and did all right during my 26 years in private practice and academic medicine. If students and new doctors are supposed to need so much HSS information, why not start medical school 2 or 3 months earlier? That would be better than distracting students from old-fashioned stuff like anatomy, physiology, pathology, history, and physical examination skills. When I asked our Associate Dean for Curriculum why we were changing our course requirements to eliminate several of these necessities, the best that he could say was, "Because other schools are doing it." I can't believe he had the gall to verbalize it!

I'm glad that I'm retired now and don't have to try to explain why physicians need to be able to interact with patients, and why we need to be the team captain for health-related professional people who bear no responsibility or liability for patient care and outcomes. However, I'll ensure that all my personal doctors are at least 50 years old. If they are, I can be confident that they spent their educational years learning *medicine*.

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The letters above were sent to Dr. Fred and Dr. Gonzalo, who respond in this manner:

We thank Dr. Volpintesta[1] and Dr. Kraft[2] for their comments about our editorial[3] and welcome the opportunity to respond.

Volpintesta's suggestion for producing more primary care physicians—although sound in theory—would be almost impossible to implement anytime soon. It would force medical schools to make substantial changes in curricula already undergoing the far-reaching modifications described in our editorial. An even bigger barrier, perhaps, is the widespread belief among today's trainees that specialties other than primary care offer them more prestige, more income, and more satisfying work-life balance.

Kraft echoes sentiments expressed by some practitioners and some academicians,[4] especially those who trained in the "high-touch" era (late 1940s to mid-1970s).[5,6] The reframing movement embraces traditional clinical skills, views them as crucial to good patient care, and does not attempt to replace or abandon them. It emphasizes instead a shift in mindset for physicians and their need to acquire health systems science skills. Many medical schools have yet to adopt this 3rd-pillar model. We agree that a considerable number of current medical students, house officers, and recent graduates lack sufficient clinical skills.[7] And we, along with others,[8,9] have encountered serious problems with the electronic health record.

Revising any longstanding tradition typically raises controversy and often leaves some degree of sadness and regret. But all things change, and we change with them.

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https://doi.org/10.14503/THIJ-18-6838

Letters to the Editor should be no longer than 2 double-spaced typewritten pages and should generally contain no more than 6 references. They should be signed, with the expectation that the letters will be published if appropriate. The right to edit all correspondence in accordance with Journal *style is reserved by the editors.*