

Guest Editorial

John Fry — Researcher in Family Practice

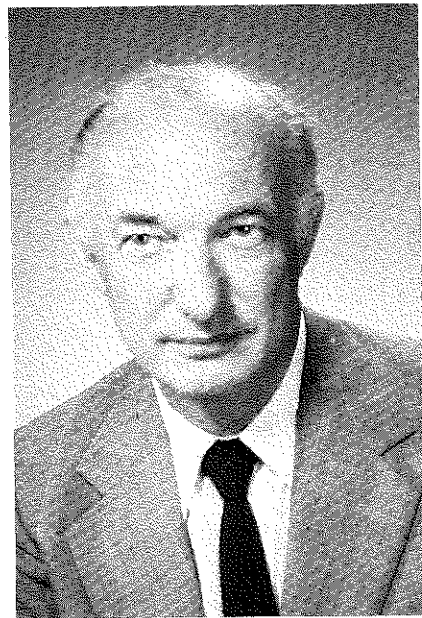
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John Fry, MD, of Beckenham, a well-known British general practitioner, has been a driving force in the development of family practice. In the past 20 years, no practicing physician I know has studied or written more about his patients than has Dr. Fry. Some of his observations on the natural history of disease are reported in this issue and are an interesting and unique contribution from family practice. The interest lies in the fact that he deals in a succinct and forthright manner with daily clinical problems as seen through the eyes of a family doctor, and the uniqueness in the fact that his conclusions are based entirely on his own data assiduously collected over 25 years. His work raises a matter of considerable importance at this stage of the development of family medicine as a discipline.

Family medicine is currently enjoying an enormously successful growth of residency training programs and academic departments in the United States, far exceeding the hopes of even the most optimistic predictions of a few years ago. The rapidity of this growth, however, throws a heavy responsibility on family practice teachers on whom now exists the burden for the growth of family medicine as a discipline.

A professional discipline may be

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said to exist when three specific activities connected with it are clearly evident. All three must be present and all are interdependent. Firstly, the discipline must have its practitioners who perform their professional activities in a uniquely characteristic way. Secondly, there must be teaching and training in the discipline to enable it to grow and be perpetuated by the rising generation of practitioners. Thirdly, and very important, study of what is being practiced must be undertaken to advance and improve the discipline and to add to the overall store of professional knowledge.

There are few who doubt the importance of family practice as an appropriate model of health care delivery, and its new teaching programs are growing and improving. Some lingering doubts remain as to the validity of family practice research, and there is an embarrassing dearth of work in progress in this area. Some of our staunchest protagonists believe that research is foreign to family practice and appropriate only to the tertiary medical center and its laboratories. Research in our teaching programs, it is argued, may handicap the growth and even distort family practice, drawing it away from its essential grassroots interest in the commonly occurring problems of health and disease. The same line of thinking also argues that research requires the acquisition of complicated skills and techniques beyond the reach of the family practi-

tioner. Such attitudes, though understandable, are dangerous and would deny family practice its intellectual growth without which it cannot survive as a discipline.

When he first went into practice nearly 30 years ago, Dr. Fry took a healthy and skeptical look at what he had been taught and how this helped him deal with the problems now confronting him. He found practice filled with uncertainty for the recently trained graduate. The clinical setting of office and home were foreign to him, as were the resources available. To answer some of his uncertainties, Dr. Fry disciplined himself to keep good data and from these to educate himself anew. He realized the importance of the dimension of time in the care of patients, particularly in the treatment of chronic disease. He rejected those teachings which he found inappropriate to family practice and he writes of some of these in this issue. Challenging the need to intervene requires courage and these days runs contrary to defensive medicine and the "therapeutic imperative."

You may not agree with all that Dr. Fry advocates in his paper, but he is in the strong position of having supporting data. John Fry is an original in family practice. He modestly comments that his three decades of work are only a beginning. His appeal for more research in family practice echoes the warning that without it our new and vital specialty cannot survive.