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Editorial

The International Journal of Risk and Safety in Medicine is concerned with rendering the practice of medicine as safe as it can be; that involves promoting the highest possible quality of care, but also examining how those risks which are inevitable can be contained and managed. It also involves paying attention to the discrepancies, controversies and contrasts in Modern Medicine and that is what we do in this issue of the Journal.

Stehouwer rightly points out that doctors are not dealing with groups, but with individuals. He balances the average outcomes of Evidence Based Medicine and the knowledge from pathobiology, i.e., knowledge about populations versus knowledge that helps one to understand and predict outcomes in individual patients. He makes it clear that it is impossible to study all sorts of interventions in all types of patients and that thus insight into pathobiology is needed to assess whether or not the outcomes of randomised clinical trials are reasonably applicable to one particular patient. And then he stresses the importance of taking interindividual variability into account in all clinical decision making.

Bonneux is a medical doctor and an eminent epidemiologist who writes a column for Medisch Contact, the weekly of the Royal Dutch Medical Association. The style of writing of Dr. Bonneux is an essential element of his message and this writing style is not easily transferred to English. But it is still clear from his contribution in this issue of our Journal that he has serious concerns about the health care systems of the Western world and the degree of medicalisation of modern living. Medicalisation is the medical industry's practice of turning commonly-found symptoms into a "disease" so its members can prescribe a medication for it. To some extent the term medicalisation can also be used in the realm of preventive medicine. And although the achievements of modern preventive medicine should not be underestimated it can be questioned if the emphasis on a healthy life style is always sensible. According to Bonneux this form of risk management has the hazard of turning the healthy into the worried and then the worried into patients. For this reason he is also an avid opponent of most health screenings. Interestingly, he argues that our emphasis on risk management neglects existing disease, ignores the presence of pain and denies tangible everyday suffering. In other words "health care" and "patient care" are set in a context were they are dichotomous. In his most recent column [1] he asks the pertinent question if more health is able to make us happier. And of course his answer is no. It is less disease and less pain that can determine happiness and therefore the primary task of a doctor is not to optimize life expectancy but to reduce pain, lessen fear and to care for the distressed.

It has been argued that the legitimacy of the science of public health suffers because of a lack of clear definition. However a frequently used definition of Public Health is: the science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards. In this definition the work of the World Health Organization can easily be discerned. But what is advantageous for the population and what is beneficial for individual patients are not always analogous. It is this problem that lies at the heart of the article "Bedside medicine and Public Health; a controversy?" in this issue. When what is good for a patient is in conflict with what is good for the population, the physician has no moral choice but to opt for the good of the patient [2].

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The observant reader will have noticed that the central theme of these three contributions is the same. It all boils down to the potential divergence between the good for the population and the good for the individual. That doesn't need to be a controversy but it will always be a source of dilemma.

And then Hope or Hype, the announcement of a book that is asking fundamental questions about the functioning of doctors, hospitals, researchers, drug companies, and device manufacturers and the astronomical costs involved. When the authors talk about inflated medical care they are not drawing attention to a dilemma or a controversy, it is an indictment. The suggestion is made that these problems are restricted to the state of health care in the United States but that can be questioned. In the week in which this editorial went to the publisher two Dutch medical weeklies, "*Medisch Contact*" [3] and the "*Nederlands Tijdschrift voor Geneeskunde*" [4], addressed the problem of medical opinion leaders being manipulated by pharmaceutical companies. It is obvious that the medical industry, the term has been used earlier in this Editorial, is controlled by multinationals. That is the reason why we felt it fit to share this "call to action" with the audience of an International Journal that concerns itself with the Risks and Safety in Medicine.

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Editor

References

[1] *Medisch Contact* **61**(June) (2006), 1007.
[2] J.D. Clough, Treating populations rather than individuals: the subtle danger of managed care, *Cleve Clin. J. Med.* **64** (1997), 120–121.
[3] *Medisch Contact* **61** (2006), 1042–1045.
[4] *Nederlands Tijdschrift voor Geneeskunde* **150** (2006), 1419.