



Knowledge as primary prevention: before being a doctor, doctors must also be teachers

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We can act in two ways to offer a good physical and mental health status to humanity: to prevent and to cure. In both cases, firstly we have to study the problem and the strategy that aims to its resolution. Secondly, if we hold a good solution to the problem in order to obtain the best possible result we must teach other doctors and people this possible solution to the studied problem. In case of primary prevention the first people to whom we must explain all these things are the people who live in the world which must be able to consciously choose whether or not to live in a healthy way possibly without compromising the choices and the health of other people. All these situations require great teaching skills by physicians. What we discussed so far is what should always happen in theory. However, this reality clashes with endless exceptions. The initial exceptions are the ego and the wallet of the doctor. In fact, the medical scientist can be transformed into a craftsman who hidden his successful art to the most and a very interesting example is found in the history of the obstetrical forceps and the Chamberlen family¹. We are not certain about which of the brothers invented the obstetric forceps but this instrument remained a family secret for more than 100 years¹. This type of behavior often limits the knowledge and training in surgery of the new generations. Other exceptions are those related to important economic interests such as drug patents that sometimes pose important barriers to the dissemination of effective treatments. There are several examples of initiatives seeking to overcome these barriers and trying to reduce the costs of cancer drugs and anti-retroviral drugs such as the example of Brazil for highly active antiretroviral therapy (HAART) and the recent deal

between Roche and Emcure to produce trastuzumab at affordable prices in India^{2,3}. Further exceptions that could impair the spread of knowledge that aims to offer a good physical and mental health status to humanity may be the commercial and industrial interests to benefit from no limits to pollution or addicting substances such as tobacco smoke. In particular the example of tobacco smoke that took several years to become recognized as a leading cause of lung cancer and several other malignancies because the tobacco industry had great interest in limiting this knowledge⁴. We could understand the importance of these barriers just thinking that lung cancer is one of the most common tumours in the World⁵. Moreover, the tobacco smoke example shows that the non-scholarly public was slower than scholars and medical professionals to recognize

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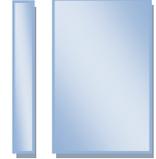
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tobacco harms⁴. Another field where scholarly education plays an important role is family planning and unwanted pregnancies⁶. The previous two examples highlight once more the importance for a doctor to be a teacher. Acknowledging and teaching about possible risks for adverse outcomes is primary importance in obstetrics and other fields of medicine⁷. Another important example of barrier for the knowledge spreading due to commercial and industrial interests was the story of chlorinated

hydrocarbons toxicity and chemical industry⁸. All of these may be the real barriers to knowledge and its dissemination. Maybe it's difficult to overcome these barriers and find suitable compromises. But we must try. For this reason we can start teaching people and colleagues our little experience and our knowledge with the hope that they will be useful to improve the quality of life and health in the world and the new technologies could be of great help in this field⁹.

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