

**A. Sales Luís****(Acta Médica Portuguesa, Abril de 1995)**

Valerá a pena publicar revistas portuguesas? Em português? É obvio que sim.

É com orgulho que lembramos a qualidade e oportunidade das edições médicas portuguesas ao longo dos anos, e particularmente nestes últimos quarenta. Semanários que testemunharam os primeiros passos na investigação, mensários, anuários, revistas melhores umas que outras, mas dignas, algumas a povoar o nosso imaginário como a *Gazeta Médica*.

É também com orgulho que encontramos hoje tantas e tão boas revistas (...) a lutar com as dificuldades que o meio acarreta, a querer vencer os obstáculos que visões tacanhas impõem, com particular realce para o escandaloso preço comprometido na distribuição (...).

Mas é com vergonha que assistimos a uma proliferação de traduções parcelares de algumas revistas estrangeiras para português, como se de serviço à classe se tratasse, quando o que se pretende é captar dinheiros da publicidade incluída!

**Arnold S. Relman****(N Engl J Med, Novembro 1992)**

“Self-referral” is the term used to describe a physician’s referral of patients to an outside facility in which he or she has a financial interest but no professional responsibility. This practice has become particularly prevalent in certain parts of the country, where for-profit imaging centers, diagnostic laboratories, home health care services, radiotherapy centers, physiotherapy units, and other free-standing facilities have been soliciting investments by physicians who can refer patients to them. Self-referral is a prime example of the current and growing encroachment of commercialism on medical practice. The contentious and emotional debate that has been waged over this issue reflects the increasing tension between professional and business values in medicine (...).

It is hard to predict what our health care system will look like in the year 2000, or what the conditions of medical practice will be. What seems clear, however, is that physicians will have little opportunity to help shape the future if they do not retain their public credibility. That is the real importance of the self-referral debate. If physicians choose to act from self-interest, or even if they merely put themselves in positions that suggest self-interest, they risk damaging their most precious possessions – the trust and respect of their patients and the esteem of the general public.

**Michael A. LaCombe****(Am J Med, Dezembro 1995)**

The paper by Weingarten et al. in this issue of the Journal is extremely important, although I will probably have to take the long way around to get you to read it. In sum, the authors ask whether patients can properly judge the quality of care they receive and, by extension, whether they may be permitted to evaluate physician performance for their managed care organizations. I do not subscribe to that notion, not even for a moment. Twenty years of practice have taught me the the difference between what patients want and what they need. I have learned as well that most often patients, no matter how sophisticated, cannot separate wants from needs where health care is concerned. And I have learned that patients can no more define quality than do the Nielson ratings or the New York Times best-seller lists.