
Family Practice Forum

The Blind Men and the Elephant

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It was six men of Indostan
To learning much inclined,
Who went to see the Elephant
(Though all of them were blind),
That each by observation
Might satisfy his mind.

And so these men of Indostan
Disputed loud and long,
Each in his own opinion
Exceeding stiff and strong,
Though each was partly in the right
And all were in the wrong!
The Blind Men and the Elephant
John G. Saxe

The fabled blind men failed to characterize the elephant accurately because they didn't communicate with one another. None was able to perceive the animal in its entirety, but they probably could have arrived at an accurate description of the beast if they had pooled their knowledge and lis-

tened to one another. Similarly, it is probably inevitable that each of us can see only a part of the creature called family medicine, but it can be adequately characterized, defined, and managed if we agree on basic objectives and work as a team. This is not to disparage or minimize the value of the close working relationships which already exist among the American Academy of Family Physicians, the American Board of Family Practice, the Society of Teachers of Family Medicine, and a significant portion of the medical academic community. Family medicine could not have achieved its present stature without such cooperation. Rather, it is the objective of this paper to urge continuance of open communication which recognizes the diversity of our interests and perceptions but underscores the need for orchestrating toward common (or at least compatible) objectives.

Imagine if you will a group of people wearing blindfolds standing around an elephant labeled "Family Medicine," each palpating a different part of the pachyderm and each interpreting the creature in terms of his/her own education and

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experience. The first observer says, "They used to call me a GP, but now I'm a family physician. I understand the need for the change of labels, but I'm not completely comfortable with it. To me the idea of a doctor who didn't limit his practice to one organ system or age group has always made sense. This thing I'm touching is concerned almost exclusively with the business of taking care of people in sickness and health. I'm worried that as a family medicine education becomes more and more university centered and research oriented, it will lose its relevance to the real world of sick people, that those of us who are not associated with the academic system will find ourselves isolated from the mainstream of medicine, and that this specialty which proclaims itself to be people oriented may lose sight of the mundane health care concerns that have made public support for family medicine possible in recent years."

The next palpator says, "As a family medicine educator I see things somewhat differently. From my perspective it seems that family doctors have sometimes perceived their roles too narrowly, occasionally failing to study and utilize newer knowledge in areas not directly related to the treatment of organic disease. I agree that abandoning the term GP involved a certain amount of semantic game playing, but in the minds of too many people the term conjured up an image of a practitioner who sees 40 to 50 patients a day and doesn't do much for any of them. Family medicine, as we have defined it in recent years, implies a lot more than this. As to whether we're getting involved in a lot of useless research—well, in the 1930s they didn't think nuclear physics was very important either."

The third person breaks in: "You have to understand something about the academic world in which this last speaker must function. I'm the dean of his medical school, and I know something of the pressures under which he operates. A few of my faculty are knowledgeable about family medicine and very supportive, but to many of them it's just another department competing for a slice of the economic pie. People are often evaluated in terms of grants received, papers published, and how well their learners do on board examinations. That's not all bad. You must remember that modern medical science has a strong commitment to excellence. Medical judgment must be based on research, and that research must

be of unimpeachable quality. If your field doesn't develop a research and literature base it won't survive in medical schools, and if it fails there it won't survive at all."

The next speaker identifies himself as a national leader of family practice. "From my viewpoint," he says, "family medicine has strong political dimensions, both internal and external. Internally, we must reconcile the reluctance of many of our members to get involved with government with the fact that the continuation of family medicine education as we know it can only proceed with support from the public treasury. I'm concerned that our programs be consistent with what we and the public perceive as real needs in health care, and that our positions be adequately communicated both to the American people and to their elected and appointed representatives."

The next palpator, who appears a bit younger than the others, says, "I'm a medical student. I want a career that's enjoyable and stimulating, one that helps people. I know family medicine has enjoyed a great wave of enthusiasm in recent years, but if you want me to sign up for a family practice residency you must convince me that this enthusiasm is justified and that family medicine will be as vigorous a decade from now as it seems to be today."

We have worked our way almost completely around the creature by now, and there is only one more person attempting to define it. This one says, "I'm a patient. In that role I'm looking for health care that really fulfills all those platitudes you have been talking about—care that is comprehensive, continuing, compassionate, and all the rest. Many of us who once stood in awe of specialists are tired of being shuffled from one doctor to another and are open to the concept of a physician well educated to meet the broad spectrum of our health care needs. Don't assume, though, that we will buy family medicine on blind faith. I'm watching to see if you in family medicine can deliver the goods, for I'm also a taxpayer. I'll continue supporting family medicine as long as I can see that it is meeting my needs and those of my family."

"One last point: You people must keep talking to one another. Each of you has a different idea of what family medicine is and should be, and each has an important contribution to make. Some difference of opinion is inevitable, but dialogue and challenge are essential to progress."