

**J M Leggett. J Royal Soc Med 1999; 90:97**

Scientism is, in effect, one manifestation of philosophical modernism, which entails the belief that reason, coupled with scientific analysis and evaluation can bring us to complete understanding of all mysteries. This notion has several flaws. First, it requires that scientific theory be complete and understandable; second, that there should be no conflict between an individual and the population mean; third, that there can be no factors which are not amenable to scientific analysis (i.e. moral or spiritual); and finally that the philosophical principles underlying the claims should be enduring (true). There are reasons to doubt all four, and if these objections are valid then for medical practice to travel this path may prove erroneous.(...)

**James P Nolan. Am Int Med 1998; 128:857**

Managed care has revolutionized the delivery of health care in the United States. Because of its ability to curb the increasing costs of health care, managed care has been eagerly embraced by employers and federal and state governments. According to all projections, managed care will continue to prosper in United States. It has already dramatically changed the traditional roles of general internist and the internist-subspecialist. As managed care systems increasingly demand a high volume of cost-effective encounters, does the traditional relationship between internist and patient still have a role? Some might argue that the detailed, thoughtful, and sometimes even ponderous workup of the internist is becoming obsolete in current health care marketplace, but others would counter that the forces that drive managed care make the role of the internist even more central in health care delivery for adults. Indeed, although internists must practice more economically and selectively now than in the past, they must also be among the leaders in medicine who insist that the first priority of health care delivery is to maximize the quality of health care rather than to minimize its cost.(...)

**James Le Fanu. Prospect 1999**

A prevenção, como é sabido por todos, é melhor do que a cura, e por isso mesmo os médicos deveriam preocupar-se mais em encorajar as pessoas a adotarem um modo de vida «mais saudável».(...) Só era necessário identificar os hábitos sociais demolidores que deram origem à doença. Mas isto tem sido tarefa difícil. No decorrer dos últimos 20 anos, as estatísticas implicaram quase todos os aspectos do quotidiano em qualquer doença fatal ou de outro tipo. A comida e a bebida são naturalmente os principais culpados. O sal provoca a subida da tensão e a consequência pode ser um enfarte, os produtos lácteos causam proble-

mas nas artérias e provocam ataques de coração e os grandes consumidores de café têm mais tendência a morrer de cancro do pâncreas. Quase todos os níveis indetectáveis de poluentes no ar e na água provocam leucemia. «A busca de ligações entre o modo de vida ou o ambiente e a doença é uma fonte interminável de medos - mas oferece poucas certezas», concluiu a revista *Science* em 1994.

Mas a maioria destes supostos perigos, sobre os quais lemos diariamente nos jornais, não podem ser verdadeiros. O organismo humano é – tal como ter de ser – robusto e impermeável às pequenas mudanças do mundo exterior. A noção de que as alterações subtis em padrões de consumo alimentar ou níveis indetectáveis de poluentes podem ser prejudiciais é contrária às leis básicas da biologia humana. Pelo contrário, a teoria social teve a infeliz consequência de minimizar a reputação da medicina como uma fonte de conhecimento fidedigno. Quando Frank Dobson, o ministro da Saúde, avisou no ano passado, sob aconselhamento especializado, que quem comesse três costeletas de carneiro por dia ou um equivalente a esta dose era mais passível de ter cancro, a autoridade médica distinguiu-se claramente da charlatanice.(...)

**Jan P Vandenbroucke. J Royal Soc Med 1999; 92:162**

Principles of evidence-based medicine rank the randomized trial on top for strenght of evidence. That is fine for undertakings that are mainly confirmatory, bring a final quantification, but offer little scientific novelty in themselves. Before an idea can be confirmed or quantified, it has first to be discovered. For true intellectual advancement, i.e. in proposing new problems, new solutions, or new ideas, the hierarchy is of necessity reversed. Solidly on top sits the case report and case series-observations of first cases, of mechanisms, of aetiological or therapeutic surprises. Case reports and case series do not provide evidence with the same strenght as more formal clinical or laboratory research. They are highly sensitive in picking up novelty in a qualitative way but poorly specific as to quantitative confirmation. Randomized trials have maximal procedural guarantees against all kinds of biases; for that very reason, they are not set up for discovery. Case reports and series have large potential to stimulate new learning, but lack such safeguards. There is no other way to detect new ideas, however. Without new ideas all advancement in medicine would cease. It is the “discovery” aspect, both scientific and educational, that makes case reports and series such great fun to read, to discuss and to present. In the age of evidence-based medicine, they remain as necessary as ever (...)