The Truth in Biomedicine, Adverse Reactions and Collateral Effects: An Introductory Reflection

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**Objectives:** To reflect on the conceptual construction of uses of biomedicine truth in clinical activity and its relation to the ethical role of physicians.

**Methodology:** Analytical and interpretive

**Results:** The author presents the construction of biomedical "truth" in the following terms: the effectiveness of the cure and its relationship with the treatment. The first is explained by the prevalence of a mechanical conception of disease causes; the cure is applied through methods and technologies that seek the welfare of the patient, exercising control over the illness. Because of that, biomedical truth emphasizes the suffering of the sick and limits their "freedom." The author argues that the social mission and the ethics of the physician are to heal the sick, prevent disease and promote health. The scientific truth promotes the elimination of pathologies and risks. This involves the deployment of a process of "de-responsibility" of ethics and epistemology of physicians. This process defines the identity of doctors who become viewed more as scientists than as healers. "De-responsibility" is a project created especially for the production of knowledge in biomedical science, which is methodologically legitimate in the statistical association of controlled clinical trials and cohorts. The study of patients is standardized, disqualifying the doctors' own knowledge of patients and other non-scientific healers (homeopaths) also present in medical practices. The author defends the relationship of scientific truths with the healing mission of professionals focused on finding cures for the sick. The author highlights some needs in the reconstruction of the epistemological-ethical responsibility of doctors: to exercise more theoretical and methodological freedom; to conduct an analysis of the ethical, epistemological and social practice of medical science; to make daily life more scientific; to contextualize the diagnosis, and to put the treatment into context.

**Conclusions:** The author concludes that the social and epistemological construction and institutionalization of diagnostic truths and therapy impoverishes biomedical practice, reducing it to the utilization of knowledge based on objectivity, universality and positivist thought. For the author, the ethical and social medicine mission must be focused on finding cures for the sick. Therefore, the author proposes the need to reconstruct the epistemological-ethical responsibility of physicians.