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I agree with Dr. Black regarding his hesitation to use this information as the only source for curricular construction, especially since we did not recommend doing so in the article.

Finally, Dr. Black proposes a very good study comparing the total care experience between pediatricians and family physicians. As the purpose of our study was to examine only differences in pediatric inpatient care and how these might be used to structure inpatient training, I do not view his comment as a weakness that detracts from the importance of the study.

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Professional Identity and Names

To the Editor: I read with rapt interest Dr. Halvorsen's cogent argument for defining our specialty as that of family medicine, and for describing ourselves as family physicians. I found that his suggestions regarding the naming of names resonated powerfully with my own thoughts on the matter. Since my brief medical career began, I have preferred to be called a family medicine resident or a family physician. Dr. Halvorsen articulates well the distinct advantages of those titles. I can indeed reassure him that his musings are not merely those of a physician adjusting to middle age, but reflect concerns, shared by many of my colleagues, about what shape our specialty will take in the next century.

The initialism PCP, objectionable as it might be, has become so entrenched in the realm of medical jargon that it is unlikely to be removed. Rather than seeking to define ourselves as primary physicians, then, we might better spend our efforts in rescuing the meaning of PCP as that of primary care physician (not the languid and detestable phrase primary care provider). Unlike Dr. Halvorsen, I am perfectly happy that primary should modify care, not the physician. Such an arrangement still connotes our special relationship to the patient and seems to sum up the nobler ambitions of our profession by placing emphasis on the care we give, not the persons we are.

As with PCP, so the term generalist appears to have linguistic squatter's rights. The suggested alternatives of comprehensivist or extensivist seem awkward to me, but primarily for phonetic and enunciation reasons, not because of cognitive objections. I do not mind so much being labeled a generalist, particularly when I remember that before liberal education became devalued in favor of technical training, the ability to synthesize disparate data into a meaningful whole was considered to be the height of wisdom.

I have previously argued that language has more than a simply nominative function. It also conveys a descriptive, even normative, function. Words tell us not only how things are, they tell us how they should be. Perhaps if we, as family physicians, will give careful thought to how we describe ourselves and to how we choose to fulfill those roles, we will find ourselves better able to meet the needs of our patients and to lead gratifying lives, professionally speaking.

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References