

Special Article

Editor's Note: Many members of the Society of Teachers of Family Medicine (STFM) have heard the news that Lynn Carmichael, MD, died this summer. Dr Carmichael, considered one of the founding fathers of modern family medicine, developed the first family medicine residency, founded STFM, and was the first editor of *Family Medicine*. We've asked John Frey, MD, one of Dr Carmichael's former students, a former STFM president, and himself a former editor of the journal, to write a tribute to Dr Carmichael.

Barry D. Weiss, MD, Editor

“Who Is Going to Take Care of the People?”¹ Lynn Carmichael and His Times

John Frey, MD

To understand what Lynn Carmichael, MD, faced in the early 1960s when he began to explore the reinvention of general practice, one only had to look at the internal dissonance taking place among general practitioners (GPs). As the world around them became dominated by specialism and technology, GPs continued to argue among themselves. The fractious and individualistic nature of GPs blocked a coherent movement toward a new specialty. The American Academy of General Practice (AAGP) House of Delegates defeated the change from general practice to family medicine six times from 1961 until it passed in the fall of 1971.

Lynn had developed a successful general practice in Miami, Fla, which he left for a yearlong fellowship at Harvard in the Family Care Program in the Department of Pediatrics. As a result of that year, in 1965, he published the first paper in the US literature to describe an educational program for training family doctors. It would take



Lynn Carmichael, MD
1929–2009

4 more years until that program would become a reality anywhere outside of Miami.²

Early family medicine produced strange bedfellows. The American Medical Association (AMA) played an essential role in moving family medicine forward. It sponsored a Citizen's Commission on Graduate Medical Education, led by John Millis, the president of Case Western Reserve University, which produced the report that set an agenda for creating “primary physicians.”³ The AMA then asked the head of the Council on Medical Education to recruit someone to preach the gospel of residency reform. Lynn and Lee Blanchard,

MD, from California split the job and, as Lynn once said, “We ran all over the place” carrying the idea of changing general practice education.

Fifteen residency training programs had to be formally approved for the specialty to be accredited, so Lynn took it on himself to find general practice residency programs that he could convince to retool as family medicine. He was a combination of intellectual, salesman, and union organizer, selling an idea about educational reform and social change. There was no Residency Review Committee, no federal funding streams, and no academic departments. They borrowed from marginally successful 2-year general practice residencies, added another year to be comparable to medicine and pediatric training, and, in the most radical change in education since Flexner, moved education into the community. They would call it a “model family practice clinic.” By December of 1968, they had secured 15 programs and received AMA approval to begin graduate education training in family medicine.⁴ They were on their way.

Lynn also found a mentor, Ward Darley, from the Association of American Medical Colleges (AAMC), who encouraged him to

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consider the need for an academic society for the new field. In October 1967, 45 people met in a room in New York City and chartered the Society of Teachers of Family Medicine (STFM), a name that Lynn had created as a placeholder for academic family medicine, which, of course, at that point didn't exist.

Lynn's network of contacts was amazing. Miami was the place where many who would become leaders and thinkers in family medicine around the world would come to trade ideas, to sit on the veranda of Lynn and his wife, Joan's, house and find the courage and energy to keep going, leaving a comfortable life to join the make-it-up-as-you-go world of education, with which few of them had any experience. They seemed fearless. Lynn knew that communities and community hospitals would support this new idea and that medical schools, after an initial foreign body reaction to family medicine, would, with time, come to accept it. For him, working from the outside in felt comfortable. For many of us—students—who had to work from inside out, from medical school to community training, saw him as our lifeline.

He was absolutely convinced of where we needed to go and invited a lot of people along on the journey, looking to education, psychiatry, and social work to help supply the theory and organize the teaching of family doctors. The Miami faculty he assembled represented all those disciplines and many others. Because of this belief in interdisciplinary education, STFM was founded as an inclusive academic organization, welcoming anyone who taught students and residents in family medicine

and distinguishing itself from the physician-only professional organizations of the era. Teacher was the operative word for STFM, not doctor.

He left his role as a teacher of family medicine when he realized that his mind as well as his ability to engage with ideas was fading. He was never a big public speaker or a writer. He always seemed to be a reluctant, almost shy, public figure. He had a temper, though. In meetings or in small-group teaching situations, he was tenacious and did not back down. He argued and pressed issues until they were resolved. Anyone who ever ended up on the wrong side of his opinions remembers the occasion. He didn't feel competitive with the writers, the researchers, and the people who were coming along after him but seemed content to serve as a convener for them and their work. But he absolutely wanted to be in the conversation. STFM best expresses Lynn's ethos when we act like intellectual rugby players, pushing each other all over the field and, after the final whistle, retiring to the nearest

pub for fellowship, funny stories, and cold beer.

Lynn was a deeply psychological man whose full attention was on the mystery and complexity of doctoring, and he had a lasting curiosity about human behavior. But, his thinking explored much more about the nature of trust, love, time, and how those themes played out in the examining room. He was humble about what he did not know and anxious to learn. Lynn was also an existentialist who could hold opposing views at the same time. He was a restless searcher. What he seemed to fear the most was becoming complacent or, as he would say frequently, "co-opted" by the mainstream. If one were forced to choose, as Gayle Stephens, MD, so famously put it,⁵ between whether family medicine was a sect or a church, Lynn would definitely be among the unchurched. Rules and dogma were never to his liking, despite having been one of the creators of the first set of training rules. Lynn was more Huck Finn than academic.



Lynn Carmichael, MD (front row, far left), with the 1968–1969 University of Miami Family Medicine Residency faculty and residents. The University of Miami was one of the first 15 residencies approved in the original application for a certifying board in family practice.

Three years out of residency training, I was at a meeting in Washington, DC, filling in as a “commentator” on a document Lynn put together. I spent anxious weeks preparing remarks on what he wrote, intimidated to be there, much less to comment on Lynn, who was my teacher. When it was Lynn’s time to speak, he announced to the meeting “I’m not going to talk about what I wrote. You can read that in the proceedings. I want to talk about what I have been thinking about recently.” My heart sank. The only thing predictable about Lynn Carmichael was that he was unpredictable.

In the early years, groups of “senior leaders” would sit at the front of meetings, projecting an air of authority and unapproachability. Lynn rarely sat there. He would wander the back tables at the meeting, hoping to meet someone new and interesting. About a decade ago, at one of his last STFM meetings, I was sitting with Lynn and Joan having breakfast at one of those back tables when a couple

of young people asked if they could sit down. As we introduced ourselves, Lynn said “I’m Lynn Carmichael,” and one of the young faculty, somewhat wide-eyed, said, “You started this organization? It is really an honor to meet you.” Lynn smiled and dissembled and asked them what they were doing, and the conversation went on from there. It was about them, not him.

Lynn wrote the outline of family medicine education when he was 35 years old. By the time he was 40, he had helped create an academic discipline, began one of the first departments in the country, and founded an academic society. His colleagues who would become the founders of family medicine education were all in their mid 30s to mid 40s. Without any real precedent from history, they had to create their own standards and make their own mistakes. It is a good thing that they didn’t wait until they were “seasoned” to do what they did, or none of us would be here. It is a lesson that should inform the present.

For those of us for whom he was a teacher and friend and for those who will only know him from history, Lynn Carmichael was an experience that changed our lives. The 90,385 graduates of family medicine residency programs since he started the first one in 1968 are all his descendants. Lynn was a runner long before it was in vogue. He told us that he did it to think. He never stopped running or thinking. One can imagine that, on a long run in South Florida almost 50 years ago, the idea of something new that would redeem generalism in our country started to form in his mind and went on to become family medicine. It was an idea that would change everything.

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REFERENCES

1. Ventres WB, Frey JJ. Voices from family medicine: Lynn Carmichael. *Fam Med* 1992; 24(1):53-7.
2. Carmichael LP. Teaching family medicine. *JAMA* 1965;191(Jan 4):38-40.
3. The Millis report can be found online through the Center for the History of Family Medicine. www.aafpfoundation.org/online/etc/medialib/found/documents/programs/chfm/millisreport.Par.0001.File.tmp/Millis_Report.pdf.
4. The first fifteen residency programs. Courtesy of the Center for the History of Family Medicine. www.aafpfoundation.org.
5. Stephens GG. Family medicine as counter-culture. *Fam Med* 1989;21(2):103-9.

Needed: Memories, Stories, and Anecdotes About Lynn Carmichael, MD

STFM would like to collect memories about Lynn Carmichael, MD, from friends and colleagues, those he taught and learned from. Please share your experiences, thoughts, and stories and send them to Jan Cartwright at fmjournal@stfm.org. We will collect these notes of remembrance and post them on the STFM Web site.



The STFM Foundation offers a program for individuals who wish to donate in memory of a colleague or loved one. To donate in Dr Carmichael’s memory, go to www.stfm.org/fnd and click on the “Donate Now” Button.