

LETTERS TO THE EDITOR

FAMILY INVOLVEMENT IN ROUTINE HEALTH CARE

To the Editor:

It appears that Family Medicine research has arrived: if you do not publish your work in a timely manner, you risk being scooped by someone else! That happened to us with Richard Botelho and associates' paper on family members and friends who come with patients to the family practice clinic.¹ We did a similar survey in 1991 and presented the results in a poster session at the 1991 WONCA meeting² but had not yet finished the process by submitting the work for publication. Darn! We can, however, confirm some of Botelho and colleagues' results and shed light on the question of generalizability that they raised.

We, too, surveyed patients in the waiting room, but we did it during two 2-week periods: one in the summer and the other in the winter, to control for seasonality in presenting problems and for schools breaks or summer vacations. Like Botelho et al, we did the study in an urban, academic family practice center, but we also included a suburban, private family practice office to control for differences in patient populations between private and residency practices. Our survey form gathered information similar to Dr Botelho's.

Our total sample was 612 patients, with 203 in the private clinic and 409 in the academic clinic. The private and academic patients did not differ in age, sex, or marital status, but more of the private patients lived with family members (84% vs 73%, respective-

ly) and always had someone with them (47% vs 29%). More of the private patients visited for acute illnesses (52% vs 33%), but fewer of them visited for chronic illnesses (5% vs 11%) and wellness checkup (16% vs 25%).

One half (50% or 102) of the private clinic patients had someone with them, while approximately one third (34% or 138) of the academic clinic patients had a companion with them. The individuals accompanying the private patients, as compared with the academic clinic patients, were more often parents (40% vs 25%, respectively), grandparents (4% vs 0%), siblings (11% vs 6%), and less often spouses (7% vs 23%) and health workers (0% vs 5%). Most of the companions in both clinics provided transportation (29% vs 28%), but many were present for other reasons: some had questions (18%), some helped with following directions (17% vs 13%), and some provided emotional support (15%). For the private patients, more often the companion decided to come with the patient (57% vs 29%), but for the academic patients, more often the patient asked the person to come (48% vs 62%). For both the private and academic clinics, the companions expected (77% vs 68%) and wanted (73% vs 68%) to be in the examination room for the patient's visit with the physician.

Our results are very similar to those of Dr Botelho et al: 39% of the residency patients in the study of Botelho et al had a friend or family member accompany them to the office, and 39% of our private and academic patients had someone with

them. More of their patients had a spouse (40% vs 18% of our patients) or friend (27% vs 10%) with them, and fewer of their patients had a child with them (14% vs 28%). The presence of the companions in the examination rooms was remarkably similar for their residency practice (67%) and our private (77%) and academic (68%) practices.

We agree fully with the issues raised by Dr Botelho et al in the introduction and discussion of their paper. In fact, we are delighted that they put in the effort to summarize the pertinent work in this area. We are also glad to do our part to help clarify the issue of generalizability of their results: our two studies together indicate that there may be differences between practices on the types of visits for which patients are seen and who accompanies the patients, but regardless of clinic type, a substantial proportion of patients will have someone with them in the waiting room, and the companion will expect to be in the examination room with the patient for the physician visit.

We regret that we did not win the race to be the first with the science—not really—but it is gratifying to see that research in Family Medicine is moving along. As the saying goes: "It doesn't matter if you're on the right track, you'll still get run over if you don't keep moving."

*John C. Rogers, MD, MPH
Baylor College of Medicine
Houston, Texas*

*Richard L. Holloway, PhD
Medical College of Wisconsin
Milwaukee, Wisconsin*

REFERENCES

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2. Rogers J, Holloway R. Family escorts of clinic patients. Poster presented at the World Conference on Family Medicine of the World Organization of National Colleges, Academies and

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