



THE PULSE

OF THE MUSKEGON GENERAL OSTEOPATHIC FOUNDATION

PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE THE PULSE

MEDICAL STUDENTS RECEIVE SCHOLARSHIPS

Congratulations to the following students who received scholarships to continue their medical education.

Scott Anthony Barnes

Scott is a graduate of Fruitport High School, now attending MSU's College of Osteopathic Medicine, and planning a residency in the field of surgery. He says his goal is to "do my best in becoming the finest osteopathic physician possible." Scott feels that during the next four years, learning should be his only priority, and the scholarship will help that happen.

Samer Saqqa

Samer is a graduate of Grand Haven High School, now attending MSU's College of Osteopathic Medicine, planning a residency in the field of internal medicine. He wrote in his application that he's grateful to the Foundation for supporting him during the past three years of medical school. Besides easing the steep financial obligations of graduate medical education, Samer said the awards "added to my confidence in my abilities to become a competent and successful osteopathic physician."

Joel Robinson

Joel graduated from Muskegon High School, and with Samer and Scott, he attends MSU's College of Osteopathic Medicine. He is undecided about his field of residency, but does plan to

See *Scholarships*, page 2.

FROM DAVID DORA, D.O., CHAIRMAN

THE OSTEOPATHIC FAMILY — OUR LEGACY OF LEADERSHIP

This community has been blessed with a rich history of osteopathic medicine and caring physicians who, through the decades, have taken under their wings each new group of students, interns, residents and physicians. Four of them are highlighted in this issue of the Pulse, and I want to elaborate a bit here on their far-reaching contributions.

Claude VanAnDel was an established physician in Muskegon when I came here in 1980. I had the privilege of working in his office and covering for him. Dr. VanAnDel was an extremely positive role model and mentor for younger physicians. He was proud of his hospital, proud of his profession and being able to give the kind of care he wanted to give, and proud of himself. That pride was an inspiration to us.

There were older physicians who had brought him to town, and given him the opportunity to practice. He, in turn, gave us that same opportunity.

There was very much a sense of "family" among the osteopathic physicians and in the halls of Muskegon General Hospital. Dr. VanAnDel certainly embodied that feeling. We, who were young, entered comfortably into that family.

Patrick Walsh, who is a member of the Foundation board of directors, has been doing medical education in this community for 20 years. Because of his insight and dedication to osteopathic medicine,

Dr. Walsh has rejuvenated our educational program, maintained it, and helped it grow over the years. In fact, many of the attending physicians are here now because of Dr. Walsh's influence on the educational programs they took part in as medical students, interns and residents.

Willard DeBraber, also a member of our board, has been in town for more than 20 years, and has provided a broad spectrum of services in this community. As an educating physician, he is always evaluated highly by our medical students, residents and interns as he works to make sure they receive outstanding urological training. He has been a consistent

contributor to maintaining an osteopathic presence in the surgical specialties.

You'll also read about James R.

Wells in this issue, who spent two decades in practice here in Muskegon, and two more decades with the Air Force in service to this country. All told, his medical career spanned 45 years.

Through the years, there have been so many fine physicians who touched the lives of those younger and newer to the profession. We were nurtured, mentored, given opportunities, and, in turn, are now giving back. That is what osteopathic medicine has always been, what it is now, and what it should forever be, and these three men exemplify that marvelous cycle.

There was very much a sense of "family" among the osteopathic physicians and in the halls of Muskegon General Hospital.

There is a marvelous story of a man who once stood before God, his heart breaking from the pain and injustice in the world. "Dear God," he called out, "Look at all the suffering, the anguish and distress in the world, Why don't you send help?" God responded, "I did send help. I sent you."

have Mercy General Health Partners as his base hospital for his third and fourth years. After completing his first semester this year, Joel wrote, "I made the right decision when I chose MSUCOM. I feel at home with the Osteopathic model and am convinced that I will be satisfied with my career choice."

Derick Michael Johnson

Derick graduated from Holland Christian High School and is attending Des Moines University in Iowa. Like Joel, Derick is undecided on his field of residency, but would like to return to West Michigan. He wrote, "In the future, I see myself practicing as a primary care missionary physician in a healthcare shortage area, and osteopathic medicine correlates all of my desires into a beautiful whole. Now, in my third year of medical school, I am only strengthened in my decision...to enter the osteopathic profession."

Tricia Ancomb

Tricia is a graduate of Holton High School and attends Lake Erie College of Osteopathic Medicine. She plans a residency in either family practice or pediatrics and has worked at both Mercy General Health Partners and the Oak Avenue Campus, and with several doctors associated with MGHP. Tricia wrote, "My experiences continue to be extremely rewarding as each medical person who has worked with me has been eager to teach and assist me in furthering my skills."

Kristopher Selke

Kristopher graduated from Romeo High School and, with Tricia, attends Lake Erie College of Osteopathic Medicine. He plans to do his residency in internal medicine and would like to practice in West Michigan. Kristopher wrote, "A large portion of my medical foundation has been developed and fostered in West Michigan. I look forward to entering my clinical clerkships in Michigan and giving back to the region that has been so important in my continued medical success."

DIRECTOR'S NOTES

by David M. Wells

A DIALOG WITH PATIENTS AND PHYSICIANS

In my role as Director of the Muskegon General Osteopathic Foundation I am always looking for meaningful ways to support and improve the osteopathic medical profession and support its delivery of the highest quality medical care possible to our community. I frequently find it very interesting and instructive to listen to patients explain why they have chosen osteopathic physicians. Then, I compare and contrast that with comments from DOs as to why they believe they have been chosen and what the professional community should be doing to build on that trust and understanding. Below are some excerpts from this dialog with patients and physicians.

"They take the time to find out what is wrong—what is causing the problems and not just give medicine to relieve the pain." *Gillian Coron*

"I started out going to osteopathic physicians after I got married more than 25 years ago. My three children were cared for by osteopaths as well. I feel we get a holistic approach to our health and our health care from osteopaths. They also seem more knowledgeable about treatments that are non-invasive and do not require heavy duty drugs, and my doctors have recommended those treatments first whenever possible." *Sharon Smithem*

"I was raised having osteopaths as family physicians so when I chose a physician for our family I chose an osteopath. I have always felt that the osteopathic differences are added value. Osteopaths study medical treatments beyond what MDs are taught and that extra learning can be of benefit to us." *Roberta King*

"Recently I switched from going to an allopathic doctor to an osteopath. MDs, it seems, learn one method of treatment. DOs learn the possibility of many methods." *Paul Collins*

"Several of my cousins are DO ophthalmologists and my family went to them for our eye care. Another cousin was an MD, so he did our medical care. But when he retired, we switched to DOs for all our care—for my parents and my children as well. I have seen that there is a difference in attitude...the way



the DO pays more attention to building a relationship with the patient. And we know that those relationships help the healing process." *David J. Massello*

"My time in medical school has taught me how to approach people." *Kristopher Selke, Lake Erie College of Osteopathic Medicine Class of 2005*

"For me to be able to try and restore a person's health would be one of the most humbling experiences and one of the most intimate leading me to the appreciation of that person's mind, body and spirit...and is the key in helping meet the needs of the patient." *Derick Johnson, Des Moines College of Osteopathic Medicine Class of 2004*

"Patients are great judges of how they are treated by the physician and staff. Trust and understanding can be developed in several ways. One way is to show an interest in patients beyond their presenting symptoms or chief complaint. Asking more than their diagnosis, medications and bladder function lets them know that I care about them other than just their complaints. Another way to develop a stronger bond between the patient and physician is the use of 'tactful social touching.' Shaking the patient's hand or a gentle pat on the shoulder expresses a warmth which can lead to greater trust and understanding." *Will DeBraber, DO*

"We must show that we do have separate and distinct ideas and practice those ideas and ideals in managing our patients. If we are not implementing this option, then unfortunately there is little reason for us to continue to be a separate profession." *Richard G. Huff, DO*

See *Dialog*, page 6.

CUTS FROM HISTORY

LOOKING BACK WITH CLAUDE VANANDEL, DO

“It all started with my grandmother,” remembers Claude VanAndel, DO. “She had pneumonia. The doctors had given up on her. Her physician said to give her fluids and aspirin, and to let him know when she died.”

“My parents were told that a Dr. Riley gave osteopathic treatments for pneumonia, so we called him. He came twice a day and gave her an osteopathic treatment to mobilize the congestion in her lungs. She lived to be 91.”

After that experience, Dr. VanAndel’s parents became interested in the osteopathic profession. There was great public assumption that DOs were much like chiropractors, but the VanAndel family learned that osteopathic physicians also were given medical education. It is no surprise that after that remarkable experience with his grandmother, young Claude decided he, too, wanted to be an osteopathic physician.

Claude was born and raised in Muskegon. He did his pre-medical work at the University of Michigan, his medical training at Chicago Osteopathic Medical School and graduated in 1951. After internship and residency in internal medicine at Chicago Osteopathic Hospital, he returned to Muskegon and entered practice in 1954. He was elected chairman of the department of Internal Medicine, and served on the medical education committee at Muskegon Osteopathic Hospital. He was elected to the board of trustees in 1955 and is now an Emeritus member.

What follows is his story, in his words.

From Dr. VanAndel

As an internist, staff members invited me to consider locating in Muskegon. The Muskegon Osteopathic Hospital had 37 beds. Departments of obstetrics, pediatrics, surgery and general medicine were in order. The hospital was approved for intern training with an excellent teaching program. Interns were encouraged to remain in Muskegon and enter practice, and by doing so, they helped fill gaps in physician care. We taught the interns to take complete histories and

complete physicals and as a result, they were excellent diagnosticians. The intern program was important for the medical staff as well. Teaching interns demanded that the physicians continue their own education by reading journals and attending medical post-graduate work.

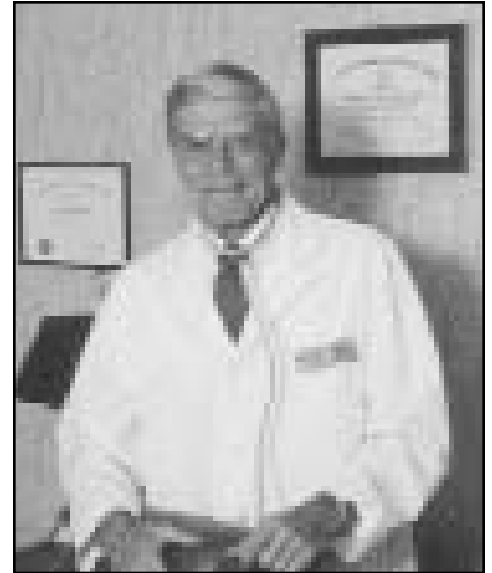
In 1957 the board of trustees voted to increase the hospital’s capacity to 72 beds. When the hospital was evaluated by the American Osteopathic Hospital Association, the hospital and intern training were given an excellent rating, and we had a good reputation with the public for providing care and quality service.

The increase in patients and staff demanded another expansion. In 1967, the hospital was moved to Oak Avenue and was renamed Muskegon General Hospital. My new partner, Dr. Ron Hagelman, was residency trained in nuclear and internal medicine. Dr. Hagelman developed a nuclear medicine service in our hospital and other necessary service-oriented departments followed.

Our Emergency Room was also enlarged and Dr. Joel Martin joined our hospital staff. He was residency trained and board certified in the American College of Emergency Room Physicians. With a well-staffed ER department that was highly trained, our expertise in ER medicine soon became known in Muskegon County. This increased our bed census. Unfortunately, Dr. Martin had a fatal massive heart attack. He is still missed by the staff. He left a great ER legacy.

One of our ambitions was to develop a Cardiac Care Unit (CCU) and Intensive Care Unit (ICU.) The new Oak Avenue site had four CCU and four ICU beds. Fifteen years later, patient load required us to expand again, this time with a three-story addition. We expanded the CCU and ICU to a separate floor and added state-of-the-art equipment.

One of the biggest breakthroughs in my field was the development of a new drug for treating certain cancers. I had a patient who fit the criteria for the use of this new medication. I called a former instructor at the University of Chicago medical department and discussed the patient for possible treatment. He agreed that the medication was indicated. He sent the drug with directions for administration and the patient had a temporary improvement, which was very rewarding.



Practicing medicine was very gratifying. Patients were quick to thank me. To live in an era with many new diagnostic methods was satisfying. Improved treatment meant shorter hospitalizations.

One last thought: Often, many of my patients with terminal illnesses asked, “Doctor, can you share how I can enter heaven when my death occurs?” My response: Certainly. Pray the following prayer. “*Lord, I am a sinner, and ask you to forgive me. I now trust in Jesus Christ. Thank you for giving me peace with God and the gift of eternal life in heaven.*” Patients trusted me with their life and with their afterlife.

There have been many positive changes during my career—expansions in bed capacity and service facilities. The quality of care from our physicians and sub-specialists has increased. When I began practicing, we had 37 beds. When I retired, we enjoyed a full staff compliment and excellent intern and residency programs. I’m proud to have been a part of this great venture.

WILLARD P. DEBRABER, DO

Home: In the country, South of Nunica



Childhood: born in Grand Rapids, attended Des Moines University of Osteopathic Medicine, interned in Pontiac and finished his urology specialty in Detroit. Came to practice in Muskegon 24 years ago.

Family: He's married to Agnes and their children are Justin, Katie and Brandon.

Occupation: board certified urologist

Why this line of work: "I like this field because it involves surgery as well as diagnostic problem-solving. And I like the fact that I see patients of all ages from babies to their grandparents, and both males and females."

Favorite customer or project: "I really enjoy performing surgical treatment for female patients with incontinence. The procedures are minimally invasive and it's very rewarding work because the patients are so happy with the results."

Impact on the Greater Muskegon community: "I've had the rewarding privilege of being a teacher for the many residents, interns and medical students that have gone through our hospital, many of whom are now established osteopathic physicians in this community."

Commitment to the Foundation: "I became a member of the Foundation board because I want to help guide and support the development of osteopathic medicine in this community."

Foundation Responsibilities: Serves on the Grants Committee

Favorite Foundation projects: "The Foundation is well on its way to increasing the osteopathic presence in this community with participation in OsteoCHAMPS, and the establishment of the OMM residency program at Mercy General Health Partners."

Due to his participation in the National Association of Osteopathic Foundations, David Wells was appointed to the American Osteopathic Association's Bureau of Clinical Effectiveness and Research (BOCER). From time to time he will include in this newsletter articles regarding activities of BOCER and the AOA that may be of interest to you.

AMERICAN OSTEOPATHIC ASSOCIATION CLINICAL ASSESSMENT PROGRAM

ORIGIN AND HISTORY OF "CAP"

To enhance the quality of services in osteopathic education, the AOA has been developing the clinical assessment program. In 1999 and 2000, a pilot study was designed to measure and compare clinical practices of family practice residents with evidence-based practice guidelines for the management of diabetes, women's health screening, childhood immunizations and osteopathic manipulative medicine. Eleven family practice residency programs involving 98 residents submitted data from 1,541 patient visits. Performance of the 11 residency programs was compared to the mean performance of all participating programs and the National Committee on Quality Assurances (HEBIS) performance reports for managed care organizations over a similar period of time. The pilot study symbolized a forward-thinking AOA response to the challenges from America's businesses, the American Medical Association's AMAP program, national clamor for quality accountability and an AOA desire to measure the quality of care provided by osteopathic physicians in training.

The results of this study were published by the AOA in 2000. The aggregate family practice residency performance compared favorably with performance measured and published by managed care providers. This pilot study generated favorable and pro-active support from the AOA Board of Trustees, the American Association of Colleges of Osteopathic Medicine and their Council of Deans, OPTI, the American College of Osteopathic Family Physicians and the American College of Osteopathic Internists. AOA leadership saw the clinical assessment program as an effective tool to enhance teaching and practicing of evidenced-based medicine at the most formative primary care residency training years and decided to move forward with further development beyond the pilot study.

CLINICAL DESCRIPTION OF THE PROGRAM

In its current form, the Clinical Assessment Program represents a quantitative measurement of current (residents-in-training) clinical practices of osteopathic family practice and internal medicine residency programs that have voluntarily agreed to participate in the program. Current clinical practices are measured and compared with evidence-based practice guidelines that represent state-of-the art professional standards of care. Evidence-based practice guidelines are derived and authenticated by three sources: 1) large, controlled, randomized clinical trials; 2) observational scientific studies; and 3) consensus recommendations from a panel of recognized experts in the clinical or research field.

Practice guidelines have emerged in recent years as an important means of translating the results of clinical trials into specific recommendations for the management and treatment of patients. Such guidelines describe the indications for use of medications and the optimal approach to management of specific clinical problems. Guidelines help to limit inappropriate care, decrease the magnitude of geographic variations in practice patterns, and enhance the effective use of healthcare resources. In addition, guidelines are an invaluable tool for quality assurance and can assist in the development of coherent plans for inpatient and outpatient treatment. The use of evidence-based practice standards is a good strategy to lower the risk of medical malpractice and to teach and properly train physicians and clinical caregivers.

CAP GOALS

1. To provide a structure for quantitative evaluation of current osteopathic care provided individually and in aggregate by AOA accredited residency programs.
2. To provide residents in training with hands-on experience in the execution of an observational study.
3. To clearly and uniquely demonstrate support of the osteopathic profession's commitment to continuous quality improvement.

CAP MEASURE SETS

The current clinical assessment program has established a comprehensive list of measurement sets and clinical indicators for seven selected key clinical encounters including: diabetes, women's health screening, childhood immunization, adult immunization, coronary artery disease, hypertension-metabolic syndrome and low back pain. It is anticipated that these measurement sets and clinical indicators will be regularly modified as technology improves and data is received regarding the efficacy of various indicators. Additionally, each measurement set is designed to demonstrate and measure the effectiveness of the unique osteopathic medicine approach to various medical problems.

A total of eleven family practice and internal medicine residency programs have been participating in the first phase of this program. Later this year, during the second phase of this project, 42 family practice and 11 internal medicine residency programs will be participating. The results of the program are blinded in that the published results will not name any particular residency program, but each participating residency program will know its own scores and be able to compare them with the scores of the other unnamed programs.

The clinical assessment program is being closely watched and praised by many governmental and quality-control agencies for its progressive and innovative approach to enhancing the practice of evidence-based medicine in the osteopathic profession's residency programs. The benefits to the osteopathic profession should be monumental and provide higher quality and more uniformity in residency training, uniform application of osteopathic procedures and principals to various medical problems and a basis for continuing medical education training regarding various medical problems.

STUDY ON THE EFFECTS OF OMT ON PNEUMONIA GOES FORWARD

The Foundation is pleased to announce that the board of directors approved a grant for \$50,000 over three years to help fund a national study to determine the effects of OMT on elderly with pneumonia.

The \$1.5 million study is overseen by the Foundation for Osteopathic Health Services (FOHS) and will begin October 1. Nine foundations are helping fund the project. One significant change in the original proposal is the addition of Doctors Hospital in Columbus, Ohio as the fifth research site. Research here in Michigan will be conducted at Mount Clemens General Hospital.

According to David Massello, who is point person for fiscal and administrative management of the project, this is the first study of its magnitude on OMT.

"This is the first time that a scientific project has been organized that will incorporate all the features of a significant clinical study," says Massello. "It is double blinded, multi-site, placebo controlled, and prospective. Those are the elements of scientific research that make it valid. It's very exciting, because we are doing the best kind of science that can be done."

Massello is a board member for the FOHS, which has worked with the National Association of Osteopathic Foundations (NAOF) as the catalyst behind raising funds for the study. The first update on the project will occur in October at the semi-annual meeting of the NAOF.

This study was profiled in the February 2003 issue of The Pulse. Watch for progress reports.

PATRICK E. WALSH, DO

Home: Spring Lake

Childhood: born in Bay City, came to Muskegon General Hospital as an intern in 1969



Family: married to Judy and they have three grown children; Lisa in Rockford, Linsey who lives in Denver, and Ryan in Lansing.

Occupation: Director of Medical Education for students, interns and residents at Mercy General Health Partners, and Director of Continuing Medical Education there as well. Dr. Walsh was also a practicing board certified emergency physician for nearly 28 years at Muskegon General, and past chief of staff and board member there.

Why this line of work: "Around 1980, there was a need for a director of Medical Education, and I had the interest and passion to do it. I love being a part of the metamorphosis that occurs in a person transitioning from medical student to clinician, and I've always been fascinated with the learning process and teaching methodologies."

Favorite customer or project: "At the beginning of each week, I conduct the Monday Morning Report where the interns present a recent case they have been involved in. The group of people attending attempt from limited information to determine the patient's ultimate diagnosis and to plan a therapy. That exercise is an exciting part of our educational work."

Impact on the Greater Muskegon community: "We endeavor to produce a good product, i.e. competent physicians. About half of them will end up practicing in the Muskegon area. Our goal is to turn out good doctors, and we think we do it."

Commitment to the Foundation: "I remember what are viewed as the glory days of the old General Hospital and of all the people who worked to make it a good institution. We have an opportunity through the merger of the two hospitals and through this Foundation to continue to have a positive impact on osteopathic medical education and the health and welfare of this community, and I think that is a noble goal."

Foundation responsibilities: Serves on the Grants Committee

Favorite Foundation projects: OsteoCHAMPS and the antibiotic reduction project. "The overuse of antibiotics has become a global problem. I applaud the efforts of so many local individuals and groups, including the Foundation, who have worked together to significantly reduce the inappropriate use of antibiotics in West Michigan."

DIALOG, from page 2.

“I think the most common response I hear is ‘they listen.’ I wonder if what I am hearing reflects the fact that DOs are interested in what the patients say because DOs know that by understanding the person we can better treat the person. Holistic medicine is not a catch word, but a way of practice for osteopathic physicians.” *Paul Ponstein, DO*

“A very common response I have to people and patients who are not familiar with osteopathic medicine is I indicate that we have the same training as our allopathic counter-parts, only with some additional training in musculoskeletal manipulation. I have had interaction with my allopathic counter-parts. I was in an eight-physician practice for several years. During that time I had occasions to provide noon-time workshops on musculoskeletal manipulation. A number of my colleagues and patients were sent to me for manipulation therapy and most of them did experience significant benefit.” *William Phillips, DO*

“The traditional osteopaths are thriving because they treat the problems, not merely symptoms. The public needs to know why DOs are different and sometimes not so different from their MD counterparts. Then they can decide for themselves who to choose.” *Robert J. Beckman, DO*

“The osteopath regards the musculoskeletal system as primary. We are social beings who communicate our uniqueness through the expression of our somatic framework. Our viscera serve to support the musculoskeletal system, not the other way around. This profound reversal of priority leads to true holism.... The critical point is not to reduce osteopathic principles to a lumbar roll.” *Reid Taylor, DO*

“I believe that projecting confidence is essential to gaining a patient’s confidence. That does not mean talking circles around the patient, quite the contrary, it’s important that the patient understand my thought process and ‘buy into’ the treatment plan. It has to be a plan that can be carried out. When a diagnosis is not immediately obvious, I tell a patient so. I think it helps to be forthcoming. The patient should understand the steps to be taken are an evolving process and they need to know I will be keeping track of their progress. There are many patients who don’t want any explanation. They do not want to be part of the decision process. I explain to them anyway, then tell them what I think they should do.” *Charles Olsen, DO, completed residency at MGHP in 2001 and has practiced in Moscow, Russia since then.*

“There are two pieces to this. The first is that I spend time educating my patients. Second, there is the demonstration of the work. The patients see how I integrate who they are and how they came to be at this point in their lives and how we are caring for their present problem. Osteopathy is better understood when people can see it demonstrated rather than just hearing about it.” *Michael Carnes, DO*

IN MEMORY OF DR. MESSANY

The West Michigan medical community is mourning the loss of Frank Messany, DO, who passed away August 11.

“He was a fine doctor and a gentleman who was very influential in establishing osteopathic medicine in this community,” said David Dora, DO, chairman of the Foundation. “He spent many years in internal medicine at Seaway Osteopathic Hospital and took care of a lot of patients in Muskegon Heights. He also worked with inmates at the prison.”

Dr. Messany was also a highly decorated officer, reaching the rank of Colonel in the US Army Reserve.

He was born in Kalamazoo, and graduated from Kirksville College of Osteopathic Medicine in 1966. He came to Muskegon in 1972 and was active in many hospital committees and professional organizations including the American Osteopathic Association. After leaving Seaway Clinic, he continued working for many years at the Norton MediCenter.

“Frank was an enthusiastic supporter of the Osteopathic Medical profession in and outside of our community and never failed to speak out on behalf of the profession at every appropriate opportunity,” remembers David Wells, executive director of the Muskegon General Osteopathic Foundation. “I also remember him well for his tremendous optimistic spirit and sense of humor. No matter how bad the situation, Frank always seemed upbeat and positive and approached adversity with a sense of humor.”

“Dr. Messany helped foster many new physicians in this community,” said Dr. Dora. “He was instrumental in our being successful physicians here...he sent us many, many new patients when we were getting started. He will be greatly missed.”

**MENTORS NEEDED**

OsteoCHAMPS is a hugely successful program that identifies and supports high school students who have indicated an interest in pursuing a career in medicine or a related field. It is aimed particularly at disadvantaged students and those who are under-represented minorities.

One effective component of the program provides each student with a physician mentor. Mentors give the students the opportunity to interact with osteopathic professionals and discuss things such as what it’s like to be an osteopath, how satisfying the occupation is, and what they can expect as challenges and rewards.

Mentors also help students learn how they can survive the challenges on the road to becoming a physician and how they can best prepare themselves for the work ahead. Several mentors have arranged for students to shadow them on the job, which has been exciting and helpful for the students.

Can you take time to be a mentor? You’ll have a lasting impact on youth looking at medical careers, and you’ll have the satisfaction of helping grow a new generation of medical professionals oriented to osteopathy.

If you can participate, call David Wells at 231- 894-5211.



CUTS IN HISTORY

LOOKING BACK WITH JAMES R. WELLS, DO

“When I was a kid, I always knew that I’d go to the University of Michigan and that I’d be a doctor,” remembers James Wells, DO. “I just always knew.”

And so the young Jim went off to the university as planned, returning home on holidays and weekends to work at Quality Dairy. After graduation, he worked for one year at Continental Motors in order to earn enough money to start medical school. In 1952, Jim entered Kirksville College of Osteopathic Medicine, and came to intern at Muskegon Osteopathic Hospital in 1956 and 57. It was a natural choice. He had been born and raised in Muskegon, had externed at the hospital, and his father, James, an accountant, was on the board of trustees of the hospital. You might say it was in his blood.

But when it came time to pick a location for his practice, Wells and others in his tiny interning class of four chose Muskegon for a very practical reason...it offered more money—\$150 a month with meals, when other locations were offering about half that.

He spent his first two years at an office in Ravenna where most of the patients were walk-ins. Then he set up a practice in Muskegon and stayed there until 1977 when he signed on with the Air Force. While in the Air Force, Dr. Wells graduated from the prestigious Air War College. At one location, in order to remain on flight status, he had to become certified as a weapons system operator for F111 fighter/bombers. His last

two positions with the Air Force were as the chief of hospital services and commander of the hospital at Eglin Air Force Base. He retired as a Colonel in 1996.

Dr. Wells has good memories of his more than 45 years in medicine. And he’s seen a lot of changes.

He also remembers the moment he saw his future wife, Ann, about 40 years ago. He was wheeling a tonsillectomy patient through the halls to pediatrics. She was walking to her desk...and he later learned she lived only two blocks from him. They’ve been married 38 years.

From Dr. Wells:

There weren’t very many of us in the osteopathic community when I started. We were a small, close group, and we knew each other well. A lot of people thought we were chiropractors, and we were looked down on by the allopaths. We worked at showing people that we could do everything MDs could do and more.

As interns, the four of us did just about everything that the practicing physicians did. We took turns doing 36-hour shifts once every four weekends, pretty much running the emergency room, and I delivered 150 babies. I’d guess we worked about 80 hours a week. And we loved it. We ate it up. We liked taking care of people

In the early years, on a typical day, I’d get to the hospital and have breakfast, and talk with some of the other doctors or maybe the cleaning lady or the lab workers. We all knew each other real well. Then I started seeing patients as they came in. We saw everything. I did a lot of OB work and a lot of trauma work—what ever walked in we took care of as best we could. Occasionally we could refer the patient to a specialist.

In Ravenna, a lot of our patients were farmers. One day a man walked in with his hand cut off—it was a fairly common injury. I stopped the bleeding and got an IV started. Then I drove him to the hospital.

As general practice physicians, we did just about everything in the early days—tendon and fracture repairs, D&Cs, OB ...all sorts of things that are now referred to specialists. I loved the variety. But as a result, I was also away from home a lot because we were on call 24 hours a day, seven days a week. I made a lot of house calls primarily seeing people who didn’t have transportation or were too old or too sick to leave the house.

I remember trying to paint my garage one Sunday, and I had seven calls. I had to climb down the ladder seven times to take each of the calls!

Very few of my patients had insurance when I started in practice. Insurance didn’t really become a significant factor until the early 1970s.

I’ve seen a lot of changes in diagnostic tools and treatments. I remember when CAT scans were developed, and MRIs. They made a substantial difference in our ability to diagnose and treat conditions that people would likely have died from earlier. The introduction of birth control pills made a big difference in people’s lives. They made life a lot easier for women and gave them more security and more freedom. In fact, there are so many new drugs out now that we didn’t have early on. For example, we didn’t have anti depressants. If someone was depressed, they went to a psychiatrist or to a mental institution. Those were pretty much the only choices.

Patients, too, have changed a lot over the years. They are more knowledgeable now. And they don’t absolutely trust what their doctor says. We aren’t God anymore. And that’s OK.

I worked at building trust by giving patients relief from their illness. I also listened to them. Patients like to have you spend time with them and listen to them. It’s important to hear what they have to say. Nowadays, a doctor can find out a lot of information by lab tests and x-rays, but early on, we had to diagnosis mostly on the basis of what the patient told us. Once we figured out what the problem was, we could do a good job fixing it. Diagnosing the problem was often the bigger challenge.

People were not as eager to sue back then... we had malpractice insurance, but it was practically an afterthought. Sometimes I missed a payment...just forgot to pay the bill, so the insurance would expire. I’d have to call and get the policy reinstated. It wasn’t a big deal then, but I sure wouldn’t do that today! We also didn’t think much about planning for retirement as most doctors do today.

Some of my most gratifying work was obstetrics. I liked delivering babies and watching new mothers smile. We also served as pediatricians and took care of the babies in the nursery until they went home, usually three days later. We got to know them real well.

All in a day’s work.



**Muskegon General
Osteopathic Foundation
Board of Directors**

David L. Dora, D.O.
Chairman

Mark F. Fazakerley
Vice Chairman

Linda Jagnow-Bothel
Secretary

Harry R. Arthur, D.O.
Treasurer

Denny Churette

Willard P. DeBraber, D.O.

Gerald A. Harriman, D.O.

José A. Infante

Patricia J. Roy, D.O.

Roger Spoelman

Patrick E. Walsh, D.O.

Executive Director
David M. Wells

110 W. Colby Street
Whitehall, Michigan 49461

Telephone 231 • 894 • 5211

Fax 231 • 894 • 2012

www.mgof.org

INPATIENT TREATMENT PROGRAM BENEFITS MANY

Patients have more choices these days. And one of the options being offered to many at Mercy General Health Partners is the use of osteopathic manipulative medicine, if it's thought it may benefit the individual's specific condition.

Michael Carnes, DO, came on board late last year as director of the hospital's new neuromusculoskeletal residency program and as a consulting physician working with inpatients. He says in the short time since he implemented the inpatient program, he's treated a wide variety of patients.

A sampling of those he sees includes patients with pneumonia, chronic obstructive pulmonary disease, and headaches, as well as post-operative gynecological patients. He sees infants and young children in the office as well. Perhaps most gratifying, other than the work itself, is that Dr. Carnes is building relationships and seeing requests for consultations with both osteopathic and allopathic physicians.

See the February 2003 issue of *The Pulse* for an introduction to Dr. Carnes' work, and watch the next issue for a complete update on his first year.

THE NEWEST OSTEOCHAMPS

We welcome the newest class of students selected for the OsteoCHAMPS program for 2003-04. They have already completed their two-week intense program at Michigan State University and will spend the next year visiting with physicians and student mentors, and learning how they can best navigate their way to a career as a medical professional.

Mona Shores High School

Amy Peterson

Montague High School

Malinda S. Denczek

Muskegon Heights High School

Krystle Williams

Muskegon High School

Whitney Erin Banks

North Muskegon High School

Rachel Pechenik

Orchard View High School

Jaclyn DeJonge

Jillian Rene Guenthardt

Whitehall High School

Elizabeth Echo Carpenter

RETURNING OSTEOCHAMPS

Welcome returning OsteoCHAMPS! These students are high school seniors this year. They successfully completed their first year of the program and are now beginning the process of selecting a college, university or technical training school so they can continue their education and progress toward their goal of a career in the medical field.

Holton High School

Kara Bostrom

Holly Douglas

Amanda Ford

Muskegon Catholic Central High School

Andre LeMieux

Reeths Puffer High School

Kristin Fetterley

Jessica Molhoek

Jennifer Morningstar