

The History of Medicine has evolved along two maxims. “Post hoc, ergo propter hoc” is one of them and literally translated means “after this, therefore because of this”. This is a known sophism denounced by Scholastic Philosophy admitting as cause what can not be more than a simple precedent in time. But it was the application of such sophism that enabled Mankind to discover so many important things as agriculture, grapes fermentation and the fusion of metals, and equally leading to the belief in sayings of the kind “April showers bring May flowers”. In Medicine, the matter we are interested in, such principle has driven our forebears on the lead of colchicine, quinine, and digitalis, at the same time, providing the grounds to resort to blood-letting, cupping, linseed ointment, thoracoplasty and many drugs of questionable efficacy still mentioned in our pharmaceutical forms. This means that besides its clear successes, it is not difficult to guess that a “post hoc” logic was responsible throughout the centuries for an unnumbered amount of mistakes, suffering and deaths.

“Primum non nocere” is another maxim situated on the previous one antipodes. It was enounced by Hippocrates meaning more or less: “First, do no harm”. Underlying this is the idea that nature cures a great deal of diseases: just give it enough time. It is likely that such maxim has counted for many more successes than all medicines created until this day, and therefore, it is curious that physicians have always revealed a much more interventionist attitude than following Hippocrates advice.

In 1876, Prof. Edward Clarke, from Harvard gave the news of what he thought to be the most important scientific discovery of the previous fifty years: typhoid fever patients did recover, as well or even better on their own, then when treated with plants, heavy metals and cataplasms used at the time. But, in spite of such statement and similar ones, pointing clearly to “primum non nocere” Medicine would still undergo the tragedy of the irreversible blindness of premature newborns placed in oxygen tents and thalidomide birth defects.

Probably, there is no therapeutic action without undesirable consequences, meaning, totally free of iatrogenic effects. The popular aspirin and the

miraculous penicillin have already caused serious troubles to some users and any surgical intervention, even evolving without complications has always an unpleasant iatrogenic effect: the post-surgical stage. The main issue is not in the possible secondary effects but on the need of making, in each case, a correct risk benefit assessment in a way that will always ensure a positive balance to the patient. It is a sliding and complex path where some patients’ lives have been jeopardized as well as the reputation of some physicians. But this is Clinical Medicine and for such reason it requires updated information, good sense and an ethical sense.

However, nowadays, iatrogenics is an issue assuming new contours which can be formulated in a simple question facing the conditions of Modern Medicine, are not doctors under more pressure to use therapies of a doubtful efficacy exposing their patients to excessive and unnecessary risks?

We are all aware that mass culture is on the origin of several trends and a number of beliefs in the Medical area, responsible for some perverse effects. Let us see. The so called upper middle class, even when does admit it, has in their subconscious some bizarre beliefs we can summarize in four sentences: 1 – it is a good rule not to trust too much on doctors; 2 – Medicine nowadays has almost unlimited technical resources; 3 – Mankind is entitled to health and ever more aspires to immortality; 4 – disease and death are abnormal events that doctors have the duty of avoiding.

The understanding that diseases have a natural course, regardless of therapeutic measures, in many cases, is not part of the mental schemes of those who create public opinion today. The prevailing idea is that, in Medicine, there is always something else to be done. When the doctor does not do it, it is due to negligence or inability. Doctors placed between a rock and a hard place, end up opening the doors to the resulting iatrogenic effects not only from aggressive therapies as supplementary testes sometimes useless. At present this is called “defensive Medicine”, a perverse by-product of a culture where hardly matching values and interests co-exist. Facing such circumstances, it is imperative that doctors keep their serenity, because it is up to them to take decisions on which

the health and the life of patients depend upon. Any time that one feels tempted to use the sophism “post hoc, ergo propter hoc” – source of so many iatrogenic events – it is important to remind the Hippocrates’ maxim “primum non nocere” understanding all the wisdom it contains.

On this issue of “Medicina Interna”, Oliveira Soares provides, an excellent reflection, explained in a very personal style, where clarity, humor and sometimes a sharp critic emerges. Curiously, iatrogenesis is not approached here in its usual strict sense – injury or disease caused by medical intervention – but in a wider sense, including also the harm endured by patients as a consequence of nursing, paramedic, managerial staff and even politicians. Such nuance, gave him the opportunity to approach a wide range of issues faced today by Medical practice. The outcome is a text making one reflect and the reading of which is emphatically recommended. ■

References

Day RL. Faith, doubt and statistics. *Pediatrics* 1981; 67:101-106

Thomas L. *The medusa and the snail*. New York, Viking Press, 1979.



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