Letters to the Editor

Coding Systems in Family Practice

To the Editor:

I wish to congratulate the Journal of Family Practice for dedicating its February issue to the monumental efforts of the Department of Family Practice of the Medical College of Virginia. Through your skillful coordination of this work, with appropriate and valid commentaries by other knowledgeable family practice academicians, the results as tabulated attain a much higher degree of importance than they might have otherwise (though by no means do I intend to belittle their intrinsic worth).

However, for those of us still struggling to structure smaller and younger programs, a dilemma now presents itself. The Royal College of General Practitioners' Coded Classification of Diseases, containing 22 major categories, though uniquely complete, is a more awkward tool to utilize than the WONCA code, with but 18 major classifications and 371 problem categories.

With limited staffing, yet unlimited objectives, the choice between the utilization of one or the other "classifications" becomes traumatic. Since the comparison of data is so essential, I am expressing the hope that an "Equivalency Table" may soon be developed which will permit the conversion of statistics gathered under one system to be applied to the other. It is readily apparent that a single definitive system must soon be universally agreed upon, but this can only be advanced rapidly by the development of such conversion systems.

Once again, a tip of the chapeau to Drs. Marsland, Wood, and Mayo.

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Family Physician Perspective

To the Editor:

The Journal of Family Practice is certainly a sorely needed and refreshingly welcome addition to the literature on family medicine. It has a most appropriate title, for it is the only true journal on family practice, and I must confess that I (like many of us) am compulsive enough to read them all, in addition to the many other journals that inundate us with fatiguing regularity. Whether you call it primary care, front line, or ambulatory medicine, other journals' articles are authored primarily by specialists who purport to know family practice. As we family physicians all know, everybody's practices consist of common conditions, which are similar, and some esoteric diseases, which are different. The specialist who sees essentially the complicated, refractory, unusual, and severe (we handle the rest) assumes that his patient population represents the world-at-large. He extrapolates from this base, writes the texts and articles, and wants us to apply his findings to mild to moderately ill ambulatory patients. Since only one or two percent of patients seen in our offices end up in a fancy diagnostic clinic or hospital, he gives us erroneous data about our own patients. Incredibly, we believe it, frequently doubting specialists' observations but mistrusting our own clinical experience. If we all recorded and reported our own clinical data we would get a few surprises but would be in a stronger position to believe ourselves and gain confidence. Of course we need the specialists and can learn from them, but we can teach them too, as well as learn from each other. Your journal happily combines the best of both worlds. I happen to teach residents in a family practice model and have strongly recommended your journal to them. They were very impressed with the article by Dr. John Fry on the natural history of some common diseases published in the October, 1975 issue. The editorial in that same issue on Dr. Fry's work indicates strongly how well you really understand family practice.

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