

Letters to the Editor

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Editor, Letters to the Editor Section

Editor's Note: Send letters to the editor to jscherger@ucsd.edu. We publish Letters to the Editor under three categories: "In Response" (letters in response to recently published articles), "New Research" (letters reporting original research), or "Comment" (comments from readers).

In Response

AAFP/Coke Alliance

To the Editor:

We are writing in response to the commentary regarding the AAFP and its recent alliance with Coke that was published in the January 2010 issue of *Family Medicine*. As the commentary discusses, the American Academy of Family Physicians (AAFP) accepted a financial donation from Coke to support their familydoctor.org Web site.¹ Since this relationship was announced, the leadership of STFM has been following multiple dialogues regarding this decision. It is obvious from these discussions that many of our members have strong feelings about this issue. We understand your concerns and respect your passion and engagement.

Since the decision was announced, STFM leaders have been in contact with the AAFP's leadership regarding their decision. The AAFP is well aware that many of their members, family medicine educators, others in the medical community, as well as in the general public are upset over their decision to partner with Coke. The AAFP Board of Directors reviewed their decision in light of their mission and comments they received and have chosen to maintain the

relationship. For future alliances, they have formed a review committee to provide input regarding these decisions. As STFM president, Terry Steyer, MD, will be serving as a member of this committee. It is hoped that this committee will be able to review future alliances and provide a broader input that will help the AAFP Board of Directors make the decision that they feel is in the best interest of the Academy and its members.

We will continue to monitor the situation and to engage in dialogue with AAFP leadership and senior staff about this relationship and potential relationships in the future. We encourage you, as either individual members or as friends of the AAFP, to share your individual concerns directly with their leadership. They are responsive and want to know and understand the feelings of their membership and the greater community of family medicine.

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REFERENCE

1. Murray JL. Coke and the AAFP—The Real Thing or a Dangerous Liaison? *Fam Med* 2010;32(1):57-8.

Patient-directed Care Works Best With Family Physicians Specialized in Their Care

To the Editor:

I enjoyed the article by Joseph Scherger, MD, MPH, on patient-directed care and the future of medicine in the Web-enabled era.¹ It raises a number of relevant points, and I was encouraged that he did not paternalistically act as if we have all the answers. One of the more difficult things for most of us in medicine is to deal with cases where there is no clear or "correct" answer. We tend to focus on what we feel we have knowledge about and leave off or ignore the areas we do not. We may, for example, adjust statin dosing and say nothing about cholesterol intake, though in most cases the potential impact of adjusting statin dosing is far less than the impact of improving diet. (I do not mean to ignore the instances in which this may not be so or those cases where the patient has refused dietary change.)

I think a likely way the transition of which he writes may take place will be for family physicians and other primary care physicians