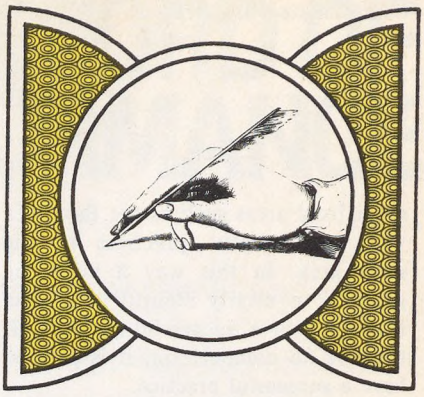
Letters to the Editor



On Obstetrics in Family Practice

To the Editor:

I am writing to respond to Dr. Klein's comments on our paper in a recent edition of the Journal *(J Fam Pract 4:185, 1977).*

During the training time of the individuals in the practice we studied *(Mehl LE, Bruce C, Renner JH: Importance of obstetrics in a comprehensive family practice. J Fam Pract 3:385, 1976)*, there were no family practice residencies. Their background was a rotating internship. Since most family physicians practicing today have this kind of background (although this is changing), it would seem that this is a reasonable way to study practice characteristics. A common way to think about the content of family practice residencies is to study actual practices (whether or not the physicians graduated from a family practice residency). I would agree with Dr. Klein that it would be very interesting to contrast practices composed of individuals having had family practice residencies with individuals trained in rotating internships. Obviously age would have to be controlled for. This is a separate issue, it would seem to me, and not having done this does not prevent us from considering the implications of the data.

Dr. Klein interprets our Table 1 as indicating that those physicians who were secure in their full role of family physicians were happy, while those who were not secure were unhappy. This seems a reasonable interpretation – although one among several. Because all of the physicians began their practices with similar ideas and enthusiasm (although this is based on their recollections of themselves and on superficial questions, at that – not a thorough personality assessment), it would seem that things changed for them during their practice. The unsatisfied physicians indicated that what bothered them, among other things, was that they were not seeing families and not providing continuous care, but episodic.

The backgrounds of these physicians were grossly similar. The sample sizes were large enough to use the chi-square technique. The differences between the groups may have related to subtle attitudinal differences.

If the family physician cannot compete in a "buyer's marketplace" such as the San Francisco Bay Area, then perhaps there is no need for family practice. We should just train more primary care obstetricians, pediatricians, and internists. Presumably, family practice offers something health-care consumers want. If this is not the case, then perhaps we need to modify our ideas of primary care and family practice. It would seem to me that one of the most interesting ways to understand family practice is to compare successful practices in over-doctored, over-

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