We’re not in family practice for the money. We’re not in family practice for the recognition. We’re in family practice with the intention of making a difference and touching the lives of patients. Although it is possible to quantitatively assess health care outcomes of patients, many ways in which physicians affect patients are intangible, resistant to quantitative measures. We may touch the life of every patient we see in some small, imperceptible way. If so, over the course of a professional lifetime, a family physician touches the lives of thousands of patients.

Impact of Practitioners of Family Medicine

Estimating this number is a challenge and rests on a variety of assumptions. According to the American Academy of Family Physicians, the typical family physician handles 94.7 office visits per week and works 47.1 weeks per year (4,460 patient visits per year). With 14.4% of these visits being new patients and average established patients seeing their physician between 2.8 and 3.4 times per year, the typical family physician would be expected to see 642 new patients and 1,244 established patients each year. If a professional lifetime for a family physician runs from age 30 to retirement at age 65, then an estimate of the number of patients that a family physician can affect during a professional lifetime is:

- 1,886 patients in first year.
- 642 new patients/year X 34 years in practice=21,828 patients in subsequent years.
- =23,714 patients in a lifetime.

The assumptions involved in this estimate are numerous, and the number for any particular physician will vary considerably due to such factors as geographic location, practice style, and patient characteristics. Even if this estimate is off by 10%–20%, this estimate implies that one practicing family physician touches the lives of 20,000 people in the course of a lifetime—enough to populate a small city.

Impact of Teachers of Family Medicine

Although family medicine teachers touch the lives of patients through the direct patient care they provide, the real influence of teachers is the indirect effect they have on patients through the graduates they train. Based on the existence of 3,546 PGY-IIIIs in 474 family practice residencies, the typical family medicine teacher could affect 7.48 residency graduates each year. According to James Martin (personal communication, July 2002), even if only 95% of these graduates pass their American Board of Family Practice certification examination, this means that over a 35-year professional lifetime, a family medicine teacher will impact 248.85 graduates who enter practice.

When estimating the impact of these graduates on patients, we must take into account the overlap created as patients change from one physician to another. Although the number of family physicians a patient has in his/her lifetime is unknown, we can estimate this number based on the observation that, of the people reporting that they had a “regular doctor” in the past 5 years, 44% had the same physician during that period. Assuming that those who changed physicians do so only once in 5 years, and that changing physicians in one 5-year period is independent of changing in any other 5-year period, we can estimate the number of physicians a patient has over a 35-year period as 3.68 physicians using a binomial distribution. Carrying this one step further, even if the overlap only occurs among physicians the particular teacher trained, the 249 graduates taught can be expected to care for 1,603,595 patients—enough to populate a large city.

Impact of Researchers in Family Medicine

Perhaps the most indirect impact on patients is that provided by the family medicine researcher, since there is no direct contact between the researcher and the physician. To estimate this impact, however, we must consider the journal in which the research is published, the num-

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From the Department of Family and Community Medicine, University of Texas Health Science Center at San Antonio.
ber of practitioners reading the journal, the proportion of physicians that will use the research they read, and the proportion of patients with the disorder addressed in the particular study. Based on the findings of a recent study that 73%–76% of family physicians would use the research presented (assuming they read the journals they receive) and the prevalence of common problems in family practice, we can estimate this impact. The NAMCS study found a prevalence of 7.4%, 3.0%, and 1.1% for hypertension, diabetes, and depression, respectively, in family practice. Using circulation information provided by the journals themselves, we can estimate the number of patients who, within 1 year of publication, can be impacted by an article on one of these topics published in the family medicine research journals (Table 1). If the cost of producing a research article in the *Journal of Family Practice* is $31,500, this equates to a cost of $.03 per depressed patient potentially impacted!

In addition to the patient impact estimates, a further potential impact of research should be considered. Published research impacts the research of others in the field. Thus, articles published in *Family Medicine* and the *Journal of Family Practice* in 2000 were cited by 1.44 and 1.91 articles published in 2001, respectively, according to Science Citation Index and Social Science Citation Index. These, in turn, can affect patients. Although the number of practitioners who subscribe to *Family Medicine* is small, and few patients are impacted by the clinical research articles published therein, the 4,900 Society of Teachers of Family Medicine members who subscribe to *Family Medicine* teach the 3,546 graduating residents and will therefore impact patients indirectly through what they read in the journal.

In conclusion, although a family physician can expect to directly touch the lives of more than 20,000 patients in a professional lifetime, the impact of a family medicine teacher is 68-fold greater. However, a family medicine researcher can almost do this in a 1-year period with one well-read article. The intensity of the impact we have decreases as the distance between us and the patient increases, but the impact is there just the same. We maximize the breadth and depth of that impact by coordinating efforts among practitioners, teachers, and researchers and by valuing each other’s contributions.

**Correspondence:** Address correspondence to Dr Katerndahl, University of Texas Health Science Center at San Antonio, Department of Family and Community Medicine, 7703 Floyd Curl Drive, Mail Code 7795, San Antonio, TX 78229. 210-358-3885. Fax: 210-223-6940. katerndahl@uthscsa.edu.

**REFERENCES**


**Table 1**

<table>
<thead>
<tr>
<th>Specific Disorders</th>
<th>Journal of Family Practice</th>
<th>Journal of the American Board of Family Practice</th>
<th>Family Medicine</th>
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<td>Hypertension</td>
<td>7,391,177</td>
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<td>Diabetes</td>
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<td>Depression</td>
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* Based on 75% of circulation  
** Based on 1,886 patients seen per practitioner per year