

To the Editor: Reports of My Death ...

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... are greatly exaggerated.

It was with great fascination that I recently read my obituary.¹ I had just seen a clinic of patients that I have cared for over many years—patients I had celebrated the births with, helped kick a smoking habit, or followed through knee surgery and its complications. Most I have laughed with. Several I have talked baseball with. Some I have cried with.

It is not the first time I have been pronounced dead or dying.² It will not be the last. To be fair, there were accurate statements. The long-standing need for payment reform that has kept primary care physicians underpaid truly has taken a toll. Compounded with rising student debt, it has made primary care unappealing to many who may have considered it.

I agree that any prestige primary care enjoyed has been tarnished. Few ever signed up for the field for prestige. Marcus Wellby is the closest primary care ever came to icon status. Yes, burnout in primary care is high—burnout is high in all specialties. It is not the work itself leading to burnout, it is the volume of work and the relative lack of compensation.³ Yes, I will admit primary care is struggling.

Other claims I feel were inaccurate. Providing primary care to every American will take a large and diverse team. Nurse practitioners and physician assistants will be necessary and valued members of this team. On any good team, each member performs their role well and knows how to rely on teammates when appropriate. The primary care physician will be the most trained and experienced member of this team and will therefore be a natural team leader.

Artificial intelligence (AI) will be another team member. AI retrieves medical facts and creates differential diagnoses faster than I can. AI will not explain the impact of a new diagnosis to a patient in the personalized and compassionate way that I do. AI will not fist bump in celebration of new grandchildren or hold the hand of a mourning spouse.

Most inaccurate was the assumption that the last, or close to the last, learner has chosen to enter primary care. I have taught medical learners for more

than 2 decades. The raw numbers entering primary care have ticked down. However, the character of those pursuing primary care has not changed. I see intelligent, compassionate, and idealistic learners following the path I followed. Large numbers of altruistic learners continue undaunted by lower pay and the dire warnings of burnout—learners who tolerate higher levels of uncertainty, embrace complexity, and value prevention, who want to build long-term relationships with patients. Every year bright young doctors proudly assume the moniker of primary care physician.

Primary care has repeatedly been shown to be the best medicine.⁴ With some well-reasoned policy changes, primary care can thrive again. This will take hard work, resilience, and continuous advocacy—not throwing up our hands in surrender.

I am still here, and do not plan on going anywhere.

References

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