Family medicine has been swimming upstream for so long that we are leaving the mainstream behind. We are battling up tributaries, into the mountains and valleys. At the same time we are becoming an endangered species in the lakes and ocean where we used to populate the big waters, feed entire peoples and sustain healthy ecosystems.

We proudly declare an almost spiritual devotion to caring for the underserved, the poor, the rural, and the dispossessed. As the Cuban independence fighter José Martí wrote in his poem that became the lyric to the song Guantanamera:

With the poor people of this earth,
I want to share my fate.
The stream of the mountain pleases me
more than the sea.

Over the last three decades in family medicine, the beauty of the mountains and streams has drawn our focus, our funding and our future doctors. The University of Washington, the WWAMI program and our Washington Academy of Family Physicians direct much of their energy to providing family doctors to rural and other underserved communities. It is still an uphill battle and deserves our continued support.

In the Pacific Northwest, we live in the land of the salmon. These marvelous creatures spawn in the clean gravel of the mountain streams, under the shade of the towering firs. After three years of residency there, they make their way down the streams, into the rivers and ultimately out into the oceans. There they navigate thousands of miles by their primitive senses still not understood by science. In maturity, they make the journey back up to the headwaters or their heritage where they reproduce and inevitably die. On their journey they make majestic leaps up the whitewater cataracts. Sometimes these silver swimmers advance to the next cataract, sometimes they get snatched out of the air by a powerful paw, but most often to fall back into the pool below and continue the struggle. All the while the flesh is falling from their bones.

In many ways family medicine is withering on its heroic journey. Despite majestic leaps and inspiring successes over powerful odds, we are losing parts of ourselves. The natural law of survival means that only a few make it to the fertile waters to produce the next generation.

Family medicine has devoted so much of its energy to the needs of the underserved that we no longer meet the needs of the larger population. It is getting harder to find a family physician in the city than in the village. Harder yet to find one that fills the whole role, has the broad skills and provides the comprehensive services that meet the needs of patients, families and communities. This has produced the Paradox of Primary Care Privilege: only the underprivileged have the privilege of having family doctors.

If we want family medicine to be the spine of the American healthcare system, we need to produce proud family doctors to practice in every community and serve all the folks. The work of a family doctor deserves respect, even if she doesn't dodge deer on the drive to the hospital. If we expect family medicine to be the foundation for healthcare reform, we will need excellent practitioners with offices filled with suits, soccer moms and car seats. We do not need to traverse the frontiers to find moms, kids and elders or to find voters, employers and professionals. Everyone deserves to have a family doctor. We need to establish caring relationships with people in power as well as with people in need. We should attract students into family medicine for the intellectual challenges and personal rewards, not just the comfort that if they weren't practicing in a community there would be no one else there to care.

An old family doctor who always made time for teaching medical students in his rural practice told me the reason for his devotion to the University. “We train medical students only partly because we hope a few of them will come back to practice with us to take care of the folks here. We train all the others so they will work in towns and cities, providing care where most of the folks live. If family practice doesn’t succeed in the cities, it won’t survive in the sticks.”
On May 12, three Washington family physicians were honored with the Degree of Fellow of the American Academy of Family Physicians at the WAFP Annual Scientific Assembly at Suncadia, WA. Susan Z. Hughes MD, FAAFP, Vancouver; Jennifer Gwynne Jones-Vanderleest, MD, FAAFP, Seattle; and David R. Ruiz, MD, FAAFP, Ridgefield were conferred by visiting AAFP Board Member, Barbara Doty, MD, FAAFP.

AAFP Fellows are recognized as Champions of Family Medicine who have distinguished themselves through service to family medicine and ongoing professional development. With the inclusion of this year’s recipients, Washington has now recognized 469 fellows since the Academy established the degree in 1971.

Members elected to Fellow status are granted the privilege of using the initials “FAAFP” after their name as a symbol of excellence, professional development and commitment to the advancement of healthcare. Fellows who have achieved the degree are honored at a special convocation where they are presented an award certificate and make a Pledge of Fellowship.

Up until 2010, Fellows were recognized and received their certificates at the convocation ceremony during the AAFP Scientific Assembly, an annual observance that spanned nearly 4 decades. In response to numerous concerns and appeals, the AAFP has allowed its constituent chapters to confer the Fellowship, and members can receive the honor at their chapter’s annual meeting. WAFP is among those chapters who now bestow the honor at the Annual Scientific Assembly in Washington State. Interested members should apply for the degree through the Academy at least two months before the annual meeting.

As an expression of commitment to excellence as a family physician, members are encouraged to pursue this degree. Any Active, Life or Inactive member, with dues and reelections in good standing may apply for the degree after fulfilling the following requirements:

- He/or she must have held Active membership for six years, or held a combination of Resident and Active Membership for a total of six years;
- He or she must accrue a grand total of 100 points (out of 532 points available), as defined by the Fellowship Application – a 17 page assessment tool which appraises an applicant’s experience and activities related to life long learning, practice quality and improvement, volunteer teaching, public service, publishing and research, and service to the specialty.
- He or she must submit a one-time fee of $175.

(Applications are available for download through the AAFP website and upon completion, may be submitted electronically or via standard mail)

Convocation of Fellows

Pete Seeger set new words to an ancient Russian folk tune to sing about the irresistible power created by diversity, adversity, and unity:

There’s a river of my people
And its flow is swift and strong,
Flowing to some mighty ocean,
Though its course is deep and long.

Many rocks and reefs and mountains
Seek to bar it from its way.
But relentlessly this river
Seeks its brothers in the sea.

You will find us in the mainstream,
Steering surely through the foam,
Far beyond the raging waters
We can see our certain home.

For we have mapped this river
And we know its mighty force
And the courage that this gives us
Will hold us to our course.

I believe our family medicine mission will be served best if we remember that, as beautiful streams run together, they increase in strength until they reach the ocean where they touch – not only gravel beds and river banks – but cover every shore.

Professor’s Page continued

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