

## FROM THE EDITORS' DESK

## International Perspectives on General Internal Medicine

*Mitchell D. Feldman, MD, MPhil*

Division of General Internal Medicine, Department of Medicine, University of California, San Francisco, CA, USA.

J Gen Intern Med 31(3):259  
DOI: 10.1007/s11606-015-3578-x  
© Society of General Internal Medicine 2016

We are pleased to announce a call for papers for a special theme issue on "International Perspectives on General Internal Medicine" to be published later this year. We are soliciting research articles from settings outside the U.S. that describe original, observational, or interventional research concerning clinical care, education, and health policy relevant to general internal medicine, including hospital medicine, innovation and improvement, and health disparities. In addition, reviews including meta-analyses, systematic reviews (without quantitative meta-analysis), and narrative reviews, as well as perspectives on clinical, educational, or methodological topics important to practice, teaching, or research in general internal medicine and/or primary care in an international context will be considered. Higher priority will be given to submissions that are relevant to clinical practice, education, or policy in the U.S. We will accept submissions through May 2, 2016.

Growth internationally in the field of general internal medicine has been slow but steady. For example, currently about 5% of the total membership of the Society of General Internal Medicine is made up of faculty and trainees from 24 countries. Members hail from Argentina, the United Kingdom, Germany, Greece, Lebanon, Peru, and Qatar, among others. Countries with the largest representation include Canada, with 78 members, Japan with 51, and Switzerland with 18 members.

In this issue of *JGIM*, we feature several papers that reflect the importance of an international perspective in clinical practice and research in general internal medicine. Increasingly, chronic disease, and not acute infections, is becoming the leading cause of morbidity and mortality in the developing world. Naanyu et al.<sup>1</sup> report on a qualitative study to evaluate factors influencing HTN care in rural Kenya. As in the U.S., access to care is a major determinant of poor outcomes. Through in-depth interviews with hypertensive participants recruited through a traditional community assembly, they

identified numerous barriers to linkage with hypertension care. Both individual factors (such as stigma and fear of being a burden to the family) and environmental factors (such as poverty) were reported as barriers to linking with care.

Closer to home, two papers report on international diseases and persons in a U.S. context. Ganguli et al.<sup>2</sup> surveyed U.S.-based internists to explore their knowledge, preparedness, and perceptions regarding Ebola risk. Of the 202 participants, most said that they felt very or somewhat prepared to diagnose and discuss Ebola with their patients. Interestingly, those least likely to encounter Ebola were most likely to be overly aggressive in managing patients at low risk. And despite the political rhetoric, the U.S. continues to be a destination for persons around the world, and these immigrants often experience significant health disparities. Moreno et al.<sup>3</sup> compared the use of remote medication refill systems among patients with limited English proficiency. They found that while health plans were increasingly relying on remote medication refills, patients whose first language is not English (e.g. Cantonese, Korean, Vietnamese, and Spanish) were much less likely to use these remote systems, potentially leading to worse outcomes. As these articles and others in the issue demonstrate, general internal medicine clinicians, educators, and researchers must obtain the knowledge and skills needed to care for patients in an increasingly 'flat' world.

---

**Corresponding Author:** Mitchell D. Feldman, MD, MPhil; Division of General Internal Medicine, Department of Medicine University of California, San Francisco, 1545 Divisadero, San Francisco, CA 94143-0320, USA (e-mail: Mitchell.Feldman@ucsf.edu).

## REFERENCES

1. Naanyu V, Vedanthan R, Kamano JH, Rotich JK, Lagat KK, et al. Barriers influencing linkage to hypertension care in Kenya: qualitative analysis from the lark hypertension study. *J Gen Intern Med.* 2016 Jan 4. doi:10.1007/s11606-015-3566-1.
2. Ganguli I, Chang Y, Weissman A, Armstrong K, Metlay JP. Ebola risk and preparedness: a national survey of internists. *J Gen Intern Med.* doi:10.1007/s11606-015-3493-1.
3. Moreno G, Lin EH, Chang E, Johnson RL, Berthoud H, et al. Disparities in the use of Internet and telephone medication refills among linguistically diverse patients. *J Gen Intern Med.* doi:10.1007/s11606-015-3500-6.