

physicians and patients completed a questionnaire following the visit, and patients were contacted by telephone at 2 weeks, 3 months, and 6 months.

Audiotape analysis revealed that the educational intervention did significantly increase the frequency of the targeted behaviors in practice. Moreover, there was a substantial spillover effect — those who had been trained in problem solving also showed improvement in emotion handling, and vice versa. Notably, these skills did not substantially increase the length of the office visits.

Both trained groups did significantly better in recognizing emotional distress. All distressed patients, on follow-up telephone interviews, displayed decreased distress as measured by the questionnaire; but patients seen by either group of trained physicians showed significantly greater reduction in distress, and this difference could be demonstrated even after 6 months.

While these two studies used very different theoretical models, it appears that the sorts of behaviors taught in the Roter and Hall intervention overlapped a great deal with the behaviors Charon and colleagues had identified as occurring more frequently in their women physicians. This overlap suggests that those skills of “reading the patient’s story” are not biologically innate in women and can indeed be learned and practiced by both men and women — as soon as the dominant culture chooses to recognize and reinforce them.

Today, the dominant medical culture in our country is sending several messages — it devalues women, it devalues primary care, it devalues attention to psychosocial distress and instead focuses on objectively measurable biological variables, and it has evolved a style of approaching illness that is so prohibitively expensive that our society can no longer afford it. We who are committed to excellence in primary care know that the most cost-effective way of providing humane care for all patients is to respond to psychosocial distress (which often masquerades as physical symptoms) with a sensitive interview instead of with a battery of diagnostic tests and with polypharmacy. Studies such as those summarized here point the way to improving our skills in offering this care and thereby continuing to lead in the direction in which

all health care in the United States must eventually follow.

Howard Brody, MD, PhD
East Lansing, MI

References

1. Charon R, Greene M, Adelman R. Women readers, women doctors: a feminist reader response theory for medicine. Paper presented at the working conference on Empathic Expertise: Gender, Ethics, and the Woman Physician. Galveston, TX: March 6-7, 1992.
2. Novack DH. Therapeutic aspects of the clinical encounter. *J Gen Intern Med* 1987;2:346-55.
3. Roter D, Hall J. Improving psychosocial problem address in primary care: is it possible and what difference does it make? Paper presented at the 1991 International Working Conference on Doctor-Patient Communication. Toronto, Nov. 14-16, 1991.

Editors Note: Reviewers for *The Journal of the American Board of Family Practice* in 1992.

The following individuals participated in the peer review of manuscripts submitted to this journal during 1992. Their contributions are gratefully acknowledged.

Aagaard, George
Acheson, Louise
Alexander, Elizabeth
Baird, Mac
Berg, Alfred O.
Bergman, James J.
Bertakis, Klea
Bigos, Stanley
Bowman, Marjorie
Brody, Howard
Brown, Richard L.
Brucker, Paul
Brummel-Smith, Kenneth
Campbell, Thomas L.
Christie-Seely, Janet
Colwill, Jack
Coombs, John
Crouch, Michael
Culpepper, Larry

David, Alan K.
deGruy, Frank
Ellsworth, Allan
Fleming, Michael
Fletcher, Robert
Fowkes, William
Frame, Paul
Frey, Keith
Gant, Norman
Goldbaum, Gary M.
Grauer, Ken
Green, Larry
Gulledge, A. Dale
Heidrich, Fred
Katon, Wayne
LeFevre, Michael
Magill, Michael
McBride, Patrick
McGann, Karen
Mengel, Mark
Meyer, Daniel
Middling, John E.
Newkirk, Gary
Norris, Tom
Nuovo, James

O'Connor, Patrick
Oliver, Thomas K.
Phillips, Ted
Prislin, James
Puffer, James
Rabinowitz, Howard
Realini, Janet
Reed, Richard
Reichel, William
Robertson, William
Rodriguez, Glenn S.
Ruane, Thomas
Saultz, John
Schenkein, David
Scherger, Joseph
Schneeweiss, Ronald
Schwenk, Thomas
Sitorius, Michael
Smith, Robert
Stelmach, W. Jack
Stephens, G. Gayle
Swee, David
Taplin, Stephen
Toewe, Clinton H.
Wall, Eric