

Correspondence

Re: Home Visits and the Social Context

To the Editor: The article by Peterson and colleagues¹ and commentary by Hamrick² outline the “shape” of physician house calls at this point in time, and Hamrick raises compelling reasons to broaden the practice, particularly in the coming era of health care reform. House calls make sense for any number of economic and quality of care reasons. But house calls also make sense in helping to remedy the social ignorance of physicians about the lives of our patients. Physicians, who predominately come from one social class,³ need to learn how our patients who struggle with financial and social as well as medical obstacles live their lives.

When I visited Japan this year and learned that Japanese general practitioners spend up to a third of their daily visits as home visits, I was, to be honest, surprised. When I told the Japanese residents whom I was teaching that American Academy of Family Physicians data show that U.S. family doctors do, on average, less than one house call per week, they expressed amazement. They asked me, “How do you know anything about your patients’ lives if you don’t make house calls?” How, indeed? The answer is that we don’t, or that we understand our patients only in the context of offices and hospitals where we arrange the pictures, we set up the furniture, we stock the fridge, and we feel powerful and comfortable.

Real patient- and family-centered care requires understanding the context of our patients’ lives on our patients’ terms. To do this, we need to demand organizational and payment reforms that are necessary to help us bring that context into our care. We also need to demand that any “new models” of primary care graduate education require substantial, not token, involvement with our patients in the community where they live. House calls may also teach us necessary humility about how our office admonitions relate to the complex, rich, and eventful lives our patients live in their “real world,” not our office examining rooms.

John J. Frey, III, MD
Department of Family Medicine
University of Wisconsin, Madison
jfrey@fammed.wisc.edu

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The above letter was referred to the authors of the article in question, who offers the following reply.

Response: Re: Home Visits and the Social Context

To the Editor: Dr. Frey’s¹ excellent comment adds an additional argument for house calls. How can we know our patients if we do not know their life circumstances? House calls are a great opportunity to teach our residents cultural competence by immersing them into the culture of their patients and community. House calls are far more commonplace in other cultures and countries. In Japan, as well as in France, house calls are legally required of physicians. In my native Germany, house calls to patients with limited mobility are legally required of primary care and specialist physicians.² All these countries rank higher than the United States in quality of medical care, and their populations have greater longevity.³ As outlined in the commentary,⁴ the evidence supports house calls for reducing hospital readmissions, length of stay, nursing home placement, functional decline, and mortality. House calls may just be the key to improving our quality of care.

Irene Hamrick, MD
Department of Family Medicine
University of Wisconsin
Madison, WI
ihamrick@wisc.edu

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Response: Re: Home Visits and the Social Context

To the Editor: We read with great interest the letter by Dr. Frey¹ who states that house calls help to “remedy the