

## Letter to the Editor Concerning “The Primary Care Research Landscape and its Relationship with Clinical Practice: A Scientometric Analysis”

### Carta ao Editor Referente a “O Panorama da Investigação em Cuidados de Saúde Primários e a sua Relação com a Prática Clínica: Uma Análise Cientométrica”

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**Palavras-chave:** Bibliometria; Cuidados de Saúde Primários; Publicação; Redes de Comunicação de Computadores

Dear Editor,

As family medicine residents we read with particular interest the recently published article by Apitz *et al.*<sup>1</sup>

The need for scientific research as the source of medical evidence is one of the most undeniable truths since it leads to new guidelines with update and uniformization of clinical practice. During recent years, the number of publications in primary care journals has been increasing, which demonstrates the interest and investment in this area. To some extent, it might also be explained by the growing pressure over academic performance during the family medicine residency.

The work of Apitz *et al* provides new insights in primary care research as it identifies areas with research gaps.<sup>1</sup> However, it is very important to analyze and solve the obstacles that hamper clinical research, such as financial issues, bureaucratic procedures, and lack of time. The current family medicine residency programs include scientific research as a very significant component of training. There is an important question that arises, namely should we increase scientific production at any cost? The number of publications has been increasing, but does it mean that we have more scientific evidence? Can we apply this evidence in our clinical practice? Or are we just creating fictitious

science? This is not a novel topic of discussion. Dinis-Oliveira *et al* warned about the dangers of this increasing pressure and give the example of academic promotion as a drive to encourage bad or even fraudulent science.<sup>2</sup> As Lascasas *et al* mentioned in their recent editorial, when quantity tends to be more valued than the quality and the initiative, this increasing pressure might end up favoring quantity over quality.<sup>3</sup>

An assessment grid, like the one used in our family medicine residency programs in Portugal,<sup>4</sup> should not restrict training pathways and assessors should only use it in a supporting role. Otherwise, it might result in a wide range of residents engaging in very similar types of research, without space for personal innovation and creativity.

As family medicine residents, do we all have expertise as scientists and researchers? Absolutely not. Nevertheless, our privileged position enables us to contact with a diverse range of patients and healthcare providers. Moreover, the daily confrontation with scientific, bureaucratic and ethical doubts, as well as understanding the most prevalent conditions, may be the ideal motivation to carry out scientific activity with relevance for clinical practice, besides academic interest.

#### AUTHORS CONTRIBUTION

All the authors contributed equally to the draft, critical review and final approval of the paper.

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