

## Mirror, Mirror on the Wall

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Without a longitudinal and careful analysis of the publication and funding history of our discipline, my comments on what I wrote about research in 1980 must necessarily be impressionistic. Also, I am biased by personal experience related to teaching, practice, and research in the southeast region of the country and by my focus on certain clinical and educational fields.

Consistent federal and foundation support for faculty development and fellowship programs has played a substantial role in increasing the discipline's understanding of the research enterprise, uncovered a number of research "stars," led to greater academic productivity in general, and produced a cadre of career researchers. Many of these people are now nationally recognized for their work and sit, with other disciplines, at policy-making and funding tables. In contrast to this success, there is an increasing gulf between family medicine re-

searchers and their clinician/teacher peers. This may be sad, but it is also inevitable in the current health care climate. The pressure for clinical productivity, combined with the increasingly regulated teaching requirements and bureaucracy of government agencies, form a dark cloud over residency programs, which are unable to pay attention to much outside their immediate challenges.

Consequently, family medicine researchers will be less likely to collaborate with their clinical colleagues and more likely to publish

their work with associates from other disciplines, often in non-family medicine journals.

The promise of research from practice networks has only been partly fulfilled. I believe this is a direct result of the inherent instability of the health care system, where restructuring, practice buyouts, and increasingly transient loyalty and mobility of patients dim the prospects of practice-based research. Yet, evidence of the effectiveness of a range of disease management or health services interventions would be one of the most useful targets for our discipline.

Hope remains that some form of stable managed care system that covers large population groups will enable family medicine to undertake research in its true arena—the community.

With the pressures of clinical accountability, patient satisfaction needs, and a focus on evidence-based medicine and practice guidelines, I think the days of encouraging "organized curiosity" among our residents and colleagues in community practice are over. As shown by the American Academy of Family Physicians re-

search initiative, we must look to developing the "star" system and give talented researchers the tools, resources, and environment to succeed. Meanwhile, as they develop their ideas and programs, we must hope that these stars will retain the philosophy, tolerance, and broad view of their family medicine origins.

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See related article on pages 389-92.

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