

Confronting the Tyranny of Conventional Wisdom

BY PAUL HOFMANN, DrPH

In health care, as in other fields, overcoming the barriers created by conventional wisdom is never easy. Although the mere labeling of a concept or practice as "conventional wisdom" immediately raises questions about its credibility, three basic reasons why it achieved initial legitimacy exist: the idea appeared to be sensible at the time; those in authority endorsed and supported it; and no persuasive data in opposition were offered and accepted.

Consider the following once commonly held beliefs:

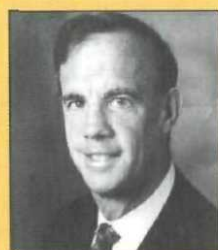
- Complementary, alternative, and integrated medicine are ineffective and should not be taught in Western medical schools, should not be provided to patients with serious medical conditions, and should not be covered by insurance. (Denigrated by practitioners of Western medicine for generations, alternative therapies have gradually been acknowledged as exceptionally effective for various conditions.)

- The physician, by virtue of training and experience, is best qualified to determine what is in the patient's best interests. (In the United States, the unquestioned authority of physicians to make decisions on behalf of patients is no longer prevalent. Patients or their surrogates have become pivotal in determining clinical treatment decisions.)

- The presence of nonmedical people in the delivery room is inappropriate, compromises the ability of trained professionals to perform their responsibilities, and creates unacceptable risks for the patient, staff, and family. (Today, fathers and/or others are welcome in the delivery room.)

- The development of new medical technology will help significantly reduce the cost of medical treatment. (Although clear exceptions exist, most new technology has resulted in higher—not lower—costs.)

- Clinically competent professionals have the intuitive competency and aptitude to be effective managers and department heads. (Many clini-



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cians appointed to administrative roles have belatedly recognized that they lack management skills and are not prepared to deal with personnel, financial, or other critical administrative issues.)

- Because taking every reasonable measure to extend life expectancy is a medical imperative, any patient in cardiac or respiratory arrest should receive cardiopulmonary resuscitation (CPR). (Patients now have the well-established right to stipulate that CPR *not* be attempted.)

- When a patient receives CPR, all family members should be required to leave immediately; the presence of family members impairs attempts at CPR and could cause severe emotional trauma. (Recent medical journals have published compelling evidence supporting the value of permitting one or two family members to remain in the room when CPR is initiated.)

- Diagnostic procedures should be ordered and interpreted only by physicians. (Tests for pregnancy, diabetes, HIV, and other conditions are now frequently performed by consumers.)

- Voluntarily disclosing medical errors is an invitation to litigation by the patient or the patient's family. (Studies have confirmed that timely disclosure, a genuine expression of regret, and a commitment to make an appropriate settlement reduces rather than increases the likelihood of litigation.)

Admittedly, some hazards are associated with questioning or disputing an idea or practice that has not yet been designated pejoratively as conventional wisdom. Influential groups frequently have a vested interest in perpetuating the status quo. The reasons may be economic and/or related to preserving power, authority, and prestige. In addition, sociologists have long confirmed that people often resist or fear change.

Three stages to truth have been postulated; it is first denied, then self-evident, and finally exploited. What can or should we do to identify and expose ideas or practices in health care that are enjoying the false security of unchallenged acceptance?

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Mission Statement

Health Progress is a forum for the exchange of ideas and information that enable members of the Catholic Health Association to shape a new future for the Catholic health ministry and promote a just U.S. health care system. Through in-depth analysis, *Health Progress* explores the Catholic health ministry's strategic strengths, fosters healthy communities, and influences the social debate on health care issues. The journal encourages examination of health care practices in light of Catholic values, especially human dignity, the common good, care of the needy, and stewardship of resources.

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- The continuum of care and integrated delivery
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Manuscripts are generally 2,000 to 3,000 words, except for columns, which are 750 to 1,000 words. Manuscripts must be typed and double spaced. On a separate title page, indicate the author's academic degree and current position.

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If we are genuinely interested in accelerating the rate at which once-unassailable beliefs are debated, then several developments must occur.

- We must encourage constructive criticism, and sincere critics should not experience unfair repercussions. To maximize innovative thinking, an organization's culture must support the objective examination of traditional, long-established practices. Active pursuit of cost-effective alternatives will not happen unless the staff is convinced that such practices can be challenged with relative impunity.

- We should voluntarily disclose real or potential conflicts of interest when they result in promoting an individual or institutional health care provider's self-interests over those of patients or communities. Hidden agendas can easily conspire to repress valid options to existing policies and procedures.

- We should conduct periodic audits, or the equivalent of legislative "sunset reviews" (stipulating an objective evaluation by a certain date), to confirm that the initial rationale for selected practices is still defensible.

- Whenever possible, we should replace medical and hospital jargon with simple English to avoid intimidating patients and their families. Speaking plainly demystifies the world of medicine and further empowers health care consumers.

We must be as vigilant in overcoming the barriers to innovation as are the individuals who consciously or unconsciously work to protect the status quo. Ideas and practices do not achieve the mantle of conventional wisdom without strong advocacy, but we risk the welfare of many if we do not promote healthy skepticism and prudent debate. □