Family Medicine as a Career Choice

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Why are fewer medical students choosing family medicine now than ten years ago? This question is important and deserves our careful attention. I believe the future of our young specialty is in the balance.

Family physicians have not succeeded in teaching the public and many of our colleagues in other specialties exactly what family medicine is. We have failed to get the message across that we are not general practitioners. We are specialists in family medicine. Until we can define who we are and articulate our role clearly, students will hesitate to bet their professional happiness on family medicine.

Students who visit six different residency programs are likely to experience family medicine from as many different perspectives. The emphasis placed on surgery, behavioral sciences, and practice management varies enormously, and the degree to which family medicine is directed toward the family unit varies from slight to great. The inconsistency of the physician's attention to the patient as a person and to the physician-patient relationship is likely to disturb students selecting their future specialty.

In the real world we are rewarded for what we know (supposed to know?), not for the work we do. The intellectual base of family medicine and our style of practice do not impress the student as readily as do those, for instance, of the angiographer or the neurosurgeon. While most specialties have a rich research base from which data and proven conclusions flow, research in our specialty has barely begun. Students, in choosing a specialty, are making decisions that have lifelong implications. Those specialties with a wealth of data to support their knowledge have the advantage. The bottom line is that many other specialities appear to be more secure and more sophisticated.

The cost of medical education has increased, especially in non-state-supported schools. Students graduate with greater indebtedness than in the past, and that debt can be frightening. Paying it off as soon as possible is a realistic concern. I believe specialty choice is influenced by anticipated earning power, and family physicians and pediatricians have lower annual earnings than other specialists.

The high cost of medical care in the United States is daily front-page news. Many question how long the people will tolerate these high costs, and wonder when a change will come that could cause physicians' income to plummet. The annual income of many physicians has already dropped significantly, at least in the Southeast. For a medical student encumbered by a substantial debt, the ability to earn a large income is an understandable concern. Only the most mature will look beyond to the more important criteria for one's vocation.

The status of the modern family physician is marred by the reputation accorded the general practitioners of the past. While general practitioners were revered in the small towns of America, specialists and teachers in medical centers were faced with the problems the general practitioners caused and the diseases they overlooked until advanced. Among the general practitioners were many outstanding physicians, but their good work is not well remembered in the halls of academe. Furthermore, the 50- to 65-year-old medical school deans and senior faculty members did not train or work with residency-trained family physicians, and it is they who determine the value system and control the purse strings for most medical schools. Their memory of years past fill the ears of today's students.

Even though a medical student may have experienced the excellent care of a family physician while growing up, he or she will still hear about the minimally trained physician who is an inadequate general practitioner but who calls himself a family physician, such as the surgeon who loses two fingers and now does general practice. That there is more variability in family practice than in other specialties in who can define himself as a specialty physician reduces confidence in the future of our specialty. I look to the day when we follow the British custom. They require three years of training in general practice before a physician can do this work, and those without this training cannot engage in general practice. In the United States any worn-out specialist, anyone who has not kept up with progress in medicine, or any other physician can call himself or herself a family physician. This latitude impairs the public

Submitted September 19, 1988.

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image of family physicians' status in the medical profession. Medical students are sensitive to such specialty reputation.

While I decry several factors that may have deterred many bright medical students from selecting our specialty, I believe in family medicine more strongly now than when I started this department in 1970. If family physicians can get the message across to the leaders who plan for the future and to the medical students who are our future physicians, family medicine will help solve our health care delivery problems. These people need to know that family physicians can provide better health and medical care for America and we can do it at less cost. We must prove that this is true through research because, if we do not prove it soon, clear-thinking leaders will conclude that it cannot be proven or it would have been proven within the past 19 years. We need to use our window of opportunity before that window closes.