ily physicians will play the central role in our country's health care provision system and that ways need to be found to ensure that enough patients will flow to other specialists so as to maintain the financial status quo.

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In reply

The study I described by the AMA Council on Long Range Planning and Development in cooperation with the American Academy of Family Physicians' identified factors that were likely to influence the future of family practice. The study findings were meant to be descriptive, not prescriptive. The fact is, fewer family physicians are including obstetrics in their practices, as the Council predicted and as was noted at the Academy's annual meeting in San Diego, Calif (American Medical News, November 16, 1992:45). Thirty years ago, the majority of family physicians did some obstetrics; today only 25% to 30% do. This is not to say what should happen, merely what is happening. Liability issues have played a part, as have life-style choices and availability of obstetric training.

My comments citing the importance of the family physician as patient advocate and case manager were not meant to "relegate family physicians to the role of 'referals.'" My point was just the opposite: that family physicians are uniquely trained and suited to provide broad-based, cost-effective care to their patients, referring to other specialists when medically appropriate. Physician specialty may indeed have an impact on resource utilization, as has been suggested recently.2 The expertise of family physicians and others in primary care specialties is likely to be a key ingredient in health care cost reform.

Dr. Greenberg is certainly correct: the scope of family practice is expanding. I hope this new ARCHIVES will contribute to this expanding knowledge base by helping family physicians keep abreast of emerging technologies, procedures, and issues that affect their practice.

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