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### Resumption of Individual Manuscripts

Our numerous "Special Issues" have backlogged the excellent individual manuscripts awaiting publication.

In this issue, we present the United Kingdom Diabetes Study, which might well be published in *Lancet* or the *New England Journal of Medicine*, but because of the incidence of diabetes mellitus in Hawaii especially in our native Hawaiians, we are pleased to feature this paper. Mahalo to Doctors Beddow, Arakaki, and Srimanuthiphol for their report.

Lt. Col. Michael Sawyer and his associates in the Surgery Department at Tripler have submitted a very concise manuscript on the Cell Cycle. As you will discover, much has occurred since some of us attended Medical School pertaining to molecular biology research. The recently held seminar on genetics and molecular biology sponsored by Queen's Medical Center, the Ohio State University and National Cancer Institute, held here in Hawaii in February 1999, attested to the quantum leap in genetics findings. The Cell Cycle manuscript by Sawyer et al is reader friendly, containing both theoretical and practical information.

Our final manuscript, presented by fourth-year medical student Lisa Hui and her preceptor Dr. Jinichi Tokeshi is the case report of a man with severe meningococcal meningitis treated with antibiotics plus dexamethasone. Mahalo, Dr. Tokeshi and Ms. Hui, for their interesting submission.

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### The Role of Family Practice in Medical School Education

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In February, 1993, the Liaison Committee on Medical Education (LCME) endorsed a document giving family medicine its necessary place in medical education. For the first time the Committee stated: "All schools must provide broad-based clinical education programs that equip students with the knowledge, skills, attitudes and behaviors necessary for further training in the practice of medicine. Instruction and experience in patient care must be provided in both ambulatory and hospital settings. All schools must offer a core curriculum in primary care, utilizing the disciplines or multi-disciplinary approaches involved in the delivery of such care. Clinical education programs involving patients should include disciplines such as family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry and surgery. Schools that do not require clinical experience in one or another of these disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medication education."<sup>1</sup> This document culminated a 10-year process that coincided with increased public demand for more broad-based physicians available to the American public for primary care.

The W.K. Kellogg Foundation conducted a health care consumer poll in 1994 looking at attitudes toward the delivery of health care in local communities and how these same consumers interact with the health care system. The summary of findings showed an overwhelming belief that the American public should make more use of family doctors (84%) rather than medical specialists (50%). They also supported the government spending its training money either equally on the training of generalists and specialists (46%) or that the government should double spending on training generalists over specialists (33%). These same consumers were more likely to turn to generalists (48%) rather than specialists (29%) to meet their health care needs; for family members the comparative numbers were 59% saw generalists and 28% specialists.<sup>2</sup>

The public demand for more generalists has been going on for some time. It has resulted in Family Practice being established as a specialty in the 1960's culminating in the establishment of the American Board of Family Practice in 1969, which then administered its first certifying exam in 1970. It mandated recertification from the beginning! Although initial requirements to sit for the Boards did not mandate a 3-year residency, rather required at least 3 years of practice and 50 Continuing Medical Education (CME) credits annually, the Board allowed no one to "grandfather" in. All had to take the certifying exam. Since 1978, a 3-year FP residency has been required to sit for Boards. In the U.S., 10 of 125 medical schools still do not have departments of Family Medicine, although