continuing medical education (CME) credit for their contributions. Writers of original letters receive 5 hours of AOA Category 1-B CME credit. Authors of published articles who respond to letters about their research receive 3 hours of Category 1-B CME credit for their responses.

**Excessive Tuition Does Not Equal Excellent Education**

*To the Editor:*

After reading the letter by Ethan Wagner, DO, published in the February 2008 issue of JAOA—The Journal of the American Osteopathic Association,1 I was prompted to write and urge the JAOA to follow Dr Wagner’s suggestion of publishing an article correlating tuition hikes at colleges of osteopathic medicine with administrative salary increases. I agree with Dr Wagner that such an article would be interesting to read.

I also find it interesting that the osteopathic medical profession, which attempts to place as many osteopathic physicians as possible in primary care, has such an inordinate cost of education. Relative to the salaries of physicians in other specialties,2 those in primary care are likely to have more difficulty paying off their education debts.

If I knew 4 years ago what I know now—as a fourth-year osteopathic medical student—I would have made a greater effort to gain admission into a medical school that would not have left me with the extreme financial burden that I face today. I can honestly say that, from my perspective, excessive tuition prices (ie, >$36,000/year) do not guarantee excellent education.

I sincerely hope that the osteopathic medical profession will do more in the future to blunt the sharp and frequent hikes in tuition at its medical schools.

**Curtis K. Andrews, OMS IV**
Henderson, Nev

**References**


**Mortgaging Our Future, Foreclosing Our Profession**

*To the Editor:*

Medical school debt is a challenge facing many young physicians, DO and MD alike.1-3 In fact, several authors have suggested that concern about debt, rather than the rigors of medical training, is the leading source of stress among medical students.4,5 Such stress may be severe enough to have an adverse impact on academic performance, especially among students from low-income backgrounds.4,5 For osteopathic medical students, young DOs, and the profession as a whole, concern about high debt loads is especially important and is related to three other issues:

- □ possible future problems regarding financial solvency of colleges of osteopathic medicine (COMs)
- □ potential reductions in applications to, and matriculation into, COMs from individuals of racial or ethnic minority groups
- □ negative public perceptions about the quality and scope of osteopathic medical education

Letters
High education-related debt loads among osteopathic medical students and young DOs call into question the long-term financial solvency of COMs and their alumni. In the 2008 edition of US News & World Report’s “America’s Best Graduate Schools,” five of the 10 medical schools with the highest levels of debt among graduates were COMs. In addition, the two schools with the highest graduate debt burdens were COMs. Although COMs and their branch campuses comprise only 16% of all fully accredited medical schools in the United States and Canada, COMs make up half of the medical schools with the highest debt among graduates.

To say that these data are alarming is an understatement. With the exception of a few federal service (eg, the Department of Health and Human Services’ National Health Service Corps, the US Armed Forces’ Health Professions Scholarship Program) and highly variable state-level loan repayment programs, students have few choices but to assume greater personal debt to finance an osteopathic medical education.

Interestingly, three of the five COMs with the highest debt burdens reported for the class of 2005—Kirksville (Mo) College of Osteopathic Medicine—A.T. Still University, Philadelphia (Pa) College of Osteopathic Medicine, and Touro University College of Osteopathic Medicine—California in Vallejo—have opened branch campuses since 2000. It is not clear whether the revenues used for, and generated from, the establishment of new schools of osteopathic medicine and additional branch campuses are being partly funded through student tuition or through the redistribution of other resources (eg, selling land assets where osteopathic hospitals once stood).

Although some in the osteopathic medical profession justify the explosive growth in class sizes at existing COMs and the opening of new schools—including the for-profit Rocky Vista University College of Osteopathic Medicine in Parker, Colo—by a perceived shortage of physicians, the evidence cited for such shortages is based on a series of unproven assumptions about the US healthcare system. For example, the assumption that demand for physicians will increase as gross national product increases is not absolute.

If the osteopathic medical profession chooses to continue its growth through COMs, it is unlikely that the addiction to student tuition as a source of financial well-being can sustain COMs for years to come. It is even more difficult to conceive that current osteopathic medical students will be compelled to become generous alumni donors while also committing large portions of their monthly incomes to repaying long-standing student debt.

At a time when applications to osteopathic medical schools are at historic highs, medical education is becoming less affordable to many students, especially students from disadvantaged backgrounds. High tuition costs and the prospect of debt on graduation that far exceeds $100,000 could result in the inability of COMs to recruit and retain students who represent the diverse communities our nation boasts. In fact, data compiled by the Association of American Medical Colleges reveal that cost was the leading reason for not applying to medical school among qualified African American, Hispanic, and Native American candidates.

Medical students who are members of racial or ethnic minority groups are most likely to become practicing primary care physicians in our nation’s most underserved communities—even in the face of crippling debt. Therefore, a decline in the number of these students in our COMs as a result of the prospect of looming debt would be a tragic blow—not only to diversity and cultural understanding in osteopathic medical institutions, but also to our efforts to provide healthcare services in underserved communities.

Conversely, the promise of lower postgraduate debt at COMs could result in the recruitment of higher quality students to the osteopathic medical profession. Before opening more branch campuses and more new COMs, the American Osteopathic Association and existing COMs should evaluate their missions to determine whether quality or quantity will be the hallmark of osteopathic medicine for the future.

Finally, the disproportionate debt burden held by young DOs rekindles, at least indirectly, the historic image of COMs as being academically inferior to allopathic medical schools and lacking the research facilities, number of basic science faculty members, and commitment to academic medicine of their allopathic counterparts.

Despite high debt among osteopathic medical students, few COMs operate academic hospitals with graduate medical education programs. Fewer still have the research funding needed to support faculty salaries, sustain infrastructure improvements, and contribute to discoveries in osteopathic manipulative medicine or other important areas of science.

When COMs are compared with allopathic medical schools that have low debt among graduates, the question becomes whether the mission of COMs is to contribute to improving medical education, advancing scientific research, and providing quality clinical care or simply to develop curricula and award diplomas to persons willing to incur six-figure debt.

Among allopathic medical schools with the lowest debt burdens for graduating physicians are the Johns Hopkins School of Medicine in Baltimore, Md; Stanford (Ca) University School of Medicine; and Mayo Medical School College of Medicine in Rochester, Minn. In 2005, the average debt of a graduate from Mayo Medical School was nearly two-thirds less than that held by a graduate from Touro University College of Osteopathic Medicine–California. Many of the same allopathic medical schools with low debt among grad-
uates also have vast research infrastructures to maintain, complex hospital and healthcare systems to finance, and large numbers of basic science and clinical faculty engaged in research, student education, and patient care. Thus, not only are these allopathic medical schools producing physicians with less debt, their institutional resources offer students greater opportunities to prepare for positions of leadership in research, education, and clinical care—positions that will shape healthcare policy at the state and federal levels for decades to come.

The question among prospective applicants to COMs will eventually (or has already) become:

What is the additional value of choosing an osteopathic medical school over an allopathic medical school, especially when debt incurred from osteopathic medical education is so high?

I wager that, for many of these applicants, “the osteopathic difference” will unfortunately not be palpable enough to convince them of the merits of becoming a DO.

If the osteopathic medical profession is to produce leaders who will shape the future of medicine, we must aggressively address the economic realities facing debt-burdened osteopathic medical students and young DOs. Addressing those realities might include structured financial-planning programs and tuition-stabilization initiatives.

For many new DOs, the cavalier response of academic administrators to “not worry” about future debt is myopic and irresponsible. Such a response threatens the health of the osteopathic medical profession. If COMs continue to expect students and young DOs to mortgage their professional and financial futures to finance their education, the result might well be the foreclosure of the osteopathic medical profession.

Editor’s Note: Student Doctor Kraus states that the views expressed in his letter to the editor are his own and are not intended to represent any positions of the Philadelphia (Pa) College of Osteopathic Medicine.

References


Award-Winning Debt-Management Education

To the Editor:

I read with interest the letter to the editor published in the February 2008 issue of JAOA—The Journal of the American Osteopathic Association titled, “Debt control for young DOs.”1 Like the letter writer, I am concerned about the increasing debt loads faced by graduates of osteopathic medical schools. In fact, at Midwestern University’s two colleges of osteopathic medicine, we strive to provide comprehensive debt-management education and counseling to all of our students.

Unfortunately, Ethan Wagner, DO1 made some assumptions about Midwestern University’s financial planning programs based on the December 2007 Money Magazine article “Young doctors in debt,”2 that are simply untrue. Indeed, in 2006, the Chicago College of Osteopathic Medicine (MWU/CCOM) in Downers Grove, Ill, received an Excellence in Debt Management Award from United Student Aid Funds, Inc,3 and the Arizona College of Osteopathic Medicine (MWU/AZCOM) in Glendale now has an identical program. This award reflects the outstanding work done by Midwestern University’s Office of Student Financial Services in providing financial literacy programs to our students—from the time they are applicants to the day they graduate.

(continued on page 264)
Our programs cover such topics as adjusting standards of living, financial planning for couples, orienting students regarding financial considerations related to clinical rotations, and loan repayment and consolidation options. In addition, many of our students take advantage of our open-door, one-on-one financial counseling sessions.

The emphasis of Midwestern University’s financial literacy programs is to help our students make informed decisions about their living expenses, which they often fund through student loans that go above and beyond the cost of tuition. At Midwestern University, we agree with Dr Wagner that students need to be very careful about the money they take out in the form of student loans because they will someday have to pay back these loans with interest. With this reality in mind, the estimated budget guidelines that Midwestern University provides students to cover housing, food, transportation, and other incidental costs are quite reasonable. However, some students choose to take out more than our recommended amounts in the form of private loans, which substantially increase their debt burdens on graduation.

Dr Wagner is correct in stating that medical education is expensive. However, the rate of tuition at most private medical schools, including Midwestern University, covers only about 70% of the actual cost of providing a medical education. The expense of attracting and retaining qualified faculty, building and maintaining necessary academic facilities, obtaining and funding outstanding clinical rotations (including clinical faculty salaries), and providing needed student services must all be factored in the cost of tuition. To assume that tuition costs are linked only to the salaries of executive leadership is not only shortsighted, it is simply incorrect.

Finally, it is important to note that the default rate on student loans for Midwestern University graduates is consistently less than 0.05%. Our alumni are able to manage their debt and pay back their loans. Contrary to Dr Wagner’s assertion that the young osteopathic physician featured in the Money Magazine article made a poor decision to attend MWU/CCOM instead of a public allopathic medical school, we believe that this alumnus made an excellent decision—as reflected in his ability to gain a competitive residency in anesthesiology in the Chicago land area. Clearly, the quality education he received at MWU/CCOM will bode well for him throughout his medical career.

At Midwestern University, we are proud of the financial literacy programs that we offer to our students. We recognize the problem of rising student debt, and we are doing our part to make sure that our students have the tools necessary to make informed decisions about their financial futures.

Kathleen H. Goepinger, PhD
President and Chief Executive Officer
Midwestern University
Glendale, Ariz

References

Working to Ease Debt Burdens

To the Editor:
In his letter published in the February 2008 issue of JAOA—The Journal of the American Osteopathic Association, Ethan Wagner, DO,7 raises legitimate concerns regarding the high cost of osteopathic medical education and the rising debt loads confronting osteopathic medical students. However, I take exception to his characterization of colleges of osteopathic medicine (COMs) as unconcerned entities that do not provide adequate financial counseling opportunities for their students.

The COMs have worked proactively to ensure that their students and graduates are “financially literate” and aware of the services that might help them best manage their education debt. Not only are COMs required to provide financial counseling,2-6 most of them go far beyond this requirement in an effort to help their students navigate the early years of debt accumulation and repayment—a time when young physicians feel especially hard hit. The financial education programs of COMs are extensive and include entry-to-exit financial services programs, financial management programs, and even formal seminars on the business aspects of medicine.

Dr Wagner7 notes that Midwestern University/Chicago College of Osteopathic Medicine (MWU/CCOM) is the alma mater of the physician featured in the December 2007 Money Magazine article titled “Young doctors in debt.” However, as noted by Kathleen H. Goepinger, PhD,8 MWU/CCOM received the honor of winning a 2006 Excellence in Debt Management Award.9 Obviously, there is a disconnect between Dr Wagner’s perceptions derived from the Money Magazine article7 and the realities of financial education programs available at MWU/COM and other osteopathic medical schools.

This is not to say that osteopathic medical education is inexpensive or that substantial debt burdens are easy for new DOs to shoulder. In May 2007, I explored some particularly worrisome aspects of this topic in Inside OME, the online newsletter of the American Association of Colleges of Osteopathic Medicine (AACOM).10 In the remainder of the present letter, I adapt that piece to help open what I hope will be a con-
Debt levels for graduating medical students have been rising for years, spurred by inflationary pressures and associated tuition increases. Under the weight of such factors as increased costs for technology, clinical training, and regulatory requirements—coupled with decreased financial support from states and practice plan earnings—tuition increases at all of the nation’s medical schools have long exceeded inflation. In fact, the same can be said for tuition costs throughout higher education. Although COMs work vigorously to contain costs, it is difficult to do so when tuition and fees account for 73% of total revenues at private COMs and 13% of revenues at public COMs.\(^7\)

The financial obligations of graduating osteopathic medical students, including all education debts accrued prior to graduation, are especially consequential for those who are entering postgraduate training before beginning their careers as osteopathic physicians. Of course, this has been the case for years, but it is now of increasing concern for several reasons.

The osteopathic medical profession’s primary care roots, which are reflected in the mission statements of most COMs, may be challenged by worsening student debt burdens. Although primary care medicine continues to be the specialty choice of a plurality of COM graduates, the proportion of COM graduates choosing other career paths has been growing for several years.\(^1,12\)

The changing career choices of COM graduates may be related to the fact that the salaries of primary care physicians are decreasing. Between 1995 and 2003, the average annual income (adjusted for inflation) of primary care physicians fell by 10.2%, from $135,000 to $121,000.\(^13\) The average inflation-adjusted annual income of physicians in other specialties decreased by only 2.1% during that same period, from $179,000 to $175,000.\(^13\) The widening gap between income and debt for primary care physicians is also reflected in the relationship between anticipated income and tuition costs. In 1995, the average cost of medical school tuition represented 14% of the average primary care physician’s first-year income. By 2003, this proportion had increased to 23%.

One result of these troubling developments has been a growing call for increased tuition scholarship and loan-forgiveness programs, particularly in geographic areas where the greatest need for primary care physicians exists.

The American Association of Colleges of Osteopathic Medicine is advocating its support for such programs with federal agencies and legislators. We are also working to expand other mechanisms of scholarship and loan-interest or loan-forgiveness programs—as well as to implement changes in federal tax laws that would maintain and expand deductions for medical student loan interest. Furthermore, we are working with a variety of other physicians and medical education organizations to prevent the type of downward pressure on physician income represented by the current Medicare payment formulas.

The bottom line is that ACOM and our member colleges recognize the difficult financial burdens imposed on today’s osteopathic medical students, and we are working on many fronts to help ease these burdens. We welcome constructive suggestions that might add to the effectiveness of our efforts.

Stephen C. Shannon, DO, MPH
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2. Federal Family Education Loan Program: processing the borrower’s loan proceeds and counseling borrowers (codified at 34 CFR § 682.604 [f] and [g]). Available at: http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=803516973012baa565e5e7bab2f52&rgn=div8&view=text&node=34:1.3.1.4.39.2.15.10&d/info=42. Accessed May 16, 2008.


Editor’s Note: In an upcoming issue of JAOA—The Journal of the American Osteopathic Association, the executive director of the American Osteopathic Association, John B. Crosby, JD, will respond to this series of letters on debt management for osteopathic medical students.

(continued on the next page)
Corrections

The JAOA regrets the errors described below.


  On page 114 in the bulleted items listed in the “Outcomes” section, the overarching concept of specialty mix was described in the original print publication as follows: “The osteopathic primary care focus as exemplified in osteopathic medical education is essential to meet societal needs.” The specialty mix concept reviewed and approved during the Medical Education Summit II is more accurately reflected as follows: “The continued osteopathic primary care focus, as exemplified in the training of both osteopathic primary care physicians and specialists in AOA-accredited graduate programs, is essential to meet societal needs.”


  In the third paragraph on the left column of page 212, the text erroneously stated that the (R)-isomer binds to the β3 receptor. The sentence should have stated that the (R)-isomer binds to the β2 receptor. This change has been made to both online versions of this article.

In addition, readers should be aware of the following corrections (J Am Osteopath Assoc. March 2008;108:107) to previous editions of the osteopathic medical education theme issue published by JAOA—The Journal of the American Osteopathic Association:


  Because data for the current academic year are to be considered incomplete until the following academic year, several updates were made to Table 4 for the subsequent edition of this annual contribution (J Am Osteopath Assoc. 2007;107:57-66). The following corrections for the 2004-2005 academic year originally appeared in Table 6 on pages 66-67:

  - The number of AOA-approved residency programs for anesthesiology and pain management was originally reported as 1, but was updated to 2.
  - Likewise, the number of AOA-approved residency positions for anesthesiology and pain management was originally reported as 2, but has been updated to 3.
  - The total number of AOA-approved residency programs was originally reported as 568, but has consequently been updated to 569.
  - Finally, the total number of residency positions was originally reported as 5216, but has been updated to 5217.


  Two typographic errors appeared in tables that accompanied the article noted above:

  - In Table 1 on page 86 under “Category 1-B,” the parenthetical description of continuing medical education (CME) on the Internet as “real-time interactive simultaneous conferencing” was incorrect and should have appeared as “not real-time interactive simultaneous conferencing.”
  - In Table 5 on page 95, the total number of CME credit hours reported for the 2001 to 2003 CME cycle should have been reported as 13.1 instead of 13.0.


  Two typographic errors appeared in the first paragraph under “CME Program Trends and Statistics” on page 76, in the article noted above:

  - The total number of members of the American Osteopathic Association (AOA) as of September 2005 was mistakenly reported as 59,000 when it should have been reported as 28,042.
  - In consequence, the percentage of AOA members with a state-mandated continuing medical education requirement should have appeared as 93% instead of 44%. ♦
What is osteopathic medicine? This unique branch of U.S medical practice sees an interrelated unity in all systems of the body, each working with the other to heal in times of illness. Over the past decade, the profession has experienced a 68% increase in the total number of DOs. If this trend continues, DOs are projected to represent more than 20% of all practicing physicians by the year 2030. The profession has a long history of providing care where patients lack doctors. Following this trend, more than 50% of active DOs practice in the primary care specialties of family medicine, internal medicine and pediatrics. These ideas were developed by a multidisciplinary ad hoc committee broadly. Updates on activities in the profession. Proposed tenets of osteopathic medicine. and principles for patient care. 4. The musculoskeletal system significantly influences the individual's ability to restore this inherent capacity and, therefore to resist disease processes. Principles for patient care. 1. The patient is the focus for healthcare. 2. The patient has the primary responsibility for his or her health. Doctor of Osteopathic Medicine (DO or D.O.) is a professional doctoral degree for physicians and surgeons offered by medical schools in the United States. A DO graduate may become licensed as an osteopathic physician, having equivalent rights, privileges, and responsibilities as a physician who has earned the Doctor of Medicine (MD) degree. There is a distinction between osteopathic physicians trained within the United States and those trained outside of the United States. Osteopathic physicians, or PDF | On Jun 1, 2000, D A Smith published Opportunities for the osteopathic medical profession to pursue worldwide acclaim and recognition | Find, read and cite all the research you need on ResearchGate. Article (PDF Available) in The Journal of the American Osteopathic Association 100(5):282, 329 · June 2000 with 11 Reads. How we measure 'reads'. A 'read' is counted each time someone views a publication summary (such as the title, abstract, and list of authors), clicks on a figure, or views or downloads the full-text. Provides the osteopathic profession with an instant friend. in the ministry and certainly facilitates future work within that country. But perhaps most important, these new physicians are usually the first to be chosen for jobs within the United.