

The Public's Role in Defining a Research Agenda for Family Medicine

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Research in family medicine incorporates a variety of traditional and nontraditional perspectives. One has only to glance at the current selection of articles in *The Journal* to realize that there is no single research focus in family medicine. Perhaps this variety is a reflection of the generalist tradition and the eclectic interests of contemporary researchers in the field. More often, one suspects, family medicine research has been stimulated by opportunity or available funding.

It is noteworthy, however, that the public has never been queried as to their preferences for a research agenda for family medicine. This exclusion is curious because the renaissance of the generalist-family physician apparently grew out of a public need for personalized, comprehensive, continuing, and high-quality care. If indeed the discipline has some of its roots in this populist tradition, why has research in family medicine not been more responsive to the needs of its constituents? Furthermore, if the public is paying for this research, why have they had so little input into defining the research issues in primary care?

An immediate response to this question might be that research in basic or applied science does not necessarily follow an explicit "agenda," much less

one constructed by a lay public. The so-called war on cancer and current AIDS-related research efforts constitute notable exceptions. Another response might be that research in all disciplines is at least implicitly directed by publicly authorized funding for such activities. Such responses are not sufficient if it is assumed that the public should have more of a role in shaping the research themes of all disciplines.

Research into such areas as continuity of care, the physician-patient relationship, health care delivery, and cost-effectiveness, indeed appears to be responsive to the public's desire for high-quality, personalized health care. Research into the relationship between social support and individual health has reaffirmed the importance of the environment to man's physical and mental well-being. More recently research in community-oriented primary care has addressed the need to ameliorate community-wide health problems identified through the subjective impressions of practitioners or consumers or those characterized from primary and secondary data sources.^{1,2}

Recently in Oregon a series of town meetings was held to gather public opinion regarding bioethical issues important to its citizens.³ This format of gathering public opinion was an important step in sensitizing the public, health care professionals, and officials in state government to the difficult and complex dilemmas that confront the nation's health care system. A similar approach might well be worth considering to survey public preferences for a research agenda in family medicine.

Incorporating such preferences may be even more difficult. Family medicine already suffers from a critical shortage of researchers and a lack of adequate financial support for many research activities. The identification of public preferences could be useful in itself by highlighting these manpower needs to others, broadening a base of support, and emphasizing to fam-

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ily physicians those areas that merit increased attention.

Can it be said that researchers in family medicine know what issues are of concern to the public? While researchers may rightly feel that there is a public mandate to pursue research relevant to promoting health and preventing illness, is it not presumptuous to assume knowledge of the public's research priorities? Do family medicine researchers leave it up to the National Institutes of Health, public and private foundations, or their elected and appointed officials to represent the public when setting research priorities in primary care disciplines? As family physicians are taught to listen to

their patients, so family medicine researchers must be sensitive to the needs and preferences of their constituents—the public.

References

1. Mullen F: Community-oriented primary care: An agenda for the 80's. *N Engl J Med* 1982; 307:1076-1078
2. Nutting PA, Wood M, Connor EM: Community-oriented primary care in the United States. *JAMA* 1985; 253: 1763-1766
3. Crawshaw R, Garland MJ, Hines B, et al: Oregon health decisions—An experiment with informed community consent. *JAMA* 1985; 254:3213-3216

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