

Reflections on the Concept of Result of a Medical Intervention

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Abstract:

A result is the effect and consequence of an event or intervention. In medicine, a result is a treatment, procedure, or other action taken to prevent or treat disease, or improve health in other ways. Intervention outcomes refer to the success or effectiveness of the intervention. This might be measured by process measures or process outcomes throughout implementation, or outcome measures before and after implementation. When a series of facts are known, it is usually easy to predict the outcome. It is much more difficult, based on the result, to establish the facts. Furthermore, there is nothing more misleading than an obvious fact.

In clinical science, what we choose to measure, the outcomes of a medical intervention, says a lot about our priorities and the underlying power structures that shape clinical or research work. Nowhere is this better reflected than in the choice of primary and secondary outcomes of randomized controlled trials (RCTs), which many still consider the gold standard of evidence. Good confirmatory RCTs require a strong hypothesis, and a strong hypothesis requires researchers to choose a specific endpoint. For some clinical fields and disease states, this choice is substantially more difficult than for others. In any clinical field, there may be disagreement about the choice of outcomes, and the clinical experience and personal preferences of the researchers. Take general medicine as an example. Here, patient-reported outcome measures are increasingly used to assess the impact of disease and treatment on quality of life and symptoms.

Keywords: general practitioners; outcome measures; treatment outcome; primary care

Introduction

However, the use of patient-reported outcomes in primary care is fragmented [1], and worse, the very concept of the meaning of “outcome” is confused or not even the subject of reflection. Medical interventions have a variable response among individuals. Any medical intervention has to show a favorable effect in survival and/or control of symptoms in order to be considered useful. In many clinical scenarios, laboratory test results are not enough to be confident of the effectiveness of a treatment.

Surprisingly, many of the strategies designed to achieve certain results have been implemented without a consensus on the definition of the term “result.” We are inclined to undervalue what is easy. We allow ourselves to be dazzled by the convoluted, when the simple is usually closer to reality. There is nothing more important than a small detail when it is placed in the right place. The small details, Sherlock Holmes believed, are much more important than the big ones.

The question is whether the outcomes chosen as desirable for a medical intervention (including an RCT) capture what is most important to a patient. So, for example, does a statistically significant change in the

Hamilton Depression Rating Scale, the Montgomery-Åsberg Depression Rating Scale, or the Beck Depression Inventory score really represent a significant improvement in people's lives in someone living with depression? [2, 3], or in the outcomes of HIV treatment and care on patients' quality of life, including symptoms in different sociocultural and geographic settings [4]. Many times, the researcher or general practitioner (GP) will have to assemble the fragments of results into a comprehensible whole. The result may be superficial; may have cracks and blanks. Maybe it can slowly open up. Behind that surface is the true result; the true story. In the conventional result, only a minimal part of the whole is seen. It's like an iceberg. Most of it is hidden above the surface.

On the other hand, GPs observe daily the conventionality of the functional and organic concepts: it is a matter of time and intensity for a functional process to give rise to irreversible structural alterations [5]. Furthermore, a very effective intervention is not necessarily an efficient intervention, and a less effective intervention is not always an inefficient intervention [6]. All these concepts (functional, organic, effectiveness, efficiency), among others, influence the measured results. Thus, there is no single

meaning of the result of an intervention, but rather there is a broad mosaic of "results" of the same medical intervention.

In general medicine (GM), one must think that the "result of an intervention" is often a false lead, leading to nothing. The "results" in GM are like a "Macguffin" like the ones Hitchcock puts in his films. MacGuffin is an expression coined by Alfred Hitchcock and that designates a plot excuse that motivates the characters and the development of a story, and that is actually irrelevant in itself. A Macguffin is a suspense element that advances characters in the plot, but may or may not have greater relevance to the plot itself. From the point of view of the audience or the patient, the McGuffin is not the important part of the story told [7]. Thus, the conventional "result" in medicine is an element without relevance in itself, but that makes the healing process advance, accelerate, unblock, interconnect. Sometimes a certain "result" appears when searching for other different results.

The concept of "result of a medical intervention" (which can be assimilated to "cure or resolution") should be seen in GM as facilitating the unblocking of a situation, the change or the passage from one scenario to another with new perspectives. The result is seen as the action that gives rise to a new scenario; that restore interrupted connections. The result must imply in one way or another the return of the part to the whole [8-11]. In GM the result of an intervention (healing) takes place through the encounter of a person with other people; The result is then a "relational" concept, of adjustment or change of the matrix of relationships or connections, rather than through interventions in the body or mind of the isolated individual. A clinical result is good if it opens the way to a new decision (that is, if it unblocks the path). In GM, algorithms are needed for decision making based on interactions between elements and groups, with very simple rules, to solve complex problems. The result of an intervention is related to the contexts; the result should be measured against the contexts; see the results as the creation of new perspectives [12-15].

On the other hand, we probably have to accept that the "psychic" is not some kind of factor derived from the physical, but rather a primary force. The physical is a plastic expression of the psychological. Thus, material (physical) results are secondary results. But, it must be admitted that the doctor's mission must be limited in most cases to seeking material (that is, secondary) changes, and fighting against them with equally material means (that is, secondary).

At GM we must focus on the process rather than the result. Or put another way: the result is the process. The focus of clinical intervention in GPs should be on the richness of the interactions, not the outcome as conventionally understood. The proof of the pudding is in the eating. What appears to be "nothing" at first is eventually "something." Even if the effectiveness of an intervention cannot be proven or is inconsistent, it

should be kept in mind that success or failure often depends less on the strict power of the intervention, but on the way in which it was done. The "how" it is done is more important than the "what" it is done [16, 17].

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