drawn from anthropological field study, is especially attractive.[2] It deals with the premise that objectivity is difficult or not possible when the observer cannot be separated from the observed.

Some evidence in the SAGE-PAGE study implies that the research model used was not adequate to the task, i.e., the surprising (to the authors) disagreement on what happened during the encounter between physicians and patients and that patients were four times more likely than physicians to report that a treatment procedure had been performed during the encounter.

My own work doing genograms with medical students indicated the construction of their genogram, albeit in a less rigorous fashion than that described in the SAGE-PAGE trial, had a positive impact on their perception of the residency program to which they were applying.[3] My subjective experience was that I was able to make much more human contact with medical students than had been the case in more traditional interview styles. Additionally, I was surprised at the educational and even therapeutic impact of some of the encounters.

I trust the intuition of students of the genogram, e.g., Dr. Rogers and Dr. Rohrbaugh, for if we did not intuitively know it to be of value, it would have fallen by the wayside long ago.

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References

1. Rogers JC, Rohrbaugh M. The SAGE-PAGE trial: do family genograms make a difference? J Am Board Fam Pract 1991; 4:319-25.
2. Wilson HS, Hutchinson SA. Triangulation of qualitative methods: Heideggerian hermeneutics and grounded theory. Quant Health Res 1991; 1:263-76.
3. Blossom HJ. The personal genogram: an interview technique for selecting family practice residents. Fam Syst Med 1991; 9:151-8.

To the Editor: We found the study by Rogers and Rohrbaugh on the impact of the family genogram to be a valuable contribution in the evaluation of a tool that has been assumed to be helpful to family physicians in the care of patients and the training of residents. Their effort has strengthened the scientific aspect of family medicine by submitting a commonly used practice to the rigors of the scientific method. There are a couple of points, however, that we believe are appropriate to consider in weighing whether their study represents an adequate test of the value of the genogram in family practice.

By the nature of their study design, they were only able to measure the impact of the genogram at a single visit. In clinical practice, however, genograms are more often used as a longitudinal tool, having value beyond the visit at which the information was collected. This ongoing use of the genogram reflects the continuous nature of the family physician's relationship with patient families. In addition, by excluding new patients in their study, they may have been omitting the situation in which the genogram might have shown some impact on a single visit. It would be interesting to know whether patients who give information for a family tree on the initial visit have a more favorable impression of their physician than those patients who do not. Similarly, it may be that the family physician would realize greater value from the instrument at the original visit rather than later. The physician-subjects in the Rogers and Rohrbaugh study, for example, were already perceived by 70 percent of their patients before the study began as having asked questions about their families, possibly in taking the family and social histories. The genogram would seem to hold little additional value for them at a later point in their relationship with their patients.

Finally, we believe that one important finding reported by Rogers and Rohrbaugh deserves further consideration. They reported a significant inverse relation between completeness of the genogram and the physician's reporting of the prescribing drugs. This finding may demonstrate one positive impact of the genogram. It may have been that the physicians with more complete family information were less likely to prescribe needless or inappropriate drugs and satisfied patients in other ways, such as reassurance, education, understanding, or advice. Although alternative explanations can be offered for this significant inverse relation, it does seem to merit more attention, especially as it may relate to the value of the genogram.

Rogers and Rohrbaugh have reported on a carefully designed and executed study, which has provided a valuable service. Nonetheless we would conclude that it would be premature for the family physician to cease doing genograms.

Denis Lynch, Ph.D.
Harry Mayhew, M.D.
Toledo, OH

References

1. Rogers JC, Rohrbaugh M. The SAGE-PAGE trial: do family genograms make a difference? J Am Board Fam Pract 1991; 4:319-26.

The above letter was referred to the authors of the article in question, who offer the following reply:

To the Editor: We appreciate the comments by Drs. Blossom, Lynch, and Mayhew on the SAGE-PAGE trial. Both letters offer reasonable explanations for our negative findings. Indeed, the results *might* have been positive had we included relational data in the genograms (Blossom) or studied either initial visits or continuing doctor-patient relationships (Lynch and Mayhew). We hope these possibilities will be investigated.

It is also possible, as Lynch and Mayhew suggest, that the significant negative correlation between genogram completeness and drug prescribing might

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