

Tribute to Gabriel Smilkstein, MD

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It is an honor to pay tribute to Dr Gabriel Smilkstein, a special teacher, mentor, friend, and scholar of family medicine who was killed in an accident in September 1995.

When I first met Gabe, as he liked to be called, he told a story. "One of my colleagues asked if I was lying in the emergency room critically ill, would I prefer a doctor with technical excellence, or one who was compassionate and caring? I replied neither. Why should a patient need to choose? A competent physician must be both."

Gabriel Smilkstein was born in 1924 in New York City. He served in the United States Army from 1942 to 1946, during which time he confirmed his interest in a career devoted to healing. After leaving the Army, he married Rena and they had five children. He completed his undergraduate degree at Hamilton College in New York, followed by medical school at the University of Rochester, and residency at Los Angeles County General Hospital. Gabe chose family medicine as an extension of his interest in people and relationships. He was a charter member of the American Academy of Family Physicians and worked in general practice in Claremont, California, for 18 years. During this time, he began teaching and went on a series of volunteer medical missions to Vietnam, Thailand, and Zaire.

In 1973, Gabe began contributing to academic family medicine. He served on the faculties of the University of California-Davis, University of Washington, Seattle, and the University of Louisville in Kentucky. In 1974, Gabe published his description of the pediatric lap exam,¹ which many of us continue in our practice and teaching today. In 1977, he published a teaching model for comprehensive care. He wrote, "The goal for teachers of primary care should be to instill in their students a desire to offer their patients the most complete care possible." This model consisted of a three-dimensional cube that integrated curative, preventive, and promotive care, con-

sideration of the patient in the context of his or her family and community, and physical, psychological, and sociological factors.² In 1978, Gabe published work on the Family APGAR, a practical tool for the evaluation of family function. This tool, which takes into consideration the factors of adaptation, partnership, growth, affection, and resolve,³ provides a method by which to assess the health of the family unit and to anticipate family needs.

In 1980, Gabe described the cycle of family function. This model provided a framework for understanding the dynamics of family systems taking into account stressors and resources. He wrote, "Many stressors and few resources result in anxiety, the enemy of health . . . Families whose resources are adequate and whose coping behavior is appropriate are capable of adaptation and return to functional equilibrium."⁴

Gabe devoted time to several innovative educational projects. Through these, he exhibited a commitment to community-based education, humanism in medicine, and service to the medically underserved, with a goal of producing competent, thoughtful, and compassionate physicians. These projects included the University of Washington [Seattle] Community Health and Promotion Project,⁵ clinical social science rounds,⁶ and the American Medical Student Association (AMSA) Health Promotion and Disease Prevention Fellowship. Gabe believed that early exposure to medically underserved and culturally diverse populations would inspire students to choose careers dedicated to service. He established international health fellowships with AMSA, which continues to place US medical students in community health sites around the world.

In his many projects, he developed a cadre of friends and colleagues and served as a mentor to countless individuals. His ability and willingness to listen, respect, and encourage made all who came to him for guidance feel important. He gave attention, supported new ideas, heaped praise, set aside convention, and promoted bold adventure. He carried high expectations for his own work and that of others. He stressed the importance of being humble and always ready to learn. He brought the energy

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of a child and the enthusiasm of a teenager into his projects.

Gabe's strength as a clinician guided his teaching. In stressing the importance of the doctor-patient relationship, he wrote, "The relationship a physician establishes with a patient during clinical encounters is the heart of medicine. The metaphor is appropriate, for the quality of this relationship influences the flow of knowledge and nurturing that leads to a harmony of understanding so necessary for medical therapeutics."⁷ He warned, "There is competition in medicine between words and numbers, and the numbers seem to be winning As physicians, we need to listen with both ears, that is, symbolically assigning one ear to receive biomedical information, and the other to receive psychosocial information. Often medical education places so much emphasis on the biomedical, that students listen with only the biomedical ear."⁷

As Vincent Hunt (chairman, Department of Family Medicine, Brown University) has eulogized, "Our discipline and each of us involved in family medicine are enriched by Gabe's life and his example of how to integrate humanitarian concerns, quality care of the patient, an international perspective, research, and teaching in a

graceful manner, flowing from an underlying forcefulness of fundamental values. Not only did he teach us how to live, but through his life exemplified how fortunate we are to be involved in the family medicine movement as a vehicle through which we can carry out the basic human need for meaning in our lives" (personal communication 1996). Our profession will continue to be graced with his ideas and spirit in years to come.

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