Ambulatory Medicine as a Career Option

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In a recent article in the *New England Journal of Medicine,* Proger proposed the development of a new kind of primary care physician strictly confining his practice to the care of ambulatory patients while serving in a triage role as the entry point to our health-care system. He advocates a shortened form of medical education for such physicians involving early career selection following graduation from high school, a six-year pathway through college and medical school, and a one-year period of graduate training with little exposure to bedside teaching and the medical problems of hospitalized patients.[1] This kind of proposal discounts the progress and projected value of other approaches to training primary care physicians currently underway and fails to adequately make the case for developing yet another approach to the acknowledged need for more primary care physicians. Perhaps more important, such a proposal greatly underestimates the breadth and depth of clinical training required to become a competent primary care physician.

The sharp separation of medical careers into community-oriented ambulatory care and hospital-based intensive care of acutely ill patients would involve serious problems both for medical practice and medical education. The creation of a system with built-in discontinuity between ambulatory and hospital patient care could be expected to jeopardize the quality of care, increase its cost, decrease patient compliance, and further depersonalize care. Although it is theoretically possible that the ambulatory care physician could transmit all necessary medical information to the hospital-based physician regarding each hospitalized patient, this would not be likely to happen in everyday practice. It is more probable that hospital care would be further overutilized, significant medical problems would be overlooked, unnecessary studies and procedures performed, and the patient further confused by relating to an unknown physician at a time of major personal crisis. Although research on the impact of continuity of care is still embryonic, studies have already been reported which indicate that cost of medical care, as well as patient satisfaction and compliance, are adversely affected by lack of physician continuity.[2-4]

A substantial proportion of in-hospital clinical problems are within the competence of well-trained primary care physicians, as produced by existing and developing programs in family practice, internal medicine, and pediatrics. In the case of more complex or unusual problems requiring the consultation or care of another specialist, the primary care physician will often enhance the quality of care by continuing with the care of concurrent medical problems and/or otherwise supporting the patient through the period of hospitalization. A shift of primary care education to exclusively ambulatory practice through a prematurely selected pathway could well lead to a decreasing interest among medical students in this important area of practice, could produce lesser-trained physicians ill-prepared to provide primary medical care of high quality, and would remove these physicians from a vital source of their own continuing medical education – the hospital.

While continued explorations for better ways to train future primary care physicians are yet needed, we must not be diverted by shortcuts which would compromise their quality and their capability to meet the needs of their patients. The medical profession itself has a responsibility to incorporate continuity of care into an evolving health-care delivery system. The patient will be the loser if he is solely responsible for the continuity of his own care. It is critical that we continue to define primary care and the primary care physician more broadly than the ambulatory setting.

References

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