Still optimistic after all these years

Recently, I was delighted to receive a run of this journal’s earliest issues (courtesy of Jay Siwek, Editor of American Family Physician). What fun to see the beginning years of our discipline through the eyes of such intellectual giants as John P. Geyman, Gayle Stephens, and Gene Farley. The tenor of the first issue of The Journal of Family Practice, published in May 1974, was guarded optimism, a dash of hubris, and a belief in the future.

Reading about family medicine’s early years evokes mixed emotions. On the one hand, I’m struck by our progress: The discipline has been integrated into medical schools, developed a substantial research agenda, and amassed a burgeoning compilation of literature. No longer are we plagued by a paucity of data about common primary care problems, the absence of competency-based training, or the need to debate the advisability of clinical clerkships in the community.

Articles on computers in family practice (consider the $800,000 to $14 million investment), the problem-oriented medical encounter, and the diagnostic index E-book serve as quaint reminders of an existence before the iPod touch and comprehensive EHRs. All in all, our discipline has grown robustly.

On the other hand, many aspirations remain unmet. The integration of the family, psychosocial, and behavioral health aspects of family practice is still just a promise. We struggle to develop patient-centered medical homes that truly integrate mental health, despite overwhelming evidence of their effectiveness. Community medicine and public health continue to be weak stepchildren. The schism between public health and medicine remains largely ignored. And the concept of a truly multidisciplinary team continues to be just that—a theory with limited implementation.

Even many of our basic tenets of continuity and comprehensive care are regularly assailed, amid the spread of minute clinics and subspecialism. I’ve already seen cardiologists and surgeons who claim to be developing patient-centered medical homes—shades of Clinton–era health care reform. Perhaps the greatest disappointment, though, is the inequity of our health care system, which persists despite our best efforts.

I’d like to end—as I started—with guarded optimism. Disappointments notwithstanding, the words, “Let us with enthusiastic vigor develop family medicine and other programs that relate to societal needs” ring as clear and true today as they did 36 years ago.

Reference