

Tension Between Access and Continuity

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The online discussion since the last issue reveals a tension between efforts designed in part to improve the ease of access to care and fostering continuity in the relationship aspect of care. This tension, as well as the need to understand when and to whom a continuous relationship is important, is apparent in the discussion of both the experience of the highly successful Group Health of Puget Sound patient-centered medical home project,¹ which reassigned patients to allow primary care clinicians to reduce panel size, and in discussion of a study of patient experience of primary care during recent health service reforms in England.²

Other discussion brings an emerging experimental literature on the effects of alcohol on sleep quality³⁻⁵ to the interpretation of an observational study of alcohol and sleep problems.⁶

Interchange around a study of a Web-based monitoring system for medical errors reflects the still relatively nascent state of efforts to monitor and improve patient safety in primary care.⁷

Discussion of a systematic review of guidelines for the primary care of lesbian, gay, and bisexual people exposes the need for both research to develop systematic evidence about what is helpful on average, and the development and application of individualized knowing.⁸

The essays in the last issue were particularly evocative.

Readers put their foot down about "Dr. Bodenheimer's Dilemma,"^{9,10} the "special vulnerability of physicians,"¹¹ and the challenges of living with and caring for chronic illness.¹⁰⁻¹³

The "two-way street"¹⁴ of a mentoring relationship¹⁵ stimulated readers to reflect on the value of "teaching using the whole self,"¹⁶ "peer mentoring,"¹⁷ and "the One Minute Preceptor."^{16,18}

Robert McKersie's lived experience of providing health care in Haiti after a 7.0 magnitude earthquake evoked diverse but uniformly grateful responses¹⁹ to "the feeling of being inside the life lived."²⁰

Please join the ongoing discussion of articles in this and prior issues at <http://www.AnnFamMed.org>. Both in-depth analysis and brief reactions are welcome.

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