

"Our community of reflective practitioners will continue its quest informed...."

Kurt C. Stange, MD, PhD, Editor

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The online discussion of the November/December 2004 issue of the *Annals* demonstrates the variety of comments that lend richness and texture to the peer-reviewed research studies. The discussion contains a number of short reactions and author responses that inform reflective practice¹ and further inquiry. These serve a "letter to the editor" function, but with greater immediacy. In addition, the thoughtfulness of many of the online commentaries approaches the depth of an editorial. These analyses challenge, interpret, put into context, and often go beyond the insights accessible in the original research article. These varied comments—from short reactions to more detailed commentaries—are both interesting and provocative. Here are excerpts from some of the recent online comments. Although admittedly out of context, I hope the words of your colleagues will pique your interest and draw you into reading the deeper insights of their authors. Both the online comment and the article to which it refers are referenced.

"Patients present with something that is a problem for them, they ask the clinician to participate in its identification and resolution..."^{2,3}

"Once we are aware of the individual's hopes and dreams we can no longer see him/her as a 'crock,' a 'sure loser,' a 'dead ender' or whatever dismissive epithet we might have assigned them."^{2,3}

"In this research, we have tried to give these patients a voice."^{4,5}

"[A]ll family physicians should be encouraged to form personal and confidential relationships with their adolescent patients in order to address unmet reproductive health needs."^{6,7}

"[D]epression is often under-recognized in primary care settings, not because primary care clinicians lack the knowledge or feel that it is unimportant, but because multiple competing demands during the primary care encounter often overwhelm the clinician."^{8,9}

"I have come to think of comorbid psychiatric illness (particularly depression) and other chronic medical illness ... as the 'Dual Diagnosis' of the 21st century."^{10,9}

"... investigat[e] the two unexpected findings."^{11,9}

"If this direction of causality is true, then ... our description of common negative symptoms experienced by elderly patients is called depression and ... depression is a symptom of reduced quality of life. Therefore, we should focus our attention directly on improving physical and mental functioning and improving quality of life."^{12,9}

[For feedback] "[t]o be influential, a number of prerequisites have to be met..."^{13,14}

"A successful, but single intervention generally does not last a long time."^{13,14}

"Theory: the challenge for translating evidence into practice."^{15,14}

"A Dutch study in primary care found that diagnostic testing, labeled as superfluous by a panel of experts, had no negative effect on health status and that medical consumption was not higher in patients that underwent excessive testing."^{16,14}

"Our research and clinical patients have suggested numerous inputs and components for ... how individuals understand and respond to their family history of chronic disease."^{17,18}

"I think that to date the best—maybe the only—tool [for implementing the biopsychosocial model] is the updated problem-oriented problem list."^{19,3}

"I believe that a new model of family medicine can be much more biopsychosocial and relationship centered when we provide continuous care not dependent on visits."^{20,3}

"Their paper lends a panoramic view, almost breathtaking, while integrating new and deep approaches that have emerged since Engel."^{1,3}

"... Engel's biopsychosocial model 'is both a philosophy of clinical care and a practical clinical guide."^{21,3}

"George Engel's teachings ... are not dogma, they were based on insight and an empirical analysis and understanding of what is happening in the therapeutic doctor-patient relationship."^{2,3}

"The whole is greater than the sum of the parts."^{2,3}

"Clinical practice is an ongoing study (? research) in the evolution of health and illness in individuals, families and communities. The science of medical practice is dependent upon doing what all clinicians must do when patients present with a story or problem... Every family chart is the 'laboratory notebook' on the evolution of health and dis-ease..."^{2,3}

Please join these and other writers in adding your insights at <http://www.annfammed.org>, or by following the links for the comments or the article to which they refer.

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