To the Editor: In the study of Dr Cooper and colleagues, only 3 of 70 deans and 2 of 44 executives considered child psychiatry to be a shortage area requiring attention. This is surprising, as child psychiatry as a specialty has frequently been reported as a major shortage area. The apparent lack of concern among the respondents in the study of Cooper et al provides a clue as to why this specialty has traditionally received such poor assistance and support.

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To the Editor: Dr Cooper and colleagues reported that 54% of state medical society executives believed there to be a shortage of primary care practitioners. The next closest reported shortage area was for obstetrician/gynecologists (25%). Even medical school deans, who seem in a questionable position to estimate population needs, reported that primary care is the third leading shortage area, after anesthesiology and radiology. Despite their own results, the authors concluded that the country needs more specialists, on the basis of the combined percentages of a variety of specialty areas.

If the country is to strive toward the goals of Healthy People 2010, planning for the health workforce will have to do more than rely on perceptions of experts and even the perceived demands of people. Estimates of needs and evidence about how best to meet them are required.

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In Reply: In response to Drs Sharpe, Petti, Starfield, and Forrest, we did not request information about specific specialties, but rather reported those specialties that the respondents spontaneously named. Respondents often referred to shortages of “specialists” or “surgical specialists” or “primary care physicians” without naming specific specialties. Those designations may have included hospitalists, child psychiatrists, and others not specifically cited in our article. Shortages were reported in a wide range of specialties, including primary care, although the deficiencies in primary care did not appear to be as pressing as in many of the non–primary care specialties. In pointing out that the reported shortages were most profound in the non–primary care specialties, we were merely summarizing the data.

In response to Starfield and Forrest, we believe that the deans and medical society officials who were surveyed are well positioned to understand broad aspects of the current medical market place. Their important message is not in the details but in their overview, which reflects concern about whether physician supply is adequate, both for the patient care needs of their regions and the teaching needs of their medical schools. It resonates with the increasing body of data and opinion that physician shortages are an increasing problem and that remedial action is necessary.

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Evidence-Based Medicine on Trial

To the Editor: In his A Piece of My Mind article, Dr Merenstein described his lawsuit in which a jury returned a verdict against the teaching of evidence-based medicine (EBM). Written as a fugue, each iteration became more dissonant and disturbing than the one before.

How now do I counsel and advise my patients? What words do I place in the record to document “informed consent?” How and what do I teach my residents? What is the role of EBM? Wherein is the value of meta-analyses? Should the American Academy of Family Physicians and others revise their guidelines? Primary care—that is, good primary care—the primary care that takes the time to actually talk to patients and elicit their values, is already an endangered species. How has this happened and who will protect us?

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To the Editor: I urge Dr Merenstein to go on. Practice good medicine and forget about courts and lawyers. It does no good...