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 Office Word (.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. No unsigned letters will be considered for publication.

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.

Sounding It Out: \textit{vri-fiorm}\n
To the Editor:

When I hear someone ask if we need healthcare reform, I think about spelling bees. In spelling bees, competitors receive a word to spell. Each competitor then has the opportunity to ask the official to repeat the word, define it, use it in a sentence, or all of the above.

Surely the discussion of healthcare reform deserves the same dignity as words in a spelling contest in terms of considering the need for and definition of healthcare reform and in placing healthcare reform in the proper context. So let us examine these three steps in the discussion process.

I believe we can comfortably skip the first step—repeating the question—because the US public, healthcare professionals, and policymakers have repeatedly considered the question of whether there is a need for healthcare reform. I have not spoken with a single person who does not accept the urgent need for some type of reform in US healthcare. However, individuals disagree regarding which particular areas of the system need reform. Nevertheless, these areas can be consolidated into three main issues common to all health policy concerns: quality, access, and cost.

At this point, I would impose another rule of order: anyone entering the “hull of reform” should be required to leave his or her personal agenda at the door. And trust me, everyone has an agenda. Of course, I’m not requiring a total abandonment of agendas—only that agendas have some level of transparency to allow for proper viewing of healthcare reform proposals.

An examination of the second step of the discussion process—defining healthcare reform—provides deeper insight into the intent and direction of proposed change. Furthermore, it is imperative to understand the intended outcome of any proposed change. In itself, “change” has no intrinsic value. Rather, it is only a directional indicator, telling us if we are moving toward or away from a predefined goal. As previously indicated, the definition of healthcare reform must comprehensively encompass the issues of quality, access, and cost.

Two caveats for the reader regarding this definition must be mentioned. First, do not let the definer lull you with merely rhetorical solutions. Discussions of healthcare reform must be factual, with well-defined goals and measurable outcomes. Second, do not accept simplistic solutions. Healthcare reform is not an easy task because healthcare is complicated—both as a science and as a business.

Regarding the final, contextual step of the discussion process, “using the word in a sentence” complements our understanding of the definition of healthcare reform. Once again, healthcare reform must be defined and...
explained in the context of quality, access, and cost. Because of the complexities of healthcare, this part of the discussion challenges the ability of the listener to remain alert and to distinguish those issues that are salient for effective healthcare reform. Restraint must dominate the desire to move too quickly with reform—even though such restraint may be difficult because of the sense of urgency for needed reform. We cannot abandon due diligence for the sake of expediency.

The specifics of any plan for healthcare reform must include a thorough understanding not only of the perceived benefits but also of the potential unintended consequences of the plan. In any revolutionary institutional reform, disaster can come from a disregard of unintended consequences, as illustrated by a warning from 17th-century British statesman George Savile, who said, “When the people contend for liberty, they seldom get anything by their victory but new masters.”

In conclusion, no one doubts the need for healthcare reform, and we all hope that effective change can occur. However, this change cannot be based on hope alone. Successful reform will come from a compilation of the expertise of an integrated and inclusive group of stakeholders with a governing focus on quality, access, and cost.

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Correction
The author regrets the omission of financial disclosures for the following article:


Dr Peterlin reports that she has received honoraria or grants from GlaxoSmithKline plc; Endo Pharmaceuticals; Merck & Co Inc; Ortho-McNeil, Division of Ortho-McNeil-Janssen Pharmaceuticals Inc; and Pfizer Inc. In addition, she has a patent for the use of adiponectin-modulating agents in migraine.

These disclosures were added to the full text (http://www.jaoa.org/cgi/content/full/109/6/314) and Adobe Portable Document Format (http://www.jaoa.org/cgi/reprint/109/6/314) versions of this article online.

We look for medicine to be an orderly field of knowledge and procedure. But it is not. It is an imperfect science, an enterprise of constantly changing knowledge, uncertain information, fallible individuals, and at the same time lives on the line. There is science in what we do, yes, but also habit, intuition, and sometimes plain old guessing. The gap between what we know and what we aim for persists. And this gap complicates everything we do.

Atul Gawande, MD, MPH