

Certainty in medicine: A moving target

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In medical school students are often impressed, if not beleaguered, by clinical teachers with bold statements that they should never forget. 'Do not let the sun go down over a diabetic ketoacidosis' or 'Giving morphine to a patient will spoil the evaluation of an acute abdomen' are examples of frequently lectured, sometimes even apodictic, proclamations. Many of these clinical edicts, however, have turned out to be wrong with current insights. In my personal medical training, not even very long ago, we were taught that duodenal ulcers were due to 'type A personality disorders' (as exemplified by taxi drivers), that patients with heart failure should never be given a beta-blocker, and that patients with type 2 diabetes mellitus could not develop ketoacidosis. All this turned out to be untrue as well, not based on any empiric scientific observation, let alone understanding of underlying pathogenetic mechanisms.¹ Nevertheless, many students, now practising physicians, remember these aphorisms and find it difficult to get rid of them. Despite all postgraduate educational efforts, state of the art lectures during medical congresses and continuous medical education programs, many doctors still believe that oedema in nephrotic syndrome is due to low albumin levels, that humans have an intrinsic and extrinsic coagulation system, or that diverticulitis or pancreatitis should always be treated with antibiotics. Obviously, we now know that all this is incorrect, as recent publications also in the Netherlands Journal of Medicine underscore.²⁻⁶

And the list of once 'true' but nowadays outdated medical knowledge is endless, as biomedical knowledge and its application to medicine has been developing very rapidly over the last decades. Medicine is moving fast and practising physicians have to keep up with it. How can we do that? Indeed by attending continuous medical education sessions and participating in postgraduate activities. And by reading medical journals in our field and in general areas of medicine.^{7,8} One of the main objectives of the Netherlands Journal of Medicine is to provide such an information source for practising physicians in internal medicine at large and to keep our readership up-to-date on

new medical knowledge and its application in day-to-day medicine. In this issue of the Netherlands Journal of Medicine surprising new knowledge on bone as a pivotal regulator of glucose homeostasis is reported as well as important new insights into the epidemiology but also (viral) aetiology of anal cancer.^{9,10} This new information may soon be applicable for better management of these conditions. But, in the same issue, information is reported that has already been translated to clinically applicable knowledge on diseases as common as community acquired pneumonia or (at least in the Western world) as rare as malaria.^{11,12}

Keeping up to date in medicine is an ongoing and never-ending battle that each physician has to deliver. Individual strategies, tailored to personal and specific needs, will be important to stay on board and will require considerable efforts but at the same time will keep our working life in medicine vibrant and exciting. The Netherlands Journal of Medicine hopes it will contribute for a small part in this endeavour.

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