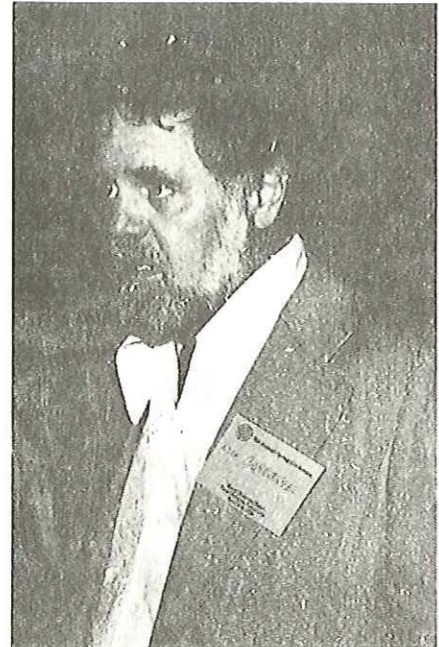


REMINISCENCES

Lynn P. Carmichael, M.D.
Founding President
1968-1971

FAMILY MEDICINE MAY BE VIEWED as one of the movements of social reform spawned in the early 60's because of public discontentment with the established order. This concept of a movement or crusade accounted for much of the early vigor and dedication of those involved, and family medicine became the rallying point for those who wanted: 1) to humanize medical education; 2) to involve the consumer in the decision making process; 3) to emphasize human behavior as well as human biology in providing care; 4) to demysticise medicine; 5) to involve other health professionals in meeting the needs of people; 6) to make services more accessible and available.

It has been suggested, not only in jest, that if medicine does not reform, the public in the year 2000 may view the practice of medicine as a felony rather than the highest calling of human endeavor.



A reform movement promises progress and threatens the status quo. The first reaction to change by the establishment is to ignore a social movement in hopes that it will simply vanish if recognition is denied. If this does not happen, as it did not with family medicine, the movement is actively opposed. Should opposition fail to blunt the thrust of the movement, as with family medicine, the reaction enters a third phase, that of cooption. This is an effort to diffuse the original intent of the movement by making it part of the establishment.

I believe family medicine is now in danger of being cooptive. In fact, the process may already be occurring in the Society of Teachers of Family Medicine. I refer to a developing elitism with physician domination of the organization and the exclusion of other health professionals and scholars.

I am concerned that STFM may become another self-serving doctors club whose goals are territorial protection, maximization of rewards and solidification of credentials. To avoid the cooption of the Society in family medicine, the involvement of thinkers and practitioners from all health related fields is essential. Membership and officers of STFM need to reflect this diversity of professional background and interests.

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