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Dear Gabe:

I wanted to respond in writing to the thoughtful and perceptive comments you sent me last January regarding Yves' and my article, "Is There A Future. . . .?" I apologize profusely for neglecting this acknowledgment for so long. At various times I sat down at the computer and realized I had not yet sorted out what I wanted to say by way of reply. I think I am ready now.

The two interrelated themes that struck me most forcibly in your observations were mutuality and loss of identity. The "housekeeper" analogy fits some of the gender stereotypes of the two professions, although it is a bit harsher than I would claim is justified (perhaps you can be "angrier" on my behalf than I am in my own interests!) Nevertheless, it is true that, in my experience, I have rarely known true collaborative mutuality from my physician colleagues. There are, of course, several memorable exceptions to this generality (Yves being one; you being another), and I know that the experience of other behavior scientists has been quite different. However, I do believe that there exist dynamic characteristics in the way the two professions are currently positioned in relation to each other that make the mutuality of which you speak difficult to achieve.

First, there is the matter of territory. On whose ground do we stand, whose land do we occupy? At times I feel behavioral scientists may be compared to guest laborers, who fulfill a necessary function (one too "messy" for permanent residents to do), but who never really belong and may be asked to leave at any moment. (I guess I can sound pretty angry!)

Second, is the relative importance of the two fields' basis of knowledge. Despite intriguing and provocative findings, biopsychosocial research simply has not produced (as yet) a revolution in medicine, or even a shift in paradigm. I myself would prefer my daughter's orthopedist to be psychosocially insensitive, but surgically adept rather than the other way around. Changing the way we actually do things, as opposed to how we talk about doing things, is so scary, so

uncertain, and so resisted by multiple homeostatic forces within the system of medicine that I predict it will take truly striking research plus concentrated commitment (plus perhaps economic necessity) before medicine really looks and feels different. Unfortunately, I think we can see this innate systemic conservatism beginning to permeate the Clinton's plans for reform on the political and economic levels. This imbalance in the relative importance of the two bodies of knowledge inescapably leads to limitations in mutuality.

Third are the difficult issues of power, control and responsibility. For mutuality to occur there must be a shared sense of power, a fluid locus of control, and an equal burden of responsibility. Typically, current training practices rarely permit any of these to occur, although they are somewhat more likely to occur in collaborative practice settings.

In terms of loss of identity, I agree with your formulation of this as a central problem. One of the major obstacles to addressing this concern is that we have been unable to successfully develop an alternative identity sufficiently compelling to attract traditional family physicians. "Partners in health care" is a good advertising slogan, but the identity and role implications are pretty overwhelming. Similar issues exist when the behavioral scientist considers trading in the security of psychologist for the amorphous title of family medicine educator.

I liked your discussion of the metaphors a great deal. You're right--bridges are probably what we have now--artificial structures that allow us to visit each other's cities. I suspect that the traffic is pretty much one way--into the richer, higher status, more important city. What we need is something implied by your "rivers" metaphor--a natural process of commingling our knowledge and skills until a new body of water is created.

Finally, a word about anger and alienation. I hope I am not being defensive if I assert that, while anger and alienation are not unknown emotions to me, I do not experience them as predominant in my life right now. I feel truly blessed to have had the privilege of spending the last fifteen years in family medicine. This specialty has given me so many life lessons that I could never repay my debt. If I criticize or question, it is (I hope) as a loving family member (even if adopted) who wants the family to meet the challenge of its potential. As for alienation, by nature and inclination, I am probably happiest as a gadfly, and paradoxically, fit best as the outsider. (Maybe it is the heritage of the diaspora Jew). In any case, we desperately need our outsiders, people whose slightly skewed perspective can, at times, shed light on our quandaries. Thus I view this as an honorable role, the grain of sand required by the oyster to produce the pearl.

In this age of factionalism, materialism, and ethnic cleansing, Rodney King's plea, "Can we all just get along?" echoes with great poignancy. I think in family medicine family physicians and behavioral scientists have an opportunity to do more. There is a chance we can make the whole of family medicine more than the sum of its parts and, in the process, create something more enduring and meaningful than either biomedicine

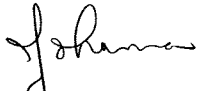
or psychology alone can accomplish. I say, let's do it. Let's jump off the bridge, and risk the river. Am I frustrated at the slow pace of change? Constantly. Am I despairing? Far from it.

Gabe, in another vein, I notice that you are involved in the predoc program at UC Davis. I was recently appointed interim acting pre-doc director down here, basically a caretaker till someone with more background is identified. However, I have as a particular charge faculty development for community preceptors, and am looking for material. I would be particularly interested in anything with a humanistic bent that could still be used within the constraints of HMO-type practices. If you have done any work in this area, I'd really appreciate some guidance.

Thanks again for sharing your reactions. As always, you are honest, balanced, and insightful. With your permission, I would like to refer to your bridge-river analogy at the upcoming Behavioral Sciences Forum (with appropriate acknowledgment, of course). I am starting to put some ideas in order, and would love to work within that metaphor for a bit.

Hope all is going well at Davis. Please let me know if you are ever in the L.A./Orange County area. I would really value getting together.

Warmly,



Johanna Shapiro, Ph.D.
Professor

JS:yb