

# On the Developing Research Base in Family Practice

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Family practice as a specialty arose on a different basis than most other clinical specialties in medicine. Most fields have developed to encompass new areas of knowledge and/or technology. A majority of the other specialties developed during the period between 1920 and 1950 when the trend toward biomedical research and specialization was particularly active. Family practice, on the other hand, developed in direct response to a broadly perceived lack of adequate primary care, before an active research base was established.

In 1966, McWhinney outlined the essential criteria required for the definition, development, and survival of any specialty, including an active area of research.<sup>1</sup> The first phase of development of family practice has necessarily dealt principally with the organizational, curricular, and logistic aspects required to establish teaching programs. There is now, however, an increasing awareness of the importance of research in the field, and substantial progress is being made.<sup>2,3</sup>

Numerous basic issues are involved in the process of building an ongoing research effort in a new clinical specialty. There are questions about the content and focus of research in family practice, and how these relate to teaching and patient care. There are questions about appropriate methods for carrying out research in the field, and how these relate to other traditional approaches and methods of clinical investigation. There are additional questions about how teaching programs and practicing family physicians in the community

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can become involved in research, and how collaborative and consultative linkages can be established both within family practice and with related fields, such as epidemiology and biostatistics. Then there are questions about how family physicians and others involved in the developing discipline can develop the knowledge and skills required to conduct original work in the field.

Although these and related questions cannot be fully and definitively addressed at this stage of the "state of the art" of research in family practice, it is the goal of this monograph to make a start in this direction. The specific objectives are threefold: (1) to outline the context for research in family practice and to illustrate basic approaches and methods for research in this context; (2) to present approaches and methods which are generalizable to various settings and to provide references and appendices to guide further efforts; and (3) to develop an integrated monograph which can assist in facilitating research in the evolving specialty of family practice.

The initial focus of this monograph is on more general issues, such as how research in family practice relates to patient care and teaching, as well as to other research traditions in medicine and related fields. The various major steps in the *process* of research will next be outlined, with an emphasis on illustrative examples of actual studies and methods. Finally, attention will be directed to the role of the family physician in research, and how cooperative and collaborative relationships can be established to facilitate research in both university and community settings.

The development of an active research base in family practice will require a new kind of "mind set" of critical inquiry, with a particular focus on common clinical problems of individuals and families in the community. The family physician must play a central role in identifying and pursuing researchable questions, drawing on other disciplines for help as needed. Research in family practice cannot be delegated to nonclinical researchers, and cannot be meaningful without the combined efforts of the university and the "real world" practice community.

Kerr White sees Western medicine on the threshold of a renaissance in clinical research, not so much at the bedside and in the laboratory as in ambulatory care in the community. He views primary care research as a "long-neglected frontier

of research that is fundamental to a better understanding of the origins of ill health and the conduct of further basic biological and psychological research." White also draws a close parallel between the primary care physician and the naturalist: "In research, the naturalist observes and describes, the naturalist identifies patterns and associations and distributions; less frequently does the naturalist undertake definitive experiments. Although both have their place, medicine urgently needs the wonder, curiosity, and observational powers of the naturalist, as much as, perhaps now more than ever, the mathematical certainty of the physicist or engineer whose methods and concepts have done much to advance the technological side of medicine."<sup>4</sup>

Research in family practice is at an embryonic but promising stage. The horizons for useful research are wide, and basic research tools are now generally available. The quality and energy of this research are vital to the more precise definition of the academic discipline of family medicine and to the continued development of the specialty of family practice. The challenge now at hand is to raise the priority for research and to integrate active research efforts into teaching and patient care.

#### References

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