

Editorial:

Rural Medical Practice and the The Biomedical Model

DIEGO HERRERA RAMIREZ

The changing nature of medical practice throughout history reveals the defining effect that historical context has on medicine. Therefore, medicine, as a practice, cannot be considered independently, or at the margin of a social structure.

Throughout history, the dominant economic and political systems of the time used ideology to defend their interests. For this reason, Plato defined ideology as “false consciousness,” referring to a distorted perception of oneself that conceals some of the important realities to which one is subjected. It is a lack of recognition by those who follow the “rules”, which should rule their behavior (1).

During the 15th century, Maquiavelo viewed ideology as a distorted perception of the appetite, interest and human judgments, “everyone sees what appears to be, few experience what truly is” (2).

Over the centuries, medical practitioners have wanted to convince themselves that scientific practice is independent of ideology. Bacon sought a vision of science that was not contaminated with ideology. This is a similar position taken by the positivists and some Marxists, who view science as neutral (3).

At the dawn of of western medicine, the economic and political systems were subordinate to philosophy. Greek medicine was pragmatic and founded on observation. It was based on the Aristotelian theory of the four elements, which inspired the Hippocratic theory of the humor, and

constituted a doctrinal framework of the school.

During the Middle Ages, religion dominated medicine. A sickness was believed to be God's punishment for sins committed. The only manner of curing someone was by praying for forgiveness. Medieval doctors were generally priests or religious scholars. Hospitals were usually built inside monasteries. Patients were given food and were comforted, and little was done to cure their sickness. Traditional cures using medicinal plants and potions were considered witchcraft and were forbidden by the Church. (4)

During modern times, Kant proposes reason to be the only way to justify all claims of validity, for society and also for medicine. This is how it became imperative to achieve, among other things, scientific development that would permit the prevention or solution of problems throughout a knowledge based on theoretical absolute truths.

The dominance of science on the individual and society, as well as the power of technology, has great influence on modern medical practice. These factors transformed medicine into a theory of practical procedures derived from scientific knowledge and the exponential development of technology. These technology driven practical procedure's now massive application in the medical industry have converted medical "tasks" of specialists and medical technologists into the overwhelming workload of the industry.

It is reasonable to think that from a modern ideological point of view, or the scientific point of view, that mathematizing nature is required to provide scientific rigor and certainty to Health Sciences. Medicine needs some sort of matrix of biological knowledge with vertical explanations and causal chains that possess a formal, systematic logic, and strict reasoning, explained through conceptual models.

During the 1980s this discourse led to alternative self care health

programs, incorrectly called Primary Care. These programs tried to overcome biologism, seeking determinants of the health-sickness process, assuming the communities health is determined by consumption conditions. A change in these conditions would avoid sickness, because the interest is not in the transformation of life and health, but in a “false consciousness” that would not endanger the prevailing economic system.

The majority of medical schools are influenced by positivism and the new phenomenology. The formation of critical thinking is relegated, in the best scenario, to four schematic kinds of thought development. There is a lack of interest in forming doctors in a professional way. They are instructed to follow a series of guides, protocols, and consensus, which frequently appear to be elaborated without taking into account the contexts or particularities pertaining to the patient. We have performed national programs in order to control influenza without critical thinking. We seek therapeutic goals of the first world, while living in the third world. We give little value to our unknown historical inheritance, and we do not recognize the incorrectly called “Latin paradox”.

Complex thinking, located within systemic thinking, is superior to positivism and the new phenomenology. It is not based on statistics. Rather it is based on the study of particularities that reveals the truth of the adaptive conflict. The adaptive conflict uses "sickness" as a shelter from misfortune, or personal adversity, which we call suffering.

This recognition would not be possible solely from a scientific point of view. The task at hand requires the discovery of how the organic or functional condition was born, and maintain a permanent respect for the need and dignity of the person who turns to us, because respect for the dignity and difference of "the other" is where the foundation of our own dignity lies. This principle is magnificently represented in Sydenham's phrase: “I have not treated anyone in a different way than I would like to be treated, if I were to fall ill with the same sickness.”(5)

The being of people is a historical identity, which is configured in the world in the form of a Project. The objective of the doctor, armed with complex thinking, is to achieve and understand a person through a communicative language and to comprehend a life situation in an individual and general manner. Treatments negotiated with patients depend on the philosophical manner in which the patient and the doctor conceive the world, in a relationship of continued sharing.

Should the patient conceive himself as a spiritual being and believes that his body could harbor spirits, then the sickness is an evil spirit and the therapy is to scare the spirit. Should the patient conceive himself as an evolutionary category, meaning as an animal that lives and was created in nature, then the sickness is a disorder that depends on nature and therapy must be natural. Should the patient view himself as a physical and chemical animal, his sickness must be treated with physiotherapy or chemotherapy.

Overcoming biologism, positivism and the new phenomenology, using complex thinking to understand the patient and his suffering, to understand how to negotiate and individualize the treatments, returns the "art" to medical practice.

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