We were amazed when we heard the presentations by the high school students in our summer research program for minority students. This program is sponsored by the National Institutes of Health (NIH) and is designed to encourage these students to pursue careers in biomedical science and research. The students used terms like “SNP” this, “PCR” that, and “HPLC” the other. Frankly, we had trouble keeping up with many of the concepts being presented, most of which were invented sometime after we were in medical school. But each project was part of a hypothesis, which, if proven, could potentially improve health care in the United States and the world. It is these possibilities that propel our country forward in ongoing scientific progress.

Some might ask, “Why would a family medicine department host a basic science program?” We would reply “Why not?” In our example, it is a service to the community in which we reside and can potentially help increase the number of minority students who go to college and beyond. It has further implications, however. Listening to the presentations and then talking to the students about the long-term potential of their work made us think about the national discussion on the need to have clinicians participate in the teaching of basic science. There is also a great need to provide clinical input to basic research, and this is a part of the NIH Roadmap. Do family medicine faculty do enough of this nationally? If we did more, would we increase the numbers of students who choose family medicine as a career? It might be to our advantage to learn about the newest aspects of basic science so that we can be more conversant with the students and our colleagues doing bench research.

The topic of the relationship between research and student interest in family medicine is highlighted in an article by Senf et al in this month’s issue of *Family Medicine*. The authors conclude that there is an inverse relationship between research and student interest in family medicine and pose the question “Will efforts to expand research in family medicine further reduce student interest?” While the data presented may suggest that this relationship is real, we believe there is no need for concern. First of all, the vast majority of research that premedical students see is bench research that is not representative of what most people would consider to be family medicine research. The likelihood that a premedical student would ever come into contact with family medicine research is, unfortunately, quite slim. The ecological suggestion from this data is thus, in our opinion, fallacious. In our experience on three different medical school campuses, students seek family medicine research for one of two reasons: (1) they are interested in family medicine or (2) they want to do clinical research (also known as: they want to “avoid bench research”). These students have frequently become family physicians. The progress that has been made in family medicine research in the last 5 years has been substantial. Departments of family medicine have more faculty who are role models of successful researchers. Also, we should not imply that the human aspect of medicine that is attractive to many students who are interested in family medicine is antithetical to research.

Another part of this discussion that has occurred on the national level is what, if anything, is the basic science of family medicine? Some have said that our basic science is population medicine and public health. Others have said family systems theory. There is a growing number who would suggest that the definition and application of complexity theory is our basic science. If we step up to the plate in the way we should, part of the basic science of family medicine will be genetics. Genetics is a topic that will influence all specialties and perhaps family medicine the most. Family medicine is uniquely positioned to see and study the contribution of genetics as an etiological agent across generations. We should emphasize that the ultimate laboratory for this work will be the offices...
of practicing physicians working collaboratively with each other to validate the utility of interventions.

One of the reasons that it is crucial to articulate a notion of the importance of research to our discipline is the anti-intellectual undercurrent in family medicine that suggests we are essentially “people persons” who are willing to leave all that science stuff to the scientists, as if what we do is not science. This perception is picked up by other specialties and is in turn passed on to students. So, one way for family medicine to stake its claim as a mandatory ingredient of the academic health center is to foster and produce our contributions to science and take a position next to our brethren as fellow scientists contributing uniquely to the expansion of medical knowledge. We could also promote our residents, fellows, and junior faculty to undertake basic science research in the laboratories of geneticists, microbiologists, or pharmacologists. The differences between basic science departments have blurred, and we might do well to blur their research boundaries around ours. Further, our clinical contribution to such collaborations would be valuable to many researchers because of our ability to translate potential benefits of research to the bedside and, eventually, the populace.

A related question is what is family medicine research? We can get reports off the NIH Web site that list NIH funding to departments of family medicine for the last few years. Some detractors have pointed out that some departments that are combined with community health or public health have grants on topics such as toxicology, and that is not “real” family medicine research. But, who is to say what should or should not be within our purview? One of the pleasant aspects of being a family physician is the variety of patients and patient problems we see. Should this eclecticism not also be applicable to our research?

Finally, we should not do ourselves a disservice by overdefining ourselves. If a department of family medicine wants to do basic research, so be it. It causes harm to nobody. The next time you are walking down the hall and see a flyer from a basic science department about a seminar related to a clinical problem of which you have an interest, take the time to attend. We will almost guarantee that you will be welcomed, and you never know what effect it may have on you or on your students.

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