taught by United Kingdom (UK) tutors either in England or Kuwait. In 1987 the first diploma examination took place under the direct supervision of the RCGP in the UK. The qualification was known as the Diploma in Family Practice (RCGP/Kuwait). A number of programs in the Arabic region modified their programs to satisfy the Arab Board requirement for certification. I strongly believe that both the American model and the English model had initiating roles in the development of family medicine in the Middle East, with the Arab Board coming only recently as an accreditation and certifying agent.

The Royal College of General Practitioners has established contact with different countries in the Middle East. Contact with Israel, started in 1960, was strengthened by the 12th World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians conference (WONCA), which was held in Jerusalem. Since 1978 the college has made important contributions to the training of Egyptian physicians through Guy's Hospital Medical School. The RCGP/Kuwait fellowship program, started in 1980, proved to be very successful in developing general practice in Kuwait. There are similar links in Saudi Arabia and Bahrain. A number of authors consider Egypt to be part of the African movement of family medicine.

In a recent paper on the development of family practice around the world, the authors stated that in the Middle East, vocational training for generalists is well established in Israel, the American University of Beirut, and Bahrain. They added that "postgraduate training programs are functioning in Saudi Arabia, Kuwait, Oman, and most recently, in Jordan." 5,6

A. Abyad, MD, MPH, AGSF
Ain & Zein Hospital
Tripoli, Lebanon

References

Changing Role of the Family Physician
To the Editor: The recent article by Dr. James Jones (The changing role of the family physician—nirvana or Waterloo? J Am Board Fam Pract 1996;9:442-7) represents about as complete and profound a misreading of our present situation in family medicine as I can imagine. To suggest that managed care is ushering us toward nirvana simply makes no sense at all to physicians involved in the day-to-day struggle with health maintenance organizations (HMOs).

Jones states that "managed care executives...are turning to primary care as the champion of the emerging system of health care reform." Dr. Jones, these executives are not "turning to" us; they are exploiting us. We are not "champions" but pawns. Furthermore, whatever you and I might conceive of as "health care reform" (universal coverage, increased access to care for the poor or for people in rural areas) are not concepts that enter into the equations of managed care managers. Their profits derive not from health care reform, but from health care denial.

Jones makes several other statements that strike me as hopelessly naive. He believes that "the political cold war between family practice and other disciplines is just about ended," that "managed care companies are offering two- or three-fold increases in income" to us, and that "now we have reached the pinnacle of our success." Indications of such rosy events are noticeably absent from my office.

I wish that Dr. Jones could have been present in my office while we tried for 7 hours to obtain permission from HMO clerks for a computed tomographic scan for a patient of mine with lung cancer. Or that he could have been sitting in my waiting room when an HMO patient called my receptionist a bitch because a referral that he wanted was not yet ready.

I enjoyed Jones's analogies of Waterloo and nirvana; however, I think that he got them reversed. What we are heading for is not nirvana, but Waterloo.

Burton J. Williams, MD
Concordville, Pa

Family Physicians and Emergency Care
To the Editor: The recent article by Dr. Jones1 on the changing role of family physicians illustrates an important aspect of family medicine that needs to be explored in more detail. Family physicians have always provided high-quality emergency care, but our role in this area has not been adequately addressed.2,3 Many of the trends that Dr. Jones describes, such as access and cost of health care, directly apply to emergency care and need to be considered in cooperation with other specialties. Because family physicians might have an expanded role in providing emergency care as health care delivery systems change, we need to work with emergency medicine organizations to address these issues.

Emergency departments are the "safety net of the health care" system, especially for the uninsured and underinsured.6 Recent analyses refute the widely held notion that emergency care is "expensive care,"7 and reinforce that emergency departments are an essential component of an integrated health care system. As the role of the family physician evolves, there are unique opportunities for family physicians to contribute to health policy discussions about emergency medicine.