

From backbiting to the debate of ideas

A provocation and a challenge

Two years after the journal “Medicina Interna” first appeared, it is time to ask ourselves: has it been worth the effort?

It should be noted, first of all, that in the foreword to the first issue, the objectives that inspired this initiative were clearly set out and explained. These can be summarized in three words:

Communicate: “to create a space (...) where (internists) could publish their scientific production”

Educate: “a medical journal should also have (...) an important teaching role”

Reflect: “an appropriate (...) space for all those who wanted to reflect on issues related to Medicine”.

It is common knowledge that without communication there can be no progress. First spoken language, then written, followed by the press, and the new technologies of today, are all tools for cultural advancement in that they enable knowledge and experiences to be stored and transmitted. Without them Man would never have changed since prehistorical times, nor would we see the miracle that is possible today, of a child acquiring, in a short space of time, knowledge that has been painfully accumulated over many thousands of year. Communication in Medicine is, therefore, an essential condition for progress, and the more extensive the communication is, the better.

But it is said that what is published is not always good, and that in the majority of cases, it is not even tolerable. It is said that some articles are meant to be read only by the author himself, his friends, and of course, some enemies. It is also said that medical publications have, by their very nature, an ephemeral existence.

Be that as it may! But not to communicate is to stagnate. It is to abdicate one's role in furthering scientific advancement, which occurs not only through great discoveries, but also through the many small contributions that have accumulated throughout history. Not to communicate is, above all, to fail to value the catalyzing effect that ideas and personal



experiences - seemingly without any future - can exert over others.

The problem is that communication in Medicine means obeying certain canons; not for purely academic reasons, but because this is the only way it will be possible to guarantee the mental discipline that is fundamental to any scientific activity. To investigate is to detect the anomaly and seek to explain it. But this seemingly simple process requires an introduction to scientific research that is rarely found among us, and perhaps this is the reason why many physicians demonstrate a lack of knowledge of the basic rules that a scientific publication should obey.

Over these two years, we have therefore tried, as promised, to carry out an ongoing educational action that is not limited to a simplistic attitude of printing the works sent for publication. Instead, we have contacted authors, worked with them to rewrite texts, added improvements, and finally managed to gain articles for the Journal that in their original versions, would have been unfit for publication. It has not been an easy task, but it is our conviction that through this experience, we will all end up benefiting.

The exercise of Clinical Medicine is an art. But it is also a complicated profession that requires a long apprenticeship. It all begins with the university course, with the arduous memorization of the morphology and physiology (normal and abnormal) of the human body; the initiation into the secrets of semiological exploration and differential diagnosis; the unveiling of the mysterious powers of drugs and surgery. This period is followed by postgraduate training, in which knowledge is expanded and clinical and technical skills are acquired, in a process of maturation that takes time and experience. All this requires energy, occupies the spirit, and leaves no time for fantasizing.

It is only over a period of years that one gains the distancing needed to be able to see the forest where before only trees were distinguishable. From this point, one begins to acquire a historical perspective of medical progress; to understand that some panaceas of Medicine are merely fleeting illusions that do not survive longer than a single generation; it becomes clear that the indispensable pragmatism of Clinical Medicine is conditioned by ethical principles, financial costs, and common sense.

Reflecting on all this is a practice that should be present in any responsible medical community. The action of professionals who, at all times, must proceed according to the “state of the art”, but modeling and adapting behaviors, providing the cultural basis that enables effectiveness and critical capacity to be combined in carefully calculated measures, is no mere chance.

These are the objectives that, for better or for worse we have sought to achieve.

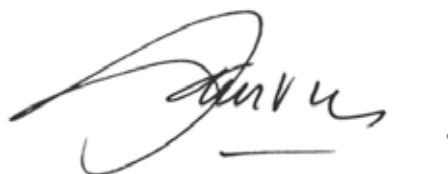
However, with a few exceptions, another important aspect has been lacking in this Journal: The participation of its medical readers, through the traditional “Letters to the Editor” section. Why?

We, the Portuguese people, more given to backbiting than to debating ideas, have always had little inclination to become involved in civic intervention, particularly through debate and so-called “constructive criticism”. Most of the time, we prefer to make our displeasure known by saying nothing than by openly airing our disagreements. This is true of all areas, and the medical journals, inevitably, also experience this.

Now, much of what we have published in these last two years has no doubt been controversial, and in many cases, open to criticism. For this reason, it would have been extremely profitable, from a scienti-

fic and cultural point of view, if readers had given their opinions, whether in agreement or disagreement, enabling a wider dialogue to be established.

I therefore lay down this provocation, which is also a challenge for the future. We hope that from now on, we can count on your criticisms, suggestions, comments and small contributions, all of which add value to the journal “Medicina Interna”. Only in this way will it be able to transform the journal into what we originally intended it to be: a dynamic space for participation, open not only to internists, but also to physicians from all other areas of specialization. ■



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