and care for both the have-nots and the have-gots. Mother Teresa recognized that, "Loneliness and the feeling of being unwanted is the most terrible poverty."[13] Mullen and her team studied over a thousand patients in two diverse practice-based networks in the United States and found that 20% reported being lonely. Loneliness was associated with lower health status and more frequent visits to primary care and urgent/emergency care and hospitalizations.[14] Working with members of that team, Tong studied communities in Colorado and Virginia and found that patients who live in areas with greater problems with unemployment, access to care, poverty, and transportation also face heavier burdens of loneliness.[15]

The admonition, "Mind the gap," long familiar to London commuters, has become a common caution to all travelers. As we explore the frontiers of family medicine, our new science might be gapology. Holding hands with our patients, we must jump across the gaps in clinical guidelines, evidence-based care, and efficient clinical protocols.

Health care most often goes wrong at the transitions; between prescription and adherence, between inpatient and outpatient, between convenience and comprehensive care. These are the gaps that test our commitment to the patients, families, and communities we serve.

Family physicians share a mission to fill the gaps by caring for folks in a way that is integrative and introspective, comprehensive, and compleat. What other medical professional embarks on so foolish a quest? Others seek more comfortable niches that limit expertise, expectations, and exposure to inadequacy. It is in the interstices of health and illness, in the uncertainties between diagnoses, and in the tensions between healing roles that primary care clinicians expose the audacity of their hopes.

These articles, like all research, point to further gaps, unanswered questions, and challenges in practice. Please join our online discussion at http://AnnFamMed.org.

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