

# Voices From Family Medicine: On Becoming a Family Physician

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**BACKGROUND AND OBJECTIVES:** In this essay—part memoir, part reflection, and part oral history—I review my early professional development, a several years' long progression after residency training, during which I grew from functioning as a technically competent primary care doctor to being a capable and compassionate family physician. As part of that development, and with my colleague John Frey, MD, I interviewed several of the founders of the modern family medicine movement. Here I review some of their answers to the fundamental question of my early practice years: What does it mean to be a family physician? I cite some of their words of wisdom, those of particular import for me, and discuss how these words both helped me become a family physician and ring true even today as we approach the 50th anniversary of the founding of family medicine. I conclude by inviting other clinicians and educators in family medicine, those starting out in the field as well as those well on their way, to consider how their personal histories can help inform their involvement in the future of the discipline, especially in light of the ongoing Family Medicine for America's Health initiative. An educational mini-documentary accompanies this article and can be viewed at <https://vimeo.com/198742471>.

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I am a family physician.

For some, making such a statement proves easy. They finish medical school and residency and feel immediately confident in their roles as family doctors. Some likely feel self-assured even prior to graduation from residency!

However, it took me several years of practice and much thoughtful reflection to be able to stake my claim to my chosen profession. The fact that I had completed all my rotations and passed my initial board examination meant that I had the knowledge and skills to be a family

physician; those same rites of passage, however, did not mean I knew what practicing family medicine was really all about. That ability came several years later, the end result of a long progression during which I grew from functioning as a technically competent primary care physician to being a capable and compassionate family doctor (which, over 2 decades later, believing in the principle that professionalism in medicine is an endeavor in lifelong learning, I consider myself still<sup>1</sup>).

Part of this progression in my professional growth came from

attending to patients, day in and day out, as a nascent practitioner in a safety net clinic. This work enabled me to recognize the merits of my presence in a community-based setting outside the tertiary care academic environment where I trained. It helped me develop an understanding of what continuity, comprehensiveness, and context truly meant—words that I had learned in theory during my residency, the realities of which I was unable to comprehend because of numerous reasons. Key among those reasons was my mindset at the time, reinforced by the rotational format of my residency experience, that family medicine was but a compilation of other medical disciplines applied mainly in ambulatory settings. (I was wrong.)

That my patients at the time were of limited financial means certainly contributed to the development of my diagnostic and procedural skills as a family physician, as well. Our small clinic's lack of a stable pro bono referral net meant that of necessity I had to hone these skills quickly; whether I felt completely comfortable or not, I had to learn how to manage the challenging clinical situations my patients presented with, due to their inability to pay

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for subspecialty consultations. This, I am sure, helped me recognize just how important uncertainty is to the practice of family medicine, especially in low-resource settings, and how managing one's own anxiety in the face of such uncertainty and simultaneously holding patients' and families' anxieties in the face of theirs are two sides of the same coin.

As an early part of the process of learning these and other lessons about family doctoring, I sought out knowledgeable individuals to help guide my path. So, with my friend and colleague John Frey, I interviewed several founders of the modern family medicine movement. These senior people, whose brief biographies are noted in Table 1, were academic trailblazers from around the country. Many if not most of them had been instrumental in the early formation and evolution of the Society of Teachers of Family Medicine. Although a formal result was the serial publication of several of these interviews in *Family Medicine* on the occasion of STFM's 25th Anniversary,<sup>3</sup> of much more consequence to me was that I was able to ask, and get thoughtful answers to, the fundamental question of my early practice years: What does it mean to be a family physician?

### Words of Wisdom: Important Themes in Family Medicine

I heard so many thoughts in response to this question, and no essay now could do them all justice. (I can suggest clinicians and educators in family medicine, especially those who have come of age since 1992, review the source articles available at <http://www.aafpfoundation.org/online/foundation/home/programs/center-history/oralhistory/voices-fm.html#>, on the Center for History of Family Medicine's website.) Nonetheless, here is a sampling of the key concepts I heard—favorite comments of particular import to the development of my professional identity—when I invited those who preceded me as teachers to tell me of their lives. The snippets that

follow, representative of themes that inspired me early on in my career, briefly illustrate crucial components of the discipline that I was then incorporating into my vision of what it meant to be a seasoned family physician.

#### *From Ted Phillips—On the joy of family medicine:*

The fun of practicing [generalist] medicine is that I enjoy the role I play in the community, living among the same people for whom I care. Sure, my mistakes and omissions greet me on the street every day, as do my successes, but that's what medical practice means to me. . . . I'd like to see family practice embrace its generalist heritage and fill the same need in medicine.<sup>4,p.473</sup>

#### *From Dick Magraw—On disease and illness:*

George Engel coined an epigram one time: he said that disease seldom fully defined illness. [After learning this] the satisfaction that I had formerly reserved for a "little Jack Horner" process of putting in your thumb and pulling out a plum of pathology now was available to me for almost every patient.<sup>5,p.618</sup>

#### *From Gene Farley—On understanding population medicine:*

As an academic discipline developing new knowledge and research. . . , I'd love to see [family medicine promote] more community-oriented primary care approaches where you're looking not just at the population that's in your practice, but at the population out there in the community. I'd love to see family medicine playing a role in looking at how we get universal health care for Americans at an affordable cost. I would like our training programs to help residents have a better understanding of what the family physician's responsibility to a population of patients is. I think we should be leaders [in these areas].<sup>6,p.155</sup>

#### *From Don Ransom—On "family" as metaphor:*

The myth of the biomedical model is that all doctors and all patients are interchangeable. If you are a well-trained doctor, you can examine a patient anywhere in the world, take the history, do the lab work, make the diagnosis, prescribe the treatment, and cure the patient. . . . The idea of the family was a good hook on which to hang the valuable parts of family medicine that were being left out of medical education and practice. Family has become a metaphor for me.<sup>7,p.228</sup>

#### *From Nik Zervanos—On the meaning of community:*

What does community mean to me? It has to do with . . . very close connections. When I think of the word community, I am reminded of the Greek word *kinonea*. The word *kinonea* has a very special meaning in Greek Orthodoxy. It involves a special feeling of closeness with your fellow man but extends beyond that to the people in your own family and to your relationship with God. . . . The word has to do with a spiritual bonding that takes place at the deepest levels in a relationship.<sup>8,p.392</sup>

#### *From Lew Barnett—On teaching students and residents:*

When I started in medical education after practice, there were things I thought were missing. I thought the heart and soul of medicine was getting away from us. . . . I thought that we needed to infuse medical education with some humanity. Only I didn't know much how to do it. I wasn't sophisticated; I wasn't trained to be an academician. I didn't know what else to do except to be myself. So you do the best you can with what you've got. For me, with students, as with patients, it's like: "What if this is the only time I ever have the opportunity to sit in this room, with this person, in my whole life?" That time shouldn't be wasted. It should be of some value.<sup>9</sup>

Table 1: Brief Biographies

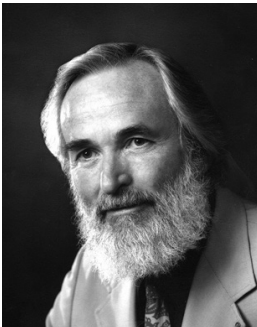


**Theodore Phillips, MD**—Dr Phillips was founding chair of the Department of Family Medicine and later associate and acting dean of the University of Washington. He was president of STFM in 1978-1979 and received its Excellence in Education Award in 1981.



**Nikitas Zervanos, MD**—Dr Zervanos was clinical professor in the Department of Family Practice and Community Health and founding director of the residency program at Lancaster General Hospital in Lancaster, PA. In 1987, he received STFM's Excellence in Education Award; in 1990, the Pennsylvania Academy of Family Physicians honored

him with their Leadership Award.



**Gene Farley, MD, MPH\***—Dr Farley was founding chair of the Department of Family Medicine at the University of Rochester and later chair of the Department of Family Medicine at the University of Colorado and the Department of Family Medicine and Community Health at the University of Wisconsin. In 1989, he received the STFM Recognition

Award; in 1995, he received the Curtis J. Hames Research Award.



**B. Lewis Barnett, MD\***—Dr Barnett was professor and founding chair of the Department of Family Medicine at the University of Virginia. In 1983 he received STFM's Excellence in Education Award; in 1996 he received its F. Marian Bishop Leadership Award.



**Richard Magraw, MD**—Dr Magraw was professor in the Departments of Psychiatry, Neurology, and Medicine at the University of Minnesota. In 1996 he published the book *Ferment in Medicine*,<sup>2</sup> which became an early blueprint for academic family medicine. Among many other leadership positions, he was later chief of psychiatry at the Minneapolis Veterans Administration Hospital.



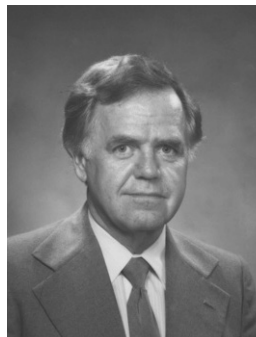
**F. Marian Bishop, PhD, MSPH\***—Dr Bishop was chair of the Department of Family and Preventive Medicine at the University of Utah. Among her many academic activities, she was the first female and the first PhD to serve as president of STFM (1981-1982), as well as the first PhD president of the Association of Teachers of Preventive Medicine. She received STFM's Excellence in Education Award in 1979.

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**Donald Ransom, PhD**—Dr Ransom was professor in the Department of Family and Community Medicine at the University of California, San Francisco, and the behavioral science coordinator in the family practice residency program at Community Hospital in Santa Rosa, CA. In 1985, he received the STFM Excellence in Education Award; in 1989, NAPCRG and STFM jointly

honored him with their Weatherby Award for outstanding clinical research in primary care.



**Lynn Carmichael, MD\***—Dr Carmichael was founding chair of the Department of Family Medicine at the University of Miami. He was the first president of STFM (1969-1971), the founding editor of *Family Medicine* (then *Family Medicine Teacher*), and the initial recipient of the STFM Excellence in Education Award in 1978.

\* deceased

*From Marian Bishop—On the breadth of academic family medicine:*

There are just so many circles to family medicine education: There is the process of decision-making and how you involve the patient and the family. There is the process of caring, the emphasis on ambulatory care, and the emphasis on interviewing skills. And then there are larger concentric circles, of preventive medicine, of community or social milieu, and of the socioeconomic issues that impact on patients and their problems.<sup>10</sup>

*From Lynn Carmichael—On people, relationships, and the process of family medicine:*

I had, like most people in medicine, been raised with the idea that diseases existed and that our job was to treat diseases. I found out [in practice] that diseases don't exist. What exist are people who have different kinds of health problems. We don't treat diseases, we take care of people. . . . When I talk about family medicine, I'm not talking about the family as a unit. The meaning of family in family medicine, to me, is not that the family is the unit of care as much as it is the process of care. It characterized that type of relationship that you have with a person, a family-type relationship. . . . As I looked around at the world in the '50s and '60s, it seemed to me that there was a great need for this kind of doctor.<sup>11,p.54</sup>

### Further Reflections

Clearly, the need for well-trained family physicians that Lynn Carmichael identified over 5 decades ago continues today. Fortunately, the voices that speak to this need have become more diverse, more powerful, and more widespread around the world than they were then.<sup>12-15</sup> Family medicine has evolved as the world has changed.

That does not mean that challenges do not exist in respect to or within the discipline. Many family

physicians are frustrated by rapid changes that have affected their community practices, often in regards to issues of technology, productivity, and corporatization, and many educators within family medicine still feel threatened by academic medicine's ignorance of the discipline's philosophy, let alone its scope and worth.<sup>16</sup> As well, the fact that there is no single model of family medicine that applies to all practice and educational situations complicates matters: there never has been one and only one defining motif that characterizes the entire discipline,<sup>17</sup> as notably evidenced by the long history of debates about the meaning of "family" in family medicine.<sup>18-20</sup>

Few of these issues, however, are particularly new concerns. Twenty-five years ago, as I listened to founders of family medicine (those noted above as well as others I have not cited here), I also heard of the many disappointments they confronted in those early years, as well as the various challenges they faced trying to integrate competing ideals. Those reflections, ones I do not include in this essay, added another dimension to my understanding of what it means to be a family physician, on the value of time.

Family medicine does not occur in the space of one moment: it is an elegant production—at its best a dynamic mixture of science and art—created by coming together with therapeutic intent over days, months, and years, celebrating successes and managing failures, falling down and standing up again, through health and through illness. It is being there and sharing presence with patients, students, and residents, our own loved ones, and ourselves.<sup>21,22</sup> It is a complex venture, the worthiness of which often comes to us on the journey itself, as it unfolds before us.

### Conclusions

As we enter the 50th anniversary of the founding of STFM and the transition of our discipline from

general practice to family practice (and many years later, to family medicine), it is important to reflect upon who we are—individually and in community—as family physicians and educators in family medicine. Although there are many paths to accomplishing this task, as demonstrated by Family Medicine for America's Health and other recent initiatives,<sup>23-25</sup> the path upon which I have reflected here is one of personal relationship, one of listening to the stories—the voices—of those who gave me guidance as to the practice and teaching of family medicine.

Over the course of this next year, I invite other clinicians and educators in family medicine to recall the words of their mentors—whether scholarly leaders, local colleagues, or even patients with whom they have worked—and thoughtfully consider how those words have guided personal professional paths. I invite them to reflect upon their pasts and explore how events in those pasts have laid the foundations for the attitudes and convictions that lead us forward, collectively, as a professional group. I invite them, as well, to creatively envision how these words and events can merge together as a richly participative history that might light the way for the future that we face.

Yes, I am a family physician, and I look forward to imagining, working toward, and being part of that future. Please join with many others and me as we make our way forward during the years ahead of us all.

Note: A short digital documentary accompanies this article and can be accessed at: <https://vimeo.com/198742471>.

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