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On keeping an open mind

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Specialization may also bias diagnosis.

Fri, 2011-11-11 13:07

The History of Medicine is a cemetery of wrong dogmas (crystallized in Middle Age Medicine) that has been shaken by the Renaissance and Rationalism. The geocentric the Copernicus/Galileo and the discovery of the circulation by Harvey are excellent examples of this scientific earthquake, which showed the conscience of subjectivity and the fra knowledge, opening the spirit of investigators to methodical doubt, and the possibility of error, leading great physicians like W. Osler to affirm that "Medicine is the science of tt uncertainty and art of the probability".

As Karl Popper said, scientific method testing hypotheses admits the error, whose correction approaches us to the truth (reality), and leads to the astonishing scientific progres characterized the two past centuries.

The complex process of diagnosis implies an investigation like that of the scientific research that needs the doubt to open the spirit for the error and its correction. For this rea congratulate the BMJ for launching with an "open mind" (BMJ 2011;343:bmj.d7125) the debate on the subject of the philosophy of scientific knowledge, which should be includ medical schools' curricula.

I only want to add that our observation and interpretation of reality can be distorted by some factors beyond preconceptions and desires, such as artefacts generated by instru or methods (for example, how a question is formed), by the suggestion of a result (well illustrated by the effectiveness of placebo), and by extreme specialization that may cor list of hypotheses.

Specialization bias

Medicine's explosive progress led to the emergence of new subspecialties.

The over-specialisation of knowledge tends to overlook acquired general medical knowledge, and represents a fractional vision of the reality that may induce bias against patie observation, undervaluing signs of forgotten diseases. As Pasteur said, discoveries require a prepared mind. To diagnose a patient's pathology, beyond considering its compl prepared mind is necessary to seek and value other pathological signs not referred to by the patient and which may be outside a subspecialty's focus.

It might be useful to consider the limits of subspecialisation, which may explain some patient's pilgrimage between specialists.

I completely agree with Berghmans (BMJ 2011;343:bmj.d5469) in his suggestion to include Philosophy of Science in medical schools' curricula, but unfortunately several Eurc countries have adopted the Bologna reform, and this has shortened scholar time, reducing even more general and medical knowledge.

Competing interests: None declared

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