

6. Goldschmidt RH, Dong BJ, Saba GW, DeRemer PA, Legg JJ. AIDS at the crossroads: a report from the 1990 International Conference on AIDS—San Francisco. *J Am Board Fam Pract* 1990; 3:297-304.
7. Stephens GG. Easy questions, difficult answers. *J Am Board Fam Pract* 1990; 3:224-6.

The above letter was referred to the author in question, who offers the following reply:

To the Editor: Dr. Sugarman's objections to my editorial are important. While his was the only critical letter I received (so far), I'd guess that he is correct in believing that "many other family physicians will reject (my) arguments and conclusions . . ." There is an issue here that needs to be debated; i.e., how far family practice should be transformed into community medicine.

Julian Tudor Hart, a Welsh general practitioner, has argued the affirmative case eloquently in his recent book, *A New Kind of Doctor*,¹ and John Fry describes how this is happening in Great Britain in a guest editorial in this issue of *JABFP*.²

The relation between public health and medical practice was a hot issue in the early decades of this century. Both Paul Starr³ and James Burow⁴ discussed it from economic and political perspectives, and Sinclair Lewis⁵ included it in his novel, *Arrowsmith*, with the character, Dr. Almus Pickerbaugh. Arrowsmith's vocational dilemma—general practice versus public health versus research—was not resolved in the novel any more than it is today.

What is the core work of family physicians? The work that deserves our highest priority of time, energy, and skill? During the last 20 years, we have had a number of contenders for defining our best vocational self-understanding—general practice, family medicine (narrowly defined), generic primary care, biopsychosocial medicine, and now community-oriented primary care—to name some of the most alluring. I am on the record, ad nauseum, for defending personal medicine, as defined and described by the likes of Peabody, Houston, Balint, Tumulty, and Berger, to occupy first place in my professional heart and life.

I do not assume that Dr. Sugarman objects to this priority—perhaps it is his, too. But when he writes that ". . . epidemiology is the basic science of family practice, in much the same way that immunology is the basic science of rheumatology . . .," I have to resist such a narrow understanding of our work. It represents the sort of excess that my editorial criticized.

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P.S. Since writing this reply, a wonderfully relevant piece by Jared Goldstein has appeared in the *Hastings Center Report* (Desperately seeking science: the creation of knowledge. *Hastings Cent Rep* 1990; 20:26-36). I recommend it to any who are interested.

References

1. Hart J. *A new kind of doctor: the general practitioner's part in the health of the community*. London: Merlin Press, 1988.
2. Fry J. Traumatic evolution: recent changes in British general practice. *J Am Board Fam Pract* 1991; 4:125-6.
3. Starr P. *The social transformation of American medicine*. New York: Basic Books, 1982.
4. Burow J. *American Medical Association. Voice of American medicine*. Baltimore: The Johns Hopkins Press, 1963.
5. Lewis S. *Arrowsmith*. New York, Scarborough, Ontario: New American Library, 1924.

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