

services to patients in the PHCs. They additionally supervise the treatment of their patients requiring hospitalization. The changes in ambulatory care, including the recent interest in quality control in that sector, underscore the strong emphasis placed on primary care, health promotion, and disease prevention in Spain and hold implications for US health care reform. The April Committee report suggested developing specific budgets, separate from other health care services, for the provision of preventive care. If universal coverage were to become a reality in this country, the core of any basic benefits package would be strong efforts at health promotion and disease prevention through a reinforced primary care network. This lesson was learned by the Spanish, and the logic and economies surrounding that experience are important to the United States.

The Spanish experience illustrates the need for a strong primary care physician workforce. This workforce must be capable of providing contemporary clinical care, caring for the community's health, practicing prevention and promotion of healthy lifestyles, and accommodating expanded accountability. In Spain the family medicine specialty is rising successfully to that challenge. For a large portion of their training, the residency programs in Spain use the equivalent of our community health centers (CHCs). Research into the fi-

nancing mechanisms of this process might yield useful insight into the issues surrounding direct funding to CHCs for residency training in the United States. In addition, research into efforts being made in medical education to engender interest in family practice and primary care medicine (ie, the primary care pipeline) could also be useful.

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## Correction

An error in wording appeared in "Myxedema Coma in the Elderly," by Cynthia G. Olsen, which was published in the September-October issue of the *Journal* (JABFP 1995; 8:376-83). We offer the following correction:

Page 379: right-hand column, first complete paragraph, line 15:

"A thyroid-releasing hormone administration assay would be useful in that no detectable rise in base-line serum TSH would occur."