

A Eulogy for the Primary Care Physician

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We are gathered here today to bid farewell to a pillar of American health care—the primary care physician (PCP). The role of the PCP was born from a simple, noble idea: that every patient deserves a trusted doctor who knows their health inside and out, who guides them through the complexities of the medical system, and who fosters relationships not with charts, but with people.

This role grew from the heart of medicine itself, offering care that transcended physical ailments to address the whole person. The PCP was once the embodiment of trust, consistency, and comprehensive care, rooted deeply in the communities they served. Today, we mourn the passing of this figure, a victim of systemic failures that spread like an untreated infection, eventually ravaging the very core of the profession.

At its height, the role of the PCP was prestigious. Medical students aspired to it, drawn by the close bonds they could form with patients and the potential to influence health at a fundamental level. The PCP wasn't merely an individual with a stethoscope; they were a figure embedded in the fabric of their community. There was honor in the long hours, the packed schedules, the house calls. For many, the PCP represented not just a career, but a calling.

The symptoms emerged quietly, at first in rural and underserved communities.¹ The shortage of physicians was a whisper of what was to come. Unaddressed, the ailment spread. It was fed by a broken insurance system that prized procedures over cognitive work, and treatment over prevention. The work of PCPs was measured by metrics that didn't reflect their worth. They were marginalized in a system that revered specialists and the high-tech services that only hospitals could provide. They struggled to survive economically and emotionally.

To cope, PCPs did what they could: they saw more patients in less time, hoping to keep their heads above water. But working harder just delayed the inevitable and made the underlying ailment worse. The more they pushed, the more they wore themselves down, and the weaker they became.

And then came the most sinister part of the disease: burnout. Exhaustion, once a manageable ache, became a crushing weight. The constant pressure of

seeing too many patients, the administrative burdens, the endless paperwork—it all conspired to sap the PCP's lifeblood. Burnout was no longer an exception but the rule. PCPs found themselves feeling detached, emotionally exhausted, with little to give. They were doctors, but the healer's light within them dimmed.

And the cures? The ones that could have saved them? They were there—improved reimbursements, loan forgiveness, administrative relief—but they were ignored, as the patient deteriorated.²

An opportunistic infection signaled the terminal stage. Private equity, like a cunning virus, sensed weakness and struck. Driven by profit, private equity firms infiltrated health care, rapidly consuming practices, turning PCPs into mere cogs in the machine. They saw not doctors but businesses, not a calling but a profit center.³ The holistic, patient-centered care that defined the PCP was reduced to a spreadsheet calculation.

As private equity's grip tightened, medical students and residents turned away from primary care. Plagued by increases in medical school tuition and rising interest rates, they saw the writing on the wall.⁴ The prestige of primary care was gone. It promised nothing but pain, burnout, financial strain, and disrespect. Slowly but surely, the vital signs of primary care grew fainter.

The time came when only one resident in all graduate medical education programs chose a career in primary care. And just like that, it slipped into history, leaving an empty space at the heart of the profession and the health care system.

The story of the PCP is a story of opportunities missed, of remedies ignored, of a system that allowed a treatable contagion to spread unchecked. Today, we mourn not just a profession but the spirit of care that it embodied. Let us remember the PCP, not for the way they ended but for the life they lived—one dedicated to healing in the truest sense of the word.

The PCP is survived by the independent physician assistant, nurse practitioner, and generative artificial intelligence.

References

1. Zhang D, Son H, Shen Y, et al. Assessment of changes in rural and urban primary care workforce in the

- United States from 2009 to 2017. *JAMA Netw Open*. 2020; 3(10):e2022914. doi:10.1001/jamanetworkopen.2020.22914
2. Blumenthal D, Gumas E, Shah A. The failing U.S. health system. *N Engl J Med*. 2024;391(17):1566-1568. doi:10.1056/NEJMp2410855
 3. Kelman B, Farmer B. ERs staffed by private equity firms aim to cut costs by hiring fewer doctors. *NPR*. Published February 11, 2023. Accessed June 23, 2024. <https://www.npr.org/sections/health-shots/2023/02/11/1154962356/ers-hiring-fewer-doctors>
 4. Kraus MB, Hasan SH, Buckner-Petty SA, et al. Out-of-state students at state medical schools and increasing

medical education debt. *Acad Med*. 2023;98(5):595-605. doi:10.1097/ACM.0000000000005079



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