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American Academy of Family Physicians
Foundation

QUOTATIONS FROM FAMILY MEDICINE HISTORY 1948-1975

May 1948

". . . [The general practitioner] is a vital cog in our health apparatus and it would be disastrous if he were snowed under by the disturbing trend toward overemphasis on specialization." (*General Practice News*, p. 4)

June 1948

"The general practitioner should be the first line of defense for the patient - the medical 'clearing house.' The family doctor practices the broadest specialty in medicine." (*General Practice News*, p. 4, as quoted from an article which originally appeared in the *New York Herald Tribune*.)

June 21, 1948

"Lee and Jones, in a definitive study of morbidity in statistics some years ago, showed that a properly qualified general practitioner could render adequate medical care in 85% of all cases of illness." ("A Twentieth Century Renaissance in American Medicine"- address of then Executive Secretary Mac Cahal before the 1st AAGP Congress of Delegates)

October 1948

". . . the report on the state of the nation's health, prepared by Federal Security Administrator Oscar Ewing at the request of President Truman. . . takes 185 pages to present once again a plea for a nationalized medical system in the U.S...it would be necessary to set up a compulsory federal insurance program for everyone . . . the only method that will give all people access to the health and medical services they require." (*General Practice News*, p. 2)

December 1948

"The predicament of rural communities unable to secure the services of a general practitioner is receiving much deserved space in the nation's press. . . [McLouth, Kansas] raised the money for down-payment on a house, repayable at no interest. They guaranteed the doctor's paper for the purchase of medical supplies and equipment.

They bought a lot on the main street and erected office buildings. . ." (*General Practice News*, p. 6)

December 1948

"The general practitioners were, still are and will always be, the bulwark of better general health, the first, foremost and best defense on the skirmish line against disease and injuries." (*General Practice News*, p. 7, as quoted from an article which originally appeared in the *Rocky Mountain Medical Journal*)

December 1948

"What is the best solution for the patient and for the health of the country? It seems to me that we can solve the problem by developing a new type of practitioner. I call him the pilot physician. He would serve as the keystone physician in direct contact with the patient." (*General Practice News*, p. 8, as quoted from an article which originally appeared in *You and Your Doctor*)

January 1949

"The average net income of all independent physicians in 1947 was \$11,300. General practitioners netted \$9,541." (*General Practice News*, p. 2, as quoted from an article which originally appeared in *Medical Economics*)

April 1949

"A meeting that had real medical significance was held last week in Cincinnati. It was the first meeting of the American Academy of General Practice, an organization of more than 10,000 general practitioners. An attendance of 1,500 had been expected, but 3,500 family doctors came from all parts of the country...The scientific exhibits were particularly significant...The 'male frog pregnancy test' booth was crowded from morning until night with physicians eager to learn the techniques of this simple, reliable and practical office procedure..." (*General Practice News*, p. 1, as quoted from an article which originally appeared in the *New York Times*)

May 1949

"WANTED--YOUNG GENERAL PRACTITIONER to join hospital department of South Dakota mining company. Full time salary position starting at \$500 per month. Duties are general practice, office, homes, and hospital. All professional expense borne by company." (*General Practice News*, p. 4)

May 1949

"We believe the cost of medical care can be reduced, the availability of medical care increased, and the quality of medical care improved, if the American people will accept the policy of each person turning to a general practitioner as his family doctor, personal medical guide, and health

advisor." ("G.P. Campaign Picks Up Speed," *Medical Economics*)

July 1949

"During the annual Assembly the Congress of Delegates adopted a resolution placing the Academy on record as opposed to 'any form of compulsory federal health insurance or any system of political medicine designed for national bureaucratic control.'" (*General Practice News*, p. 1)

September 1949

"FOR SALE--GENERAL PRACTICE in community center of 12,000. Only doctor in area. Five rooms entirely remodeled in 1947, rental \$85 per month. Fluoroscopic unit, hyfrecator. Equipment, furniture and practice for \$3,500 cash. Located in northwest within fifteen minute driving distance of two hospitals." (*General Practice News*, p. 4)

October 1949

"As our national economy approaches a more stringent phase this economic desirability of the general practitioner will become steadily more apparent. It would appear that the man in, or contemplating general practice is in a most enviable position." (*General Practice News*, p. 3)

February 1950

". . . the general practitioner - the 'family doctor' - is the key figure in medical service to the patient . . . The family doctor is perfectly competent to take care of 85 percent of the illnesses to which you are liable . . ." (*General Practice News*, p. 3)

June 1959

"Family Practice is that aspect of medical care performed by the doctor of medicine who assumes comprehensive and continuing responsibility for the patient and his family, regardless of age." (Report of the AMA Committee on Preparation for General Practice)

December 1959

"AAGP Board of Directors Hears Report On Relative Value Schedule Studies . . . the Board passed a motion stating that the Academy urges continuing study of the relative value indices and strongly approves that these relative value indices consider the procedure and the ability of the individual doing it and not just his training." (*GP*, page 267)

January 4, 1965

"The health needs of the American family are changing, and so must the physician who services these needs . . . the physician of the future will greatly differ from that of the

present. His concern will extend throughout the medical life of a person. The emphasis will be on health maintenance and disease prevention, and, as such, the family physician will be a cross between the private practitioner and the public health doctor. His primary interest will not be the individual, but the basic sociological unit of our society, the family. His discipline will be family medicine . . . Family medicine is not general practice. The latter is diseases centered and based on episodic care. Family medicine is health oriented, and offers comprehensive attention to the family . . . Family medicine will require specially trained physicians, not physicians half trained in a number of specialties.” (Lynn P. Carmichael, MD, “Teaching Family Medicine,” *JAMA*, vol. 191, no. 1, p. 133.)

September 1966

“The family physician is one who: 1) serves as the physician of first contact with the patient and provides a means of entry into the health care system; 2) evaluates the patient’s total health needs, provides personal medical care within one or more fields of medicine, and refers the patient when indicated to appropriate sources of care while preserving the continuity of his care; 3) assumes responsibility for the patient’s comprehensive and continuous health care and acts as leader or coordinator of the team that provides health services; and 4) accepts responsibility for the patient’s total health care within the context of his environment, including the community and the family or comparable social unit. The family physician is a personal physician, oriented to the whole patient...” (“Meeting the Challenge of Family Practice,” The Report of the Ad Hoc Committee on Education for Family Practice of the Council on Medical Education, American Medical Association—also known as “the Willard Report”)

November 1966

“General (family) practice is comprehensive medical care in which the physician accepts continuing responsibility regardless of the age of the patient . . . It recognizes a relationship of continuing patient management as pertains to the individual, his family and his environment.” (“The Core Content of Family Medicine” as published in *GP*)

1968

“Possibly the ultimate distinction between the new family physician and members of the existing clinical specialties will be the former’s ability to relate the parts to the whole, the machinery to the purpose, the special talent to the basic task . . . His view of patient care is oriented to the patient rather than the disease, and his concern is the continuing welfare of the patient in the full context of his life situation rather than the episodic care of a presenting complaint . . .” (From the book *The Role of the Family Physician in*

1975

“Family practice is comprehensive medical care with particular emphasis on the family unit, in which the physician’s continuing responsibility for health care is limited neither by the patient’s age or sex nor by a particular organ system or disease entity. Family Practice is the specialty in breadth which builds upon a core of knowledge derived from other disciplines - drawing most heavily on internal medicine, pediatrics, obstetrics and gynecology, surgery and psychiatry - and which establishes a cohesive unit, combining the behavioral sciences with the traditional biological and clinical sciences. The core of knowledge encompassed by the discipline of family practice prepares the family physician for a unique role in patient management, problem solving, counseling and as a personal physician who coordinates total health care delivery.” (Definition of “Family Practice,” as adopted by the 1975 AAFP Congress of Delegates)