Correspondence

We will try to publish authors' responses in the same edition with readers' comments. Time constraints may prevent this in some cases. The problem is compounded in the case of a quarterly journal where continuity of comment and redress is difficult to achieve. When the redress appears 3 months after the comment, 6 months will have passed since the original article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

One Family of Generalists

To the Editor: The essays in the recently published Supplement entitled "Medical Education: Time for Change" are eloquent, timely, and contain much food for thought by all of us who are concerned with the future of medical education and with family medicine's role therein. My copy of this special issue will go on the shelf beside the Millis and GPEP reports, *The Task of Medicine*, and some other landmark publications of recent decades.

It was illuminating to read Dr. John Benson's essay advocating the merging of family practice and general internal medicine under the auspices of an "American Board of Physicians," alongside Dr. Edmund Pellegrino's commentary, which documents the remarkably constant failure of the medical education system to sustain rational and needed reforms during the past half century. Some questions came to mind: Would the two primary care disciplines be stronger together than they are separately, or would family practice become co-opted and lost as a consequence of being amalgamated with the numerically superior, academically entrenched specialty of internal medicine? Would the distinctive, politically unencumbered, rational approach our discipline has brought to "uncommonly good care of common problems" persist, or would it be overshadowed by the other specialty's focus on the esoteric?

One "litmus test" worth checking is the setting in which ambulatory care is taught to residents. When internal medicine either adopts our time-tested model family practice center, with its emphasis on comprehensive, continuing care of patients and families, or else creates another model of equal quality, I will find it easier to believe that the best interests of patients needing primary health care services will be best served by a merger of family practice and general internal medicine.

Robert D. Gillette, M.D.
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To the Editor: I was dismayed to read the disparaging remarks regarding osteopathic physicians made by Drs. Brucker and Benson in the April-June Supplement of the *JABFP*. Dr. Benson's comments linking osteopathic medicine with "sun-dried tomatoes and fundamentalist religion," and separating osteopaths from physicians as "other professionals," were especially offensive.

I am proud of osteopathic medicine's tradition of training general physicians. I am also proud of my training in family medicine and being a Diplomate of the ABFP. As the allopathic community struggles to develop new models for educating general physicians, there is much that could be learned from our traditions. At least, stop the jokes and name calling.

Gust Stringos, D.O.
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To the Editor: I feel the need to comment on Dr. John A. Benson, Jr.'s presentation at the 20th Anniversary Symposium on Medical Education that was published in the Supplement to Volume III.

I have listened now for several years to various proposals of merger and collaboration between the American Board of Family Practice and the American Board of Internal Medicine, some of which included the American Academy of Pediatrics to create a "generic generalist." Although I am certain that Dr. Benson and the others who share his views are fully aware of the issues, I can't help but believe that they simply don't understand what it is that a family physician does. Perhaps they hope by constantly repeating that "Family doctors and general internists basically do the same thing," this in fact will become true. It is not true at this time.

While both family physicians and general internists include the care of adults in their practices, the two specialties diverge from that point. Philosophically, while internists have sought to become "curious and scholarly," family physicians prefer to take a practical approach to health care. This has branded us as "nonscientific," and as Dr. Benson points out, the amount of original research coming out of family medicine departments is relatively low; however, in terms of cost effectiveness and patient satisfaction, I believe that we are in fact number one.

The rhetoric about family practice being appropriate for "rural and isolated" areas is also only a partial truth. Suburban areas and cities as well as rural areas can and do benefit from the comprehensive care provided by family physicians. While some of us have been "driven" from the operating room and the delivery room, many family physicians continue to provide obstetrical care and other surgical services in nonrural locations.

When general internists express the desire to care for newborns and children, provide gynecologic care, and include orthopedics in their practice, they will have become closer to being "basically like family physicians." If they can shed their scholarly desires they will have come even closer. At that point, they might consider becoming family physicians rather than attempting to create a new specialty.

The suggestion that because family medicine residents receive much of their internal medicine training from internists is supportive for a consolidation of our specialties is silly. We receive surgical training from surgeons and pediatric training from pediatricians, but no one has