

Letters to the Editor

In Response

AAFP and Coca-Cola

To the Editor:

Thank you for having the courage to publish the article by Jane Murray, MD, in the January 2010 *Family Medicine* regarding the relationship between Coca-Cola and the AAFP. In a few years, we will reflect on such affiliations with the incredulousness with which we now view yesterday's ads in which doctors encouraged us to smoke Lucky Strikes.

It is somewhat embarrassing for me to call myself a family physician when the AAFP Executive Vice President Doug Henley, MD, states that since the American Dietetic Association says there are no good or bad foods, it must be all right for the AAFP to take money from Coca-Cola. I do not know whether to cry, scream, or drop my membership from AAFP.

I would like to suggest that STFM send our sisters and brothers at AAFP a request to consider returning the money to the Coca-Cola Company. I agree with Dr Murray that best way for those of us in the AAFP to promote health would be to return the Coca-Cola money and not be forever known as health promotion hypocrites.

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Service Learning Is No Substitute for Social Justice

To the Editor:

I am a medical student at the University of Washington School of Medicine and am writing to take issue with the article by Drs Main-

ous and Baker, "Service Learning Helps Sustain the Status Quo," recently published in *Family Medicine*.¹ While it is valid that education on health reform is a dire need for all citizens, least of all medical personnel in training, it is simply inappropriate to lay the failures of our system on service learning. It would be more effective and appropriate to advocate for increased political discourse to complement the service learning requirement, itself a hard-won reform of medical education.

In all areas of injustice there is a need both to care for the wronged and to create structures that eliminate the injustice itself. Ideally the two needs are met in such a way that they reinforce one another and bolster the struggle for justice. It is at times a strategic decision to focus on one area or another, but it is altogether different to presume that one exists to the detriment of the other.

I am only in the first year of my medical training so I would like your opinion on a clinical question. Should you treat an African American child's asthma knowing that the rate of asthma among African American children is 10 times the background rate and largely due to substandard housing? Is it not more appropriate to deal with the substandard housing than clinical treatment, which presumes that this disparity in health will remain? Perhaps it would be more appropriate to deal with the substandard housing that helps drive the disparity. Wouldn't treatment help obscure the larger issue and delude the treating physician into believing they are effective?

I would like to share the response of Ben Danielson, MD, of the Odessa Brown Children's Clinic in Seattle. Dr Danielson would treat

the patient, as is his professional and moreover moral obligation, but he would also address the larger issue. Dr Danielson is the principal on a grant that brings a lawyer into the clinic to advise patients on their rights concerning mold remediation and to serve as their advocate to the landlord. I find this response commendable, even as I, and I believe Dr Danielson, understand that legislature addressing substandard housing or a committee on health equity to vet legislation is more desirable and would prove a longer-lasting solution. I would add that the reason I know Dr Danielson and the reason I am in medical school in the first place is due to the "pipeline strategy" decried in the article by Drs Mainous and Baker.

In closing, while I am disappointed with the article, I strongly agree with the assertion that more political education is necessary in medical school and invite your suggestions on how medical education can be amended to address health care reform, grounded in the experience gained from service learning.

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REFERENCE

1. Mainous AG III, Baker R. Service learning helps sustain the status quo. *Fam Med* 2009;41(9):656-8.

More on Service Learning

To the Editor:

I was pleased to read the essay "Service Learning Helps Sustain the Status Quo" by Mainous and Baker. It makes important points about the need to have structural change in our social and health care systems that deny a large portion of our population (and it would be bad if it was only a small portion!)