

EDITORIAL

Can Modern Medicine Harm Patients?

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Medicine (*medeo*: to care, *kline*: to lean over/towards) constitutes the way in which a person leans towards the care of another, with the goal of obtaining and maintaining their health - that is, their biopsicosocialculturalspiritual well-being -, and it deals not only with diseases. It expresses the human effort to understand individuals in their objective and subjective context, as well as in their familiar and social positions, regarding apprehensions and necessities in face of the variability of one's opinion, attitude and belief, which go from perversity to magnificence in the relationships between individuals and in their relation to nature, from birth to death. It is about humanistic and humanitarian service and requires effort from the practitioner towards conscience of self, of nature and of life, as well as competence to dare, transgress and transform their life, and that of those who seek help, in search of said well-being.

The physician is the human being who chooses to welcome and care for others as the task of their own life. Society's formal organization towards medical formation implies several presuppositions are central to it: health promotion, disease attenuation, discomfort relief, premature death avoidance and well-being promotion. Its resources are the same as those of an appropriate human relationship; clinical examination approaches the physician to the patient and to their family, allows for synthesis and judgment of what affects the health-disease relationship, and also prepares therapeutics and establishes the exercise of the infinite influence of this relationship in the path towards the well-being that everyone searches.

The establishment of a diagnosis does not necessarily mean the improvement of health; it is necessary to understand the objective and subjective exposure of the person to the doctor - which is even more complex from the subjective standpoint - which allows for complicity and conspiracy in this relationship, in search for a better life, with respect and dignity. It represents solidarity and respect towards the patient, from their birth and in all moments of their existence: experimentation, growing of wisdom through experience, understanding of existence, living of acquired wisdom, search for well-being in its essence, gaining conscience of their death, and transcending from matter. It represents feeling with the feelings of another - compassion -, a task that not only involves science, but goes beyond it, and reveals itself in art, experience, excitement, character righteousness, labor and power of words, as well as in making the diseased experience the disease in peace.

Modern medicine was built by the contributions of: the careful analysis of Koch's postulates, based on the observation of disease in humans, its correlation to the occurrences in experimentation animals and the association and extrapolation regarding previous human observation; the importance given to clinical epidemiology; the analysis of deaths and the macroscopic and microscopic evaluation of how diseases lead to it; the relation between the understanding of hemodynamics, the perfusion of organs and systems and the

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function of preferentially perfused organs; the integration between organs and systems with mediation by hemodynamics, by hormones, by the nervous system, and by cell signals; the characterization of inflammation; the description of biological, physical and chemical agents as responsible for disease; gerontology; ecology; comprehension of human behaviour as responsible for many of the disease processes; a better understanding of neurological receptors, reverberation of synaptic transmission and neuron growth factors; the understanding of the presence and variation of natural microbiota; phenomena that have allowed for the approach of so far little known brain stimuli and connections between reception and realization of stimuli. The application of a holistic quality to Medicine has boosted the understanding of its work process and its influence on patient's recovery and disease control, within the limited time frame of the action of deleterious effects of the pathological process over the anatomical order, as well as the functions correspondent to the anatomofunctional loss. Multicentric studies, multiple casuistic analyses and comparative studies between multiple clinical proposals, propaedeutics and therapeutics have made Medicine advance exponentially in the last century. Today, knowledge in Medicine evolves in such a way that a new fact or phenomenon is presented every 48 hours! Publications in Medicine reach over 400.000 papers per year! How should we act so that the patient feels personalized and not only a gear in this system?

It is necessary to approach the disease and the diseased. The patient must feel well because of going to the appointment. A general improvement is important, and so is a specific one. Therapeutic success depends not only on a resolved disease but on the relationship between the physician and their patient-family-community. It is necessary to have sensibility, attention and complicity to conspire with the patient, and not only explain results, probabilities, adverse effects and costs. The balance that common sense allows may be the answer so that this necessary interference of science does not cause a transformation of medical action into the process that occurs in a production line in a factory. It is necessary to combine science and art, objectivity and subjectivity.

Medicine and the physician are integrally and intensely involved in this task that is at the same time instigating, complex, sensitive, challenging and motivating. Thus, health perspectives are expressed as the good to be pursued and conquered, and people have, in their physicians, an unconditional ally.

Since the end of the 19th century, it is observed that this astounding evolution of knowledge incorporated into medicine has allowed for the solution to serious health problems, formerly unimaginable or unattainable. The increasing particularization of knowledge required the division of the body into parts, increasingly small, which resulted in a perception centred around techniques, specialities, diseases and approaches. General formation was, for that same reason, pulverized to open itself towards an infinity of specialities, in a natural consequence of the fragmentation of knowledge. This characteristic led particularized human behavior to a particularized vision of the whole, which coincided with a tendency to solitude and individualism very much present in society in the age of information. In this age, virtual reality has become explicit and valued as a model, cast and mannequin that replaces human presence. Associated with that are greed, a rampant pursuit of wealth accumulation, consumerism, aesthetic valorization, individualism and the pursuit of eternity and youth, all factors which determine the apparent well-being in contemporary society. All of this is wrapped by public policies which are insufficient and even inadequate regarding health, education, environmental issues, and social security, all following the presuppositions of a market controlled by competition, patronage, underemployment and technology applied to replace observation and conversation. None of these has translated into better health care. Even more, they might depersonalize the patient-physician relationship, in which the physician is often a minimizer of social tensions.

Clinical examination reveals the expression of the disease in the patient. It allows the doctor to approach the patient, conspire with them and create complicity; in a singular and special moment, there is more than the objectivity of the disease, all of its representation in the diseased is present, should we consider that "there is no disease, only the diseased". Nothing surpasses the "message" that the physician transmits in this encounter by their willingness to help the patient to attain a better life. The first encounters cause fundamental feelings for the next steps of the medical mission, such as confidence, respect and trust. This encounter establishes

coherence, opinion, beliefs and harmony, constituting a unique opportunity for exchanging experiences, including an exchange with the family and society. In present times, the abusive substitution of clinical examination by complementary propaedeutics is often observed. It is seen as a contemporary paradigm that the clinical method is insufficient and incapable of defining a diagnosis in face of the auto sufficiency of complementary propaedeutics, and patients begin to be sliced into organs and systems.

Does complementary propaedeutics truly improve diagnostics or prognosis? Physical symptomatology is responsible for more than half of all ambulatorial consultations; despite that, the ruling model of disease-focused care is inadequate for many of those encounters motivated by symptoms. Furthermore, the amount of medical training dedicated to comprehension, and evaluation of treatment of common symptoms is disproportionately low in relation to their prevalence, negative consequences and costs of medical care.

Diseases tend to happen in face of excessive personal exigence or unsatisfactorily met needs. Incurable diseases promote hopelessness, suffering, anguish and death, which might devastate the patient and their family with anxiety, fear, panic and doubts about the future; responsibility for their family, work and debts might seriously affect patients. Clinical examination is essential to help patients understand what is right for them, feel valued, accept with hope the existing resources to minimize suffering, cooperate with disease cure/control, and perceive and live with the limitations of medicine. It may also help physicians know themselves better, so as to stop prejudice from affecting their relationships or promoting basic mistakes in their relationship with the patient. A physician who sees medicine without the limits of organs-systems, body-soul, and individual-collective can surpass others in knowledge and techniques, amplify the relationship with patients and their families, perceive the individual and understand what value they give to life. Nothing surpasses the gratification of the patient-physician encounter with a well-conducted diagnosis, correct and with minimal need for interventionism. Insufficient care for patients tends to replace talking, explaining, and motivating with exams and therapeutics. The diagnosis and the prescription may be correct and the patient may be cured, but they might still be unsatisfied and ask: "Does my doctor care about me?". Patients want and deserve compassion, comprehension and interest, knowledge, relief and sharing of thoughts and secrets; a friendship with confidence and trust. Technology does not mean better care, and may even disrupt and depersonalize the patient-physician relationship.

Medical education does not follow a very different path, compared to medical practice. It requires, as an evaluation of professional excellence, leaning towards the disease or part of it, as a mechanism of professional progression and pursuit of the values which are deemed important by modern society. Presential formation as a model of evaluation was replaced by a distance education model; the understanding of details of knowledge was replaced by the formal teaching of rules, models and guides. It pushes faculty to clinical, epidemiological, laboratory and therapeutic experimentation and removes them from their mission of influencing young people towards a realistic perception of individual and social well-being. Merit, hierarchy, humanism and a humanitarian perception of human life are considered ingenuous in face of technique, technology and impersonality, market references and competence.

The Medical School is, naturally, the place where Medicine is exposed to the apprentice, as well as being responsible for specialization, updating and recycling; critique and production of knowledge with free thought, with opportunities of encountering that which is controversial; an environment in which evaluation and application of new technical and technological processes are developed and applied in a continuous and fully discussed manner, with no tendentiousness; grounded in ethics and sensitive to human nature and to the humanitarian mission. It is where the vision of the patient does not possess limits of organs-systems, body-soul, individual-collective; and, if it allows itself to go beyond knowledge and technique, where interpersonal relationships are amplified and where it is possible to perceive the person and the value they give to life itself. It is where the limits of science are attained and surpassed, acting in the vanguard of the art of caring, welcoming and consoling the person and their family, with emotional balance, interest and knowledge of human nature, equanimity, technical competence, understanding of what marginalizes and subdues human beings, and in recognition that death exists and can happen with dignity. It is where the transcending of

technical capability and scientific knowledge constitute a common task, in compassion and interest for the person and for life. Dignity and comprehension permeate the thinking, teaching, learning, and hearing; the distinction of what is or isn't superfluous, futile and inutile should be continuously considered, understanding personal limits and the limits of science.

It is a place where it is necessary to establish safeguards for those who will have as a task receiving trust, intimacy and authorization to reach the apparently unreachable human spirit of another, even without having reached their own, and without profiting in any sense from the good-faith of the other; perceiving the limit of science without having attained it; using with balance and harmony the wonders of technology, presented as cures to all afflictions, under an influence, not always true, that they are always helpful; being influenced by values that come from wealth, beauty, youth, exchange of benefits, without letting oneself be influenced to the point of impairing the importance of the perception of the singularity of each person; and favouring equanimity in human relations.

It is necessary to understand the value of life and of the immense influence over well-being that comes from social goods such as freedom of speech, education, dignified work, social security, housing, respect and dignity for differences, without omissions or negligence.

It is necessary to know that the doctor does not always diagnose and treat, but always relieves the impact of the disease and helps the person to integrate with himself, with family and with the community. The physician is critical and creative, and an educator for health with a compromise with innovation, transgression and transformation of people and society, in all places where experiences are created and spread respecting human dignity. Furthermore, they are sensitive to the efforts of the person to adapt to the loss of health and to live with limitations and with the finitude of life.

Despite the development and impact of technology applied to Medicine, human questions remain distinguishing medical action. It is not possible to practice Medicine without humanism or a humanitarian sense, and, therefore, the definition of medical formation has, as a defining principle, the presence of curricular opportunities to encounter the infinity of existing ideas and how they seize the human spirit and take it to act in pursuit of the well-being that all seek and that all equally deserve, consequently leading to social justice.

A profession, whichever it is, requires practical instruments to be able to adequately do that to which it proposes itself. Medical formation at any level at which it is proposed (medical school, medical residence, updating, recycling, master's, doctorate, post-doctorate) requires the establishment of what is intended at the end, that is, theoretical and practical knowledge, psychomotor and psychosocial abilities and habilitations; it requires as well a way to promote constant updating and control so that it is always terminal in its purpose, and not only a bridge to another process.

Whatever the tendency and destination of medical practice in the future, one point is essential: the protection of the patient and their family, in which respect, security, trust and compassion remain as purposes of the Medicine which welcomes and cares for the well-being that everyone pursues and deserves.