

The History of Family Medicine



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PGY 2



Memorial
FamilyMedicine
Residency Program



Family Medicine before “Family Medicine”

- Centuries ago people tried to take care of themselves before resorting to “professional healers.”
- The sequence of consultation was to seek help from within the family or home environment, then from a lay person or non-professional, and finally from a physician.



17th and 18th centuries

- Relatively few physicians available to the general population.
- Most practiced in 3 different settings:
 - Traveling around the country
 - In urban centers where they served the growing middle class
 - As personal attendants to wealthy or aristocratic families



Invention of printing press in 1439

- Created an opportunity to transmit useful medical information to those people who were unable to afford or could not reach a physician.
- The creation of “Self Care Books”



Self Care Books

- Many contained as part of their title, “Family Physician.”
- Example:
 - *Domestic Medicine*, also printed under the title *The Family Physician*, 1778, William Buchan, M.D.



Self Care Books

- Also contained advice on: lifestyle, emotional health, **how to eat properly**, how to dress in healthy clothes, instructions on exercise, and the need for religious thought.
- Howard's Domestic Medicine, 1879, Horton Howard M.D. – remarked about American eating habits, particularly in relation to “fast eating” and “stuffing children.”
- 25% of Self Care Books were dedicated to “Materia Medica” or what we today refer to as Alternative Medicine (herbal remedies, etc.).



The early 1800s

- Medicine during the early 1800s was truly “family medicine.”
- The solo physician served a family as a generalist, surgeon, pediatrician, obstetrician, gynecologist, etc.



20th Century

- Family Physicians were known as “General Practitioners.”
- Growing shift towards specialization throughout the 1920s and 1930s.
- Between 1931 and 1974, physicians classifying themselves as “General Practitioners” declined from 83% to 18%, and there was a concomitant rise in specialists.



Fragmented Patient Care

- Many people felt like the trend toward specialization had fragmented patient care and weakened the patient-physician relationship.
- One physician said: “There are 57 different varieties of specialists to diagnose and treat 57 different varieties of diseases, but no physician to take care of the patient.”
- The decline in the number of “general practitioners” and the public concern over fragmented medical care led to the movement to create the “specialty” of Family Medicine.



1940s

- Generalists began to initiate steps to elevate general practice to “specialty” status.
- Goal was the development of a curriculum and creation of a formal certification board.
- Generalists claiming equal training and equal rank.



1940s

- 1946 – AMA established a section on General Practice to give voice to the mounting problems and decreasing numbers of generalists.
- 1947 – the section created by the AMA developed into the American Academy of General Practice (AAGP).



AAGP

- Goals: to encourage and assist physicians in preparing, qualifying, and establishing themselves in General Practice; and to assist in providing postgraduate study courses for general practitioners.
- Methods of implementation: establishing medical school departments in General Practice, appointing qualified GPs as clinical professors, instituting a medical student lecture series in the art of medical practice, and developing preceptorships in General Practice.
- Within 3 years the AAGP had 10,000 members.
- AAGP required members to “maintain a regular level of postgraduate education.”



1950s

- In 1950, the journal **GP** asked its readers to maintain general practice “for ourselves, our children, and the American public.”
- 1956 – AAGP not as successful as they had hoped, so AMA requested a study group.
- The Committee on Preparation for General Practice (made up of AMA Council on Medical Education, the AAMC, and the AAGP).



Committee on Preparation for General Practice

- 1959 – released the “Report of the Committee on Preparation for General Practice.”
- Recommended several 2 year graduate pilot programs to teach General Practice.
- This eventually grew to 165 programs offering 783 positions, however within 10 years most of the general practice programs closed.
- The 2 year pilot programs had focused mainly on Internal Medicine and Pediatrics, however several GPs were also practicing minor surgical procedures. This led to 8 resolutions at the 1960 AMA meeting which led to including Surgery and Obstetrics in the programs.



1960s

- Ward Darley, executive director of the Association of American Medical Colleges became a strong advocate for the concepts of comprehensive and family medicine.
- 1962 – American Public Health Association and the National Health Council came together and created the Task Force on Comprehensive and Personal Health, which recommended that the personal, or “family,” physician be considered a specialist and be given status, remuneration, and professional privileges equal to other specialists.



1960s

- July 1963 – World Health Organization (WHO) Expert Committee on General Practice released report:
 - *Training of Physicians for Family Practice*
 - Recommended a postgraduate study program specifically designed to meet the needs of the General Practitioner.
 - Postgraduate study program should include: mechanisms for continuing medical education, research in Family Medicine, and teaching of medical students.



1960s

- 1963 – AMA concerned with the state of post-graduate medical education and requested that the Citizen's Committee on Graduate Education (chaired by Dr. John Millis, president of Western Reserve University) conduct an external review of the Nation's internship and residency programs.



The Millis Report (1966)

- Became a forerunner for the development of Family Practice residency programs.
- Dr. Millis became known as the “grandfather of Family Practice.”
- Conclusion of Millis Report: Family Practice needed to be a Board Certified specialty.
- Two provisions:
 - No “grandfathering in” of current GPs
 - Physicians who acquired board certification in Family Practice would require re-certification on a periodic basis.



The Witten Report (1966)

- Committee on Requirements for Certification, chaired by Carroll Witten and composed of representatives from the American Academy of General Practice and the AMA Section on General Practice, released the “Witten Report,” which defined and outlined the basic content of Family Practice.



American Board of Family Practice

- 1969 – 15 pilot programs in Family Practice were approved and the AMA approved Family Practice as the “newest” medical specialty.
- Spring 1970 – 1st administration of the certification exam: 6 hour written exam, exams on charts, diagnostic data, and patient management.
- In order to qualify to take the exam, the ABFP required 3 years of residency with re-certification every 6 years.
- American Board of Family Practice was the first specialty to require periodic re-certification.
- Re-certification process made up of: mandatory cognitive written exam, office record review, mandatory CME of 300 hrs. per 6 year cycle, and a valid and unrestricted license to practice in either the U.S. or Canada.



Nicholas Pisacano, M.D.

- First Executive Director of the American Board of Family Practice.
- Said that “family practice is the keystone specialty in American medicine,” and that “we will do everything in our power to preserve, enhance, and improve it.”



1970s

- Family Practice blossomed during the 1970s.
- 1976
 - 321 fully approved Family Practice residency programs with 4675 residents in training and 11,000 certified Family Practitioners.
 - Of the 119 U.S. Medical Schools, 100 had departments or divisions of Family Practice.



1972-1984

- Family Practice programs grew from 151 (in 1972) to over 380 (in 1984).
- The number of residents increased from 1,035 to 7,588.
- By the early 1980s, Family Practice became the 3rd largest residency. 10% of all residents were Family Practice.

Why all the history?



Where are we now?



Future of Family Medicine Project

- Initiated in 2002 and made up of 7 national family medicine organizations:
 - American Academy of Family Physicians
 - American Academy of Family Physicians Foundation
 - American Board of Family Medicine
 - Association of Departments of Family Medicine
 - Association of Family Medicine Residency Directors
 - North American Primary Care Research Group
 - Society of Teachers of Family Medicine



Background of FFM Project

- “Recognizing fundamental flaws in the fragmented US health care system and the potential of an integrative, generalist approach, the leadership of 7 national family medicine organizations initiated the Future of Family Medicine (FFM) project in 2002. The goal of the project was to develop a strategy to transform and renew the discipline of family medicine to meet the needs of patients in a changing health care environment.”

Annals of Family Medicine, March/April 2004



Changing our “identity”...

- Resolutions from the 2004 National Congress of Family Medicine Residents:
- No. 503 – Requirement of Name Change to “Family Medicine”
 - “RESOLVED, That the American Academy of Family Physicians strongly encourage residency programs with ‘family practice’ in their name to change to ‘family medicine,’ and be it further RESOLVED, That the American Academy of Family Physicians propose and strongly advocate that the American Board of Family Practice change its name to the *American Board of Family Medicine*.”



American Board of Family Medicine

- On January 1st, 2005, the American Board of Family Practice changed its name to the American Board of Family Medicine.
- “This change is in keeping with the recommendations of the Future of Family Medicine Project and was unanimously approved by the Board of Directors of the American Board of Family Practice at their October 2004 meeting.”



Recommendations

■ Communications

- “...consistent terminology will be established for the specialty, including use of *family medicine* rather than family practice and *family physician* rather than family practitioner.”

Annals of Family Medicine, March/April 2004



Summary

- Evolution of the name of our specialty
 - General Practice → Family Practice → **Family Medicine**
- “Family Medicine emerged out of the call for a ‘broader’ specialty, one that would train the ‘new physician’ in the ‘old fashioned relationships’...a physician who would not only appreciate the patient as a total person, but who would also appreciate the patient in the context of the social unit known as the family, and by extension, in the context of the patient’s environment as well.”

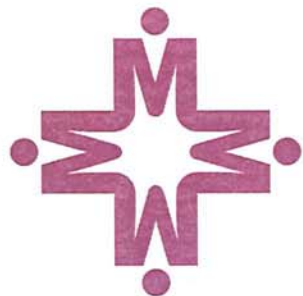
Questions?



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