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How Can Research Network Help General Practice Research?

Research, to most general practitioners, is something very remote. Does it have to be so?

In this issue of the Journal, the Research Committee of the Hong Kong College of General Practitioners publishes their first paper from the Morbidity Survey of 1994. It was the first such survey for almost ten years. It is the result of the efforts of not just the Research Committee of the College, but all of the 80 general practitioners who contributed to the Morbidity Survey.

Research in general practice is not as well developed as in other disciplines. General practitioners generally lack the expertise and the funding for research. The number of general practitioners involved in research is also rather limited. On the other hand, general practitioners are in a distinctly advantageous position to carry out research since our own practices are our clinical laboratory.¹ Some of the problems of general practice research can be overcome by forming research networks, like what we have seen with the Research Committee of the College.

By forming a network, general practitioners with limited research expertise can get involved in and develop an interest for research. It also provides sample sizes which are big enough to allow greater generalizability.

I wrote in this Editorial in 1992, "We have a lot of good community health research work done by general practitioners in other countries, do we know much about ourselves [in Hong Kong]?"² I think the same question can still be asked today. As Marinker has said, "The medicine of general practice has to be most closely applied to the configuration of the culture which it serves."³ We therefore need our own Hong Kong data for our own general practice population.

Editorial

I recently looked up a popular medical textbook on hypertension. It says, "In about 5-10% of cases, hypertension can be shown to be a consequence of a specific disease or abnormality."⁴ Personally I hardly ever see a patient with secondary hypertension. I think most experienced general practitioners would agree with me. However, we need evidence to verify our hypothesis. Forming research networks to collect data on the general practice population will make such tasks reasonably easy to achieve.

General practitioners with experience in research, e.g. members of University departments of general practice or members of the Research Committee of the College should be able to act as a focus to help coordinate research projects and act as communication centre.

Primary care development has been recognised as the major contribution of "Health for all, by year 2000". In order to further establish primary care as the main theme of the health care system, we need to examine ourselves critically.⁵ As McWhinney has said, "The majority of health problems can be dealt with using primary level technologies. If we are to use them effectively, however, they need to be developed, applied and evaluated in the primary care context."⁶

Research networks can certainly contribute to primary care research. This network need not only be at a national or local community level, international network will also enhance our understanding of the similarities and differences among the different peoples of the world. Our current WONCA World Conference will undoubtedly facilitate the establishment of such networks. I therefore would like to call on our local and international readers to make the best use of this truly international gathering of primary health care providers. ■

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Lam Tai Pong
Editor

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