# Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

## Evaluation of Physicians

To the Editor:

As health-care providers and occasional patients, we have read "In-Training Residency Evaluation" by John B. Corley, MD (J Fam Pract 3:499-504, 1976) with concern and outrage. The subject of the article is commendable, ie, physician-in-training evaluation, which is sub-optimal in all fields of medical training. But the proposed method of evaluation contains an omission that reveals the elitist and self-serving nature of medical practice in this country: in no way are the patients upon whom the residents learn involved in the evaluation of the resident's "professional knowledge, skills, and attitudes." Patients are mentioned in only one area as active evaluators, and this suggestion is not surprisingly introduced with caution: "Attending physicians in the clinics, clinical faculty, and senior housestaff on the wards, preceptors who have residents in their practices, nurses who work with the residents in their offices, *even patients themselves* (italics ours), are all sources of useful data on performance." Nowhere else is patient participation so much as mentioned. One look at the various illustrative charts accompanying the article emphasizes the total exclusion of the patient from the evaluation of his/her doctor-in-training.

If this article represented an isolated point of view or policy in the American health-care system, it might be taken less seriously. Tragically (for the patient!), this is not the case. Health care in the United States is consciously one-sided, with the physician as the active participant and the patient as the passive recipient. Patients are, with few exceptions, not regularly and meaningfully involved in the maintenance of their own health. As this article clearly demonstrates, the opinion of the patient concerning the care which only he/she experiences is considered irrelevant!

Do physicians believe that patients have no right to contribute to the evaluation of their professional skills and attitudes? Do physicians believe patients are not capable of thoughtful analysis? Does the patient exist for the purpose of training a resident, or does the resident exist for the purpose of serving the patient?

We believe that patients have not only the ability but also the right and obligation to participate in the evaluation of physicians-in-training. Indeed, *only* the patients are in a position to give feedback in several areas of physi-

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