There used to be a significant stigma attached to the doctor of osteopathy (DO) degree—that it was somehow inferior to doctor of medicine, or MD degree. That stigma was never based in reality—DOs and MDs go through very similar training—and it had largely dissipated. Recent news events, however, have put DOs back in an unwarranted negative light.

Katherine Pannel, DO, is a psychiatrist in Oxford, Mississippi. Dr. Pannel is actively involved in the AMA Ambassador Program and is proud to hold a degree from an osteopathic medical school. She recently spoke with the AMA about anti-DO sentiment and her experiences as a woman in medicine.

Dr. Pannel is a member of the AMA Ambassador Program, which equips individuals with the skills and knowledge to confidently speak to the AMA’s initiatives and the value of membership. The program also increases overall awareness about what the AMA does for physicians and their patients.

AMA: Recent news media coverage of the president’s physician, Sean Conley, DO, was accompanied by some anti-DO rhetoric. What’s your reaction to that development?

Dr. Pannel: I think that Sean Conley’s situation was initially a political jab that unknowingly insulted an entire profession. A profession that I hold dear to my heart. In many instances, it is just a lack of research prior to reporting. Still, it’s a reminder that as far as DOs have come, some still stigmatize osteopathic medicine. What I do want people to know—especially the media—is that osteopathic physicians are medical doctors.
We go to accredited four-year medical schools. The only difference is that we do an extra 200 hours in osteopathic manipulation therapy, which is a holistic approach to treating the whole body via the musculoskeletal system. During and after medical school, we take the same required exams needed to progress. We apply to the same residency programs. It's the same profession just a different philosophy.

The coverage of [Dr. Conley] was super disappointing. It was exciting to see that the President of the United States had a DO physician. It was a big deal, regardless of politics. Initial excitement became disappointment. I really thought that the stigma surrounding the Osteopathic profession had disappeared. I didn’t realize that there was still stigma still surrounding the profession because I myself hadn't experienced it in years. It really stings. People are scared of what they don’t understand. If they had they done a little bit of research they would realize we are one and the same.

AMA: What attracted you to osteopathic medicine?

Dr. Pannel: My fianceé at the time—we both knew we wanted to go to medical school, and he was a year ahead of me. As I was finishing my senior year, he was applying to osteopathic schools. He had done some shadowing of osteopathic physicians and loved it. I tagged along as he was going to interviews. My plan was to work a year and then apply to the state allopathic school. That is just what everyone did in Mississippi. But as I tagged along on the interviews, I discovered that the people were open, welcoming and warm. I really appreciated the whole approach of treating mind, body and spirit. I ended up applying to osteopathic schools against the advice of my mom. She didn’t think people would look at me as a “real” physician. She thought it was like becoming a chiropractor. But I went without her agreeing and now she’s my biggest supporter. She is accepting and really loves DOs now.

AMA: What convinced your mother to change her mind on DOs?

Dr. Pannel: I wanted to have a level playing field when I was trying to get into an allopathic residency, so I took the allopathic and osteopathic STEP/COMLEX exams. My mom—when she saw that my scores were good and comparable to allopathic scores, it really sank in for her that her daughter was a physician no matter the training that got me to that point.

AMA: Aside from your own mother’s skepticism about osteopathic physicians, have you ever encountered anti-DO bias?

Dr. Pannel: Back when I was in medical school, I think that allopathic residency programs may have viewed osteopathic students as not having as good of an education or training and I wanted to make sure that they saw that wasn't the case. So again, that is why I took both the COMLEX and STEP exams. I wanted them to see that my education was comparable. I ended up getting accepted to an
allopathic program [the University of Arkansas for Medical Sciences].

Residency was great for me. My MD colleagues accepted me. I never felt that they thought they were better than me. I didn’t feel any more stigma in residency and haven’t since I have been out in practice.

**AMA:** Another recent example of anti-DO and gender bias was in the recent uproar over advertising by a medical scrubs company. Its online catalog depicted a woman DO reading a medical text “for dummies” upside down. As a woman and a DO, what is your reaction?

**Dr. Pannel:** That was very insensitive. Women are the minority in medicine. We have to overcome a lot of challenges in a male-dominated field. To make women look dumb and appear to have no understanding of medical terminology was insulting to all women physicians, DOs and MDs alike.

I think it was initially a political statement because Dr. Conly was the DO physician to the President. Women are their major clientele so of course it would be targeted towards women. Sadly, because they didn’t do their research, they insulted all women physicians and the osteopathic profession. Had they done minimal research, they would have seen that DOs receive the same training as MDs.

They would have also seen that presidential candidate Joe Biden also is taken care of by a DO. No matter your political leanings, the next elected President will have a DO as their Physician. That’s pretty cool. But FIGS didn’t do their research and offended the very market that has made their company a success.

**AMA:** How can these media misrepresentations of DOs impact the profession?

**Dr. Pannel:** I worry mainly that it is going to impact how patients see us. That their seeing a DO means they are seeing a less-than physician. Is there going to be hesitation to see us now because of media commentary about us not being physicians?

**AMA:** How do you think anti-DO bias can be combated?

**Dr. Pannel:** Research and education. I, for a while, thought anti-DO bias was gone. But it sounds like we have to go back to the drawing board to some extent. We have to figure out why there is still bias and how to combat it. We have to continue to educate. When all of this started coming out, the biggest support we had on social media were the MDs. They treated us like equals, and I know that hasn’t always been the case. Where we are now—allopathic physicians see us as peers. They immediately came out with support for their DO colleagues. They have worked with DOs and have seen that we are quality physicians. Another way to combat the bias is to lead by example. By continuing to be quality physicians and leaders in our community, we in a sense are proving ourselves.
AMA: As a woman in medicine, how has the climate changed in terms of embracing women as physicians? What obstacles persist?

Dr. Pannel: Women physicians still face many obstacles, being the minority in a male-dominated field. Women physicians earn much less than their male colleagues for the same amount of work. They are also often looked down upon by male colleagues despite the same amount of training and education.

It is difficult for women physicians to get leadership positions in hospitals and organizations for a multitude of reasons. For one, it is again that they are looked upon as being less than their male counterparts. Many women physicians are also moms, and there is this misconception that you cannot be a good mom and physician. Women are also more frequently sexually harassed in the workplace, but are scared to speak out about it because the worry that they will not have the support of male colleagues.

The AMA has always been a steady supporter and advocate for eliminating gender inequity. They have a Women Physicians Section that identifies issues and with the support of AMA, works on policy to highlight the issues and advocates for women. The AMA celebrates women physicians throughout the month of September as well.