

## Where Have You Gone, Dr Welby?

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As the leaders of family medicine search for explanations regarding the recent decline in the number of medical students choosing a career in family practice, I would like to suggest that clues to a better understanding of this trend might be found in that part of American popular culture defined by top-20 television. The daily challenges of the lives of physicians and their patients have been a consistent source of drama across the airwaves since the very infancy of commercial television. The human struggle against disease and death is no less compelling in the new millennium than it was back in the mid-20th century. The image of a cardiac monitor suddenly losing its waveform still evokes a level of suspense and human emotion sufficient to drive millions of viewers to tune in to the evening's prime-time medical fare. However, the physicians of television have been changing. The characters and stories of today's medical programming often reflect a fast-paced, high-tech, specialized world marked by ethical and moral ambivalence and dysfunctional heroes. Gone are the days of *Marcus Welby, MD*, an admittedly idealized portrayal of a generalist who always seemed to do the right thing, even when doing so went against his own

self-interest. I suspect that many of today's family physicians were inspired by the image of the noble Dr Welby and that our specialty suffers by the lack of such role models in present-day popular culture.

When one views the doctor shows of recent seasons, the obvious focus on super specialists and the thrill of emergency medicine should bring pause to anyone concerned about the future of family practice. Today's television writers fill these programs with exciting medical cases and with characters of enormous egos, questionable ethics, and, in several cases, extraordinarily dysfunctional personal lives. The effect is two-fold. First, the medicine of the specialties depicted in these serials appears exhilarating and challenging, while the generalist is rarely mentioned or portrayed as insignificant. Attracted by the images of these broadcasts, young people who have already decided to become physicians may be more inclined to choose the apparent high-velocity, high-prestige areas of specialization. Second, the selfless, service-oriented individuals who might be ideal for our profession could easily be discouraged from choosing to work through the rigors of a lengthy medical education just to join the ranks of the frequently unhappy and morally troubled physicians of prime-time television.

With last year's season finale of the seminal doctor show of our times, *ER*, the good-guy hero doctor, Mark Green, finds himself alone

in an elevator transporting an unstable patient who has just wreaked bloody revenge against those involved in taking away his child because of suspected abuse. Several of the injured are well known to the emergency room physician, who himself initiated the investigation. As the portable monitor signals the classic cardiac emergency, Dr Green charges his defibrillator only to discharge it 2 feet above the chest while the now helpless patient watches in horror. The deed is repeated for emphasis, and the viewer is left to contemplate the image of the avenging doctor through a summer of reruns.

When such pictures define the popular notion of our profession, is it any wonder why the institutions that oversee medical education for our nation have recently accentuated the learning requirements in ethics and professionalism for all medical trainees? Does anyone think that Dr Welby would have acted in the same way as Dr Green under any circumstances? Of course not. He is a creation of a different time, certainly, and maybe even of a different tradition. He was a professional steeped in the best of the Hippocratic ethic, who could be trusted to always put his patients' interests above his own. He was nonjudgmental and totally committed to a vocation of service. I still recall his calm and forgiving attitude in the face of a baseless malpractice suit. Even when being sued, Dr Welby showed concern for his plaintiff patient!

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Our specialty has made great strides in its overall strategy to establish its credibility, availability, and attractiveness to students. Family medicine departments pervade the academic landscape after years of effort to ensure a presence in the country's medical schools. Research is encouraged and supported to further establish the scientific and academic credentials of the specialty. Required rotations in family medicine are no longer the rarity they once were. These laudable efforts should, of course, continue with vigor.

Yet, the numbers tell us that student interest in family practice is declining in these same medical schools. If we are going to reverse the trend of recent graduation statistics, it is essential that we find ways to exhibit the heart and soul of our unique vocation and display the joys and satisfactions of the life it provides. This should begin well before our youth arrive at medical school. I suspect that few of our best family doctors chose to be such because of the accompanying research potential or the desire for academic respect and accomplishment. Many of us were attracted by an image then supported by popular culture of the unique calling to high service that is family practice. We wanted to be like Dr Welby.

Even in the face of today's changing medical environment, the country is filled with Dr Welbys of various types. Despite the stresses of managed care, onerous docu-

mentation requirements, exploding malpractice costs, and rapidly advancing medical knowledge, most family physicians I know are striving against the flow of events to maintain the special character and dignity of their vocation. They are individuals of integrity, high morals, and unselfish commitment to the service of their patients. They relate well to the families who entrust their care to them while striving to maintain excellence in the scientific and technical skills of their discipline. These practicing family doctors represent our best role models. They are the good-guy heroes that remain unseen on the hit doctor series of our age. We need them exposed. We need them displayed.

It would be a mistake to underestimate the impact of the television images beamed into the family rooms of America by this incredibly powerful medium. Our discipline faces a difficult uphill battle. However, success is possible if we turn to our greatest resource, the thousands of practicing clinicians who in their daily rounds and patient encounters display the best of medicine's longstanding tradition of art, science, and ethic. These doctors should be encouraged to open their professional lives in any way possible to America's young people. How can they best do this? Visit local high schools and share the satisfactions of caring for whole families. Allow local students at primary and secondary levels to

visit the office on career days and make the visit memorable. Initiate contacts with nearby (or even not so nearby) medical schools, and volunteer as clinical preceptors for medical students at any stage. Provide summer jobs to college students who are contemplating a future in medicine. Speak to our young patients who express interest in becoming a doctor and expound on the joys of being a family physician. Mentor them in any appropriate way. Participate in community activities involving children as coaches, group leaders, etc. Then talk about what we do. Our work offers much to admire and can electrify the imagination.

Family practice needs to display its unique heritage and splendid people to effectively fight the tide of the changing and disquieting cultural image of physicians. We clearly cannot rely on the few reruns of *Marcus Welby, MD*, provided by classic cable television networks. In the midst of the stresses of 21st-century practice, it might be good for all of us to recall what led us to respond to the challenges of becoming a family physician in the first place. Once recalled, we must use it to inspire another generation.

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