

An Insubstantial Pageant Faded

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In April 2010, I became the fourth editor of and published my first editorial in *Family Medicine*. In that essay, I stated, “a scholarly journal can be viewed as the written diary of an intellectual community, organized by a set of cultural rules.”¹ So I have had the 12-year privilege of reading the diary of academic family medicine. In 2010, we received a total of 305 new submissions; in 2021 the total was 625. If you count revised papers, I have read about 7,000 papers, essays, and letters to the editor offering me a unique perspective on the work of family medicine educators and scholars. Many of these submissions were never published, but the list also contains many important contributions to our discipline. Throughout this period, I have had the privilege of working with Deputy Editor Chip Mainous, PhD, a talented group of 12 different associate editors, three editorial managers, and nine medical journalism fellows. I am grateful for their friendship and support and for the work of scores of people who have served on the journal’s editorial board during my tenure. But I am most indebted to the authors who have trusted our team with their work, to hundreds of our colleagues who have served without compensation as peer reviewers, and to those who read each issue of the journal.

Reflecting on the 120 issues I have edited, several highlights come to mind. In November 2010, we published a special issue on rural health in America with Andrea Wendling as the guest editor.² It is sobering to read this issue today because the challenges of caring for rural communities have become more dire in the intervening years. In January 2011 and February 2016, we published festschrifts (retrospective tributes) to the scholarship of two of

the giants of family medicine’s founding generation: Gayle Stephens and John Geyman.^{3,4} We featured a series of papers on the importance of narrative writing in the January 2013 issue that included papers by some of family medicine’s most talented essayists.⁵⁻¹¹ In April 2017, we published an issue dedicated to STFM’s 50-year anniversary,¹² and in January 2019, we published a theme issue on racism in medical education under the leadership of our medical journalism fellow Bich-May Nguyen, MD, MPH.¹³ More recently, our July 2021 issue was published in collaboration with the American Board of Family Medicine to describe a new vision for the future of family medicine residency education at a time when the Accreditation Council for Graduate Medical Education is creating new family medicine requirements.¹⁴ On a personal note, our journal has also been the cornerstone of my career as a scholar. One hundred five of my 163 publications in peer reviewed journals have been published in *Family Medicine*, including 10 president’s columns and 71 editorials.

My tenure as editor ends with this issue, but more significantly to me, my professional career ends as well. I will retire after 40 years as a family physician at the end of May 2022. Thirty-six of those years have been spent at Oregon Health and Science University (OHSU), where I have served as a residency director, family medicine department chair, assistant dean for primary care, and assistant vice president for regional education. I have been elected president of the Oregon Academy of Family Physicians, the Association of Family Medicine Residency Directors, and the Society of Teachers of Family Medicine, but I am more gratified that my former

residents and students have been elected to each of these roles as well. Our department at OHSU has grown from a faculty of eight to become one of the nation's best departments, now with 207 faculty members. Most importantly, I have been blessed to care for the same small panel of families, many of them multigenerational, for almost four decades. I delivered babies until 2019 and cared for hospitalized patients through the HIV and COVID pandemics. I have visited patients' homes, followed their care in nursing homes, and attended their funerals, always trying to embody the ideals that first attracted me to our discipline as a medical student in the 1970s: that full-scope generalist practice and personal doctor-patient relationships are values that should not be lost to American medicine. Since I am in excellent health, one might ask why I have chosen to stop now. Being a full-scope family physician is the most intellectually demanding path a physician can choose. Continuous honing is required to keep our clinical skills sharp. Maintaining hospital privileges, board certification, medical licensure, health plan certifications, and continuing education is a constant struggle against the entropy of mediocrity. Over the course of my career, I have read every issue of seven medical journals, attended hundreds of continuing education programs, and been continuously certified in multiple life support courses. At my career stage, many choose to narrow their practices or simplify their responsibilities. That is not the path for me. The work required to remain the kind of family physician I have been now distracts me from the many other things I want to read about, learn about, and experience. At this point in my life, medicine requires more of my attention than it deserves. If I cannot

do this work at the highest level, it is time to stop—to leave not a rack behind.^{15,16} My career has been a professional life well lived, and I have few regrets. But there is much more to life than our profession.

So, this is my last paper. I've said what I have to say. I hope some of it has been useful. I've done my best.

References

1. Campagna V. A new era for case management: field research makes the case for case managers in care coordination. *Prof Case Manag.* 2010;15(5):234-236. doi:10.1097/NCM.0b013e3181f5a7e9
2. Wendling AL. Dedicated issue on rural health: inspiration, celebration, and a challenge for the future. *Fam Med.* 2010;42(10):690-692.
3. Geyman JPG. G. Gayle Stephens festschrift. *Fam Med.* 2011;43(1):7-12.
4. Scherger JE, John P. Geyman festschrift. *Fam Med.* 2016;48(2):91-94.
5. Geyman JP. Why do we write? *Fam Med.* 2013;45(1):40-41.
6. Frey JJ III. There are tears of things (why I write). *Fam Med.* 2013;45(1):42-43.
7. Candib LM. Writing is like touch. *Fam Med.* 2013;45(1):44-45.
8. Stein HF. Why I write: reflections from 40 years of clinical teaching and writing. *Fam Med.* 2013;45(1):46-47.
9. Phillips WR. Learning by write. *Fam Med.* 2013;45(1):48-49.
10. Ventres W. Why I write. *Fam Med.* 2013;45(1):50-51.
11. Fogarty CT. Why I write. *Fam Med.* 2013;45(1):52-53.
12. Fifty-year anniversary issue. *Fam Med.* 2017;49(4):257-313.
13. Dedicated issue on racism in medical education. *Fam Med.* 2019;51(1):5-60.
14. Newton WP, Mitchell K. Re-envisioning family medicine residency education. *Fam Med.* 2021;53(7):487-489.
15. Shakespeare W. *The Tempest*. Act IV, Scene i.
16. *The Tempest*. Shakespeare Resource Center. Accessed February 21, 2022. <https://www.bardweb.net/content/readings/tempest/lines.html>