Lack of interest in family medicine also in the United States

Drs MacKean and Gutkin1 make an impassioned plea to all Canadian doctors and to all concerned Canadians for immediate action to remedy the growing disparity between demand for primary care medical services and supply of primary care doctors. The main reason for this inequity, according to the authors, is the declining interest in family medicine among our future doctors, due in large part to inadequate pay and low prestige. These concerns are shared among US family physicians, too.

The precipitous decline in interest in family medicine among US senior medical students began 7 years ago and has resulted in many family medicine residency training programs closing their doors or shrinking. Of all the family practice positions offered during the North American Residency Matching Program (NRMP) match of 2003, only 76.2% were filled during the match. This is the lowest in a decade and way down from its high 7 years ago of more than 90%.2 Similarly, only 42% of these matched positions were filled by American seniors, down from its historic high 7 years ago of 72.6%.3 As a former director of a family medicine program, I found the job of recruitment particularly challenging given the strong lure of medical specialties offering greater remuneration and perceived status. My one-selling pitch to US-trained medical students has been that the field of family medicine is the most academically challenging. The clarion calls all family doctors to get involved in boosting our profession in order to make it a viable specialty for the 21st century.

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References

SARS wars: family physicians undeployed soldiers

Severe acute respiratory syndrome (SARS) has declared war on the human race for the last few months. With fear as its accomplice, it has threatened much more than our physical well-being. It has attacked basic notions of a civilized society, including respect for human dignity and public good. Language of discrimination and blame has been directed at a particular ethnic group; individuals suspected of having SARS have knowingly violated quarantine orders and put others at risk. I presume a lot of these behaviours are fueled by misinformation, and it is this presumption that leads me to reflect on family physicians’ role in the war against SARS.

I believe family physicians have key functions as educators and advocates for communities’ in a time of crisis. As family physicians are community-oriented, their organization and active participation in culture-specific educational events can help dispel myths and fill information gaps about the disease. Appropriate information, conveying the equal importance of public participation and medical ingenuity in the battle against SARS, enables the public to see quarantine as acts of altruism that contribute to our liberation from the disease.

As advocates for communities,1 family physicians should be a strong voice against discrimination directed at ethnic communities, as well as at patients with SARS. Discrimination has grave health and moral consequences to society, as witnessed by our experience with HIV.2 Prejudice against people with a particular disease violates human rights.3 With stigmatization, efforts in curbing the spread of SARS can be compromised by secrecy about the disease and delayed treatment.

Due to the trusting and long-standing nature of our relationships with patients, we are likely the ones they will turn to should they have questions or symptoms. Informed advice, as well as teamwork with public health, can facilitate both treatment and quarantines.

The significance of family medicine’s contribution in the fight against SARS is irrefutable. However, it is crucial for our government to recognize and support our functions by way of easily accessible, clear, and timely information about SARS without which family physicians will be like soldiers with no weapons.

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