Lídia Jorge
(Rev. do A.C.M.P. 1996; 137: 41)

Suponhamos que infelizmente existe um paciente que vai fazer um exame de rotina e o médico percebe que ele tem uma doença mortal. Suponhamos mesmo que o paciente é culto, curioso e gosta de conhecer os mecanismos do seu corpo. Deve-lhe ser dito imediatamente o que tem? Não deve. Se está na moda, ou a psicologia médica recente prescreve que se deve ser verdadeiro, para não se ser piedoso, essa moda ou prescrição é perniciosa e desumana porque uma pessoa só uma vez na vida sabe que tem uma doença mortal. (...)

O doente tem o direito a ser informado do seu estado de forma adequada à sua personalidade e expectativa. Isto é, pode querer saber, perguntar e mostrar que deseja conhecer a verdade. Pode preferir saber de forma adivinhada, intuir e compreender sem nunca proferir directamente as palavras. E pode também ter o direito a nunca ser informado. Não ser informado pode revestir-se, para algumas personalidades, da forma mais suave de caminhar para o fim. Pois na verdade o escândalo não é que a morte exista. Ela é o espaço opaco — ou luminoso — do descanso para a nossa desinquietação, e possivelmente será a paz e a paz do descanso nunca é escandalosa. Escandalosas são a doença e a dor que a natureza produziu, como se nos quisesse punir dum mal que não fizemos.

William C.L. Hsiao, Yuanli Liu
(New Eng J Med 1996; 335: 430)

Recent experience in China helps to answer a global question: Does economic development necessarily improve health status, nutrition, and health care? In the late 1950s, when China was a very poor nation, it developed an innovative system of medical care. Each community or town organized funds from the government, households, and communes to finance village health stations and "barefoot doctors" to deliver preventive and basic health services to more than 90 percent of the population.

Between 1952 and 1982, China reduced the rate of infant mortality from 250 to 40 deaths per 1000 live births, decreased the prevalence of malaria from 5.5 percent to 0.3 percent of the population, and increased life expectancy from 35 to 68 years. (...)

China began to reform its economy in 1979, moving from a planned to a market-oriented economy in which private ownership and market forces largely supplanted governmental control. The reform succeeded in accelerating economic growth. The per capita disposable income (income after taxes) increased 6.1 percent annually (after inflation) between 1980 and 1993 more than three times the rate in the United States (...)

There is some evidence that the health status of the Chinese has been adversely affected by the economic reforms. The mortality rate for children under the age of five has not changed since 1985, according to a UNICEF report, despite the rapid economic growth and improvement in literacy rates.

Infant mortality rates (37 and 41 per 1000 live births in urban and rural China, respectively, in 1993) have also remained virtually unchanged since the mid-1980s, and the average life expectancy has changed little (from 68 years in 1982 to 69 in 1993). (...)

The Chinese experience teaches several fundamental lessons. Economic growth does not necessarily translate into better health and better health care for all. Instead, it may increase the disparity in income, nutritional status, health, and health care between the rich and the poor.(...)

When governments promote economic growth, they must also have an appropriate companion policy for the development of their health care systems.

Edzart Ernst, Ted J. Kaptchuk
(Arch Int Med 1996; 156: 2162)

In most countries, homeopathy has come and gone in major waves. Currently, we are witnessing its renaissance both in the United States and Europe. (...)

Homeopathy was developed by the German physician Samuel Hahnemann (1755-1843). He noticed in 1789 that when he took the malaria remedy quinine, it produced most of the symptoms of malaria in himself. Hahnemann went on to conduct similar "provings" on himself, friends, and patients and postulated that "like cures like". (...)

Homeopathy represents a system of healing that is distinct from today's mainstream medicine. A disease, it is claimed, is best treated with a remedy that would produce a similar set of symptoms in a healthy volunteer, hence the term homeopathy. (...)

Yet homeopathy made several important contributions to medicine. It challenged the medical remedies of the time that often were more dangerous than the disease they aspired to treat.(...) Homeopathy also provided the initial idea and source for many drugs like nitroglycerin and aconite. (...)

The relative lack of harm, the novelty of the method,

and the impotence of allopathy (a term coined by Hahnemann) may all have contributed to homeopathy's early popularity. (...) The clear distinction between homeopaths and allopaths became blurred even more as the majority of both camps followed the ascending model of laboratory and bacteriological science. Finally, in 1903, the American Medical Association even invited homeopaths to join. (...) In 1906, Richard Cabot, the professor from Harvard University, Boston, said that the question should have always been "Do they work?" not "Are they logical?" (...) So, does homeopathy work?

Undoubtedly patients perceive homeopathy as effective and so do many physicians. But is this to say it is superior to an indistinguishable placebo? The final answer to this seemingly simple question has still not been found. (...)

We therefore need more definitive trials to determine efficacy-trials that accommodate methodological quality and allow for high standards of homeopathic practice. (...)

Maybe then, one day, we will be in a position to answer Cabot's question — a question that has again become topical and has now remained unanswered for 90 years.