

Editorial

Reformulating the principles of Hippocrates

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Whereas reproducibility is a crucial criterion of scientific method, modern medicine is increasingly dependent on clinical trials or epidemiological investigations which, by their very nature and cost defy this criterion: you cannot reproduce a clinical trial based upon specific moments in the life of a selected population, and it is most often impossible for independent researchers to do long-term follow-up studies of epidemiological investigations that involve thousands of people.

In addition, and contrary to the “hard” data in physics, chemistry or biology, data in clinical research is “soft”: as objective as data may be, the meaning of the results are dependent upon the experts that interpret them.

Thirdly, notorious as they are, experts’ conflicts of interest are not the sole issue in this regard—the pharmaceutical industry is also capable of *finding*, creating, and promoting those scholars who will eventually be chosen as advisers by regulatory bodies or academic institutions—regardless of their real achievements. In a world regulated by the “publish or perish” rule and by the Darwinian dynamics of quotations by peers, the system’s equilibrium is often polluted by extensive duplication or selective quotation of conclusions. This is exacerbated by the recent development of the “h” factor (see a recent issue of Chronicle of Higher Education), where *h* is number of articles cited *h* number of times; $h = 18$ means you have 18 articles that were cited 18 times or more each, reducing each person’s career to a single number.

As a result, the sad reality is that contemporary medicine has lost the way of science; moreover, by promoting the model of “experts” more recognizable by their arrogance and conflicts of interests than by scientific achievements and recognition by their peers, medical research has exerted a disastrous influence over other branches of science.

Isolated scholars all over the world, especially among the younger generation, are driven to dismay or despair by this situation; some of them are threatened or even harassed by pharmaceutical firms, governmental agencies or academic institutions. Recently a colleague of mine was described as a “fringe person” because he dared to criticize some research methods that were poor; his opponents could not refute him so they demeaned his personality as an alternative.

The aim of *Medical Veritas*[®] is to offer support to these researchers and to co-ordinate resistance to this frightening drifting of medicine—as the main power of money is false promotion. We (who comprise the Editorial Board of *Medical Veri-*

tas[®]) take a serene confidence in the power of integrity and in knowing how to resist. We also have learned that historically most achievements in art or science have come from individuals who had to withstand the prevailing ideology—sometimes for extended periods of time. Therefore, we are not bothered because we are presently a minority in medical press and further, we do not allow ourselves to become discouraged if our views do not presently predominate within the profession and beyond. Finally, we accept that being a critic of the system is not in itself a guarantee of rightness, and we are aware that our credibility will eventually depend on the quality of our peer-review.

It is likely that the Hippocratic principle *first do no harm* had greater currency at a time when effective medicines were rare or non-existent. And fundamental as it remains, this principle calls for a re-formulation that accounts for the inevitable iatrogenic potential of effective treatments: first not to harm *too much*. As a result, this issue becomes a new part of a more general concern of *ecological* nature: up to which limits will healthcare professionals and society accept the hazards or tolerate the damages of technological interventions justified by the pursuit of putative beneficial effects? Consider, for example, populations at supposed risk of hepatitis B, even in high-endemic countries: is it acceptable to induce potentially fatal auto-immune disorders and to create an epidemic of pediatric forms of multiple sclerosis which were extremely rare prior to launching mass vaccination?

As health professionals, we view the integrity of the body as sacred. Aware of the complexity of illnesses as well as the unavailability of death, we consider humility in therapeutic care as a paramount virtue. Aware of the limitation of our knowledge and its cultural biases, we consider that health is the rule and the medical care necessitating intervention must be the exception. Many of the “experts” have repeatedly proved unable to assess, for example, the most expected class effect of statins occurring within a few weeks (rhabdomyolysis). We do not believe these “experts” have the slightest credibility in promising long term benefits; hence, our suspicion about the fallacies of “prevention” (e.g., vaccination, hormone replacement therapy, cholesterol, hypertension, etc.) which tend to transform everybody into a potential patient with ongoing disease and treatment cycles. Favoring the patient’s autonomy as the ultimate value, *Medical Veritas*[®] will devote its time and energy to publishing balanced information and making it widely available.