On keeping an open mind

I completely agree with Berghmans (BMJ 2011;343:bmjd5469) in his suggestion to include Philosophy of Science in medical schools’ curricula.

I only want to add that our observation and interpretation of reality can be distorted by some factors beyond preconceptions and desires, such as artefacts generated by instruments or methods (for example, how a question is formed), by the suggestion of a result (well illustrated by the effectiveness of placebo), and by extreme specialization that may create a list of hypotheses.

Specialization bias

Medicine’s explosive progress led to the emergence of new subspecialties.

The over-specialization of knowledge tends to overlook acquired general medical knowledge, and represents a fractional vision of the reality that may induce bias against path observation, undervaluing signs of forgotten diseases. As Pasteur said, discoveries require a prepared mind. To diagnose a patient’s pathology, beyond considering its complications, a prepared mind is necessary to seek and value other pathological signs not referred to by the patient and which may be outside a subspecialty’s focus.

It might be useful to consider the limits of subspecialisation, which may explain some patient’s pilgrimage between specialists.

I completely agree with Berghmans (BMJ 2011;343:bmjd5469) in his suggestion to include Philosophy of Science in medical schools’ curricula, but unfortunately several European countries have adopted the Bologna reform, and this has shortened scholar time, reducing even more general and medical knowledge.

Competing interests: None declared

Fernando Martins do Vale, Professor of Pharmacology

Institute of Pharmacology and Neurosciences, Faculty of Medicine/IMM, University of Lisbon, Av. Prof. Egas Moniz, 1649-028 Lisboa, Portugal

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