

## **In Celebration of Gene Farley: A Founder of Family Medicine and Champion of Justice**

Larry A. Green, MD; Tillman Farley, MD

(Fam Med 2014;46(2):137-8.)

**E**ugene Shedd Farley, Jr, MD, MPH, died November 8, 2013, in Madison, WI. He was one of a small number of intellectual leaders in the first generation of American family physicians. Gene married Linda Winfield Fabry in 1955, and they remained partners for 54 years until her death in 2009. In many ways, one cannot talk of Gene and Lindy separately. They pursued training in general practice in Denver and, after working on the Navajo reservation in Arizona, opened a practice attached to their house in small-town Trumansburg, NY, where they thrived as general practitioners. Gene wrote, "Our original goals were to be rural general practitioners and settle in one spot for the rest of our lives. That was the first place we settled for the rest of our lives."

As the years passed, and general practice continued a downward spiral in the United States, Gene and Lindy were unable to recruit a partner to help with the never-ending work. The question then became "whether to stay and burn out or learn how other nations handle it when there are not enough doctors." With much ambivalence about leaving the community, Gene decided to pursue an MPH at Johns Hopkins; a product of that program of study was Gene and Lindy's plan for an academically rigorous residency to produce family physicians. After finishing his MPH, Gene and Lindy moved to Rochester, NY, where they joined with academic and local

leaders to establish one of the first accredited family medicine residencies in the United States. Gene Farley entered the academic arena as an incorrigible optimist, able to imagine more than he could do and see farther than he could go.

**Larry Green:** Gene Farley was my medical father. I met him on June 30, 1972, having completed my third year of medical school. My family's Oklahoma general practitioner had inspired my going to Baylor College of Medicine, where I absorbed the rise of sub-specialization sweeping the nation. Enamored with cardiovascular surgery at the Texas Medical Center, surgery was trumping internal medicine residency training when my wife, Margie, suggested that before abandoning what got me interested in medicine, I should talk with someone who knew something about general practice. I never saw a family physician during my entire medical school experience; I only heard about them, usually through disparaging comments. Because four of seven papers about family medicine in *Index Medicus* at that time were from Rochester, NY, and because I had a sister-in-law living there with whom I could stay, I drove to Rochester after sending a letter indicating my schedule would only allow me to be there on June 30. The letter of reply passed me en route, saying, "Don't come." The program was orienting its new residents that day.

They were surprised to see me, but showed no annoyance, and in moments David Metcalf, a British GP who had helped launch the residency, met with me. I indicated that I had been assured that there was no future for family medicine in the United States. I peppered him with questions, and an hour later he directed me to Gene Farley's office. A few minutes later, probably at a break in orientation, Gene walked in and said, "Hi! How are you?" His presence filled every corner of the room, and I immediately felt safe with him. Twenty minutes later I had heard a compelling vision of where family medicine was headed, why it mattered, and what it would take to develop it as a foundational resource for all people in our country. It changed my life, forever. Gene Farley had that effect on people. Lots of people.

Gene had many gifts, including a stunning ability to see clearly what was needed and possible and to inspire others to work together to achieve intimidating goals. Many people from all walks of life were infused with Gene's optimism that good people working together can achieve anything. He pioneered the new-fangled medical educational invention now known as "the family medicine center," an innovation that rotated physician training away from the hospital, toward

---

From the Department of Family Medicine,  
University of Colorado.

the community. The “family medicine center” in Rochester was organized into teams made obvious by its architecture, comprised of a receptionist, nurse, nurse practitioner (another contemporary innovation), two residents from each year, and faculty. A social worker, pharmacologist, and dermatologist rounded out the team. On entry into the program, residents were paired together for the duration of the residency, and one or the other returned to the practice 4–5 days/week throughout the 3 years of residency to care for our own continuity patients while the paired partner covered rotation duties elsewhere. When Gene left town, as he often did to spread his ideas and techniques across the country, our team saw his patients, who adored him and knew he cared about them.

Every patient’s year of birth was recorded on entry into the practice on a blue (boys/men) or pink (girls/women) card, providing an accessible age/sex registry for the entire practice. Individual charts were filed in the family chart, which was color coded to reflect the census tract in which these patients lived. At the first visit of each calendar year, a colored sticker was added to individual’s charts, defining active and inactive patients. Residents coded patients’ conditions and problems and used “E-books” to construct a morbidity index of the patients they attended. We thought that all family physicians worked in teams, used registries, tracked morbidity patterns, audited their work, and practiced in the context of family and communities. Gene Farley left no space between primary care and public health, individual and community, the mental and the physical, or personal doctoring and community engagement.

**Tillman Farley:** Family medicine was only a part of Gene Farley’s scope and reach. He was an artist, drawing coveted doodles, carving shingles for graduating residents, welding metal sculptures. He was a liberal, progressive, political activist; he ran for the US House of Representatives in Wisconsin. Friends

noted that “You knew you were fighting for the right cause if Gene and Lindy were there.” The day Lindy died, surrounded by family, she commented, “We’re all excited to see what Gene will do next.” After Lindy’s death, he envisioned with his sons a Center for Peace, Justice, and Sustainability ([www.farleycenter.org](http://www.farleycenter.org)), providing their six-sided house as meeting space for progressive activist groups, providing land for a farm incubator in which immigrant farmers looking for independence can teach small-scale organic farming techniques, and a green burial cemetery—where he is now buried.

Gene and Lindy used every opportunity to try to build community in the world and correct injustices around them. They saw their own family not as something that separated them from the rest of the world but rather as a strong platform onto which they could invite the world. They had four biologic sons and another essentially adopted son from Uganda. But there were countless others who paraded through their houses over the years, staying for weeks or months—as long as it took to get back on their feet—and who often called them “Mom and Dad.” As one of the sons later said, “You never knew who might answer the phone when you called the commune at 2299 Springrose Road.”

It is impossible to compile a sufficient list of Gene’s achievements, but his impact on family medicine and medicine more broadly can be illustrated. Gene was one of a handful of early family medicine leaders who met to establish the importance of research, resulting in the founding of the North American Primary Care Research Group (NAPCRG), led so effectively by Maurice Wood, MD, in Virginia, now in its 42nd year. Gene proposed the establishment of surveillance and research systems at NAPCRG, from which came the hundreds of practice-based research networks (PBRNs) that inform our understanding of ambulatory care today. He promoted family medicine in Jamaica. He led family medicine at the University of Rochester and

chaired departments at the University of Colorado and the University of Wisconsin. In all endeavors, Gene was generous with power, long on trust, and quick to give credit to others.

Near the end of his life, Gene introduced a bit of autobiography with the following quote from Ralph Chaplin:

Mourn not the dead  
But rather mourn the apathetic  
throng—  
The cowed and the meek—  
Who see the world’s great anguish and  
its wrong,  
And dare not speak!

He went on to write, “I have expanded my thoughts about life’s quilt. The quilt is only partially completed when one dies, because others include and add to our life’s quilt at the same time they are living and developing their own.” In the words of Gene’s son, Josh, a professor of ecological economics at the University of Vermont, “I think of society as a continual evolving system, with memes instead of genes. Most people simply pass on existing memes to varying degrees, with some, as a result, becoming more widespread, others less so. Our task in life is to generate and pass on memes that make the world better. Dad not only did an exceptional job of passing on existing memes that are more likely to ensure a sustainable and desirable future, but he also developed important new mutations, new memes, which continue to spread. He will still accomplish a lot.” To paraphrase Lindy, we’re all excited to see what he does next.

**CORRESPONDING AUTHOR:** Address correspondence to Dr Green, University of Colorado, Department of Family Medicine, 12631 East 17th Avenue, Campus Box F496 HSC, Aurora, CO 80045. 303-724-1599. larry.green@ucdenver.edu.

## Additional Resource

1. Farley E. Voices from family medicine: Eugene Farley. Interview by William B. Ventres and John J. Frey. Fam Med 1992;24(2):152-5. <http://www.aafpfoundation.org/online/etc/media/lib/found/documents/programs/chfm/farley.Par.0001.File.dat/FARLEY.pdf>.