

# The Literature of Record in Family Practice: Progress, Problems, and Needs

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The history of specialization in medicine makes clear the need for any specialty to develop its own academic discipline based on its particular role in health care, including the responsibility to contribute new knowledge in its area. Thus, the literature developed in any given specialty should represent the field's content, process, and concerns based on study and reporting of the specialty's clinical experience.

The literature read by family physicians is of two basic types: (1) the *literature of record* (ie, what might also be termed *primary* literature, based upon original work carried out in family practice or other clinical settings), and (2) the *derivative literature* (ie, what could be viewed as *secondary* literature, principally involving review papers and related reports, which to date have been largely based on the experience of non-family physicians in non-family-practice settings). Both types of literature are important and useful, but the purposes of each, though complementary, are different.

Derivative literature has been generally well done by a number of journals serving family physicians for many years, but it does not define or advance family practice as a specialty in its own right. Derivative literature is helpful to the extent that it relates to the needs of the family physician. However, since it is not based directly on the clinical work of the family physician, it may not have full relevance in family practice. The family physician often sees a different spectrum of clinical problems than that encountered by consultants in referral practices or serving otherwise selected populations. This difference may be particularly true in the case of common illness and early stage disease. The literature of record in family practice, based on the ongoing analysis of the clinical work

of family physicians, is an absolute requirement for the further development and ultimate survival of the specialty. This type of literature, however, is limited by the quality and quantity of research being carried out in family practice settings and was not possible until family practice began to establish its own base in academic medicine.

An example helps to illustrate the point. Regardless of how extensive the experience of an orthopedist or a neurosurgeon may be in dealing with low back pain, or how well written their review articles might be, their experience with this problem is not the same as that of the family physician, who sees many patients with this problem without referral and in the context of care for depression, family problems, and other problems. Thus, an orthopedist's experience with the cost benefit of a diagnostic procedure or the effectiveness of a particular form of treatment may be quite different from the experience of the family physician.

The recognition and growth of family practice as a specialty has required the development of formal educational programs at the undergraduate and graduate levels, the establishment of the specialty as a full partner in medical education and in academic medical centers, and the initiation of ongoing research programs. After more than a decade, excellent progress has been made in these areas. This has made possible, for the first time, the development within the specialty of substantial literature of record. It is therefore useful at this point to reflect briefly on the progress and problems of this development.

Some journals, such as *The Journal of Family Practice* and the *Journal of the Royal College of General Practitioners*, have been developed for the *primary* purpose of publishing *original work*

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being carried out within general/family practice. Effective mechanisms of peer review have been established. A good measure of growth in this respect is the increasing volume of citations in *Index Medicus* for this specialty, contributed in largest part by these two journals. This has allowed international sharing of the literature in the field as well as the availability of this literature to other specialties and groups. The growing literature of record in family practice is advancing the specialty in what might be conveniently viewed as four major areas—clinical, educational, research, and health care policy. Although these categories are admittedly arbitrary and often overlap (eg, research may be carried out in all areas), they provide useful groupings for much of the published literature of record.

In the *clinical* area, an increasing number of studies are being reported for various clinical problems in family practice, adding new knowledge concerning their epidemiology, natural history, diagnosis, management, prevention, and outcomes. Much of this work has been descriptive in nature and often has been retrospective. Increasingly, however, prospective studies are being carried out, including some experimental clinical trials. In the *educational* area, the literature has focused on program organization, curriculum content and development, teaching methods, faculty development, evaluation, and funding of teaching programs at both the undergraduate and graduate levels. In the *research* area, articles have dealt with the content and philosophy of research in family practice, as well as with research methods and approaches suited to population based studies. Research to date has involved several major themes, including clinical strategy studies, health services research, clinical decision making, and behavioral/psychosocial aspects of patient care. Important contributions have been made in the *health care policy* area based on studies ranging from quality of care and patterns of practice (including, for example, distribution and hospital privileges of family physicians) to cost and funding issues in the practice and teaching of family medicine.

Despite this progress, there are still some problems concerning the future development of the literature of record in family practice, which is closely tied to the future viability of the specialty. Many practicing family physicians, perhaps

largely through habit, are relatively inactive and accepting in their reading habits and read mainly the well-digested derivative literature. Many seem unaware, or even unsupportive, of the necessity for research and original work being carried out in the field. This needs to change if family practice is to succeed as a specialty.

Several approaches to these problems would appear to be needed:

1. Increased awareness by all family physicians of the vital importance of the literature of record to the improvement of patient care and to the future of their field.

2. Increased priority and time allocated to reading as a part of continuing medical education.

3. Active use of journal clubs in family practice residencies, stressing the development of critical reading habits and the effective use of literature in patient care.

4. Increased teaching by family physicians, drawing on recent work in the field, in continuing education programs for family physicians.

5. Increased association of practicing family physicians with family practice residency programs and departments of family practice in medical schools in teaching and in collaborative research projects.

Family practice is now in the transition from its predecessor, general practice (which lost viability in medical education and practice without its own academic discipline and research base), and family practice as a self-sustaining specialty. Political support alone will not carry a specialty forward on a long-term basis. Established teaching programs will stagnate without the continued infusion of research in the field. The derivative literature will never build the academic discipline that is so necessary to the future of family practice as a specialty. A more critical and scholarly approach to practice, based on the ongoing study of the clinical work of the family physician, is needed. Ultimately, the specialty can and should become responsible for establishing its own standards and approaches to patient care, based upon documented effectiveness. The literature of record has made a promising start in family practice but cannot be taken for granted. The support and interest of the entire specialty is needed in the further development of original work within the field and in the literature of record that communicates the progress of this work.