

### **Almerindo Leça (Geriartria, Maio de 1995)**

Cada um de nós desejaria prolongar ao máximo o tempo biológico. A ambição de uma longa duração foi sempre uma das lutas da nossa história social e na qual um enorme folclore pleno de lendas e mitos precedeu os estudos científicos contemporâneos. Durante séculos esta aspiração faustea foi limitada ao homem como unidade singular. Porém, hoje, alguns êxitos espetaculares aceleraram-se de tal modo que se é verdade que o envelhecimento pode ser observado no plano da Evolução, a explosão demográfica das pessoas de idade acabou por dar a este envelhecimento prolongado e massificado a verdadeira dimensão de uma mutação social.

Não envelhecemos todos do mesmo modo e ao mesmo tempo por todas as partes. Teremos várias idades no nosso interior; os nossos relógios celulares não estão afinados sobre o mesmo "meridiano de Greenwich de genes". A idade de cada um de nós é a soma de uma biologia e do seu exercício ecológico: da experiência e das provocações do Mundo.

### **Peter A. Ubel (Am J Med, Junho 1995)**

Modern technology has practically eliminated our need to talk to each other. Friends walk together without the fear of lapsing into conversation. Families dine together in front of television sets. Prospective lovers congregate at bars where dance music is played at volumes guaranteed to let them be judged by their looks alone.

I may be especially sensitive to this side effect of technology because of my career, practicing general internal medicine and teaching medical ethics. Medical technology allows physicians to act as if we no longer need to talk to patients. A patient comes in with back pain, and our MRI will show if it is real ("real" here means "surgically correctable"). Another presents with chest tightness and our catheters and nuclear medicine scans will tell us if the problem is in the heart or in the head. Was that a heart murmur? Only the echocardiogram knows!

I do not question the importance that many medical technologies have in helping us diagnose and treat disease. I often rely on high technology to find things I cannot otherwise detect. Nevertheless, the benefits of these medical technologies come at significant cost: physicians are losing the art of speaking with and examining patients, face to face, hand to abdomen, and stethoscope to chest wall.

### **Jerome P. Kassirer (New Engl J Med, Junho 1995)**

The word "publishing" has taken on new meaning. For centuries, publishing required an intermediary, someone who had an editorial staff and a press – in short, a publisher. Today, anyone equipped with a computer, a modem, and a connection to the Internet can be a publisher. The consequences of this technical transformation should give pause to all of us in medicine. Direct electronic publishing of scientific studies threatens to undermine time-tested traditions that help to ensure the quality of the medical literature.

The first hint that electronic publishing by medical researchers might become a reality came from the field of physics. Research physicists have been communicating with one another electronically for approximately 15 years, sharing preliminary results ("pre-prints") before sending their data for publication. (...)

Some have suggested that this method of publication might be desirable for medical studies. One group of devotees of electronic publishing recently proposed that, as in physics, medical-research communications might be stored electronically and titles and abstracts distributed by the Internet daily. Papers would be considered works in progress that could be changed as the author wished. (...)

What are the flaws in this proposal? In our opinion, a study represented by an abstract or a presentation at a medical meeting is incomplete until it undergoes peer review, is revised accordingly, and is published. (...)

Investigators cannot be expected to judge their own work dispassionately. They are usually enthusiastic about their hypotheses and may be unaware of flaws in the design of their experiments or of the insufficiency of their data to support their conclusions. They need independent experts to evaluate their data. (...)

Another source of concern is the fact that much information about health issues on the Internet, such as the risks of medications and the effects of various foods on health, is of uncertain parentage. ( Surely, anonymity has no place in reporting medical research.) At present the Internet seems to promote medical rumors more than dispassionate scholarship. (...)

But medicine is not physics: the wide circulation of unedited preprints in physics is unlikely to have an immediate effect on the public's well-being even if the material is biased or false. In medicine, such a practice could have unintended consequences that we all would regret.