physical fitness might well improve
the health of an entire family.
Elizabeth Slateker, MD
UPMC St Margaret
Pittsburgh, PA

REFERENCES
parents more physically fit than children of civilian parents? Fam Med 2003;35(6):
404-7.
2. Lindquist CH, Bray RM. Trends in overweight and physical activity among US military
3. Graham WP, Hounani LL, Sorenson D, Yuan H. Demographic differences in body com-
position of Navy and Marine Corps personnel: findings from the Perception of Wellness

More on Family Medicine “Bashing”

To the Editor:
I imagine that most family physicians have experienced the hostile environment documented by Campos-Outcalt et al not only as students but also as residents and continuing on into their practices as well.

I have always found it curious that the same aspersions are not usually applied to the discipline of emergency medicine as well. After all, the breadth of knowledge required is almost identical. Could it be because ER physicians do not compete directly with other specialties? Or is it that medical school faculty are too insecure to admit that any primary care physician might be more intellectually adept than someone confined by the Ivory Tower?
Neal Devitt, MD
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Practice Residency
Santa Fe, NM

REFERENCE

Many Factors Involved in Career Selection

To the Editor:
I read with interest the article by Hill-Sakurai et al1 on the effect of preclinical courses with family physicians on career selection. We had done an earlier study that had essentially the same findings. As we noted in that study, probably the career decision process has so many factors that a reductionistic approach of looking at the impact of any one factor, whether it’s a physical diagnosis course or other preclinical courses, will simply not show any substantial effect.2 Despite the lack of firm evidence, it seems reasonable to maintain as much involvement as possible in all preclinical medical courses.
John W. Beasley, MD
University of Wisconsin

REFERENCE
1. Hill-Sakurai LE, Schillinger E, Rittenhouse DR, et al. Do required preclinical courses
with family physicians encourage interest in family medicine? Fam Med 2003;35(8):
579-84.

The Family in Family Medicine

To the Editor:
One doesn’t enter without trepida-
dation into debate with distinguis-
ghed leaders in our field such as Frey1 and those associated with the paper by Goldschmidt and Willard in the same issue.2 Nonetheless, I would like to submit that our special-
ity name, “family medicine,” is a good one because we care for all members of the family. That we don’t often care for families as a unit is not important. I say this having had three of my patients from the same family in my office for an hour yesterday, a Saturday, work-
ing on some issues of dynamics and stress and boundary setting. Though admittedly this is not what I do mostly, I should add that this divorced mom and her two teenaged daughters trusted me with personal matters because I have provided medical care to all of them for years.

Although Dr Frey has some positive thoughts about general practitioners he has seen in other countries, the ones I’ve seen during my 13 years of teaching and practicing in developing countries are for the most part entering practice right out of medical school and are not nearly as skilled as their responsibilities require. Their patients would be better served if they got more training before entering practice and then called themselves—proudly—family physicians.
J. Dennis Mull, MD, MPH
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REFERENCES