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.

BEHAVIORAL SCIENCE CURRICULUM FOR FAMILY PHYSICIANS

To the Editor:

It was interesting and instructive to see how the change of one word in a questionnaire could produce such significant changes as demonstrated in the article on what patients really want by Frowick et al (*Frowick B, Shank JC, Doherty WJ, Powell TA: What do patients really want? Redesigning a behavioral science curriculum for family physicians. J Fam Pract 1986; 23:141–146*). It is indeed tempting to use these results (and others cited) to develop a behavioral science teaching curriculum. As the authors noted, however, we should be reluctant to draw our conclusions regarding emphasis on behavioral science training from these studies. I would further emphasize this point.

Many patients in practice have benefited from active physician intervention in psychosocial issues even when the patients were initially not interested or aware of these issues bothering them. Oftentimes, they were lost in symptoms that were bothering them and were unable or reluctant to open up any personal issues. Many times it took several supportive interventions over time—months to a year—for the patients to gain enough knowledge, insight, and comfort to deal effectively with their psychosocial issues.

If we believed these patients' particular psychosocial issues were of low desirability for physician involvement, the patients would not have had the opportunity to gain the knowledge and insight to manage their psychosocial problems. I believe we owe it to our patients to become and stay expert enough in psychosocial issues to offer help through active intervention, especially when patients are unaware or reluctant to deal with them.

One way to further determine what patients really want might be to follow patients before and after treatment of psychosocial issues to determine how their perception of what their physician should do has changed.

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ERRATUM

In the May issue of The Journal (*Ganiats TG, Norcross WA, Schneiderman LJ, et al: Intrauterine transfusion: Ethical issues involving a Jehovah's Witness mother. J Fam Pract 1987; 24: 467–472*), on page 472, column 1, in the seventh and eighth lines from the bottom of the column, "The State of California claimed. . ." should read, The State claimed. . . .