On Wednesday, October 21, the 2015 Osteopathic Medical Conference and Exposition (OMED) came to a close. Hosted in Orlando, Florida this year—just minutes away from the Wizarding World of Harry Potter—osteopathic leaders from around the country came together to show the Sunshine State what we’re all about. The surge of creativity, abundant leadership, and frank dedication to all things DO was certainly a (huffle) puff of fresh air, sharing the magic of osteopathic medicine all together. COSGP, the student branch of AACOM, held its fall quarterly meeting during OMED, which was a successful meeting jam-packed with exciting new projects on the horizon. Some notable guest speakers from COSGP’s star-studded lineup include: John Gimpel, DO, NBOME President and CEO; Captain Kris M. Belland, DO, MPH, MBA, MSS, Aerospace Medical Association President; Adrienne White-Faines, AOA Executive Director and CEO; John W. Becher, DO, AOA President; Karen J. Nichols, DO, Dean of CCOM and host of the 2015 National Osteopathic Student Seminar (NOSS).

COSGP was delighted to attend the black tie AOF Honors Dinner, and we could not be more grateful to have been invited to such a remarkable event with such inspiring people. We were also proud to have attended the live unveiling of the AOA’s fresh new brand awareness campaign, a truly innovative marketing initiative for our profession. On top of all these A+ highlights, COSGP took great pride announcing a new Mental Health Awareness Task Force, a movement to spread awareness about mental health among healthcare professionals.
Fifteen of the happiest osteopathic medical students that I have ever met participated in the American Osteopathic Foundation’s Helping Hands project to “Give Kids the World” in Orlando, FL. Give Kids the World (GKTW) is a nonprofit, 79-acre “storybook resort” nestled in the heart of central Florida for terminally ill children ages 3-18 to experience their dreams come true. Founded in 1989 by holocaust survivor Henri Landwirth, GKTW brings joy to the lives of children and their families in the time of hardship.

Nearly 50% of wishes submitted annually to the Make-A-Wish Foundation are sponsored by GKTW, which covers the cost for the children and their entire family to travel to this fantasy land for one week. The cost of food, lodging, and admission to theme parks and shows is also included. On each night of the week, special events from all 12 months of the year are planned, allowing the children to experience all the joys of a year in just one week. Every Thursday, for example, Santa Claus visits in his sleigh as snow falls in the Village!

Each week the organization needs 1,500 volunteers to maintain the program. Volunteering ranges from serving breakfast to operating the carousel. Breakfast was a busy place, with many decisions to be made. Between the pancakes, french toast, and building their own waffle, it’s safe to say the kids started their day with a smile. At breakfast, I learned many stories. Some shared why they were at GKTW, others shared what they had done since they arrived, and most explained what was on their agenda that day. My favorite memory of the day was the interaction that I had between a little girl, her twin brothers, and her father. She was dressed in a swimsuit complete with navy ruffles covered in gold hearts, accentuating her bright blue eyes and rich red hair, still growing back after treatment. She explained to me that today, “I’m going to be a mermaid.” Her follow up question, though, is what I’ll never forget. “Do you think my hair will grow back in rainbow glitter color instead of my regular red?” At that moment, I knew. She was having the time of her life. No matter what she had been through in her short 6 years, or what she would soon have to face, all she wanted was her hair to sparkle.
What is the DO Day of Compassion? On October 19th, 2004, flight 5966 crashed as it approached Kirksville Airport, killing 13 passengers and critically injuring two. Among the fatalities were six osteopathic physicians and administrators from the A.T. Still University Kirksville College of Osteopathic Medicine. In response to this tragedy, ATSU-KCOM students and staff gathered together to discuss and demonstrate compassion in the Kirksville community. The event garnered attention across the country and became a national celebration in 2005, and has been a DO tradition ever since on the anniversary of the crash.

YOUR VOTE, OUR FUTURE

By Owais Durrani, OMS-II from OSU-COM

COSGP has taught me that being involved in shaping health policy is of utmost importance. As future physicians, we must be cognizant how our profession is affected by many external entities. In my opinion, our government is one of the most prominent influences. As such, it is important that our elected officials hear student voices. National Voter Registration Day was September 22, 2015. Here at the Oklahoma State University College of Osteopathic Medicine, we held a voter registration drive on campus. In addition to registering lots of students to vote, we handed out copies of the constitution, information about our local elected officials, and of course, the classic med student incentive: free food! It was a huge success, and we look forward to election day.
The experience for me was indescribable. My older brother, Kurti's, was diagnosed with Cerebral Palsy at birth. Growing up with Kurtis has taught me many lessons that shed light on gratitude, appreciation, and selflessness. I would not be where I am in my osteopathic medical career without the endless love and support from him. The Helping Hands project was an amazing reminder why I joined the best profession in the world, and I am so glad I was able to “Give Kids the World.”

THE QUALITY OF DEATH

By Alex Bauer, OMS-II from DMU-COM

In a culture where medical students are extensively educated on all of the different ways to keep their patients alive and healthy, do we do enough education for medical students on end of life care? After taking an elective course titled “Dying in America,” I began to see how end-of-life care is an extremely difficult topic to fully grasp, but a topic that is forever at the forefront of a physician’s career. There are many reasons why I decided to pursue medicine, but I believe the most influential reason was my desire to make a positive impact on the lives of others.

Edward Everett Hale’s words have resonated with me for the last few years: “I am only one, but I am one. I cannot do everything, but I can do something. And I will not let what I cannot do interfere with what I can do.” This quote has been applicable to my life so many times over the past few years, and I now find it to be appropriate again, as I explore my thoughts about the quality of life during death.

“…I will not let what I cannot do interfere with what I can do.”

My current opinion is that every physician should have the same question in mind as they walk into each patient room: What can I do to better this person’s life? It may not be a physical intervention or medication, and in fact it may be as simple as listening to your patient vent for 20 minutes about something happening in their life. Whatever that action may be, a physician’s role is to identify what this patient needs for their life to be better, and furthermore what he or she as the patient’s physician can do to achieve that bettered life. A physician cannot do everything, no matter how much he or she may want to. They cannot cure all of their patient’s diseases. They cannot take away all of the pain and suffering that their patient is experiencing. They cannot guarantee a timeline for how long their patient may have left to live on this earth. I can only imagine that all of these “cannots” weigh down a physician’s morale and outlook – but then I try to remember my favorite quote. Just because there are so many things that the physician cannot do, does not mean that he or she has to let them interfere with what they can do. A physician can listen to the patient’s wishes and accommodate them. A physician can provide their patient with palliative care to improve their quality of life. A physician can maintain the life-long dedication to learning how to better heal patients towards the end of their life – not heal in terms of extend their life, but heal in terms of bettering their life for the time they have remaining.

I always struggled (and definitely still struggle) with what I do and don’t believe in terms of religion and spirituality. I seem to always end up at the same conclusion, though, that is that there is a specific subset of life that is beyond my comprehension. Just as a cat cannot physically comprehend a laser pointer bouncing around on a wall, I physically cannot comprehend what is beyond life as we know it. Furthermore, I know that certain aspects of dying are also beyond my comprehension. Will everything just go black? Will an angel guide me to the gates of heaven? Will the devil pull me down into hell? Does it physically hurt to die, or is it more of an out-of-body experience? We don’t really have answers to those questions, and I don’t think we ever will. Not having answers is hard for me, but I’m going to try my best to not let that interfere with the good I still am able to do. There are a lot of sick people in the world who want nothing more than continue living life here on earth, and I have the ability to better those people’s – learning how to better their quality of life in death for however many days they have left.
Pride is the wrong word. But I don’t know the right one to describe how I feel for COSGP and the osteopathic medical profession as they embark on a journey together to promote mental health awareness and the stigma that rides its coattails. At COSGP’s fall quarterly meeting this year, mental health was an extremely important topic to all of the student leaders, but for me, it was personal.

Like many medical students, I have been on the emotional rollercoaster that seems inherent when choosing this profession. During the beginning of the first semester of my second year, I felt the most depressed that I have ever felt in my entire life. The rollercoaster kept dipping down into what seemed like an endless pit, and all of a sudden I was in so deep, not knowing how I got there or how to get out.

Instead of seeking help, though, or talking to someone, I bottled it up inside. I didn’t want anyone to know I was struggling. I couldn’t let anyone know. So, I put on a smile and faced the world head on every day. “Why?” you might ask. One word: stigma. Stigma is when a person is seen and treated not only differently, but also negatively, due to a certain illness or circumstance. Stigma can cause the sufferer to feel shame, embarrassment, hopelessness, and isolation. The sufferer not only has to fight the depression, but he or she must fight through the stigma as well. This stigma is a barrier for so many, including myself, to admit to this mental health struggle and seek help.

How was I pulled out of depression? Well, for starters, I should admit that I still do not feel 100% back to “normal”. But, when my friends and colleagues recognized that I was slightly off, different, not as active, etc., they took proactive measures to make me feel loved and cared for. They dragged me to social events and checked up on me constantly.

That is what I challenge us all to be. To be the one to reach out, to love, to care, to support, to listen, to understand, and to speak out against the stigma and the false beliefs of mental illness without prejudice or judgment. I challenge everyone to get through tough times, together. We live in a world where “medical students experience depression, burnout, and mental illness at a higher rate than the general population.” In today’s world, “medical students are less likely than the general population to receive appropriate treatment despite seemingly better access to care.” Even outside the world of medical students and professionals, “one in four people in the world will be affected by mental disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide.” Thus, it is more than likely that someone near you is struggling with mental illness.

Do not let our friends, our family, our colleagues, or our classmates suffer or feel alone. Let’s get through this. I know we can…together.
A DROP OF BLOOD TO DIAGNOSE PARKINSON’S DISEASE?
By Eric Goldwaser, DO/PhD Candidate from RowanSOM

Parkinson’s Disease (PD) is a devastating neurological disorder whereby the dopaminergic neurons of the substantia nigra degenerate. This brain region is central to effective motor function, and as such, PD is one of the most classic “movement disorders.” Unfortunately, by the time the symptoms of tremor emerge, often the first symptom that presents to the clinician, 80-80% of these essential neurons to movement are already dead. Treatment, therefore, is unsuccessful – you can’t treat a dead neuron – and symptomatic management becomes the standard of care. Currently, laboratory and definitive diagnostics are equally elusive, and the clinician relies on subjective and non-specific neurological tests to form their diagnosis.

In our lab at RowanSOM, we obtained blood samples from patients with early-stage PD as well as healthy controls. Our aim was to identify blood-based biomarkers for diagnostic purposes. Based on our previous work that showed autoantibodies to exist (in the thousands) in every mammal we tested, and differing based on age, sex, and presence of disease, we sought to stratify these autoantibody profiles as a function of specific diseases. With 87.9% accuracy, we were able to differentiate patients with early-stage PD from healthy patients. Furthermore, we were capable of distinguishing early-stage PD from mild-moderate PD with 97.5% accuracy, providing evidence for the first test of any kind that can stage PD with such accuracy. To address the sensitivity of the test, we also assayed blood from patients with Alzheimer’s disease, multiple sclerosis, or breast cancer, and retained near perfect ability to separate these diseases. The diagnostic application of these autoantibodies have the ability to be used for many other disorders, and we have had success as well in diagnosing early-stage Alzheimer’s disease, at the mild cognitive impairment stage, and are moving to publish our work shortly. Looking forward, the future is very bright for a pre-symptomatic diagnostic tool using our method, which will allow early treatment options at which neurons are still amenable to various therapies.