Correspondence

We will try to publish authors' responses in the same edition with readers' comments. Time constraints might prevent this in some cases. The problem is compounded in a bimonthly journal where continuity of comment and redress are difficult to achieve. When the redress appears 2 months after the comment, 4 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.

Family Medicine in the Middle East

To the Editor: We have read with interest the article by Dr. A. Abyad in the July-August issue of the JABFP. Dr. Abyad's article omits important facts and barely reflects the current state of family medicine in the Middle East:

1. Of the 35 references, only 7 were published after 1989. Of these 7 references, 1 is a book (reference 28), 2 are on general family medicine (references 31 and 32), 2 are by Dr. Abyad on the same topic differently presented (references 17 and 18), and only 2 are recent reviews (references 27 and 30).

2. The Arab Board of Family & Community Medicine, which accredits family medicine training programs and administers a family medicine certifying examination, is not mentioned at all. Most Arab countries use the resources and criteria set by this board to help start family medicine training programs. The first program accredited by this board was the Bahrain program in 1989, and next was the American University of Beirut (AUB) program. The first family medicine certifying examination was administered in Bahrain in 1990.

3. There is no rationale why one country's experiences were listed and others were omitted. Egypt, the largest Arab country in the Middle East with the largest number of physicians and medical schools, was not even mentioned. The criteria for selection of which countries to include were not clarified anywhere.

4. Saudi Arabia has more Arab board-accredited family medicine training programs than any Arab country. Dr. Abyad did not mention this fact, nor did he describe how the Saudi primary health care system is organized or how the new family medicine graduates fit into it.

5. Dr. Abyad reported that the Bahrain Residency Program affiliated with the AUB in 1979 because the Arabian Gulf University (AGU) “lacked the academic staff and a defined structure to start a residency program.” He also claimed that a joint AUB-AGU committee evaluated the program yearly. AGU did not even exist in 1979; the agreement was between the Ministry of Health of Bahrain and AUB. The decision to establish AGU was announced on 1 April 1980, and it officially started in 1984-1985. AGU had nothing to do with the affiliation between AUB and the Bahrain Residency Program, and there has never been any joint medical education committee between AUB and AGU.

6. The Family Clinic described in Libya is basically a maternal child health clinic with family folders. The Arab Board of Family & Community Medicine commissioned one of us (GH) to visit this clinic in 1989 and make recommendations on how to convert it into a family medicine training center. The references Dr. Abyad uses about Libya's experience with family medicine (references 33, 34, and 35) go back to 1979, 1985, and 1987, respectively, and do not reflect the current status of family medicine in that country.

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References

2. Arab Board of Family & Community Medicine, PO Box 7669, Damascus, Syria.

The above letter was referred to the author of the article in question, who offers the following reply.

To the Editor: In response to the comments by Drs. Khogali and Hamadeh concerning my recent article “Family Medicine in the Middle East: Reflections on the Experiences of Several Countries,” I offer the following responses:

There is nothing wrong with having old references if there are no current references on the topic.

My paper does not claim that it covers all aspects of family medicine in the Middle East; it is only a reflection on different experiences. The Arab Board of Family & Community Medicine was mentioned briefly in the paper. It is important to stress that the first examination carried out by the Arab Board was in 1993; therefore, most of the early programs did not initially have access to or did not use the resources of the Arab Board. Both the AUB and Bahrain programs initially had help from the United States. Professor Vincent Hunt acted as coordinator of the Family Practice Residency Program, with the Ministry of Health in Bahrain, and was Adjunct Professor, Faculty of Health Sciences, American University of Beirut for 1 year.

The Kuwaiti programs are strongly modeled after those of the Royal College of General Practitioners (RCGP) in England. A number of 2-week courses were...