

Collaboration in Family Practice

In the first issue of this journal, there were two articles related to collaborative research. Osborn and Petitti¹ presented results of a survey, which showed that in the population studied, there was considerable interest among practicing physicians affiliated with a teaching program to participate in certain types of collaborative research. The Ambulatory Sentinel Practice Network (ASPN)² presented a paper on spontaneous abortion, which was the result of a specific type of collaborative research.

It would seem that there is increasing evidence that practicing physicians not only have an interest, but also that they can be very successful in the conduct of rather sophisticated studies in collaboration with academic physicians. This approach to investigation provides the opportunity and the advantage of addressing important questions in primary care with relatively large representative study populations.

It is interesting to observe that the results of this type of research may be different from the results obtained from the study of more selected populations often used by some other specialists. There have been lingering suspicions in the minds of some primary care physicians that the results of some studies conducted on populations in academic centers may be different from studies conducted in primary care settings. Thus, it is incumbent on primary care physicians to study their own populations to arrive at appropriate conclusions about a myriad of common clinical problems. We should not continue to rely on clinical decisions based purely on empirical observations.

The advent of improved technology in the field of data collection, storage, and evaluation through electronic systems gives the primary care physician an improved opportunity to participate in collaborative investigations. There are, however, several important obstacles to overcome. Interobserver differences must be minimized. Carefully prepared protocols must be designed and implemented. Patient and committed leadership is required to develop and operate a network of investigators. Above all, the correct questions need to be asked.

It seems that the specialty of family practice is at the threshold of making important contributions to medical knowledge. The appropriate study populations exist. There are a significant number of physicians who are interested in pursuing the

answers to important clinical and related questions. Technical capabilities for data management are improving rapidly. Appropriate technical consultations are becoming more available.

Several challenges remain to be addressed. First, there needs to be stronger leadership from the academic units in family practice. In my judgment, this includes not only medical school departments, but also community hospital programs and faculty. Second, there needs to be a permanent and reliable source for fiscal support of worthy investigative activities. In other clinical specialties, the federal government as well as private philanthropic organizations has served this purpose.

In addition, there needs to be a system to develop and maintain dedicated clinical scholars with scientific and administrative skills necessary to develop and implement networks of investigators. Individual investigators can and do make important contributions. In our specialty, however, it seems that many questions will require networks of investigators under the strong leadership of qualified individuals. Again, resources will be needed to maintain a cadre of these leaders.

Family physicians and other primary care physicians have demonstrated their ability to provide quality patient care. Further, there is considerable evidence that they can effectively conduct quality educational programs at the undergraduate, graduate, and continuing levels. The remaining professional challenge is creation of new knowledge that can serve to improve the health of our patients.

This challenge will surely require the support and participation of all of the organizations within our specialty. There are political, administrative, and scientific problems that must be addressed. Although our specialty may be faced with other political and economic concerns, long range survival and ability to impact positively on society will be largely dependent on our success in producing new and useful knowledge.

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References

1. Osborn EHS, Petitti DB. Physician interest in collaborative research. *J Am Bd Fam Pract* 1988; 1:29-32.
2. Ambulatory Sentinel Practice Network (ASPN). Spontaneous abortion in primary care. *J Am Bd Fam Pract* 1988;1:15-23.