



Boletín Médico del Hospital Infantil de México

www.elsevier.es/bmhim



HUMANITIES AND HEALTH

The jibarization of logos: how medical reductionism can kill[☆]



Juan Emilio Sala^{a,b}

^a Laboratorio de Ecología de Predadores Tope Marinos (LEPTOMAR), Instituto de Biología de Organismos Marinos IBIOMAR-CONICET, Chubut, Argentina

^b Laboratorio de Problemáticas Socio-Ambientales, Facultad de Humanidades y Ciencias Sociales, Universidad Nacional de la Patagonia San Juan Bosco (UNPSJB), Chubut, Argentina

Received 18 July 2016; accepted 9 November 2016

Available online 8 December 2017

KEYWORDS

Reductionist program;
Complex thought;
Philosophy of Biology;
Hegemonic medical model;
iatrogenic;
Public health

Abstract In recent decades, a disciplinary and sub disciplinary proliferation has been triggered both in the medical fields and science in general. This trend may be partially explained by two diachronic, dialectically interconnected facts: the deepening of the technical, social and international division of labor in the globalized capitalist world, and the triumph of the reductionist program, mainly developed by the logical empiricism of the Vienna Circle. This paper aims to deepen the debate on the intricate links between medicine, biology, philosophy, reductionism, and complex thought, by using two examples: a current clinical case report and the situation experienced by a famous American scientist, Stephen Jay Gould, about his first cancer, an abdominal mesothelioma. We have witnessed how the two above-mentioned historical facts have been operating as a super-structure like a pair of “tweezers”, dismembering and compressing at the same moment the object of knowledge, the theories that allow their study, and the subject that receives the knowledge. This *jibarization of knowledge* is a real problem for public health, from the moment that it impacts, omnipresent, in the actual hegemonic medical model, leading to potentially dangerous attitudes in the various components of health systems.

© 2017 Hospital Infantil de México Federico Gómez. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

PALABRAS CLAVE

Programa
reduccionista;
Pensamiento
complejo;

La jibarización del logos: sobre cómo el reduccionismo médico puede matar

Resumen En las últimas décadas, se ha desencadenado una verdadera proliferación disciplinar y sub-disciplinar, tanto en el ámbito médico como en la ciencia en general. Esta tendencia podría ser parcialmente explicada por dos hechos diacrónicos e interconectados

[☆] Please cite this article as: Sala JE. La jibarización del logos: sobre cómo el reduccionismo médico puede matar. Bol Med Hosp Infant Mex. 2017;74:154–163.

E-mail address: juansala@cenpat-conicet.gob.ar

<https://doi.org/10.1016/j.bmhime.2017.11.021>

2444-3409/© 2017 Hospital Infantil de México Federico Gómez. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Filosofía de la biología;
Modelo médico;
Hegemónico;
Iatropatogenia;
Salud pública

dialécticamente: 1) la profundización de la división técnica, social e internacional del trabajo del mundo capitalista globalizado, y 2) el triunfo del Programa reduccionista (PR), desarrollado principalmente por el empirismo lógico del Círculo de Viena. El presente trabajo tiene por objetivo ahondar el debate sobre los intrincados vínculos entre la medicina, la biología, la filosofía, el reduccionismo y el pensamiento complejo, a partir de la utilización de dos ejemplos: un informe de caso de la medicina actual y la situación experimentada por un afamado científico norteamericano, Stephen Jay Gould, a propósito de su primer cáncer, un mesotelioma abdominal. Hemos observado cómo los dos hechos históricos antes mencionados han venido operando como una súper-estructura de "pinza", descuartizando y comprimiendo al mismo tiempo al objeto a conocer, a las teorías que permiten su estudio y al propio sujeto que recibe el conocimiento. Esta *jibarización del logos* constituye un verdadero problema para la salud pública, desde el momento en que impacta, omnipresente, en el modelo médico hegemónico actual, propiciando actitudes potencialmente peligrosas para los diversos integrantes de los sistemas de salud.

© 2017 Hospital Infantil de México Federico Gómez. Publicado por Masson Doyma México S.A. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

In recent decades, both in medicine and science in general, the degree of compartmentalization in discipline sub disciplines has reached very high levels.¹⁻³ This pattern could be partially explained by at least two events a priori, diachronic but dialectically intertwined, which can be seen from a historiographical perspective of science as externalist and internalist, respectively: the increasingly exacerbated technical, social and international division of labor in the capitalist world, grounded in the foundational work of Adam Smith,⁴ i.e. *Inquiry into the nature and causes of the Wealth of Nations* (known as *Wealth of Nations*⁵) and which materialized to a greater extent, due to the arrive of Henry Ford's industrial serial production system in series;⁶ and the influence of the reductionist program (RP), constituted as such due to the efforts, mainly by members of the Vienna Circle, back in the 30s and subsequent years.^{3,7,8}

In particular, this compartmentalization of medical knowledge is one of the essential characteristics of what Eduardo L. Menéndez referred to as the hegemonic medical model (MMH).¹ MMH is defined by the set of practices, knowledge and theories generated by the development of what is known as scientific medicine and biomedicine.¹

This work aims to deepen the debate about the intricate - and never exhaustively analyzed - links between medicine, biology, philosophy, reductionism and complex thought, based on the use of two examples: a current clinical case and the situation experienced by a famous American scientist, Stephen Jay Gould, about his first cancer, an abdominal mesothelioma. Furthermore, it looks to underpin the invaluable contribution made by Viniestra-Velazquez.^{9,10} However, it must be recognized that the ultimate aim of this text is to try to influence the professional ethics of the pediatrician. The goal is to challenge it, with the aim of promoting a critical and introspective review of its medical practices, highlighting the dangers that reductionism thinking brings to public health.

2. Discipline and sub discipline division: *ad infinitum fragmentation?*

When Adam Smith⁴ analyzed the division of labor, fell bluntly in a reductive and misleading logic, using the analogy between "small and simple" and "large and complex" to infer, from individual premises, social conclusions.⁵ Without going any further, the very notion of division of labor, introduced by him, is a category that Smith used to describe two very different processes. On the one hand, he uses the term to refer to the deepening of productive units (a craftsman or a workshop), which step by step begin to specialize in a few or even a single product. However, he also uses the notion of division of labor to refer the fragmentation of the production process in multiple operations that are carried out by different workers in the same workshop or within a factory. Then, using the same category to refer the separation between various manufacturing processes and the division of tasks within a manufacture.⁵ The real problem appears when Adam Smith seeks to equate the two notions of division of labor, driving the leading nature of the first (i.e. the *social* division of labor) from the description of the second (i.e. the *technical* division of labor;¹¹ for a thorough debate on this, see Kicillof⁵).

As discussed below, this is a good case, with little or no success, of intertheoretical reduction, since Smith intends to take the individual factory as a smaller scale, but accurate reproduction of social production as a whole.⁵ According to him, when the technical division of labor is sufficiently fragmented in numerous simple operations, which are developed by different workers, an increase in the production of labor is inevitably generated for three reasons. First, the specialization of the worker in a single repetitive task gives him greater dexterity. Second, there is a saving in the "downtime" carried by the passage from one task to another (often in different physical places). Finally, spending the entire workday doing a single task, the creativity of the workers will be stimulated and this would allow

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات