

# Osteopath lauds family orientation

(Continued from page 1A)

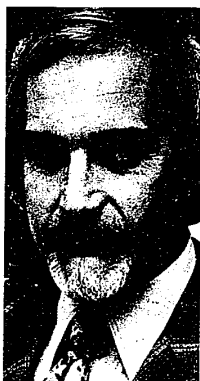
medicine nationally has been the continuous growth of colleges of osteopathic medicine. The country has 12 to 14 licensed colleges today with other schools seeking recognized status.

Pointing to Michigan, which has the largest number of hospital beds and the largest number of practicing osteopathic physicians today (2,300 DOs as compared to 1,300 MDs), he noted that "training hospitals were located here very early. Graduates came here to learn and it is an accepted fact that physicians generally remain in the area where they can continue a relationship with their peer group. They initiated the efforts to found a college in this state."

Michigan State University's College of Osteopathic Medicine was officially chartered in 1970 after a fledgling beginning in Pontiac in 1969, graduated its first class in June 1972, and this year enrolled 109 new students, of whom 42 are women.

"Women's entrance into the field also is a positive thing. Women comprise 101 of entering classes throughout the country which will have a considerable impact on our future," he said.

When questioned about the osteopathic physician's lack of recognition over the years by the American Medical Association, he said that the American Osteopathic Association formed in interim has become an



Gerson Cooper

activist organization the voice of which is becoming equally recognized.

"CERTAINLY IN MICHIGAN," he said, "the voice of AOA is equal to that of AMA. It also is a matter of law here that hospitals may not discriminate against physicians with different degrees and it is a condition of hospital licensing."

Financially there is no difference in the costs of rising health care for either osteopathic or general hospitals, he emphasized.

"No distinctions are made by insurance companies in payment for health care," he said. "Financial costs leaped in 1966 with the introduction of Medicare and Medicaid. A chasm has developed between what people want and what they can receive as approved service. Doctors used to appraise patients of available service to help them contain costs. Their concern today is that unless all services are available to the community, the situa-

tion may reverberate in malpractice suits. This justifies lavish use of facilities.

"In addition, technology has moved so fast that there is no longer a depreciation factor on equipment. What costs \$1,000 today to provide will cost \$5,000 in five years but, meantime, something new has been developed to replace existing equipment." Using Botsford as an example, he said, "We are a voluntary, non-profit organization. Added expenses are those of the corporation. Philanthropy which once played a major role in hospital financing, may soon do so again. We will have to go to the people we serve to establish an endowment fund."

COOPER LAUDED the community organizations which have volunteered help to Botsford.

"Our hospital Guild of 50 plus ladies never stops. Farmington Jaycees and Lioness's Jaycees have provided funds for pediatric equipment from fundraising drives."

"The Farmington Women's Business Club has donated money. We have established both physician and patient memorial funds and library funds. The voluntary effort in the community is incredible."

Leadership at Botsford General Hospital has also become special since Cooper was named vice president for administration as well as chief administrative officer last February. Except for time off for Air Force Reserve service since graduating with a business degree from Wayne State university, he always has been with Detroit osteopathic hospitals.

He was first business manager, then director of personnel, purchasing and data process for Ziegler Osteopathic Hospital between 1969 and 1972. Then he was named assistant administrator and assistant secretary-treasurer of the Hospital Corporation. In 1970, he was made vice president for administration until his transfer to Botsford which is, since Oct. 1, no longer a satellite unit but a cooperating organization. He came by his association with osteopathic physicians quite naturally—his mother was an osteopathic anesthesiologist.

## Botsford update

A TV-type advanced life support system is on the horizon for Botsford's service community. Equipment has been ordered. Arrangements are yet to be made with an area ambulance service.

Botsford's redrafted long-range plan covering anticipated needs in hospital services until 1995 will be presented to the hospital's corporate board at the end of November. The emphasis is on ancillary services.

Botsford Hospital is unique among Detroit-area osteopathic hospitals in the size of its training program compared to the number of patient beds (expended in 1975 to 310). Currently, there are 30 interns and 44 residents in 2 specialties.

Professional nursing (RNs) is tops at Botsford among area hospitals. The Farmington area has been conducive to attracting RNs. Chief Administrator Gerson Cooper said. The hospital also has a training affiliation with Schoolcraft, Madonna and Mercy colleges and Oakland University for nurses, medical technicians and emergency medical technicians.

Both Farmington's Fire Department and Farmington Hills' volunteer firemen have received emergency training at Botsford and maintain the "best" of working relationships, according to Cooper.

Botsford maintains good working relationships with other osteopathic and allopathic hospitals for shared equipment or specialized service not available at Botsford. For example, X-ray therapy is referred to Sinai Hospital.

Botsford Hospital, as of Oct. 1, is no longer a satellite hospital of Ziegler Osteopathic Hospital, but maintains a relationship by having several board members in common and sharing services. On Oct. 1, the Ziegler unit merged with Art Center Hospital to

become Osteopathic Hospitals of Detroit to improve hospital service in the inner city and broaden educational opportunities. Ziegler continues to operate as the West unit in the merger and Art Center as the East unit.

All hospitals play the "numbers game" today when it comes to annual, bi-annual and occasional inspections mandated by federal, state and city laws. Botsford experiences at least three annual inspections by federal agencies, 10 by state agencies, one annual fire safety inspection locally, and at least three inspections by its own osteopathic and insurance carriers. Botsford supports the Michigan Hospital Association's efforts to streamline outside rules and regulations, and to eliminate an overlap of regulations that consumes hospital personnel time.

Botsford is one of eight osteopathic hospitals in the Detroit area, one of 30 licensed in Michigan, giving this state the largest number of beds available to the largest number of practicing DOs in the United States. There are 16,000 licensed DOs in the United States and 350,000 licensed MDs, though not all of the latter are practicing physicians.

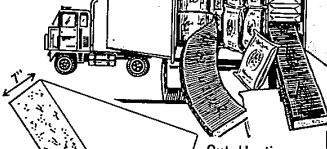
The first osteopathic training school in the United States, now the world's center for training osteopathic physicians, was founded in Kirksville, Mo. in 1892. Ziegler Hospital, Detroit's first, opened in 1943 and grew quickly in the post-war days. It became a teaching hospital in the 1950s. Botsford Hospital opened in January 1965 as a full service hospital with 200 beds. It added its south tower in 1972. Expanding its facilities today by 100,000 square feet—adding only ancillary services—is estimated to cost \$24.6 million compared to its 1965 cost of \$4.2 million, with equipment.

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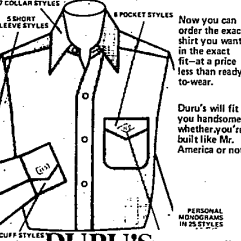
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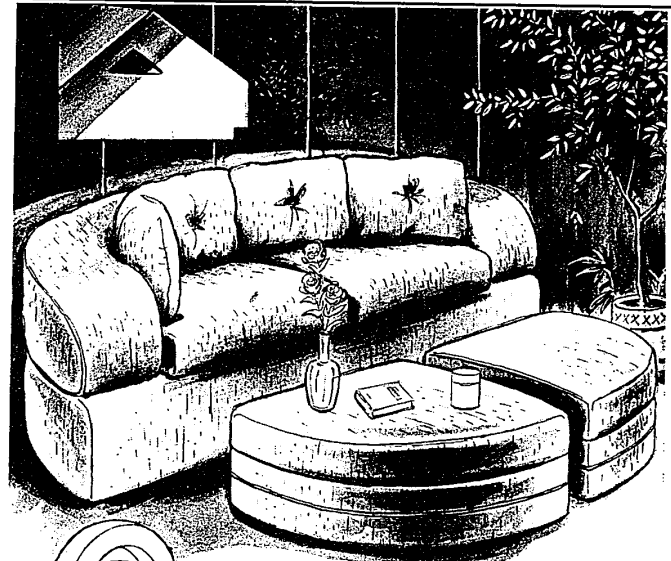


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