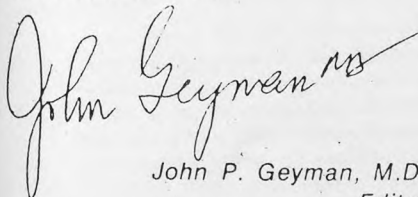


“Don't Say It— Write It Down!”

can motivate and prepare future family physicians for practice in urban, suburban and rural practices. The involvement of practicing family physicians in teaching programs is critical as role models for students and residents, for reality testing and for much needed input into the curriculum and teaching process. The practicing family physician likewise has much to gain from involvement with academic programs, such as opportunities for continuing medical education, exposure to newer methods to improve quality of care, and increased practice satisfaction through expanded clinical capabilities. There are wide horizons open to needed research in family practice, much of which is in relation to the study of various aspects of primary care of families in the community. Practitioners and teachers of family practice are inter-dependent, and the future of this specialty requires a balanced development in the clinical discipline, teaching and research. Ultimately, we have the same overall goals of meeting societal needs for the best possible quality of personal and comprehensive care of families, which will require education of more family physicians, better definition of our discipline, development of a literature and research base, and the evolution of our specialty consistent with changing patterns of medical care. *The Journal of Family Practice* seeks to assist in articulating and sharing new developments in family practice which can build excellence in this specialty in patient care, education and research.


John P. Geyman, M.D.
Editor

It is high time in Family Practice to stop talking so much and begin recording, analyzing and cross-examining the data available from our discipline in medicine.

Because family medicine is a specialty of *function* (it is not what you do — it's how you do it!) rather than a specialty of content or specific skills, it appears to some that research is impossible and facts are hard to come by. Not so, as the new body of Family Practice literature is proving. Although milligrams and microscopes are seldom mentioned, many new denominators are appearing. Patient-hours, cost-effectiveness, and doctor-patient relationship are being equated and tabulated. Many of our everyday functions can be analyzed so that productive data can be established not only for the type of care, but also for the *quality* of care.

As a full-time practitioner, I welcome this "scientific" intrusion into what I have always felt was excellent medical care. I hope we can all join in this new surge to document this body of knowledge of Family Practice by cooperative efforts. We should take an interest in the studies being done and begin to make our own contributions to the literature.

As practicing physicians, what we need is balance. Everywhere balance is being sought — by environmentalists, economists, minority groups, and now even in our medical schools. I would like to quote Rashi Fein, PhD, an economist, from a recent article concerning the search for balance in medical schools:

"Patients seek care for various reasons, and although none of us would suggest that sympathy, humaneness, alleviation of pain, and concern are substitutes for cure, we dare not ignore these elements of patient care and consider them val-



Dr. J. Jerome Wildgen

unless. Thus, to argue that we should go off to the laboratory because we cannot cure is to totally ignore the patient's needs and desire for care. If we are all searching for cures for the next generation, who will care for this one?"

This statement hits us right where our expertise lives! Be brave — don't just talk about it — write it down! If you don't think you know how to write, read the new literature and see how the valiant few are beginning to gather this much-needed body of literature to verify the validity of family medicine as a discipline of modern medicine.

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¹Fein R. Tensions in medical education: the search for balance. *Ann Intern Med* 80: 651-656. 1974.