

Editorial

Medicine aims at its self-destruction. Would not be the final goal of medicine health for all?

It is not realistic that this goal will ever be reached. Since the 19th century there is an ever ongoing trend to earlier treatment and prevention. Medicine started as treatment of advanced staged disease, then went on to early detection and treatment and finally to prevention as demonstrated in this issue by the publications on vitamins and on preconceptional care.

In the 19th and 20th century it was hoped that making medicine a science instead of an art would reach the final aim. Finally this evolved to the dogmatics of evidence based medicine, as of now we realize that the “evidence” is always “evidence of the past” and does not always help us to offer the care and cure for our future patients. In my view, personalized medicine will be the medicine of the future. This will change the way of thinking on diagnosis, treatment and prevention completely. But we still have quite a long way to go to apply personalized medicine in daily practice. At present ‘personalized’ seems to be a very narrow view on medicine, concentrating on genetics, pharmacogenetics, pharmacometabolomics, individualized cancer treatment or individualized fetal growth charts. This is a very technical view.

When medicine as a science would once again incorporate medicine as an art, the meaning of ‘personalized’ can evolve taking more and more in account personal wishes, expectations, and views that develop in the interpersonal relationship between the medical doctor, the patient and his entourage. Although in most medical curricula a lot of time is spent on the subject of communication, most of this is wasted trying to provide vague general rules such as “show interest and an empathic attitude” in stead of the discovery of the other as a person.

In this future of personalized medicine the question whether today’s kind of studies and methodology and way of publication has any place at all will be more than actual. For the next few years classic reviews, structured reviews, individual patient data meta-analyses (just the new way of baking a new bread out of old stuff) will still be published in journals. But is this really the best way to go? Would it not be better to provide public access to large databases where one can sample for data corresponding in the best available way to this individual patient and run a query helping you to predict the outcome of this disease for this particular patient, or to offer specific preventive measures?

Waiting all these new evolutions I wish you a few interesting moments while going through the publications offered in this issue.

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