

Editorials

70 Years of American Family Physician

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In April of 1950, the American Academy of General Practice published the first issue of *American Family Physician*, (AFP's) predecessor, *GP*. The journal's name didn't change until 1970 when it was briefly called *American Family Physician/GP* and then officially *American Family Physician* in 1971. The name was crafted by the American Academy of Family Physicians' (AAFP's) executive director at the time, calling it "two of the warmest words in the English language—family and physician."¹

Beyond the name of the journal, the mission of providing practical and clinically relevant information to busy physicians has been the force behind *AFP*'s impressive improvements during the past 70 years.² When Jay Siwek, MD, took over as editor in 1988, he began the process of transforming *AFP* into a more scholarly resource with references.³ He collaborated with experts in evidence-based medicine (EBM) to add the Strength-of-Recommendation Taxonomy (SORT) table and data sources section to review articles and created new departments such as Cochrane for Clinicians, Family Physicians Inquiries Network's (FPIN's) Clinical Inquiries, Patient-Oriented Evidence That Matters (POEMs), and many more. The goal was to develop content based on the best available evidence and to influence change in clinical practice. Although we do not have data to demonstrate how *AFP* has affected practice patterns, we do know that roughly 480,000 of the journal's continuing medical education quizzes have been taken annually since 2017. Plus, we have received countless positive comments from readers over the years. Joyce Merriman, executive editor from 2005 to 2020, recalled one that stood out: "I'm a better physician because of *AFP*. I thank you, and my patients thank you." Comments like these make the efforts of our entire editing team that much more meaningful.

Are we perfect yet? Thankfully, no! We continue to come up with innovative ways to adapt to ever-changing learning styles, new evidence, and information technology. Anyone who considers journals to be boring should think twice. Our award-winning *AFP* Podcast,⁴ with more than 4 million downloads, skillfully combines wit and EBM to produce concise and entertaining content. We are also continuing to improve our peer review processes by providing feedback to reviewers and teaching reviewing and writing skills at FMX and other family medicine conferences.

Perhaps even more relevant to the times, *AFP* has covered several topics that have garnered reader response and attention. A few that generated the most comments, website visits, letters to the editor, and personal emails include



acupuncture, climate change, coronary artery calcium scoring, e-cigarettes, gun violence, long-acting reversible contraception, lung cancer screening, natural family planning, spiritual assessment, transgender and gender-diverse patient care, and unintended pregnancy. The comments often resulted in a meaningful dialogue among readers, authors, and even editors. Some readers applauded us for addressing these topics, whereas others were quite critical.

For the record, *AFP* is editorially independent of the AAFP, so what we publish does not represent the views of the AAFP unless explicitly stated. Our content is based on a curriculum of topics we solicit and on proposed topics that authors submit. We welcome comments and discussion on this content, and I believe that it is important to share diverse views. After all, isn't that what family medicine is about? Our readers represent a diverse group of individuals spanning different regions of the country and even the world. Our field calls us

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to care for patients of varying ages, backgrounds, and personal preferences. This richness allows for differing opinions on real-world applications of clinical information.

Part of our passion at *AFP* is upholding our strict policies regarding conflict of interest, authorship, and plagiarism. For more than 30 years, *AFP* has done its best to avoid bias by restricting authors with any direct or indirect industry ties.⁵ In addition to asking authors to review and sign forms that spell out our various policies at multiple stages, we do our own web search regarding potential conflicts of interest for each submission. Our policy on publication ethics can be found at <https://www.aafp.org/journals/afp/explore/publication-ethics-in-american-family-physician.html>.

We are proud to stand behind our mission and our ethical commitments. Caroline Wellbery, MD, associate deputy editor with a 25-year history at *AFP*, says, “One thing that medical editors have in common with the Wizard of Oz, a puppeteer, and a corporate lobbyist is that we’re all pulling strings behind the scenes. But what’s different is that medical editors are neither illusionists nor profiteers. We’re just basically passionate nerds.”

During the past 70 years, *AFP* has flourished because of dedicated readers, authors, reviewers, and team of editors and publishers. We are grateful for this support and look forward to a continuing evolution of the journal with more contributions to productive dialogues in the decades to come.

Editor’s Note: This reflection on the past 70 years of *AFP* is dedicated to the memory of Joyce Merriman and her 15 years of tireless efforts as executive editor. When she joined our team in 2005, we were thrilled to have her expertise (<https://www.aafp.org/afp/2005/0315/p1044.html>). She was a leader, an organizer, a go-getter, a colleague, and a friend. She will be missed by everyone she touched at *AFP* (<https://afpjournals.blogspot.com/2020/03/in-memoriam-joyce-merriman-executive.html>).—Sumi Sexton, MD, Editor-in-Chief

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Author disclosure: No relevant financial affiliations.

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