

Special Communications

Celebrating 25 Years

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Twenty-five years ago, the American Board of Family Practice was accepted as a member of the Advisory Board for Medical Specialties. This event was the culmination of a long and arduous struggle on the part of the founders of the Board. Much opposition within the ranks of the specialty, as well as from entrenched traditional specialists, had to be overcome. For the first time, general physicians were recognized as having qualifications that set them apart from other physicians.

It is indeed difficult to assess the impact of the creation and implementation of certification of family physicians. Today we are beginning to sense some of the major ramifications in the reformation of the health care delivery system in this country. I often ask myself, "Where would we be if there were no formal training programs and a system of certification?" In 1969 and the years preceding, the general practitioner was barely surviving, with as few as 5 percent of graduating classes choosing general practice. Some would claim that there would not be

any general practice if all the graduates could enter some other specialty training program. If the spirit of the general physician had been lost, would the nation ever be able to develop a quality health care delivery system?

The spirit of the specialty of family practice is represented in the symbol of the American Board of Family Practice (Figure 1). The upper half of the emblem is a palm tree representing a date palm, *Phoenix dactylifera*. The Latin name is derived from the ancient idea that if the tree is burned down or if it falls with age, it will rejuvenate itself and reappear fairer than ever. The palm tree symbolizes the new specialty of family practice arising from its heritage in general practice.

The lower left portion of the emblem represents the phoenix, an Arabian mythological bird.

This bird lives a finite number of years, then makes a nest of spices, sings a song, flaps its wings to set fire to the nest and burns itself to ashes. It then arises from the ashes with a new life. In this emblem, the phoenix symbolizes periodic recertification.

The lower right portion of the emblem is the traditional staff of Aesculapius symbolizing the medical profession. The Latin phrase below the emblem is *Palmam Qui Meruit Ferat* — "Let him bear the palm who has earned it." It was an ancient Roman custom to allow

victorious gladiators and out-standing soldiers to carry a palm leaf as a symbol of achievement of victory and respect. Thus, those who achieve diplomate status have earned the respect of all.

The ABFP has achieved a level of victory over its early opponents and currently enjoys the respect of professionals and lay public. This respect has been earned by firm commitment to rigorous standards and an unwillingness to compromise those standards, even in the face of severe criticism and political pressure.

At its 25th anniversary, the present and past directors of the Board enjoyed presentations by three distinguished physicians. Two of the presentations are presented here. The third was offered by Dr. Paul Brucker. He recounted for the attendees some important historical events in the development of the Board and in the first 25 years of its existence. We have chosen to reserve those details for publication in a complete history of ABFP to be published as a separate monograph in the near future.

Dr. Edmund D. Pellegrino, a widely known educator, scholar, and ethicist, was a close friend to Dr. Nicholas J. Pisacano, the Board's first executive director and secretary. Dr. Pellegrino



Figure 1. ABFP Logo.

has honored the Board by giving the First Annual Nicholas J. Pisacano, MD, Memorial Lecture. He addresses extremely important ethical issues and challenges us to provide leadership in the retention of the most revered qualities of a physician.

Dr. David Satcher, a family physician, has long been a leader in medical education and assumes responsibility for the directorship of

the Centers for Disease Control and Prevention. He addresses the issue of the responsibility of family physicians in community health and disease prevention.

These talks were received with great enthusiasm and were inspiring to all who attended. It is our sincere hope that the reader will likewise be educated and inspired to recommit to fulfillment of the ideals of our profession.