Reflections in Family Practice

Pilgrim's Progress: Toward A Future In Family Practice

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There is a crest in the road, 3 miles west of town, where Highway 3 opens to a panorama of Penobscot Bay. From this vantage Belfast lies nestled below, shrouded in summer's green groves. Beyond, the eye is cast east toward Turtle Head (the northern slip of Islesboro, shimmering like a mirage in midbay) and Dice Head (Castine's sea shoulder) and Blue Hill and Cadillac Mountain (where, it is said, the sun first strikes America). You can imagine Moose Point through the trees, on the water's north shore, where Searsport Family Practice has taken root. That is my kingdom, my practice, my home.

We arrived at this promontory 9 summers ago, my wife and I. Exhilarated by the sight, we might have shouted, "*Mont joie . . . je suis roi,*" as coteries of pilgrims have done for centuries upon sighting the cathedral spires of Santiago de Compostela.[1 p 79,80] In the crypt beneath the cathedral lay the relics of St. James the Apostle. Santiago became one of Christendom's three principle shrines (along with Rome and Jerusalem) during the Middle Ages, when pilgrimage was popular. Had we been travelers on that Galician road, we would have worn a broad-brimmed felt hat, scallop shell (the pilgrim's emblem), and heavy cape and carried a long staff with a gourd attached for drinking water. Instead, we sported sneakers and shorts and sweat-drenched t-shirts and sailed a mile-a-minute over the crest of Butler's Corner. We came as traditional tourists have come, in summer's gear, as all visitors "from away" come initially.

The road descends toward the confluence of Highways 1 and 3, past chicken barns and Grange halls and a drive-in movie theater, all of which lie fallow in dust and decrepitude. Past Kingdom Hall and the Church of Latter-day Saints and the Belfast Curling Club, past Reny's Plaza and Little River Mall (proud signs of local progress) and half-hidden trailer parks (more the reality of the times). Down to Belfast Harbor and the fresh briny smell at low tide, fouled by the stench of chicken plants and treated sewage and odors emanating from the bawdy waterfront bars.

It has taken us the better part of 9 years to make a home here. The pristine wilderness appealed to us more than the populated coast; patients came more quickly than friends, my responsibilities faster than a sense of belonging. To complicate matters, I never took to the air-freshening scent of scotch pine, salmon and peas on the 4th of July, lusty sea chanties, or the deep drone of the foghorn. You would not catch me dead in foul-weather gear or GumShoes from L.L. Bean. But curiously, I felt immediately drawn to the white angulated buildings of the New England connected farm, standing proud and plentiful on the Maine horizon.

It is not altogether clear why we came. Did we leave Chicago in search of high adventure or seek a place to start anew, a place indifferent to past indiscretions yet full of the grace to redeem them? Was I on a crusade for the glory of family practice, ready to conquer death and reclaim territory long lost to the specialists? Or was it a *perigrinatio* in the ancient Celtic tradition, when monks like St. Brendan left home and family for an unknown but divinely anointed place and there led lives dedicated to mystery and growth and abandonment to God? If a pilgrimage is to bear fruit, Thomas Merton once wrote, then it must represent a complete integration of one's inner and outer lives, of the relationship to self and to others. The geographical pilgrimage of the monk is no less than a symbolic acting out of the inner journey; the inner journey requires an interpolation of meanings and signs from the outer pilgrimage. And the ultimate task, Merton assured us,

> is that if we can learn to voyage to the ends of the earth and there find *ourselves* in the aborigine who most differs from ourselves, we will have made a fruitful pilgrimage. That is why pilgrimage is necessary, in some shape or other. Merely sitting at home and meditating on the divine presence is not enough for our time. We have to come to the end of a long journey and see that

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the stranger we meet there is no other than ourselves — which is the same as saying that we find Christ in him.[2 p 112]

That change began 5 years ago, after we made a commitment to stay — after we bought a house, brought our daughter into the world, and remodeled a bungalow along coastal Route 1 for a new medical office. Unwittingly, we painted a scallop shell on our signpost between the convex lettering of "Searsport" and the concavity of "Family Practice."

Three Christmases ago my wife and I bought a book for a friend in Boston, someone who dreams one day of preserving historic buildings. Because he vacations in Maine, we were excited to give him Tom Hubka's book on connected New England farms.[3] I was fascinated by the pictures and kept a copy. Then I received, the following Christmas, a book on Spanish pilgrimage from my partner in practice. These odd pieces began to puzzle together. Not unlike Brendan or the Pilgrim Fathers or Joseph Smith and the Mormon Trail, I felt as if I had journeyed here to find a permanent home, something of lasting value, a foundation on which to build a meaningful life.

I do not doubt that all of us seek a home; wish to find a place, a cause, a vocation where we feel we belong, a place where we could imagine living and one day dying. Marriage, children, the purchase of real estate are milestones by which we measure our slow progress along the pilgrimage. One day we hope to acquire some self-knowledge about our purposes on this earth. We must learn, too, how to leave it, how to say goodbye and ready it for those who would follow. As the new specialty of family practice turns a generation old, it is good to ask how far have we come. What have we bequeathed to the heirs of family practice? I offer these personal symbols — pilgrimage and the connected farm — to further the journey.

I grew up in the Midwest, on Mrs. Paul's fish sticks and oceans of corn, where the only sound of the sea came from shells cupped to my ear at The Curio Castle near Lake Okoboji. Farms there spread out like a table setting. The house is the dinner plate, and everything you need to put food in your belly is within comfortable reach. The barn and silo, machine shed and chicken coup, corn crib and hog house, and often a dilapidated windmill are all free-standing. Loam black, barn red, John Deere green, school bus yellow are the primary colors of an Iowan childhood.

In Maine, the farms are packaged differently. The buildings are contiguous and fall in a row (Figure 1), conforming to a pattern that Hubka describes as "big house, little house, back house, barn"[3 p 6] Within a relatively short time (1820–1880), this fashion became the dominant design of southern Maine farms. From the start the big house was reserved for formal entertainment and dining. The little house, or kitchen-ell, became the hub of domestic activity. The back house was once a small-scale production center, where leather was tanned, wagon wheels fashioned, vegetables canned, butter and cheese processed, laundry washed, and produce stored. The barn housed animals and machinery, with the haymow above and the manure composting "down cellar."

In April 1850 Tobias Walker thought to place a shed between his little house and barn, thus connecting them. The route had been made ready; the neighbors assembled. The shed was then hitched to 40 oxen and inched to the new foundation on "shoes" of lumber. But why would a practical person, already burdened with bills and chores, do such a thing? Not, Hubka contended, because it offered shelter from the elements, as some have suggested. The idea never caught on in the Midwest, where winters are equally harsh. Nor in New England until the middle of the nineteenth century, when (and only then) it flowered as an architectural ideal. Moreover, connected farms forced families to overcome the unpleasantries of living near livestock,* and increased the risk of fire spreading from barn to house.

Hubka thought that farm buildings were connected largely out of an improving spirit. In the 1820s, America was consumed with a nationwide "quest for political order, social stability, and national identity."[4 p 924]

*In Europe, traditional rural dwellings had livestock quartered directly beneath the living area, thus taking advantage of their radiant heat. Rural folk would need to be "taught" that animal odors were offensive, for otherwise they smelled of wealth and security. M. Doyle, personal communication.

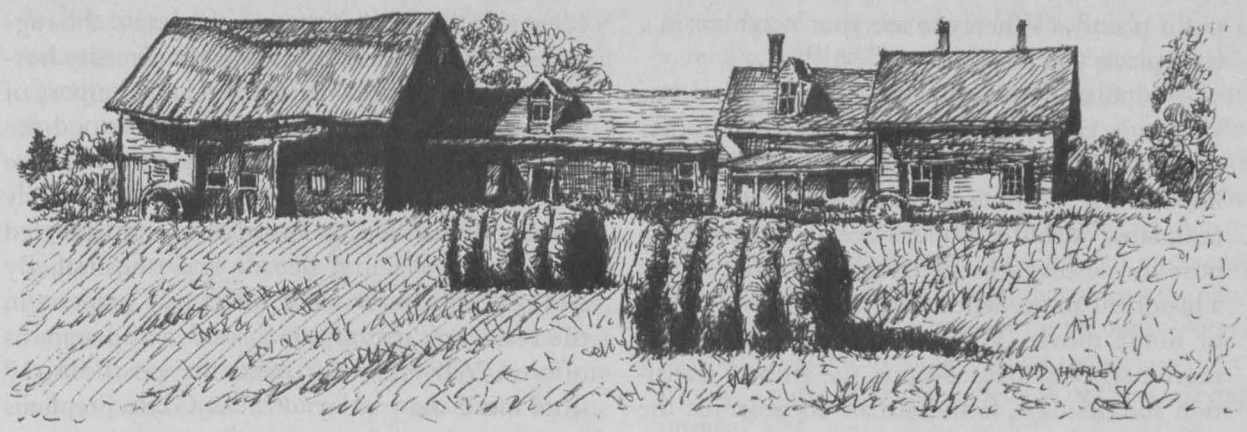

Figure 1. Connected farm in Waldo County, Maine. Drawing by David Hurley.

John Quincy Adams boasted, in the year of Lafayette's triumphant return (1824), that "the spirit of improvement is abroad upon the earth. It stimulates the heart and sharpens the faculties.[4 p 95] But America was also being shaken from Andrew Jackson's agrarian dreams "to a modern world, the age of bigness, specialization, administrative coordination, impersonality, and a wide-marketing orientation."[4 p 283]

The Yankee rural economy was based on mixed farming and home industry. By the middle of the nineteenth century, the depleted farms of New England could no longer compete with the fertile Midwestern prairies, adaptable as they were to monoculture farming techniques. Nor could home industry match the output or income of the urban factory. New England farmers became increasingly impoverished, isolated, and discouraged. From press to pulpit, agricultural communities were bombarded with the spectre of their own demise. "How [could] the farmers of Maine, large and small, learned and unlearned, rich and poor, be led to make their homes more attractive, and thus check in some degree the out-flowing tide of bone, muscle, and brains [of] our young men and women?"[3 p 202] Through domestic visual reform rang the reply — by whitening, straightening, ordering, beautifying one's castle. In the face of harsh economic realities, the stalwart New England farmer chose to build forcefully and courageously in the connected farm arrangement.

The historian Roger Kennedy has said that architecture is "always a public utterance. Willy-nilly, it conveys ideas."[4 p 3] The connected farm arrangement become the one grand design through which every New England farmer, smitten by the spirit of improvement, could aspire to success (or at least survival) in farming. Tobias Walker moved the woodshed in order to "reform and improve" in the most logical, practical, and popular plan available to him.

The connected farmstead was more than several buildings joined at the roof, more than a kind of domestic mini-mall or a matter of congregate living with cattle. The builders strove for balance and unity — in size and color and architectural detail — between the house and barn. In no other region of the country, and at no other time in New England's history, had farm architecture "so consciously unified and balanced what had previously been held physically and conceptually separate and unequal."[3 p 204] Farmers wore their hearts on their eaves (or, more precisely, on the connected roofline above them) and on the unifying ornamental trim below. The connected farm symbolized the "connected farmer." It visually expressed his longing for balance and unity between one's labor and love, between the workplace and domicile, between the husband and the husbanded. It quietly championed the mutual accomplishment of chores traditionally assigned along lines of gender.

A functioning farm depended on the maintenance of strong ties between generations within a farming family and between the individual farm and its surrounding neighborhood. The neighborhood pivoted around its country school and rural cemetery, its social gatherings and community projects. The rules for neighborhood cooperation were never formal but always understood in the hearts of persons like Albert Mosher, who

put it plainly, "When you see your neighbor in a hard place, you help him out."[3 p 158]

A popular activity in rural New England was keeping a farm journal. Hubka saw it as another manifestation of the "improving spirit." Just as importantly, keeping a journal connected common labor with the farmer's overall sense of purpose and destiny. The farm journal was not simply a historical antecedent to the family photo album or home movie. Whereas albums and movies more narrowly focused upon the rites of transition and holidays, farm journals documented the mundane particulars of an average day, every contribution the farmer made on behalf of his farm, his family, and his community.

Thousands of journals were written during the rise of the connected farmstead. The extant few have provided a valuable record of daily toil on the New England farm, including the considerable time and effort it took to realign farm buildings. The Walker family journal — an example often cited in Hubka's book — was kept for 65 consecutive years by the elder Tobias, his son Edwin, and Edwin's son Daniel. Though most farm journals were simpler than the Walkers', all attempted to connect everyday chores to a meaningful whole. In Hubka's words, "All partook of the same sustaining spirit of optimism, perfectibility, and progress."[3 p 158] They connected the mundane particulars of an average day with the farmer's overall sense of purpose and destiny.

By the turn of the century, the scaffolding for self-improvement collapsed along with the farm commodity prices; the ideal was abandoned like the fields themselves. For Daniel Walker and others like him, the momentum for connecting and improving their aging farmsteads came to a shuddering halt. On Tuesday, June 27, 1893, Daniel penned the following lines: "Went to the village with butter. Got ten bushels of corn of Edm. Warren at 5/8 cts/bushel. Got a rake and a scyth and — for haying."[3 p 178] This was the last entry, haunting in its brevity, starkness, and lack of explanation. Daniel Walker thus closed a family project that had spanned three generations. Though he farmed for 33 more years, he revealed — on that undistinguished June day — a portent of the end. Daniel had lost his *future* in farming.

Family practice emerged as the 20th medical specialty during the tumultuous 1960s. In many cases, this tender shoot was grafted onto the rugged stock of medical colleges and university hospitals and survived only through the support of regents and administrators who understood the state legislative agenda and realized that "There was money in them thar bills." But then family practice flourished, growing at an unparalleled rate during the first decade and one-half. By 1983 (a high-water mark for family practice in the residency match), 388 residency programs offered 2628 first-year residency positions, 39 slots more than today.[5 p 511] As Gayle Stephens commented,

> No one can be given credit for our success. The time was right, the idea was right, and, from the perspective of one who has participated almost from the beginning, there was an aura of serendipity about it all. Most of us have simply responded to opportunities that just seemed to be there.[6 p 55]

It was not simply the money, but powerful ideas and a reforming ethic that attracted a following to the nascent specialty. Throughout American history, reforms have swept and reshaped the political landscape. In the 1960s, a convergence of particular themes contributed to a "climate of public opinion that made it possible for family practice to succeed in such an unprecedented way."[6 p 56] Stephens described these as agrarianism, utopianism, humanism, consumerism, and feminism.

It is not surprising that family practice — arising as it did during a period of reform — emerged from among a coalition of reformers. Stephens, for one, saw the movement as essentially countercultural. Family practice, he argued, stood for change in American life and identified itself with insurgent minorities and minority positions. It stood counter to the dominant forces in society, forces that were wedded to a headlong grab for power, profit, immediate results, unchecked technology, and splintering overspecialization. Many of the founders possessed a long streak of nostalgia. They solemnly accepted John McPhee's blessing as the true "Heirs to General Practice." They saw themselves in the hallowed, haggard image of Ernest Ceriani in "Country Doctor," a pivotal photoessay by Eugene Smith that first appeared in a 1948 edition of *Life*. They resonated with the poetic struggles of John Sassall, a rural Welsh physician whose life was immortalized in John Berger's *A Fortunate Man*. But the early

leaders were also a practical lot, who dressed for success and did it in classical style. They installed family medicine in university curricula, lobbied for it on the capitol steps, and cast it from the mold of the established specialties.

The product of their collective efforts — the new family physician — was initially a compendium of services that he or she was expected to provide. The Willis Report, published in 1966, defined the family doctor as the physician of first contact, one who provided personal care for the whole patient and assumed responsibility for the patient's comprehensive and continuous health care, while providing that care within the context of the family and community.[7 p 7] Stephens later substituted a more modest goal: that family physicians be "willing to serve all the people for the majority of their medical needs in settings that are as close to the people as possible."[6 p 65] More recently, David Baughan defined the reforming principle of family practice as our simple recognition that the physician-patient relationship, not the atom, is the basic building block of clinical science.[8 p 44] We cannot limit that implication — he argued — merely to ethical or humanistic concerns; we must allow it to reshape the way in which we ask questions, teach students, and minister to patients. Put another way, our saving grace rests upon faith in human relationships (of which the family is prototypical) as much as in our good works (no matter how skillfully or dutifully we perform them).

Praise of rural living is an American anthem. From the days of Jefferson and Thoreau to more contemporary authors like Wendell Berry and Helen and Scott Nearing (who farmed near us in Maine), a great body of writing chants its love for the land and the values of rural life. Throughout the rise of family practice, the generalist physician was portrayed in this bucolic setting. In the 1960s, many of our leaders coveted their small-town connections and "rural sensibilities." Lynn Carmichael, Gene Farley, Tom Leaman, Ted Phillips, Gayle Stephens, and others spoke in the same tones and metaphors as did the leading social critics of the day (who were well-rooted in agrarian values). Contemporary writers such as Michael LaCombe have returned us to the pastoral scene. His recent essay in the *Annals of Internal Medicine* — a forceful apology for the life of a generalist physician — is a case in point:

> If you first decide, for example, that yours will be a rural life, a life predicated on independence, and let's say, involved with animals and the caring of them, a life of mending fences and fixing things — a farmer in other words — then the form of your life will dictate its content: the animal warmth of a barn in winter, the sweet breath of a Holstein, swallows setting up shop in your outbuildings every spring and low milk prices and summer pasture and getting in the hay against the rain. One becomes a farmer out of love for the out-of-doors, out of the need for freedom from the indoors . . . . One chooses an area of medicine because of that same gut instinct.[9 p 204]

Family physicians, as a group, have always relished their gut instincts and tastes for the agrarian. Our complaints are now more the growing pains of a maturing specialty. We have run low on founders' zeal and swagger in the crosswinds of political reform. Yet we are catching our stride, finding ourselves both as a specialty and within our individual practices.

And as we do, let us not forget that the heart of family practice lies in remaining close to our patients and committed to their care. In this way family medicine resembles the family farm: it makes a claim on you (which is permanence) and brings you to new understandings about the capriciousness of nature, the burden of debt (and your jeopardy to repay it), the discipline of daily chores, the solitude they invoke, and your station in life (which distills to a natural humility, free of the vapors of mystery and romance). Rural living is not suited to everyone, even those who come to it with a sincere heart. This lesson, sadly, is the legacy of the National Health Service Corps.

A century ago the connected family farm embodied a vision of agrarian reform. It stood as a beacon to those who fled New England farms for a better life. With a similar energy and imagery, family practice now carries the torch for primary care and for connectedness and balance in the delivery of health care. "The family as the unit of care" is our emblem; the restoration of primary care at the foundation of American health care, our mandate. Indeed, we have returned families to our waiting rooms and family notation to our charts. We have invited families around the deathbed, gathered them at the birthing bed, and made their dynamics a legitimate concern of psychotherapy. In practice, we have been mindful of

the connections between disease and the persons who express it, between one episode of illness and the next, between the lives of patients and those who care for them (including the family and their doctor).

As family practice approaches the twenty-first century, what accounting shall we give it? A progressive, nostalgic, family-oriented, revolutionary specialty of generalists? It is well worth considering, because our engine of reform is losing steam on a rising grade. After a quarter-century, we have yet to restore general practice to its former grandeur. Our relative value is calculated by reimbursement formulae that fall far short of the surgeons'. Vocations are off; the percentage of medical students going into family practice clings to the 11th percentile. Many of our members have strayed into urgent care, multispecialty groups, and university faculties — far from their hometowns and well behind the "enemy lines." Some of us self-righteously wear the cowl of the generalist; others seek the miter of added qualifications. We wait like millennialists for a cataclysm that will sweep away the present health care system and for a politically swift sword to mete our just reward.

Many of us entered family practice with youthful passion and idealism; now we must find the reasons (and the means) to stay. I have seen some of them in the connected farms of New England, still standing stalwart against the threatening skies of social change. The back house and barn are crumbling from neglect. Their purpose has been lost in transactions that brought subdivision and so-called improvement to the surrounding farmland. But inside you will find owners who still possess a down-to-earth practicality, a knack for inventiveness, a tenacity that marks the spirit of Yankee independence. They are jacks-of-all-trades who must also dabble in carpentry and real estate and handicraft to keep farming. What Hubka said of the nineteenth century yeoman is equally true today: "People who were finally most successful at farming did not generate their primary source of income from agriculture."[3p192] But in their survival they sustained life in their market towns (a situation wholly apart from the Midwest, where once-prosperous farming communities are fast disappearing). They have survived by honoring the vow of stability and by keeping close to the local needs and markets.

Family physicians, too, are a mixed breed. It is imperative that we include everyone on the ride into the next century, regardless of the purity of their practices. We must scrutinize our comfortable notions about purpose and self-image. I recall Annie Dillard's poignant remarks about Sir Robert Falcon Scott, who perished during an Antarctic expedition. He could never bring himself to use sled dogs, let alone feed on them:

> Instead, he struggled with English ponies, for whom he carried hay. Scott felt that eating dogs was inhumane; he also felt, as he himself wrote, that when men reach a Pole unaided, their journey has a "fine conception" and "the contest is more nobly and splendidly won." It is this loftiness of sentiment, this purity, this dignity and self-control, which makes Scott's farewell letters — found under his body — such moving documents.[10 p 26]

Other polar explorers, such as Roald Amundson and Robert E. Peary, adapted to the harsh conditions. They traveled with Inuit guides, wore clothing made of seal and walrus skins, built igloos, utilized the faster sled dogs and fed them to each other on a regular schedule, and returned triumphantly from the Poles.

We might choose any number of fine conceptions to lead us through the harsh conditions of the modern era. The connected farmstead failed nobly in its day because — as Thomas Hubka rightly concluded — "New England farmers carried the gospel of reform as far as they could: they reformed the way the farm looked, but they could not reform the way it worked."[3 p 204] Our adopted symbol of the nuclear family makes for a stunning lapel pin but is no more workable than the connected farm. That is, it cannot work to change social values and economic conditions. We are — none of us any longer — country doctors, and we increasingly surrender our general ways. But little is lost by way of sentiment: to the progressive suburbanite, old-fashioned GPs are a nostalgic remnant; to managers of PSROs and the coming competition, they are either a cog or contentious. Our primary cultural movements and metaphors no longer flow from an agrarian base. I realize that the connections I so fervently seek also wed me to the modern ways, to a culture that desires instant access to the latest technology, that equates value with cost. We must adapt to these conditions, too, if we hope to survive. But survive as what?

Here the crystal ball dims. We might learn as much from staring inside the grand barns of the connected farmstead, arduously constructed from hewn timbers in mortise-and-tenon technique, ornamented in harmony with the family dwelling. Standing there, with silence and mustiness pervading our senses, our eyes might adjust to see what the farm journals recorded at length. We might grasp the "why" of these buildings: why they were raised, moved, and put to their varied uses. We might find wisdom in the simple accounts of a farming life, in the obstacles and encounters and relationships that connected one moment to the next, each day to a larger whole, the whole of a life to its purposes. This year I began keeping a journal for reasons similar to those that motivated my nineteenth century counterpart: to document progress, yes, and to strive for self-improvement, but also to celebrate the mundane, the colds and blood pressure checks and childhood emergencies that fill my days, that keep me up to speed while I await the miraculous birth, the good death, the sustaining gratitude of my patients, and the lessons they painfully teach me about my own brokenness.

As the founders of family practice begin to step down, a new generation will inherit the farm. How will we manage it through harsh conditions? I hope we will choose, like our ancestors, to build courageously, with sound conceptions, with ideals that give common purpose to our work. I hope we will incorporate the basic materials handed down by our predecessors, aware of their intentions but at liberty to change with the times. And I hope we will leave something for our children's children, in trust funds and through our primary care research, in the stories we share, the journals we keep, and the connections we fashion that ultimately widen life's work and meaning.

Whither family practice? I see the question probing a spiritual domain. I pose it at a singular time when the first recruits to a family-styled medicine are coming of age in their own lives and careers. What difference does it make, this conjunction of the personal and the professional, as we struggle to make the necessary corrections? I would, this alone, that our politics, doctrines, and ideals be reflective of the *journee* — a day's work — in the lives of individual practitioners. Though at times we must operate in a career-minded, professionally detached, market-oriented manner, let the discipline remain — like the pilgrim's road to Compostela — a way of life.

So let us ask what kind of pilgrims we have become. Do we prefer to crusade against the "infidel Turks," these specialists or socialists or enemies by another name? Have we become preoccupied along the pilgrim's path, transfixed by our high purposes and loathe to look away from the pure institutional vision of salvation? Or have we sought a land of promise, on foreign soil, a land of growing older and knowing death, where self-doubt and loneliness alternately lead us between the twin risks of solitude and communion, and where we humbly hope to be loved by our families and respected in the community? Are we willing to stay close to patient care and stick to our practices? Have we yet found the sacred but not uncommon ground where someday — and not a distant day — we will come to rest before God?

References

1. Myers J, Simmons M, Pierce D. Santiago: saint of two worlds. Albuquerque: U of New Mexico Press, 1991.
2. Merton T. Mystics and Zen masters. New York: Noonday Press, 1989.
3. Hubka T. Big house, little house, back house, barn. Hanover and London: University Press of New England, 1984.
4. Kennedy R. Greek revival America. New York: Stewart, Tabori & Chang, 1989.
5. Kahn N Jr, Jackson SJ, Schmittling G, Ostergaard DJ, Graham R. Results of the 1993 national resident matching program. Fam Med 15; 8:511-6.
6. Stephens G. The intellectual basis of family practice. Tucson: Winter Publishing Co., 1982.
7. Meeting the challenge of family practice: the report of the Ad Hoc Committee on Education for Family Practice. Chicago: American Med Assoc, 1966.
8. Baughan D. Contemporary scientific principles and family medicine. Fam Med 1987; 19:41-5.
9. LaCombe M. What is internal medicine? Ann Intern Med 1993; 118; 5:384-7.
10. Dillard A. Teaching a stone to talk. New York: Harper & Rowe, 1982.