the role of community-based organizations, local and state health departments, or our fellow primary care providers, i.e., nurse practitioners, physician assistants, and certified nurse midwives. The urgency of our nation's health care crisis demands that we seek inclusive solutions that will utilize all available resources and not fall victim, again, to only "doctor-dominated" solutions.

If we are to improve the health status of our citizens, we must substantially alter the types of physicians being trained, the nature of their training, the systems in which they practice, and the extent to which their services are provided in a collaborative manner.

Thank you for the opportunity to add to the list of important issues that you described in your excellent article. The issues we have shared in this letter are also waiting at the primary care crossroads for a new direction; we hope our nation's leaders will choose the right path.

Barbara E. Bailey
Marc E. Babitz, MD
Denver, CO

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

To the Editor: The thoughtful and constructive commentary by Ms. Bailey and Dr. Babitz is welcomed in response to our article "Primary Care at a Crossroads." From their particular vantage points, they add important further perspectives on this admittedly large subject. Naturally, in an article covering the wide scope of primary care during the last 30 years, it was impossible for us to comment upon all of the issues involved or to deal in depth with many important issues.

We agree with Bailey and Babitz that major changes in funding of graduate medical education in the generalist fields are urgently needed. Fortunately, various initiatives are currently in process at the federal level and in many states in an effort to restructure graduate medical education for the purpose of training an increased number of generalist physicians.

We do not apologize for the use of the term generalist, which in many fields outside health care commands higher prestige and responsibility than more narrowly focused individuals. Whatever terms are used, they should reflect more what each type of physician does in practice. We believe that it is educationally and professionally sound to specialize horizontally across a broad spectrum of clinical content as a generalist. Further, it is crucial to the effectiveness, efficiency, and equity of our health care system for it to be anchored by a coterie of well trained and respected generalists. Vertical specialization in a more narrow field is only one type of specialization. Vertical specialization in a more narrow field is only one type of specialization.

Specialization as a generalist is both professionally challenging and essential to the success of our health care delivery system. While physicians have an important part to play in better integrating community health perspectives into our health care delivery system, the success of this effort is also tied to the restructuring of the delivery system and the activities of health care and community leaders.

We also agree with the important elements of community-oriented primary care and that family physicians need to be trained with appropriate skills and perspectives to contribute to problems of community health. At the same time, the structure of our present health care system tends not to facilitate such an approach and in many instances acts as a barrier to such care.

Bailey and Babitz raise other good points concerning the diversity and common interests of past and present activities in primary care. Their call for increasing dialogue and collaboration among the many groups involved in primary care is appropriate. At the same time, however, our belief is that the well-trained generalist physician, increasingly functioning in group practice and in close collaboration with consultants, other health professionals, hospitals, and other health agencies in the community, should necessarily provide the basic foundation for a restructured health care system.

John P. Geyman, MD
L. Gary Hart, PhD
Seattle, WA

Primary Care at a Crossroads

To the Editor: The article by Geyman and Hart[1] is certainly a timely and elaborate exposition of the chain of events and experiences in the developmental realm of our discipline. In no way will the specialist ever be able to comprehend the needs of society at the grassroots level. Unfortunately the trends of superspecialization by young medical graduates and the technological advances that have occurred in the West had an influence on developing countries, whose physicians have similarly been lured away from generalism to specialization. As a result there has been little interest in the evolution of family medicine in the United States. Because it is hoped that a trend toward generalist medicine will work itself to developing countries with time, the leaders and educators in primary care have a much broader responsibility as the boundaries of our global family erode.

In addition to the various solutions and suggestions that are espoused by Geyman and Hart, we might want to keep in mind that the technology which has evolved during the last decades will continue to develop with even greater momentum. As this occurs, we need to ensure that wherever possible newer subspecialities should not be allowed to sprout.[2] Instead, we feel it would be in the interests of the society as a whole to make this new knowledge and technology available at the primary care level by training family physicians in a continuous process, as has occurred with other procedures and technology.[3] Such an approach would also help prevent the turf wars that seem to occur periodically.

The conclusions of Geyman and Hart give even greater emphasis to the importance of training family physicians in new procedures and technology because we do not anticipate the 50-50 mix to materialize until the years 2020 to 2030. Indeed, politicians, educators, and policy makers have a great deal to learn from this excellent exposition; only then is there any hope for greater optimism.[1]

Jay R. Varma, MD
George A. Nixon, MD

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