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Editorial

Knowledge of the history of medicine helps to humanize care

The suggestions made by medical historians are essential today in the challenge of humanizing the treatment. It is not just about models of health organization, instead it seems rather necessary to intervene on the human qualities of women and men of medicine. It is necessary to stimulate an effort of intelligence, a control of thought to make sure that it does not always rest in the sure conformism of protocols and guidelines, as proposed today by the clinic. The current biomedicine, very different from the medicine that was studied and practiced half a century ago, with so many unexpected and astonishing novelties, acts in a revolutionary scientific moment, also addressing bioethical problems. To use it consciously, it is necessary to exercise critical thinking, without resting in the conformism of simple respect for the guidelines protocols. It is therefore not necessary to recall the history of the first approaches of medicine based on evidences as an emerging paradigm of the practice, as the best way for a good clinic, a medicine that affirmed a methodological conception according to strict rationality, that was based on the use of the evidence provided by controlled clinical trials. There is a so-called "pyramid" of evidences, from which guidelines and recommendations are generated. Nevertheless, from the beginning, one could read the provisionality of the meaning of evidence which is valid only in the case of "current evidence" and we know that what is effective today will not be tomorrow. We cannot hinge in evidence-based medicine without considering it within a medical theory. In addition, reflecting on the theory that we will see, a part of medicine has always wondered how to designate the disease, clarify and classify it. And we will see how it was fed the doubt that the idea of diagnosis is really the signifying concept of a rational medicine. The classification of diseases, aimed at the identification of classes of sick individuals, was an ambitious program that appeared in the medicine of two centuries ago in an attempt to recognize, through the symptoms of the truths or constant entities, the classified diseases. The seed thrown by Morgagni in 1761 struggled for fifty years grow, but when it did become a lush tree that in 1819 presented the first true symbol of the new internal clinic with Laennec. The disease was affirmed in the meaning of the pathological changes of the organs, describable and measurable on an anatomo-pathological level, with alterations connected to functioning and the localistic model, made historically dominant, which has since provided our peculiar clinical perspective. Delivered to the archives of history, the previous views of the framework understood as general and systemic imbalances of the whole organism, medicine had reached the search for the essence of the diseases (nosology) as unitary entities and their most faithful description (nosography), with a model of diagnostic classification that constituted the conceptual basis of the nineteenth and twentieth century clinic.

But from here on, can we really continue to trust in this model and its meaning? The concept of many different diseases, each with its own autonomous identity, allowed to recognize a phenomenon and explain it with natural laws based on characteristic signs. However, from the beginning, the internal coherence of the model had been questioned by so many variables. Diagnostic systems are artificial constructions that reflect the momentary state of knowledge, largely provisional tools, to be used with caution. They propose catalogs of human infirmities in the form of tables, but in the clinical pictures not everything can be clearly defined or defined with few words and the diagnoses do not always constitute an exact denomination of the known event, nor an explanation. They give reasonable indications of conduct, but their reliability must be checked by catamnesis. It must therefore be

admitted that a slight veil of fiction has deceived the idealization of the diagnosis and its meaning. One wonders if by creating an univocally clinical situation, by classifying it, we allow to avoid misunderstandings and guarantee without doubts the procedure towards the of therapy. The time has not come for the revision of the concept of diagnosis, because the questions on nosology could question the whole conceptual apparatus of medicine, the general laws of the disease and the end of clinical judgment, or rather the clinical reasoning itself. So let us be helped by the knowledge of history. If we identify clinical reasoning with scientific reasoning, we must know the elements that support a theory of right thinking and right action, in recalling the canon of science that binds to the method, to the inductive logic, to the verified data and to theories founded on the data.

And if we explore the complex of mental acts used to go towards the diagnostic definition, we realize a process that formulates hypotheses and conclusions, with objective arguments that are part of rational logic, but also with our subjectivities, fueled by experience. Not much has changed after a hundred years. The diagnostic procedure adapts itself to the scientific paradigm: the input data are observed and standardized to arrive at different concatenations of sets and subsystems that lead to conclusions. But in proceeding there is a tension of comparison between the probabilistic scientific model and an intuitive model.

That is, something is still hidden in the intuition of the individual, never completely eliminated by the doctor's work. The training of Richard Cabot (The Anatomy of Clinical Judgments, 1916), made us reflect on the process of clinical diagnosis and note with how much distrust or resistance the doctors tended to avoid the reasoning on the formalization of their mental operations. Because it is true that - when the possibilities for objective observations fail - the diagnosis is something intermediate between the assessment of a situation and a verifiable hypothesis about that situation.

Therefore, it is not secondary to ask how, in medical education, in the student's education and in the continuing education of the doctor, the skills required to master clinical reasoning and to ensure a freer and more open mental attitude in making therapeutic decisions must be cultivated.

In our opinion, the university teaching which instructs the ways in which the signs and symptoms must be collected cannot allow the student to become a doctor without being educated on the history and on the fundamental notions of logic to connect the facts to each other. Therefore, it is necessary that in the medical education teaching Human Sciences becomes more affirmed, label with which today we teach the History of Medicine, Paleopathology and Bioethics, to better prepare the discipline of reasoning and above all to humanize the care.

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