LETTER FROM THE EDITOR-IN-CHIEF

A Defense of Family Medicine or an Indictment of Emergency Medicine?

I expected a firm retort from our colleagues in academic and traditional family medicine with regard to my column Is Urgent Care "Real" Family Medicine? (*JUCM*, October 2008). Unexpectedly, however, the column brought concern from one of our urgent care colleagues with roots in emergency medicine.

In his letter—excerpts from which are presented here—Dr. Bryan Dunn of Boerne/Bulverde Urgent Care in Texas writes:

> "Your editorial came across as a slap in the face to emergency physicians, especially those who practice urgent care medicine....
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> Your editorial claims that 'we' (family physicians) are 'less distracted by the critical patient, allowing for greater attention to be paid to the majority of patients with acute, undifferentiated problems.' This is stated to be a 'real advantage' that family physicians offer....
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> I fail to see how my training as an emergency physician is somehow a disadvantage. I am quite comfortable treating those who are very sick or badly injured and at the same time providing a timely and accurate diagnosis in a friendly way to those who have minor complaints.
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> The second point that your editorial makes is that family physicians have a 'greater ability to evaluate a patient within context, understanding agendas more quickly, addressing psychosocial and cultural needs more accurately.' Do you have any type of documentation to support this?...
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> It is my experience and opinion that a capable emergency physician can deal with almost any situation presenting to an urgent care center, and in many cases provide definitive treatment when physicians trained in other disciplines would send that patient to the emergency department."

The intent of my column was a defense of family physicians practicing in urgent care, not an indictment of emergency physicians practicing in urgent care. Any perception of segregation within urgent care is bad for the discipline, so I thank Dr. Dunn for letting us know how he perceived the column. If he felt that way, then I am sure others do, as well.

Family physicians practicing in urgent care are often perceived by their colleagues as abandoning the entire premise of family medicine; the column was my rebuke of that notion. My comments regarding emergency medicine were intended to compare the urgent care *setting* vs. the emergency department setting in the evaluation of the "non-critical" patient. I wholly support the notion that emergency physicians practicing in urgent care settings are also less distracted by the critical patient, and would hypothesize that their outcomes and compliance might improve in these patients, as well.

Family physicians do receive extensive training in human behavior, family structure and dynamics, and family counseling and education. Understanding the role of each in the setting of acute and chronic disease and wellness is a cornerstone of family medicine training. It is, again, my opinion that this assists the family physician in the assessment of the undifferentiated patient.

All this being said, emergency physicians practicing in urgent care bring a wealth of competencies to the evaluation of the undifferentiated patient, many of which are highlighted in Dr. Dunn's letter.

I have argued from the beginning that urgent care is a blended discipline, borrowing from family medicine, emergency medicine, occupational medicine, and other specialties, and that it is in the interest of all those who practice in this setting to share their expertise and participate in the development of learning tools to fill competency gaps.

I hope we have unveiled an important opportunity to further discuss the role of *all* those practicing in urgent care, and look forward to continued dialogue exploring opportunities for collaboration and understanding. ■

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