Why Do We Write?

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This is an important question in any of our endeavors. It has been a recurrent one in the history of family medicine, which for many years in this country has had a limited tradition for its own literature.

For starters, there are many reasons why many of us in family medicine choose to write. This applies to what we write and for what audience. Our broad field—as the quintessential primary care specialty dealing with patients and families of all ages—encompasses many activities, including clinical practice in urban, suburban, and rural communities; teaching in community-based residencies and medical schools; and research. Our perspectives in family medicine are further expanded by our inclusion of collaborating disciplines ranging from epidemiology to clinical pharmacology and behavioral science.

Though others in family medicine may write for different reasons, these are some of the main reasons that have motivated me to contribute to our literature over the years. Each of these reasons suffers by being isolated, since they are often interrelated and complementary to each other. Some or all of these may resonate with other writers and would-be writers in family medicine.

1. To learn more than we know at the start of a writing project and to share new knowledge with our readers.

This is how my own medical writing started. As a solo general practitioner (GP) in Mount Shasta, CA, with a busy general practice including some surgery, obstetrics, and anesthesia, I was called upon to care for a young woman with her first pregnancy. I noticed that she had a bluish tinge to her sclerae and wondered how osteogenesis imperfecta (which I had actually never seen) would affect her prenatal course, delivery, and care of the baby. Nor did my OB consultant in the nearest referral center, 65 miles to the south in Redding, have the answers that I needed. So I flew down to San Francisco, spent a day in the health science library at my alma mater, the UCSF Medical School, and reviewed the literature on the subject. (This was before Abridged Index Medicus and way before the Internet!). Armed with that information, I was enabled to provide all the obstetric and neonatal care in our local community and 28-bed hospital with excellent outcomes.

The process of writing requires scholarship and discipline with a constant effort to find the best supportive evidence available at the time for what we write. That in turn requires historical perspective and balanced consideration of the evidence for countering views. As scholars and writers, it is our duty to be curious and skeptical, to keep an open mind about what we find, and to be fair in drawing conclusions.

2. To advance our specialty and to add new information that is true, important, and of value to our readers.

I used to participate in workshops on medical writing during my years at the University of Washington. I was always impressed how different were the approaches and styles taken by my colleagues toward their own writing projects. But it is clear that the history and future of our specialty depends greatly on the written word. A talk at a meeting disappears soon after the meeting with minimal lasting effect. Concerning publication of research of any kind, this observation by Dr Patrick Byrne, professor of general practice for many years at the University of Manchester in England, has always impressed me: “If you haven’t written it down, it didn’t happen.”

3. To examine questions or issues related to our profession and the health of the public.

Even when the subjects are widely accepted in our times, they still need to be re-examined from time to time as circumstances change. There is a broad range of subjects that need to be addressed in the family medicine literature, including reports of clinical and health services research; evaluation of new initiatives in...
delivering care, such as the medical home; epidemiology in primary care; access, cost, and quality issues related to primary care; and narratives of our patients' difficulties in navigating our changing health care system.

4. To clarify complicated subjects by cutting through to the essentials.

Our current times give us a great opportunity to do just this. Today's environment in our health care non-system is chaotic, mostly serving corporate stakeholders on the supply side and leaving the public confused and powerless to make our system more accountable to the needs of ordinary Americans. The political debate over health care is focused more on peripheral issues than more fundamental, still unanswered questions. These include:

- Who is our health care system for? (ie, patients versus corporate stakeholders on the supply side)
- Should our health care delivery system be driven by a for-profit business model based on ability to pay or by a not-for-profit service model based on medical need?
- What is the role of government in setting health policy and providing checks and balances to the health care market?

5. To bear witness to the problems being faced by our patients during the current health care crisis.

Our health care system is in crisis as the ranks of the uninsured and underinsured grow steadily and as more sick Americans forego essential care due to unaffordable costs and have worse outcomes. Human suffering is all around us and obvious every day in our primary care practices.

Can we help in ways beyond the care of individual patients? Are we here as advocates for our patients and acting as activists on their behalf—or not? Today, more than ever, we have a great opportunity to write and to make a difference for the common good.

6. To expose conflicts of interest (COIs) that run counter to our patients' interests.

These may range from COIs involving hospitals, insurers, drug companies, and even some of our professional colleagues and medical organizations. This is even more important in today's rapidly changing delivery system, where more than half of physicians are now employed by hospitals or in some cases, by insurers. Edmond Pellegrino, MD, internist, moral philosopher, and leading medical ethicist at Georgetown University's Center for Clinical Bioethics for many years, raises these challenging questions:

The enormous power of medical technology, coupled with the legitimization of the market ethos in health care, threatens to overshadow both physician and patient. What will our moral response be? . . . Should the traditional medical ethos be replaced entirely by a new code, one modified to suit current economic and political realities?

7. To advance the public good.

As the broadest clinical specialty in US medicine, the involvement and perspectives of family medicine cover a wide range of subjects—from how effective are our current approaches to medical education and clinical practice to societal issues concerning access, costs, quality, and equity of our health care system and questions about the future of primary care in a changing system.

Coda

We don't write to just write—for one reason, it is much too much work! And if we're in academia, we also don't write just to get promoted, though we are required to write by appointments and promotions committees. Moreover, not all of us are, or should be, writers. There are many ways to serve our patients and our specialty without writing. Each of us has our own unique skills and perspectives and different ways to contribute to the advancement of our chosen field.

But some of us are actually compelled to write and somehow work through the barriers of time or other problems to get it done—sometimes even to a certain extent of enjoying the process! Though I had been a geology major in college and not much of a writer, I was drawn early in my practice years to writing as an additional way to contribute to our field and the public interest, as stimulated by my experience in practice and teaching. My interest in writing was further nurtured by reading other good writing, by editing books and journals, and was sustained by the needs around us in a changing practice and teaching environment.

To sum up the overall goal of writing in family medicine:

At best, we write to shine a bright light on a better future for our patients and our profession.

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References