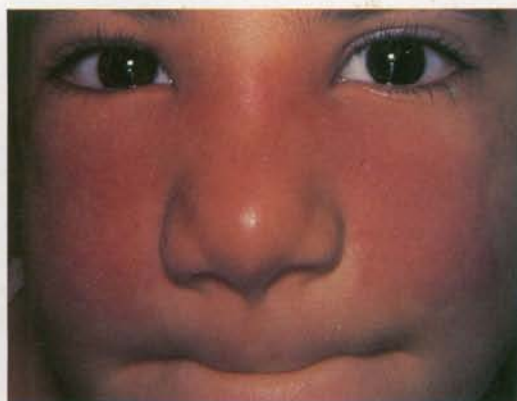


# ARCHIVES

OF

# FAMILY MEDICINE

AUGUST 1995



See Clinical Picture, page 670.

THE RELATIONSHIP OF HEALTH  
PROFESSIONAL SHORTAGE AREAS  
TO HEALTH STATUS

PHYSICIAN PATTERNS IN THE  
PROVISION OF HEALTH CARE  
TO THEIR OWN EMPLOYEES

CLINICAL USE OF AMBULATORY  
BLOOD PRESSURE MONITORING

COMPUTERIZED PATIENT RECORDS  
IN PRIMARY CARE



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CONCISE SUMMARIES  
OF ADVANCES IN ALL  
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MEDICAL CARE  
FOR WOMEN

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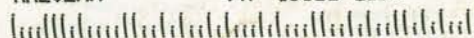
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**F**amily physicians do provide medical care to their own employees. Although this is no surprise to those in practice, I am grateful to Sansone et al for calling attention to a hitherto unexplored dynamic between physicians and members of their staffs. Physicians in rural communities in particular are aware of the tensions involved in dual relationships, such as when one is providing medical care to one's neighbor, minister, or contractor. The physician has the burden of not divulging sensitive information or otherwise abusing a position of confidence and, hopefully, can avoid being burdened with medical questions at a child's soccer game or while shopping for groceries. Having a physician-patient relationship with someone with whom one works daily and for whom one serves in a supervisory or employer role demands even more emotional and clinical dexterity.

Although many family physicians now work alongside other health care professionals as fellow employees of health centers or health maintenance organizations rather than as employers, the questions raised in this study pertain. Most of us experience pressure to provide medical care to employees, and many of us are uncomfortable doing so. If we offer help with "minor problems" while the patient gets the bulk of care elsewhere, what does that do to continuity? If we do longitudinal care but feel constrained from performing pelvic examinations or providing psychological treatment, we may do our patients a disservice. Yet can we effectively balance the conflicts involved with providing "full-service" care to people we (literally) rub shoulders with daily? I hope this study generates discussion of this timely topic.

Joseph Stenger, MD  
Regional Family Health Center  
Barre, Mass

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## WOMEN'S HEALTH

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NIFEDIPINE IS SAFE FOR USE IN PREGNANCY

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VARICELLA AND HERPES ZOSTER IN PREGNANCY

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NONSURGICAL MANAGEMENT OF LEIOMYOMAS, ABNORMAL  
UTERINE BLEEDING, AND CHRONIC PELVIC PAIN

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