General Practice and Family Medicine

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A FEW MONTHS ago in this column I used the terms general practice and general practitioner. I was surprised to learn from the editor that it was editorial policy not to use these terms in the journal. As it happened, the editor was broadminded enough to leave the words as they stood; I was anxious that he should do so, because I had used them advisedly and to have changed them would have changed the meaning of my article. I used them to make the point that the skills which we are trying to teach today are skills which have been developed by generations of general practitioners. The fact that we have given general practice a new name does not mean that we must cut ourselves off from our roots in general practice. It does not mean that we must segregate ourselves from those good general practitioners who prefer to continue to call themselves general practitioners.

There were three good reasons for adopting our new terms family practice, family medicine and family physician. First, 'general practitioner', if it meant a doctor who did everything – surgery, medicine and obstetrics – was becoming outdated. It was necessary either to change the name, or to keep the name and change the definition. The latter course would have had many precedents. Other special fields of medicine have undergone major changes of role without changing their names. The surgeon and anesthetist of today are functioning in very different roles from the surgeon and anesthetist of 30 years ago – yet we still call them surgeons and anesthetists. Nevertheless, I think we could argue that general practice has changed far more radically than most fields of medicine.

Second, there was a need to distinguish between general practice as a system for providing health care, and general practice as a body of knowledge. A body of knowledge is in a different category from a system of health care. To use the same term for both concepts would tend, therefore, to cause confusion. The unsuitability of general practice as a term for a body of knowledge can be appreciated by thinking of an analogy. "Specialist practice" describes an alternative system for providing health care. Can we conceive in a medical school a department of specialist practice? This problem was understood by the first medical school to introduce general practice as an academic subject. The chair, which was created at Edinburgh, was therefore called 'the chair of medicine in relation to general practice'. In Canada, we have adopted the name family medicine for the academic subject. This I believe to be very suitable and very appropriate. We must remember, however, that it does describe a body of knowledge and not a system of health care. Although we believe that one system of health care is better than others, the body of knowledge would not cease to exist under a different system.

And third, general practice had developed a bad reputation among academic physicians and others. We knew, of course, that much of this reputation was undeserved. Nevertheless, in the days when we were trying to establish the credentials of general practice as a specialty in its own right, we felt the need to force our colleagues in other disciplines to start thinking along new lines. And one of the best ways to get people to change their concepts is to start using new names. Perhaps there was also a feeling that the

term general practitioner, especially when abbreviated to GP, lacked the dignity of 'family physician'.

Finally there was the feeling that we were engaged in the adventure of creating a new kind of physician. This, too, was a good reason for adopting a new name. In doing so, however, we perhaps over-emphasized the newness of what we were doing. There was, of course, a new role for the old general practitioner. But in other ways, we were taking the best of general practice and seeking ways to describe it and teach it. If we look at our development historically, there is no break of continuity between general practice and family practice. In many ways, family practice is a return to some of the oldest traditions of medicine.

Now, with the benefit of hindsight, we are seeing some of the disadvantages of adopting new names. The chief disadvantage is that they are potentially divisive. Adopting a new name does not change us overnight into a different kind of animal. We do not suddenly become different from those of our colleagues who still choose to call themselves general practitioners. If we behave as if it does, we cannot be surprised if we are accused of giving ourselves airs. If we are going to call ourselves family physicians, then surely there is no harm in acknowledging the debt we owe to our traditions. And surely there is no harm in using 'family practice' and 'general practice' interchangeably until people have become accustomed to the new names. To banish the old names from our vocabulary can only suggest that there is more difference between the old and the new than is really the case.

Another disadvantage of the new names has been the confusion they have caused in the minds of some medical students. It has been disconcerting to find students talking about two career choices: a rotating internship followed by general practice; and a family medicine residency followed by family practice. This surely is a divisive notion. The essential point is that we consider our training to be necessary for anybody who is going to practice in the community.

Lest it be thought that I wish to put the clock back, let me hasten to say in conclusion that I intend to continue using our new names. I believe they are both useful and necessary. But let us use them in their proper context and in their proper relationship to the old names. Let us use them in such a way that we acknowledge our roots and traditions. And let us never use them to suggest that we are superior. ◀

LAMENT

'twas nice once to read *The Lancet,* when tired
of deaths and disorders inborn or acquired,
of outbreaks of plague in whole populations,
of viruses, blood-pressure, and operations.

There used to be items inciting to laughter,
allowing to go on with cancers therafter.

Why has this refreshing source of hilarity
shrunken to present regrettable rarity?

Have all your former peripatetics
turned into listless hypokinetics?

– In England Now, The Lancet, August 12, 1972