

Editorial

Nothing is simple in the medical scenario

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The invitation to write this editorial for “Rheumatology and Orthopedic Medicine” is an honor and a privilege.

I particularly like Fernando Pessoa, a Portuguese poet, who wrote the following verse: “What comes always comes for a reason.”

The fact that I was invited to be part of the editorial board of this well-known publication might be because I’ve been collaborating with several orthopedic medical journals, as a member of the editor’s council or on the board of reviewers.

The task of reading, commenting and analyzing the publication of a scientific paper empowers us in relation to the research method and makes us more attentive to new questions in medical research.

We live in a world without borders and medicine has been exploring to the maximum its capacity to expand its science.

The new century shows that knowledge can be acquired in a cognitive way, with a rapid capacity to be disseminated based on the integrity of the source and the quality of the researchers.

When we read a scientific paper, we are in symbiosis with the content researched, in large part, compared to our medical knowledge.

Among the editorial staff and reviewers, a variety of culture is represented in the medical sciences, with names from the five continents of the planet.

The global village phenomenon espoused by Marshall McLuhan in the 1960s is more alive than ever. The process of communication breaking cultural, ethnic, and geographical barriers has become a reality with the information technology.

However, one question becomes important: are we all competent for the task in choosing the medical papers to be published?

The answer is yes. Yes, because what matters in the analysis of a scientific work is the almost perfect use of scientific methodologies and the writing in accessible language for a pleasant reading. In the 21st century, evidence-based medicine has gained such a dimension that it can induce the physician to a therapeutic course without reflecting on the scenario in which the patient is inserted and their comorbidities.

Nothing is simple in the medical scenario. Therefore, for ethical reasons, we must know the origin of the patient to their place of actual experience.

An example of this reasoning: a medical case of two sisters who came from South Africa to study in a Latin American country. Within one month of school activities, one of the girls developed fever, chills, and poor general condition. She was incessantly analyzed until, after

two months, she was finally diagnosed with malaria. In fact, if the patient had these symptoms in Africa, she would have been immediately diagnosed and treated for malaria. The outcome of this medical case is that the patient died due to the delay in starting the appropriate treatment. When the other sister developed the same symptoms, she then returned home.

This narrative shows that we must be very attentive to the issues related to the environment in which we live. Geography is an important socio-economic and cultural element.

In the field of research, genetics has gained a prominent role in medicine and its related fields. In the spinal area, for example, it is related to idiopathic scoliosis and its genetic origin confirmed by a duplication of an allele in the DNA. Today, in families with scoliosis, we must be alert to the possibility of an early diagnosis.

The levels of evidence advocated by Sackett et al. facilitated comprehension and its major decision-making power using five levels of evidence. They all have strength of evidence that influences patient management. According to Sackett et al., the definition of the Evidence-based Medicine (EBM) has been described as “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.”[1]

The 5 types are: I. Large RCTs with clear-cut results; II. Small RCTs with unclear results III. Cohort and case-control studies IV. Historical cohort or case-control studies V. Case series, studies with no controls.

Thanks to the increasing value of the scientific work, I feel empowered with knowledge and arguments to develop useful answers in providing the best treatment for our patient.

Another important aspect of a valued scientific work is related to the proposal presented by the authors through their research choices, allowing the opportunity to look at medicine from multiple facets.

Quoting again the writer Fernando Pessoa, “My point of view is only that of my vision and each one of us has their point of view focused on what attracts our most attention.”

This is how scientific work opens doors to allow us to find new research options and expand our medical knowledge.

References

1. Sackett D, Rosenberg W, Gray J, Haynes R, Richardson W (1996) Evidence based medicine: what it is and what it isn't. *BMJ* 312:71-72. [[Crossref](#)]

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