Remembering Ian McWhinney

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BACKGROUND: Ian McWhinney, MD, who passed away 1 year ago this month, was a founder of family medicine in North America. As a social philosopher and a naturalist, he had a great influence on the development of family medicine.

(Fam Med 2013;45(8):539-40.)

Back in 1974, as a third-year medical student, I made the counter-culture decision to go in to family medicine. My father wrote me a letter and said that I was not fulfilling my potential. I needed intellectual reinforcement. It came in an article in the New England Journal of Medicine, “Family Medicine in Perspective,” by Ian McWhinney, MD.1

Having decided to devote my career to helping people rather than unlocking the secrets of medical science, McWhinney’s opening hooked me in:

Family medicine is part of the process by which medicine adjusts to the changing needs of society. Family physicians have in common the fact that they obtain fulfillment from personal relations more than from the technical aspects of medicine.1

Ian McWhinney started his career as a general practitioner in England in 1954, practicing with his father. He became curious about the way patients presented and the thinking patterns in general practice. Following a rich tradition of observational scholars among British general practitioners (he had a special interest in the work of James MacKenzie), he wrote down his observations in his first book, The Early Signs of Illness: Observations in General Practice in 1964.2 It is out of print, but I am grateful to Amazon.com for finding a used bookseller in England to get a copy.

McWhinney’s career was also inspired by an article in the New England Journal of Medicine, this one by Robert Haggerty, describing postgraduate training in a new specialty of family practice.3 He applied for and was given a Nuffield Traveling Fellowship to the United States, where he spent 8 weeks in a fellowship in family medicine with Robert Haggerty at Harvard, 1 year after Lynn Carmichael, the founder of the Society of Teachers of Family Medicine. He visited a variety of locations in the United States and Canada that were beginning postgraduate training in what was emerging as a new specialty.

The life-changing decision came as an offer to become the first chair of family medicine in Canada in 1968 at the University of Western Ontario. He was 40 and had a family that needed convincing to move to North America, and leaving his father was very difficult. His sense of mission to advancing family medicine won out.

From the beginning, McWhinney promoted clinical observation leading to clinical research. McWhinney referred to the natural history of disease as the basic science of medicine. He wrote about the naturalist tradition in general practice:

For me there have been two great satisfactions of medical practice. One has been the depth of human experience which, as physicians, we are privileged to have. The other has been the satisfaction of observing patients with illnesses of all kinds, in their own habitat, and over long periods of time. This is the satisfaction experienced by all naturalists.4

McWhinney’s opus came in his single authored A Textbook of Family Medicine in 1981 with a second edition in 1997.5 The book was an alternative to the textbooks that aimed to cover the field of knowledge in family medicine. McWhinney’s aim was to define and conceptualize the field, which he did eloquently. Half of the book is devoted to the basic principles of family medicine, and the second half applies these principles to

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the treatment of common clinical problems.

Canadian family physicians revere Ian McWhinney as their Osler.6 To the US founders of family medicine, he was a guiding light that both inspired and served as a kindred spirit. McWhinney championed the exceptionalism of family medicine in a social context. The overlap between the writings of McWhinney and Gayle Stephens, MD, are not an accident; both served as the early social philosophers of the specialty.

Ian McWhinney passed away 1 year ago this month, the occasion that prompted this editorial. His passing was not widely known in the United States last year, yet his influence lives on.

John Frey, MD, and William Ventres, MD, interviewed McWhinney in 1991 and 1992, obtaining an oral history published in part in Family Medicine.7 These are his words and are well worth reading again. With managed care taking off in 1992, McWhinney realized that the old questions about general practice and family medicine need to be “reframed” since they are not answerable in the new framework. We are at such a time today with information systems and a new biology.

With the mapping of the human genome and the brain as an electrochemical grid, biomedical reductionists are having a heyday. Hence the controversy about whether the new Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is scientific enough because it lacks a biochemical basis for mental disorders. The human spirit is not simply biology, and illness behavior is heavily influenced by experience. Our chemicals are the often the effect rather than the causal basis of disease. We need more Ian McWhinney’s to develop what he called the synthesis between science, technology, and art in medicine, not just family medicine but all of medicine.

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References