The Decline of General Practice Medicine

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1400s
- 1439: Printing Press Invented
  - Dissemination of medical knowledge made easier
  - Many of the writings produced contained within their title "Family Physician"

1800s
- Physicians all practiced family medicine, acting as generalist, surgeon, pediatrician, obstetrician, gynecologist, etc.
- 1846: (AMA) American Medical Association established
- 1882: Journal of the American Medical Association founded

1900s
- Family physicians known as "General Practitioners"

1910s
- Flexner Report influences development of medical education
  - Standardization with strong pre-med and medical programs in science

1920s
- Medicine begins shifting towards specialization
- Enrollment in medical schools ceases to increase

1930s
- 1935: medical education transforms
  - All physicians officially awarded the same medical degree
  - Specialists gain control over hospitals and technology
- Cost of medical education increases and medicine becomes profession of upper class
- General Practitioners prevented from hospital work, procedures and other activities
- Decrease in General Practitioners and rise of Specialists begins

1940s
- 1946: American Medical Association establishes section of General Practice
- 1947: section created by AMA develops into American Academy of General Practice (AAGP)

1950s
- 1956: AAGP shows little success
- 1959: Created 165 programs and offered 783 positions, but majority closed within 10 years

1960s
- 1965: Medicare program enacted and federal government began to subsidize medical education
- 1966: The Folsom Report
  - The National Commission of Community Health Services
- 1966: The Millis Report
  - Assisted in the development of Family Practice residency programs
- 1966: The Willard Report
  - Designed and outlined content of Family Practice
- 1969: AMA approved Family Practice as a medical specialty

1970s
- 1970: first administration of the certification exam (American Board of Family Practice was the first specialty to require periodic recertification)
- 1971: American Academy of General Practice became American Academy of Family Physicians
- Family Practice programs expanded

1980s
- Family Medicine flourished
- Growth of Managed Care
  - "Gatekeeper" concept introduced
  - Managed care forced medicine into a profit-oriented health care market

1990s
- Family Medicine continued to flourish until 1997 when the Balanced Budget Act came into effect

2000s
- A decline in Family Medicine noticed
- 2001: Keystone III report published illuminating the issues
- 2002: Future of Family Medicine Project Initiated
- 2005: name changes officially to "Family Medicine"
- 2007: a slight rise in students choosing to specialize in Family Medicine

Introduction

The Decline of General Practice Medicine is a serious issue among many that exists today within the medical community. General Practitioners are those physicians who tend to treat more than a single type of medical problem on a regular basis and often define themselves as treating the patient as a whole and not solely their symptom. They are the main source of primary care to the majority of the United States population and joined by only a few specialists such as General Internists or General Pediatricians. These doctors are integral individuals in addressing the health needs of the United States of America. Over time they have come to be known by different names, but today General Practitioners are most often referred to as Family Physicians. Patients all over the country count on their health care needs being met by a Family Physician and with a decline in the number of students taking interest in this specialty as well as the number of positions being offered, whilst a large portion of those practicing Family Medicine are looking at retirement, these patients are looking at a new and likely inefficient way of having their health care needs met. Now the question is, what is causing the decline and can it be remedied?

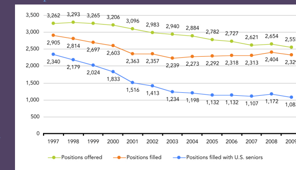
Research

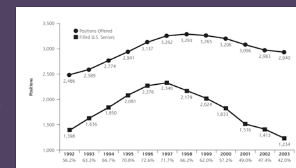
To answer the daunting question of what in particular is causing the decline in General Practice Medicine it has been necessary to explore a number of avenues for information. The first and most general information source to be used was the mainstream media found through navigating the internet. After first identifying general concerns about the decline in Family Physicians and primary care, as found through the mainstream media, the next step was to look at their sources of information. From their resources it was possible to find alternative informants with more specified knowledge, such as medical journals. These chronicles of information were located through the internet, the University of Houston Library and Texas Medical Center Library databases. Facts regarding this social-medical issue were also found inside the library stacks. In order to find out about the history of Family Medicine and its decline on a local level it was necessary to conduct research in the Texas Medical Center in the John P. McGovern Historical Collections and Research Center as well as the Baylor College of Medicine Archives. Each of these locations has provided necessary information regarding the prejudices surrounding General Practitioners in the 1930s, 1940s, and 1950s which have directly influenced the decline in General Practice Medicine that continued up until the 1980s, when the decline ceased and a period of growth began. Unfortunately, the period of growth would cease and decline would begin again in 1997. Considering the discrimination played such a large role in such a long period of decline leading to a comparatively short period of growth, it also continues to play a role in the present day decline that is also convoluted with negative associations to practicing Family Medicine. In addition to the research conducted through archives, databases, and books it was necessary to interview some actual Family Physicians on the subject matter who are fully immersed in this medical specialty including involvement in its research and educational process.

Results

An aggregate of agitating circumstances surround the decline in General Practice Medicine. There is not one simple answer to stop this decline. Many years of dwindling numbers seemed to cease after the reconstruction of General Practice into Family Medicine. With the whole specialty renovated from an educational standpoint onward, a growth period of around 20 years took place. It took more than twenty years for the new declared specialty to undo the prejudices imposed upon them by other medical care specialists. Still today many think it unnecessary to deal with a general physician when they may see a specialist for their problem, and many specialists may agree with this patient perspective. It also seems as if many of the Managed Care organizations feel the same way and so with this distorted perception, there continues to be a decline. As managed care doles out more compensation for procedures than preventive care, specialists can easily overcharge patients and insurance companies for the purposes of more profit. Patients unwilling or financially incapable of participating in preventive care will often spend more money jumping from specialist to specialist attempting to find an answer to their health care query. Medical students seeing this process are seeing overworked, underappreciated doctors who make significantly less money than their specializing colleagues. Family Physicians also are more likely to work in underserved areas in both rural and urban environments, which play a part in the lesser amount of compensation. Students finishing med school generally have an average debt of 100,000 to 150,000 dollars. The idea of starting in a position that pays several hundred thousand dollars less than alternative physicians make, puts students in a position to less likely choose Family Medicine. A smaller income does not mean that the doctor is less important or less worthy, but it seems as if students, insurance companies and patients may interpret that lesser compensation equates with lesser efficiency. In 1997 when the Balanced Budget Act came into effect, is when an exceptionally steep decline was noticed. From this act restrictions were placed on budgets that aided medical students and medical schools, causing many of those students from lower income backgrounds who might have gone into the field to work as a family doctor using this financial assistance, to instead go into another field with higher pay. Medical Schools also could offer less financial assistance, and so those who are from higher income backgrounds, who are shown statistically to be less likely to specialize in Family Medicine, will continue to attend and specialize elsewhere. Another issues in this information age is the amount of knowledge now known, and makes it very difficult for a generalist to stay up-to-date with the constant flow of new discoveries. Other specialties have a much narrower scope for staying current on all the new and incoming information, it leads many to believe there is no way a doctor of Family Medicine can keep up with all the information necessary to be a well informed generalist. Another issue in the education department surrounding Family Medicine is that often medical schools do not contain a Family Medicine department or have Family Medicine doctors on staff. When students are not exposed to a particular specialty they are less likely to choose it when often they find which field to enter based on personal experiences working with doctors during their medical education. One other contributor to the declining number of family physicians in this country is the greater rate at which International Graduate Medical Students are being accepted into Family Medicine Programs. These international students often do not stay within the state they are educated as many native born students do. Many of the international students return to their country of origin.

To battle the decline many Family Medicine doctors and organizations have come together to form the Future of Family Medicine Project, established in 2002, based off of collected data presented in a report titled Keystone III, in 2001. In 2007 there was a slight rise in the students choosing Family Medicine, but in this year 2009 there was again a slight decline in the number of students choosing this particular specialty.





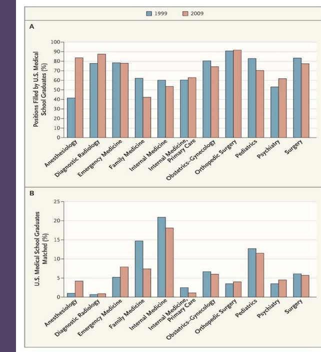


Table. Salary and Residency Match Data, 2007[a]

Specialty	PGY-1 Positions Offered, No.[3]	Starting Salary, Mean, $[4]	Overall Salary, Mean, $[4]	Filled Positions, No. (%)[3]: US Allopathic Graduates	US IMG	Non-US IMG	Osteo-pathic	Unfilled	Total Filled Positions, %[3]
Family medicine	2603	130 000	185 740	1096 (42.1)	335 (12.9)	538 (20.7)	227 (8.7)	304 (11.7)	88.3
Pediatrics	2328	125 000	185 913	1695 (72.8)	113 (4.9)	282 (12.1)	129 (5.5)	63 (2.7)	97.3
Internal medicine (all)	4798	135 000	193 162	2680 (55.9)	392 (8.2)	1303 (27.2)	233 (4.9)	78 (1.6)	98.4
Psychiatry	1057	160 000	200 871	633 (59.9)	71 (6.7)	176 (16.7)	30 (2.8)	57 (5.4)	94.6
Neurology	160	177 500	222 998	83 (51.9)	4 (2.5)	56 (35.0)	9 (5.6)	4 (2.5)	97.5
Pathology	513	NA	247 506	296 (57.7)	22 (4.3)	75 (14.6)	29 (5.7)	47 (9.2)	90.8
Emergency medicine	1288	178 000	255 530	1027 (79.7)	58 (4.5)	23 (1.8)	120 (9.3)	6 (0.5)	99.5
Obstetrics/gynecology	1155	NA	297 887	837 (72.5)	78 (6.8)	120 (10.4)	87 (7.5)	6 (0.5)	99.5
Otolaryngology	270	220 000	327 399	251 (93.0)	1 (0.4)	8 (3.0)	0	2 (0.7)	99.3
General surgery	1057	220 000	327 902	826 (78.1)	56 (5.3)	74 (7.0)	74 (7.0)	2 (0.2)	99.8
Anesthesiology	575	275 000	344 691	448 (77.9)	24 (4.2)	32 (5.6)	48 (8.3)	14 (2.4)	97.6
Radiology	141	350 000	414 875	125 (88.7)	3 (2.1)	4 (2.8)	6 (4.3)	0	100
Orthopedic surgery	616	NA	436 481	578 (93.8)	4 (0.6)	10 (1.6)	2 (0.3)	2 (0.3)	99.7

Abbreviations: IMG, international medical graduate; NA, not available; PGY-1, postgraduate year 1.
[a]Does not include nonsenior US graduates, Canadian graduates, and graduates using the Fifth Pathway.

Conclusion

General Practice Medicine is in trouble, although any fears of its disappearance may be alleviated by the sheer necessity of Family Medicine. Primary care will always be a necessity and too many specialists find their skills not fully utilized when time is spent unnecessarily acting as a primary care doctor. Family Medicine as the main primary care source will continue to exist, but unless the medical system is rearranged it appears their numbers will continue to be less than those of other medical specialties. It is necessary for Family Physicians to rearrange their personal attitudes towards their profession, for the medical education system to more fully include the specialty, hospitals need to help create more equal pay between physician specialties and managed care organizations need to rethink the value of preventive medicine and their compensation tactics. Without all of these factors considered, there will not be the kind of growth that Family Physicians and this country need.

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