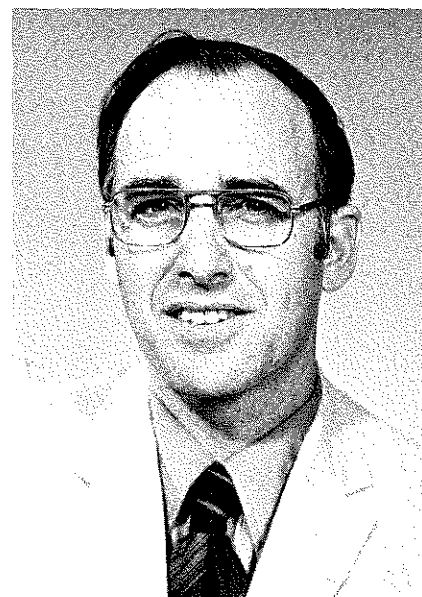


Toward a Research Base in Family Practice

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This year has already seen an important event in the continued evolution of family practice. The first formal conference devoted exclusively to research in family practice was held in Miami, Florida, January 2-4, under the auspices of the Society of Teachers of Family Medicine. Eighty participants from the United States and Canada attended the conference which focused on terminology for primary care research, the process of research (including research methodology and design, statistical aspects, pitfalls and reporting), and priorities for research in family practice. A highlight of the conference was a talk by Dr. Curtis Hames, a practicing family physician in Claxton, Georgia. Dr. Hames described extensive epidemiologic studies carried out in his rural community and surrounding Evans County over the past 20 years in collaboration with several academic centers and the National Institutes of Health.

It is clear that there are wide horizons for needed research in family practice. Medical research for many years has focused extensively on the study of patients admitted to university hospitals, but each of these patients represents only one out of 250 patients seen by physicians and one out of 1,000 patients at risk each month.¹ Although the large majority of all doctor-patient contacts takes place in the arena of primary and continuing medi-

cal care, this area has received little concerted research attention.² Recent studies by the National Center for Health Statistics should provide impetus for a new emphasis on primary care research.^{3,4} The potential is great for important research contributions from the field of family practice in four broad areas: epidemiologic/clinical, health services, behavioral, and educational.

Many necessary tools for excellent research in family practice are now available. These include the problem-oriented medical record, improved audit methods, coding systems for ambulatory as well as hospital problems, effective retrieval methods, and readily available library search services. Many teaching programs in family practice have now passed through their initial development phase when service, teaching and logistic problems have necessarily received top priority. The critical need now is for research to take its rightful place, along with patient care and teaching, in family practice programs throughout the United States and Canada.

Since family medicine is a clinical discipline of great breadth, we must develop a broad base of research in this field. There is an equally pressing need for clinical and epidemiologic research as for behavioral research, and for health services research as for educational research. Academic depart-

ments of family practice have real opportunities to develop active research programs involving their own faculty, residents, and students, as well as faculty from other disciplines, and practicing family physicians in the region. Active dialogue and collaboration between academic centers and practicing family physicians is a critical linkage in the development of a sound foundation of empirical and experimental research. Workshops devoted to research methodology should be held regularly to help improve and extend a variety of research skills to a larger number of interested investigators. The quality and energy of research in family practice in coming years will facilitate more precise definition of family medicine as an academic discipline and the continued development of family practice as an important approach to family health care.

References

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