Foreword

Specialists Without Borders

It was 30 years ago that the iconic medical sociologist, Barbara Starfield, in her ground-breaking book, *Primary Care: Concept Evaluation and Policy*, laid out the te-
ets of primary care. These have come to be known as the 4 C’s: First Contact, Comprehensiveness, Coordination, and Continuity, and serve as aspirational goals of general internal medicine, family medicine, and primary care overall. This is what we stand for. This is what we hope to provide. As a general internist myself, I have strived to represent and provide the 4 C’s.

This issue of *Medical Clinics of North America*, “Pulmonary Diseases,” however, gives me pause. Not because I doubt the critical role of the 4 C’s in defining primary care but, rather, that primary care is not the only branch of medicine concerned with these values. This issue has reminded me that these values can be expressed in sub-
specialty medicine just as in primary care.

Perhaps first contact is most directly associated with primary care, but what of the other C’s? Look at the topics covered in this issue. They highlight the importance of long-term care; the critical association of race and gender in medical care disparities; screening and prevention; and substance abuse. In choosing the topics and authors as he did, our Guest Editor, Daniel Goodenberger, has demonstrated a comprehensive and patient-focused perspective in the subspecialty of pulmonary medicine and demonstrated as well the central role of socioeconomic determinants of health in this field. My view of primary care as the branch of medicine that “owns” the 4 C’s may have been clouded by hubris. I now appreciate that specialization need not be synonymous with constricted focus, just as primary care is not synonymous with lack of depth.

I hope you find the issue of *Medical Clinics of North America* as eye-opening as I did. Along with gaining up-to-date knowledge of the important pulmonary problems that our patients deal with, it just may expand your view of what a subspecialty can be and should be, and convince you that all physicians, primary care providers, and
subspecialists alike should be striving for the same outcomes and representing the same values.

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