

Editorial

Evidence, Alternative Facts and Narrative: A personal reflection on person-centred care and the role of stories in healthcare

In 1846, Ignaz Semmelweis, a Hungarian physician working in the General Hospital in Vienna noted that in that year 451 women in the doctors' Maternity Ward Number 1 died of puerperal (childbirth) fever. This contrasted with the midwives' Ward Number 2 next door, in which only 90 women died. The assumed explanation, based on miasma theory, was that Ward Number 1 had bad air which Ward Number 2 did not. The fact was that the doctors' post-mortem room, which midwives did not use, was conveniently close by and doctors moved regularly between it and their maternity ward without cleaning themselves up. Semmelweis began to suspect that this might have more to do with the tragic mortality figures than bad airs.

His hunch was given credence by the death of a colleague from a scalpel cut obtained while performing an autopsy in the mortuary. The symptoms were similar to those of puerperal fever. Against much resistance from the doctors, Semmelweis had Ward Number 1 thoroughly cleaned, then initiated a hand-washing regime for all staff, using chlorinated lime. Within 2 years mortality from infection was almost zero, but resentment from the doctors was sky-high; they objected to being made to do something they did not consider necessary and which had never been part of usual practice.

Semmelweis published his findings backed by extensive statistics, but his ideas were heavily criticised by the medical establishment as absurd. Sacked from his post, he returned to Budapest. With his departure from Vienna, the old practices were restored and death rates immediately rose to pre 1847 levels.

Semmelweis had received only criticism and ridicule for his insights; he suffered depression and died in a mental asylum. It was only a few years later that Louis Pasteur, supported by Robert Koch, was able to isolate microbes and demonstrate the mechanisms of infection. The prevailing miasmatic paradigm was abandoned and medicine entered the modern era¹.

I recount this story not merely to demonstrate the role of evidence in challenging harmful prevailing practices and the reluctance of established practitioners to abandon cherished mores, nor just to emphasise the importance of critical observation, curiosity and a reflexive willingness to consider different explanations for things we assume and take for granted, important as all of these are. My reason for drawing attention to this sad historical event is to make the point that progress and development is not simply a matter of making new discoveries. It is a complex, multi-faceted process that involves good science, yes, but in the context of prevailing socio-cultural ideas and, most importantly, of an individual's world-view. If everyone you know whose opinions you value, and if what you hear and read assumes that illness is caused by bad air (or not wearing a vest, being a bad person, obesity, spinal lesions, malalignment, or whatever), then no amount of 'evidence', will convince most people otherwise. New ideas must be "of their time" to be widely accepted, i.e., they must fit comfortably with what is known and the stories we tell ourselves about the world and how we experience it.

I also think that the story has relevance for better understanding patients and their sometimes irrational responses both to their condition and advice on how to modify their life-style to improve their outcomes. It has a particular cogency for osteopathy because of the claim to be person-centred, but if we are truly person-centred we must recognise that patients' narratives are central.

Challenging and changing existing assumptions and mores requires what Thomas Kuhn termed a 'paradigm shift' in the way the World is seen². A paradigm shift is not just a new idea, but a completely different way of viewing the world that requires many other ideas to be re-evaluated or, perhaps, abandoned. Human nature is such that we resist this; we

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