ASU Caduceus News

Spotlight On: MD vs. DO Physicians – Does it matter and should I care?

Introduction
Should I pursue allopathic medicine, osteopathic medicine, or perhaps both? Do the letters behind my name really matter that much? Will going to DO school limit my options and opportunities? Am I limiting myself if I don’t give DO a chance?
If you are planning to pursue medical school, hopefully these are a few of the questions that have been swimming around in your mind as you embark on the decision. MD and DO are the two paths that lead to becoming a physician. In today’s article we’ll explore some of the differences in schooling and outcomes that will hopefully help you answer your questions and provide insight into your upcoming path.

Professional Organization:
AAMC - Association of American Medical Colleges oversees the education and application to allopathic medical schools; they also administer the MCAT
AACOM - Association of American Colleges of Osteopathic Medicine oversees the education and application to osteopathic medical schools

The Similarities:
Both MD and DO programs have virtually the same set of courses and requirements to be admitted. You will be required to take the MCAT prior to admission and the application to both open each May for the following fall.
Upon entering medical school, you’ll notice the curriculum structure is nearly identical regardless of MD or DO. Students in both programs will spend their first two years learning the biomedical and clinical sciences, followed by two years of rotational clinical training.

Regardless of whether you attend an MD or a DO school you will participate in the same residency match program. MD students will take the US Medical Licensing Exam (USMLE) while DO students will take the Comprehensive Osteopathic Medical Licensing Exam (COMLEX). DO students have the option of also taking the USMLE - about 50% of DO students sit for both exams. MD’s and DO’s must undergo residency training along with optional additional fellowship training for certain specialties.

In practice, MD’s and DO’s provide prescription drugs, surgery, and the use of technology to diagnose disease and treat injury.

The Differences:
While MD and DO physicians have many similarities, the core difference lies in the fundamental philosophy. Allopathic is considered interventional medicine which takes a problems-based approach to treatment and care. Osteopaths emphasize preventative and holistic medicine based on a set of tenets.

DO’s believe:
- The body is a unit, and the person represents a combination of mind, body, and spirit
- The body is capable of self-regulation, self-healing, and health maintenance
- Structure and function are reciprocally interrelated
- Rational treatment is based on understanding the body unity, self-regulation, and the interrelationship of structure and function

To reinforce these ideas, DO students will engage in a minimum of 200 hours of Osteopathic Manipulative Medicine (OMM). According to Dr. DeLengocky, DO, “OMM incorporates aspects of traditional manual therapy, soft-tissue massage therapy, and other body-based modalities to relieve pain from strained muscles, tendons, and joints and improve motion and function of blood circulation, lymphatic and respiratory systems.”

MD’s are more commonly affiliated with large research institutions, university hospitals, and academic centers. Many specialties and sub-specialties will highly recommend or require students to provide letters of recommendation from physicians in the field and show evidence of research in the field. While research is available at nearly all DO schools, it does play a more prominent role at MD institutions. Students interested in research and academic medicine will
often find greater opportunities at MD schools. Students should keep an open mind and evaluate their interests as they research the mission and vision of schools when deciding their path and building a school list.

**International Recognition**
DO’s have full practice rights in the US and about 50 countries. They have partial practice rights in many additional countries.

**Outcomes**
MD’s and DO’s participate in the same, singular residency process overseen by the Accreditation Council for Graduate Medical Education (ACGME). This process happens most commonly during a students’ fourth year of medical school. The USMLE will be accepted for all residency programs. DO students must still complete the COMLEX for licensure, so it is likely that many DO students will continue to sit for both the USMLE and COMLEX. MD’s and DO’s match at a very high rate and it is highly likely you will match regardless of attending a US MD or US DO school.

**Primary Care - defined as Internal Medicine, Family Medicine, and Pediatrics**
55% of DO students matched in a primary care field
37% of MD students matched in a primary care field

**Applicant and Matriculant Information**
**MD:**
- 159 medical programs
- 20,500 total seats
- 3.72 average science GPA for accepted applicants
- 511 average MCAT for accepted applicants

**DO:**
- 40 medical programs + regional branch campuses
- 7,600 total seats
- 3.5 average science GPA for accepted applicants
- 505 average MCAT for accepted applicants
With DO’s focus on whole person and holistic healthcare, the research opportunities at DO schools can be more limited than their MD counterparts. In addition, many DO schools are located in less populated or underserved areas. Take these into consideration as you are evaluating schools and your career path. About 33% of ASU applicants apply to both MD and DO schools each year. 45% apply strictly MD and 20% apply strictly DO.

**Conclusion**

It is ultimately up to you as an applicant whether you have a preference for MD or DO and whether or not you will apply to one or both types of program. You will find that most practicing physicians are open and welcoming to DO’s as they are more familiar with the field (remember, you will find jerks and egomaniacs everywhere). Do not discount DO programs at the expense of the opportunity to become a physician. Both MD’s and DO’s match at a high rate, making either program attractive to any future physician. Evaluate your goals and philosophy on treating patients when you are considering which path to pursue. Ultimately, both paths will make you a practicing physician.