

The Search for Roots

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If there is any lesson to be learned from the great popularity of the recent book, "Roots," it is that denying or being ashamed of one's heritage produces disorientation and feelings of inferiority, while pride in one's origins induces feelings of purpose and self-respect. It may seem far-fetched to extrapolate from this observation to the problems of contemporary family medicine, but perhaps there are some valid parallels.

While our discipline has strong academic ties it is primarily an outgrowth of general practice, that whipping boy for generations of many insecure medical specialists. Given the beliefs of some in the medical aca-

dem community we may find ourselves under pressure to assure our colleagues that family medicine is new, unique, and in no way shackled to the past. Clearly we are paying a price for this denial of our roots: we don't know who we are. The literature is full of attempts to define family practice both to ourselves and to those in other specialties. Coffee-cup conversations about the role of the future family physician are commonplace. Just as American blacks are beginning to reject the stereotype of their ancestors as ignorant, obsequious ex-slaves, so we must reject the false image of yesterday's general practitioners as being uniformly clumsy, greedy, and anti-intellectual. Among the characteristics of the traditional GP that our new generation could well emulate are these:

1. He/she rejected artificial boundaries and defined his role according to the needs of his patients. He prepared himself to manage with skill the problems they were most likely to have without worrying about whether the problems belonged in areas assigned to "pediatrics," "orthopedics," or "behavioral science."

2. He cared for the whole family without restrictions based on age or gender.

3. He knew what his patients paid for medical treatment and he cared. He didn't order diagnostic or treatment procedures unless he could honestly justify the expense.

4. He listened to his patients and recognized the relationship between feelings and disease. He lacked the benefit of today's sophisticated behavioral science but knew it was impossible to treat the body adequately without paying attention to the mind.

We don't expect family practice to return to the era when a physician was expected to "know everything about everything." It is entirely appropriate to adopt new ways of treating patients, better technology, increased emphasis on preventive care, and more effective methods of educating future physicians. These things we are doing with great skill and insight. At the same time, however, it is important to be aware of the past and its lessons and to use an understanding of the role of the general practitioner as a guide to future developments in family medicine.

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