

# FROM THE EDITOR

## Taking JFP into the 21st Century

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This is an exciting time for family practice. In just over two decades we have evolved from a counterculture movement in medicine to the acknowledged foundation of the health care system. *The Journal of Family Practice*, like our discipline, has come far in two decades. When John Geyman founded the Journal in 1974, he envisioned it to be the "source of original work in the discipline." He conceived and launched a scholarly publication that would look critically at our specialty and develop a knowledge base that would support practice, teaching, and research in family practice.<sup>1</sup> Through the sheer force of this vision, Dr Geyman conceived, delivered, and nurtured the Journal through its infancy, and by the time he stepped down, it had become the journal of record for research in family practice.

By the 1990s family practice was entering a new era—in practice, research, and teaching. Having become "legitimate" in the major academic health science centers, family medicine was asked to assume larger roles in training medical students, and was beginning to be widely recognized as the primary care specialty that would undergird the health care system in the 21st century. The time pressures on our discipline have intensified, and yet our commitment to research has not faltered. Our research continues to be strong and credible, and slowly we are building the knowledge base necessary to bring caring and science to bear on most problems most people have most of the time.

When Paul Fischer took over the editorial responsibilities in 1991, he set about to further the role of the Journal as a strong and credible voice that would challenge assumptions, take risks, and articulate innovative solutions.<sup>2</sup> Despite the rapid change in the health care environment and the economic climate in which most journals live, Dr Fischer held true to the principles of primary care practice and research and plotted a clear course for the Journal that has prevailed in uncertain times.

I consider myself extremely fortunate to follow these two pioneers of family practice and to assume the responsibilities as the third Editor of the Journal.

Although there will be new challenges, the Journal is in an unusually strong position. My charge is to further strengthen the Journal and enhance its contribution to the knowledge base of our discipline. I plan to do this with emphasis in four areas.

First, the Journal will continue to clearly articulate the principles of primary care practice and research in a rapidly changing health care environment. It will publish innovative ideas that question conventional wisdom—even our own. This will be important as the health care system continues to evolve. Over the next decade we will see rapid change in the organization and delivery of health care, driven by multiple, and often contradictory forces. Against a backdrop of dramatic and startling change, the Journal will continue to publish research and commentary that reflects our uncompromising allegiance to the principles of primary care practice and research.

The Journal will continue to publish research that builds a scientific foundation for family practice. We must remember that our research, just as our practice, must be guided by the problems our patients bring to us, not by our technology or by our favorite research methods. We must not succumb to the temptation to follow where our research tools take us; rather, we must go where our patients take us and bring along the methods that best address the questions. Consequently, our research like our practice will encompass many clinical topics and will employ many methods. It is difficult, and inappropriate, to compare our body of research with that of our subspecialty colleagues. Ours by our generalist imperative will be more eclectic. In our research we are still very much a counterculture in medicine. Over the next decade I expect to see innovative research methods applied to the fundamental processes inherent in the health care relationship; how patients decide to seek care, how doctors and patients identify and frame the problem, how they make decisions about care, and how they communicate their concerns, beliefs, and uncertainties. I also expect to see more research on the therapeutic

effect of the doctor-patient relationship.

The Journal will continue to unite practice and research. The more than 20 practice-based research networks currently active in family practice have shown us that this can be done and can produce high-quality research that is useful in practice. However hard we academics and researchers try, we can never match the depth of understanding of the critical clinical and interpersonal issues of practicing family physicians. We must find new and more efficient ways to marry the wisdom and insight of the practicing family physician with appropriate methods of inquiry. We must also influence the rest of medicine in a similar way—to better understand the problems patients have, not just the problems we think we can treat. I believe the Journal can be an important catalyst in this process with effects felt far beyond family medicine.

Finally, the Journal will continue to explore new strategies for disseminating knowledge to practicing family physicians and researchers. The growth and evolution of the JFP Home Page and the JFP Journal Club on the World Wide Web (<http://www/phy-mac.med.wayne.edu/jfp/jfp.htm>) has been impressive. The possibilities offered by the rapidly evolving information technology to further the mission of the Journal boggles the mind. I expect that by the year 2000 we will be considering a very different array of print and electronic media to distribute information to practicing family physicians.

To further the mission of the Journal, I have exercised a new Editor's prerogative to reassemble the Editorial Board. I have asked a number of leaders in family practice to join me on the Board. I have increased the number and proportion of practicing family physicians and have specifically sought out those in our discipline who are on the cutting edge of

uniting research and practice in family medicine.

Joining me in the Editorial Office are three Associate Editors. Drs Frank Reed, Ned Calonge, and Colleen Conry are well known for their own research, practice, and teaching. They will provide the Editorial Office with important balance and an expanded view of the role and responsibilities of the Journal. Each is an acknowledged leader in important areas of practice and research in family practice. Together with Eva Marie Pederson (Editorial Assistant in Denver) and Pat Delano (Managing Editor in Stamford, Connecticut), we will strive to create a friendly and efficient interface with the Journal for reviewers and authors.

We are updating our database of reviewers for the Journal. The strength of the Journal certainly lies with the many who diligently review manuscripts submitted for publication. We are especially proud of the obvious dedication of our cadre of reviewers, who deserve most of the credit for the scientific integrity of material published in JFP. Please take a moment to become a JFP reviewer, or update your information by returning the information sheet for reviewers on page 322 of this issue.

The next decade will bring new challenges as the very structure of the health care system changes, creating both threats and opportunities to advance our fundamental mission of taking care of the problems people bring to us. This will be an exciting time, and the Journal is certain to be a major player. I hope you will join us in this adventure as contributors, reviewers, and especially as readers of the Journal.

#### REFERENCES

1. Geyman JP. Expanded literature base as a critical need in family practice. *J Fam Pract* 1971; 1:4.
2. Fischer PM. Evolution of a specialty journal. *J Fam Pract* 1991; 32:31-2.