Letters to the Editor

More on Primary Care

To the Editor:

I was a big fan of the NCMJ in its former incarnation. I am happy to see that it continues to be provocative and interesting in its new form.

Dr. Estes' article [Estes EH. Primary care: building a model for the new medical environment.NCMed J 2002;63(4): 189-94.] was particularly insightful. As a family physician, I feel he hit the mark in describing current issues in primary care. He was both accurate and sympathetic in identifying the various competing demands on physicians—between practice and family responsibilities, between in-patients and out-patients, and between the desire to take the best care of patients and external demands to be productive and avoid liability.The diffusion of responsibility and the resulting sense of patients that they don't have doctors who know them and advocate for them are pressing problems. Dr. Estes' solutions of establishing true team practices, paperless medical records, and changes in the payment system address these issues with wisdom. For medicine to have a future in which there are trusting, continuous relationships between patient and provider, we need to be successful in implementing them.

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On Primary Care and Access to Care

To the Editor:

Recently I read the July/August NC Medical Journal. Of course I read Dr.Estes' article [Estes EH. Primary care: building a model for the new medical environment.NCMed J 2002;63(4): 189-94] extensively, as I was mildly interested in that element of history, and his style is exellent. Then I read the long interviews and history [Madison DL. Historical and contemporary meanings of "primary care" (with occasional discursive references to North Carolinians). NC Med J 2002;63(4):197-205; Madison DL. Conversations in primary care. NC Med J 2002;63(4):207-19]. I found them interesting because I am familiar with that era of medical practice—especially in a small town where many people were (and are) poor and under-served, but I wondered if your hoped-for readers of the younger generation care enough about how medicine was practiced then to be interested in reading about it now. I may be wrong, but I felt not. I also wondered if the age of the *Journal*'s staff didn't reflect the interest level of the contributors rather than of a younger readership.

I agreed with Dr.Estes' comments on patients' feelings that they do not have a personal physician. Of course, they will never have one again as long as there is this serious shortage of physicians and increasing impersonalization of care—or perhaps it is a distaste for becoming involved. How many times do we hear of the shuffling and referral of patients from one physician to another, leaving patients feeling as if they don't know the new physicians and that the previous physician didn't know them? They don't know whom to relate to, especially if their entry into the medical whirl was through a specialist. The physicians interviewed by Dr. Madison knew their patients and offered continuity of care. It seems to many that a subspecialist, even though he has had training and experience outside his field, will recuse himself from offering service or advice in anything outside his chosen specialty.

I recall the open opposition to the East Carolina University medical school and the apparent preference for importing physicians and sending our own talented students to "foreign lands" for their medical education. Now the state's population is in excess of 8 million, and we still seek foreign physicians to fill our residency programs and enter practice here—to the disservice of our own talented and able citizens who want to be physicians. The overabundance of such talent was proven in a study during the time of objections to the school at ECU.

On the subject of national medical healthcare, I recently had the chance to discuss the Canadian medical system with a Canadian industrialist whom I met on a fishing trip to Tennessee. He was quite pleased with their national plan, which is sustained by that nation's two or three percent national sales tax. He says the Canadians like it too—especially the nation's employers. Since they think they cannot afford the facilities for highly complex procedures they would prefer their national plan to pay for that care in the US.

It seems that interest in a universal medical plan for the US is increasing in young as well as older physicians who foresee increasing medical care needs based on technology and population. I can think of very few trends in which the US hasn't eventually followed England's lead.

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