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EDITORIAL

Unresolved Intergenerational Issues

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The Keystone III Conference was held October 4-8, 2000, as a structured conversation about the current state and future of family medicine.[1,2] Inspired by prior conversations organized by family medicine pioneer G. Gayle Stephens, MD, in 1984 and 1988,[3] Keystone III stimulated the Future of Family Medicine Project, which aimed to "transform and renew the discipline of family medicine to meet the needs of patients in a changing health care environment."[4] This project, in turn, influenced the genesis of the patient-centered medical home[5] and affected the course of US family medicine organizations' efforts over the past decade. A widespread feeling still exists, however, that the work of renewal and transformation is not yet finished—that some precious ideals must be retained or reinvented, even as the Affordable Care Act moves health care change forward at an accelerating pace, and diverse new approaches to health care emerge. In fact, a Future of Family Medicine 2.0 already is underway.[6]

Perhaps the most vital aspect of the organization of the Keystone III conference was its purposeful multigenerational assembly. The conference was ordered around 8 papers presented by pairs of authors from different generations.[2] The pioneers who largely came out of general practice to start the academic discipline of family medicine were reverently referred to as Generation I. The settlers, who largely trained in the residencies that Generation I had set up, were now in practice, leadership, or academic positions. They were called Generation II. Generation III were the young family physicians who either were in training or newly in practice or teaching at the turn of the 21st century. The great value of the intergenerational organization of the conference will be apparent to anyone with experience with multigenerational families, where the wisdom and mischief of experience reaches a flash point with the mischief and insight of youth, and the connections that can occur between grandparents and youngsters. The middle group is often tasked with balancing and operationalizing the competing threads of dialogue.

For us, the major unresolved business of Keystone III was an intergenerational conversation that remained unmined for its gold.

A crystallizing event occurred as a senior leader gave his usual brilliant summary of one of the papers and discussion, hoping to lead participants into a break on a thoughtful note. As part of his summary, he said: "We might find, that as we become less willing to be available to our patients 24/7, our moral authority is diminished." As everyone started to get up to go, a Generation II participant from the back row jumped up, grabbed a microphone, and shouted, "How can you say that! How can you say that to be a good family physician I have to be an absentee father, and an unavailable spouse, and not have interests outside of medicine?" As people continued on to their conference break, and in small conversations at mealtimes, the need to reconcile these two perspectives became a focal point. But those conversations were never publicly vetted and certainly were never resolved.

Into this unsettled space comes a paper that the Generation III participants wrote shortly after the Keystone III conference, but never published, and which will, we hope, restart that essential, lingering conversation in preparation for the next period of examination and renewal. In this issue, we publish it with minor editorial changes,[7] and publish the reflections of its authors who are now in mid career almost 14 years

later.[8] We also publish a piece by our Editorial Fellow, Kate Rowland, calling the current new generation to a conversation about what is important and what will undoubtedly be passionate.[9]

We need the wisdom of our founders, who worked in demanding community environments with little respect from medical schools but who persevered to bring the discipline into being. We also need the discernment of the coming generations to help find a different way that works in the current environment, while advancing the shared values that established and defined the coming of family medicine. New ways may well be healthier for both patients and for their family physicians, as well as for the families, teams, and communities in which they live and work. But those ways are, on the whole, untested, and they need to be as adaptive and varied as the communities in which we work. We invite you to join the reflection and the conversation at www.annfammed.org/content/12/1/6.

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EDITORIAL

The Voice of the New Generation of Family Physicians

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In 2000, three generations of family physicians met to discuss the state of family medicine at the Keystone III conference. Generation I were the founders of the specialty, Generation II were those actively establishing and advancing the field, and Generation III represented the newest family physicians at the time. At Keystone III, the Generation III physicians drew together to write about what it meant to be a family doctor and what challenges they saw facing the field of family medicine.[1] In the years since, Generation IV has come up in the specialty. We were in medical school, in college, or in our previous careers in 2000. Now we are ready to introduce our generation and add our voices to the important discussions happening on all levels of family medicine. Although we look to Generations I, II, and III for wisdom and experience in weathering large-scale changes, it is time for us to draw on our own new ideas to effect that change and move into action.

Generation IV shares Generation III's respect for the traditions that built our specialty, and we are grateful for the generations of family physicians who created the philosophies and standards of family medicine that attracted us into the field. As Generation III predicted, we are more diverse than ever.[2-4] New family physicians today are more likely to be members of an underrepresented minority group or to be women (or both) than the family physicians of each previous generation.

Expanding on previous generations' work, Generation IV family physicians have infiltrated every access point that patients have into our health care system; you can find us in primary care offices, in hospitals, in emergency departments, and in urgent care centers.[5]