



Presidential Perspectives

Time marches on, and so do I, but family medicine remains constant over decades

In a recent cleaning frenzy of stacks and piles stored in my office, I came across an article that I had ripped out of *Patient Care* dated October 30, 1982 and written by Dr. Raymond Saloom, the President of the American College of General Practitioners (ACGP) in Osteopathic Medicine and Surgery at that time.

I just transitioned from working for a year in Emergency Medicine to start my career in Family Medicine and must have felt the article would be of benefit to me in my new venture because it was titled “An Osteopathic GP Provides a Unique Blend of Services.” I don’t remember actually saving the pages and feel it fortuitous that I found it in the middle of my own ACOFP presidential year, during our health care reform debate and the concerns over primary care survival. Among the key points included in this article:

- “GPs are trained to accept total and continuing responsibility for their patients,
- Osteopathic GPs build their practices on personalized care, and
- Since Osteopathic GPs know and treat entire families, they know how their patients react to pain and illness and they are able to help them with social problems.”

Who knew a yellowed article with a staple at its corner that had survived 27 years of pack rat storage would resurface and remind me of the impact osteopathic family physicians have on the profession, their patients, and their students.

Dr. Wilbur Hill has memories of the inception, growth, and struggles of the ACGP into the ACOFP. Although never on the national Board of Governors, he has filled many roles for the ACOFP, has even been labeled unofficially as the “conscience for ACOFP,” and has been known as a champion for students throughout his 49 years of active practice. His interview for the Archival and Historical Committee gave historical snippets through his perspective

Corresponding author. Dr. Jan D. Zieren, American College of Osteopathic Family Physicians, 330 E Algonquin Road, Suite 1, Arlington Heights, IL 60005.

E-mail address: president@acofp.org.

during the terms of several presidents of the ACOFP (including Dr. Raymond Saloom), the struggle for recognition of general practice as a specialty with the American Osteopathic Association, and even the California “degree conversion” escapade. The ACOFP has many more such examples of osteopathic physicians who have influenced the profession.

With the new concept of Medical Home, many ACOFP members argue that they are already practicing as such. Some of Dr. Saloom’s key points in the article do seem to describe some of the components of the more current proposal—that of the Medical Home.

Primary care physicians significantly affect the health and well-being of patients—not just the treatment of illness. Each physician can share anecdotes as testimony of the caring and sharing relationships with patients. But to make a mark in the future health care scenario, we must place our long known practical abilities and talents into a grid of measurable expectations and quantifiable tallies. Even with the decline of primary care physician numbers, we still have significant influence on our patients.

Time is relative, presidentially speaking

During my ACOFP Presidency that ends March 18, 2010, I’ve learned that time is relative—the year went by in a flash, but it seems the health care reform debate has been endless. The ACOFP has been a player, standing up for our value in the primary care arena. No matter what transpires in the federal government, osteopathic family medicine has gained greater visibility and respect.

Thanks to everyone who supported the ACOFP over the past year, especially in the ACOFP state chapters and osteopathic colleges, where I have been warmly greeted. I am so sorry I was unable to have enough time to honor all invitations and visit even more of you. The presidential mantle will be quite capably shouldered by Dr. Kenneth Heiles, and I pledge to him and our colleagues on the ACOFP Board my full support in the years ahead.

Despite the fact that many factors guide our graduating osteopathic medical students to their choices of career specialty, family physicians can still be a major, positive influence. Because a significant component of the rewarding aspects of practicing medicine as an osteopathic family physician is the physician-patient relationship, *that* is what I feel should be shared with students. Although this is an unmeasurable satisfaction quotient, when students are on rotations they should be able to sense what we feel and what we all know. This could have a huge impact in convincing the students to join our specialty despite the challenges and very real barriers.

Obviously, many recent writings and opinions of the crisis in health care share the common concerns of the plight of primary care. By touting the benefits of what we do and have done traditionally (even in October of 1982) and tackling the need to modernize and expand in a number of venues (from technology to reimbursement), we could make ourselves better than ever in this oppor-

tunity for change. But we must positively share our love of patient care with the students to move them into our camp and have them join in the creation and overhaul of the situation.

From then to now, the times are changing. But the constancy that was reminded to me by that article I found is the value of the influence of our osteopathic family physicians on our profession, our patients, and our students. Instead of resigning ourselves to a future without us, we should rally in this reform with as much positivity as we can muster, moving to new levels of care, but maintaining the “unique blend of services” that makes us great.



Osteopathically Yours,
Jan D. Zieren, DO, MPH, FCOFP dist.