

Virtual Mentor

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Letter from the Editor

Primary Care in a Specialty Society

A friend of mine found himself attending his partner's son's soccer game, sitting next to his partner's ex-wife. When asked by another soccer parent if they were the boy's parents, my friend paused a moment, and left it with, "Our relationship is a little richer than that."

Increasingly complex family relationships alongside the ever-expanding body of medical knowledge and the unfurling of more accurate and more numerous diagnostics (including genetics) and treatments are perhaps the 3 greatest challenges facing family physicians.

Family physicians are unique because they are trained to treat every member of the family. The demands on their intellectual capabilities and educational devotion are tested as medical knowledge continues to expand. The application of this knowledge is complicated by the sheer number of diagnostics available and the limited time of interaction. Finally, the fragmentation and reconfiguration of households challenge these physicians to appropriately navigate new family dynamics.

The changing family practice environment prompted the American Academy of Family Physicians reports on the *Future of Family Medicine*, mentioned in several essays, and the agreement of the op-eds that the length of family medicine residencies should change, though they disagree about which way. Our medical education essay also argues for a change in family medicine residencies, not in the length but in the location. Concerns about the breadth of family practice are addressed by the case commentaries on dual loyalties (by Stanley Dorst, who was kind enough to give us some early editorial guidance for this issue), intergenerational confidentiality, and clinical depression (which our clinical pearl also addresses head-on). Finally, family practice also faces problems common to the rest of the medical community. The medicine and society essay describes a new model of family practice that addresses financial and administrative concerns in family practice, a clinical case looks at the distinction between physician and friend, and the journal discussion focuses on changes in CME.

As the future of family medicine is charted by the new ranks of family physicians, they face the hazards and puzzles of generalists in a specialists' society.

You'll find the things you should learn listed below.

1. Learn about the "family covenant" as a means for handling medical secrets among family members who are the patients of the same physician.

2. Identify the challenges to respect for confidentiality and patient autonomy when depression interferes with patient decision making, and learn the diagnostic criteria for clinical depression and the principle modes for treating it.
3. Learn how to weigh the harm done by breaking a patient's confidentiality against the harm that patient may inflict on another if you preserve confidentiality.
4. Understand the argument that physicians should discuss with patients only those screening tests that are of proven effectiveness.
5. Understand the arguments for reducing residency training for family medicine to 2 years and for extending it to 4 years, and understand the arguments for locating family medicine residency training in community-based, ambulatory settings.
6. Learn how the "New Model of Practice in Family Medicine" is designed to improve patient care and alleviate financial and administrative pressures on family physicians.

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