



Is it the End of Modern Medicine?

Chowdhury BR*

Doctorate in Diabetes, Dynamic Memory Pvt Ltd, India

***Corresponding author:** Dr. Biswaroop Roy Chowdhury, Doctorate in Diabetes, Dynamic Memory Pvt Ltd, Faridabad, India, Tel No: +919312286540; Email: biswaroop@biswaroop.com

Received Date: April 24, 2019; **Published Date:** May 07, 2019

Editorial

“End of modern medicine “is not the work of my imagination nor is some exaggeration or fabrication of words. It is already in use among scientific community [1] Moreover, GLASS (Global Antimicrobial resistance Surveillance system) which was launched in October 2015 reiterate that effect of modern medicine is dwindling as antibiotic resistance is growing for lots of disease [2]. Not only in terms of antibiotics, evidences are constantly changing with time in medical field and one need to be updated with the lots of information generated every year. One should retrospect his knowledge in terms of common practice or general trend and be flexible with the changing evidences.

For example, imagine your friend gets a heart attack. Right in front is an emergency room. Emergency room A where there is a facility of oxygen and emergency room B where there is no facility of oxygen. In which room will his chances of survival be more? According to the opinion of the doctors, his survival chances will increase if the patient is taken to the room where there is a facility of oxygen. But what does evidence say? According to Cochrane review 2010, whenever the patient with heart attack has been given oxygen mask, his chances of death increase three times [3]. So in 2010, the protocol of heart attack changed. That is, patients with heart attack or brain stroke should never be given oxygen mask. According to an article in 2017, giving oxygen does not cause any harm [4] but why patient require oxygen when there is no additional benefit though there is no harm. It adds on the expenditure beard either by hospital or by patient itself. Today even in 2019, in corporate hospitals of India,

whenever a patient with heart attack appears, he is given oxygen mask. His chances of death are increased. So mass opinion, doctor's opinion, common belief can be lethal and killing. Let us take one more example.

Suppose a person has to get a heart attack. Where will his chances of revival increase- A- if he gets a heart attack in the hospital or B-if he gets a heart attack far away from the hospital? According to the common belief, if he gets a heart attack in the hospital, his chances of survival will increase. But what does evidence say? According to the report published by Journal of American Medical Association 2013, whenever a person gets a heart attack in the hospital, his chances of death increase three times [5]. That means if a patient gets a heart attack, the more he is away from the hospital, his chances of survival will increase as much as three times. Let us take one more example. Suppose somebody's fasting blood sugar is 250. What should he do? A- He should take medicine of diabetes and reduce the blood sugar and increase his life span or B-he should not take any medicine. According to the doctor's opinion, medicine should be taken so that blood sugar gets reduced and life span is increased. But what does evidence say? ACCORD Trial, UKPDS Trial and other big trials of the world on diabetes patients arrive at one conclusion that whenever blood sugar is reduced by taking medicines, their life span is reduced and the complications increase [6,7].

That's why on 6th March 2018, the guidelines of diabetes have changed and what is known as new ACP guidelines have been introduced [8]. And if you read statement

number 1 of this guideline, you will see that doctors have been discouraged that giving medicine to patients with high blood sugar to reduce blood sugar, it is something that will kill more patients. So medicine should be rarely, temporarily taken to reduce blood sugar. Suppose doctors from all the hospitals of the world suddenly vanish, go on strike then A- patient's condition will worsen, chances of patient's death will increase and they will die early or B- patient's condition will improve, less patients will die. According to the common opinion or logic, patient's condition will worsen, their chances of death will increase, their mortality rate will be high; but what does evidence say? According to the British Medical Journal 2000, it has been noticed that whenever the doctors go on strike, the mortality rate of the patients is reduced; their health improves [9]. Actually doctors do not contribute towards your health; they just make you sicker. And this is what the evidence says.

Actually what I am trying to say is that in the last 10 years, medical science has witnessed several changes; doctors' current knowledge has become totally obsolete. It is sad to note that following old beliefs and ignoring evidences by clinicians can cause harm to patient's life. It is our responsibility to make aware the citizens so that they can question wherever anything wrong is happening and my article is a step towards it.

References

1. Horton H (2019) AMR-The end of modern medicine. The Lancet doi.org/10.1016/S0140-6736(19)30367-8.
2. WHO (2019) Global Antimicrobial Resistance Surveillance System (GLASS).
3. Cabello JB, Burls A, Emparanza JI, Bayliss S, Quinn T (2010) Oxygen therapy for acute myocardial infarction. Cochrane Database of Systematic Reviews Issue 12; Art. No.: CD007160.
4. Hofmann R, James SK, Jernberg T, Lindahl B, Erlinge D, et al. (2017) Oxygen Therapy in Suspected Acute Myocardial Infarction. N Engl J Med 377(13): 1240-1249.
5. Yancy CW, Jessup M, Bozkurt B, Butler J, Casey Jr DE, et al. (2013) 2013 ACCF/AHA Guideline for the Management of Heart Failure A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation 128: 240-e327.
6. S. Genuth, F. Ismail-Beigi (2012) Clinical Implications of the ACCORD Trial. The Journal of Clinical Endocrinology & Metabolism 97(1): 41-48.
7. King P, Peacock I, Donnelly R (1999) The UK prospective diabetes study (UKPDS): clinical and therapeutic implications for type 2 diabetes. Br J Clin Pharmacol 48(5): 643-648.
8. Qaseem A, Wilt TJ, Kansagara D, Horwitch C, Barry MJ, et al. (2018) Hemoglobin A1c Targets for Glycemic Control With Pharmacologic Therapy for Nonpregnant Adults With Type 2 Diabetes Mellitus: A Guidance Statement Update From the American College of Physicians. Ann Intern Med 168(8): 569-576.
9. Itscovich JS (2000) Doctors' strike in Israel may be good for health. BMJ 320(7249): 1561.