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CRITICAL THINKING

Matt Morgan: The trouble with “just asking questions”

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After I'd got into a fight at school, it wasn't the teacher's anger that stayed with me—it was their disappointment. Although my days of scuffles over girls are long behind me, disappointment still kicks me in the shins more than anger. Sadly, for many people involved in healthcare, January has brought both of these in equal measure.

As if having political leaders who are unable to identify a party from the music, dancing, and drinks was not enough, we've witnessed medical colleagues speaking out in the mainstream media about their vaccine hesitancy in the covid pandemic.

How should medicine, and people working in healthcare, deal with the feeling of wanting to “speak their mind” if they know that those views will be unpopular? Of course, some subjects are worthy of debate, whether we're discussing the pros and cons of vaccine mandates, or lockdowns, or questions about our political leadership. But let's not conflate these issues with those where the debate is manufactured, unhelpful, and conducted in bad faith.

I've long argued that the three most important words in medicine are “I don't know.” Science thrives on uncertainty and on finding answers to the things we don't know. Scientists are the biggest proponents of the value to be gained from changing your mind as new knowledge becomes clear. But throwing up your arms in a shrug, demanding “balance” where issues are truly resolved for now, is quite different.

To be clear: vaccines, in every age group or category you may want to study, reduce deaths and serious harm from covid. As a result, hearing healthcare professionals squeezing the words “just asking questions” into a legitimate debate—such as the pros and cons of vaccine mandates—simply will not do.

So, if you were thinking of asking such questions for the greater good, my advice would be to follow three simple rules. Firstly, ask yourself—honestly—whether there is any scientific debate to be had on a narrow topic of focus, or is the evidence clear? Secondly, even if there is a debate to be had, are you the right person to lead it? And, finally, is now the right time for that debate to be had, for the good of patients?

If the answer to any of those is “no,” I'd suggest that you politely decline that interview, don't write that article, and concentrate on caring for patients instead.

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