

Vom 8.–11.3.2003 fand die WONCA invitational conference 2003 zur Forschung in Hausarztmedizin in Kingston, Kanada, statt. Die SGAM war durch Martin Isler vertreten. Er ist Hausarzt in Brienz, Mitglied der FIAM Bern und der AG Forschung der SGAM sowie SGAM-Delegierter in der EGPRW, der forschenden Netzwerkorganisation der WONCA-Europe. Im Hinblick auf diese Tagung mit TeilnehmerInnen aus der ganzen Welt hat M. Isler dem Konferenzpräsidenten Chris van Weel, NL, den nachfolgend abgedruckten Brief geschrieben. In seinem Schreiben hält er im Namen der SGAM und der Schweizer HausärztInnen vier Kernanliegen an die Forschung in Hausarztmedizin fest. Wir freuen uns auf die Resultate dieser wichtigen Konferenz, von welcher wir wichtige Inputs für den Einsatz der SGAM zur Förderung der Forschung in Hausarztmedizin in der Schweiz erwarten. PrimaryCare wird selbstverständlich darüber berichten.

Le Symposium 2003 de la WONCA sur la recherche a eu lieu ces jours-ci à Kingston, au Canada; la SSMG y était représentée par notre Collègue Martin Isler, un généraliste membre de la FIAM de Berne et du Groupe de travail Recherche de la SSMG et délégué à l'EGPRW, la structure de recherche de la WONCA-Europe. Dans la perspective de cette rencontre, qui a rassemblé des participant-es du monde entier, Martin Isler avait adressé la lettre reproduite ci-après au Président du Symposium, Chris van Weel (Pays-Bas); au nom de la SSMG et des médecins de premier recours suisses, il y formulait quatre requêtes fondamentales portant sur la recherche en Médecine de Premier recours. Nous nous réjouissons des résultats de ce Symposium, dont nous espérons un soutien important pour l'engagement de la SSMG en faveur de la recherche en Médecine de Premier recours en Suisse. PrimaryCare vous en informera évidemment.

## Some considerations on general practice research

*Martin Isler*

### **Letter to Chris van Weel, chairman of the WONCA invitational conference on Research in Family Medicine, Kingston, Canada, 8.–11.3.2003**

Dear Chris

The following letter to you as the “editor” of the WONCA invitational conference 2003 in Kingston/Ca is a personal statement and reflects my actual state of error as a recently elected staff member of the medical Faculty Institute of General Practice at the University of Berne/Switzerland and responsible for General Practice Research. The point is exposing my reflections to a semi-public panel and earning benevolent critical feedback for doing my next steps in the right direction ... I'm deeply convinced of the importance of such a “going public”, also in our daily work.

It's research defining a discipline. Its boundaries are given by what research can reveal. In this manner every discipline is confined by the limits of its research paradigm. The scientific paradigm in medicine derives

from the model of infectious disease: a agent meets a host and their struggling outcome means a specific disease. In Clinical Medicine the prospective, double-blind and placebo-controlled trial represents the gold standard of any scientific activity: the ultimate perfection of the infectious disease paradigm with its excellent impact on the development of Specialized Biophysical Medicine!

The reverse of the medal is the inadequacy of the biophysical paradigm to the basic principles of General Practice, a fact which excluded its representatives for several decades from the stage of science believing that research was inadequate to General Practice ...

Like dawn clinical epidemiology arised as the new paradigm which brought us the Evidence-Based Medicine. This time the interest of the scientific community for us, the simple minded General Practicioners was considerably higher – at least in terms of evidence user and data collectors. In many countries the development came to a standstill right here, in others, where General Practice reached a critical academic body and anchoring, a new and specific research culture started growing up.

What should be done for giving a chance to a new General Practice Research Paradigm?

I propose the four following topics being promoted by WONCA research policy:

- **Creation of a general research attitude:** Every question arising in our daily contact with patients, their families and communities should be treated like a research project: The first step is getting aware of the question, the second to communicate the question (colleagues, boards, patients, conferences ...) and the third to collect information for answering the question. Research must leave the ivory tower of the alma mater and shift closer to the applicants of its results.
- **Development of appropriate research methods:** General Practice is a complex system of beliefs, roles, relationships, behaviours, emotions, knowledge etc. Moving in this system resembles navigating at sea: an iterative process determined by knowledge, experience and intuition, controlled with an external orientational grid results in the course we are travelling on. The biophysical and epidemiological paradigm will hardly be able to reflect this complexity and to be helpful for the future course of General Practice. An extraordinary effort is necessary to find methods (also from other scientific realities concerned with complex systems such as economics, social sciences etc.) to understand how high quality outcomes can be reached in a complex system.
- **Building a research capacity:** To invest in the future of General Practice means to build up a research capacity in terms of manpower, structures and resources. Ex-

pertise is needed on all levels of performance: everyday researcher, participants in formal research projects and research leaders. Research teaching has to begin already during undergraduate training and research training has to become an important part of postgraduate and continuous medical education. Autonomous practice networks form an ideal basic structure for research projects. They should be supported by regional and/or national competence centres with comprehensive methodological know-how. Research priorities and policy emerge from international collaborative organisations like WONCA.

- **Establishing a broad communication-network:** Most General Practitioners are still hand-to-hand fighters, a logical consequence of geographic spreading and the prevalence of individual care in General Practice. There is a considerable need to extend communication competence and tools to the entire General Practice community. The classical panels like journals and conferences should be completed by modern media. Powerful interactive websites with multimedia integration offer the possibility of real time contacts and acceleration of information diffusion.

I am convinced the Kingston Conference will contribute to plot the course for these four topics: creating a research attitude, searching for appropriate methods, building a research capacity and establishing a communication network.