The risk of humility in pharmacological or medical practice and “the antibiotic drug resistance pseudoproblematic trends”

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An opinion piece

The risk of humility in pharmacological or medical practice and “the antibiotic drug resistance pseudoproblematic trends”

Alas, the antibiotic resistance pseudoproblem has become a notorious trend as we have walked into the new millenium, particularly as we overshadowed the 2010 era. This old problematic was duly investigated and solved as a medical practice “precaution”, which back then was unknown, however, currently there are new trends that most healthcare professionals are trying to ignore, which include the antibiotic resistance pseudoproblematic.

The main hindrance to this trend is ignorance which is hard to understand whether it is purposefully achieved to disturb the clinician maliciously or by simple malpractice of pseudoprofessionals who are just in it for the ludicrous aims, but it is becoming a problem, and a disrespect towards evidential analysis and the medical profession. Covid-19 is the result of these same individuals displaying wrong logic over the clinician’s views, which although as a wrong logic it is possible to theorise, it is quite unlikely without prior study and proper knowledge, however, the fear is that this trend may influence the community decisions at large, and it has influenced it already. To this pseudoproblematic that may stem from ludicrous or ignorant or a combination of the two malpractices, it is adaptation that can become a stressful trigger. And resilience to this novel current of ignorance and conviction which is not backed by any scientific evidence, but whose contribution may be capitalistic in purpose and aimed for a short-lasting economic advantage mindset that privileges a very small minority, becomes dangerous. The Covid-19 pandemic is a result of this same mindset, in which a non-practitioner’s opinion is considered more relevant than a practitioner’s opinion, but is not backed by any literature. Of course, it may be backed by some pharmaceutical companies, which claim they want to design novel antibiotics, but it would only be ludicrous in nature, and international bodies rely on what disease necessitates actual therapy, over those that do not

necessitate it and thus it is not a proper meta-analytical study that shows that antibiotic resistance is an actual drug problem, it has always been a medical problem, and which had been solved with appropriate guidelines for clinicians. Nevertheless, there exists a drug that solved the antibiotic resistance problem already back in the late 2015 when it lost its patent, and became a generic, so to date, no such problem would exist even if it was a drug or drug design issue, which it isn't. Obviously the misuse of even the best drug can lead to resistance, simply because it has never been a drug problem; it has always been a therapeutic problem. To date, antibiotics are one class of drugs that is the most numerous, whilst we are not prioritising drugs that target more relevant diseases, which are still untreated and persisted since antiquity. Those real problematics have not been addressed. Surely, the pharmacological community will welcome novel antibiotics, but it is adequate to address the pandemic and other pathologies that have no cure to date and that are devastating on the families. Again, an empathetic approach helps this kind of vision, rather than a capitalistic approach to drug discovery, which is not welcomed by the medical and pharmacological community and perhaps not ethical nor lecit in terms of practice, since a medical and pharmacological professionals would never make decisions for a different type of practitioner, i.e. since we do not have the background to make that sort of decision and it could even be disastrous if we did try. Let's imagine a situation in which a healthcare professional makes the decision in lieu of an airplane pilot, the consequences would be disastrous as no background suggests that the healthcare professional has that kind of preparation. That preparation is given by an actual course for airplane pilots and an exam that certifies they are habilitated for that specific objective, likewise, it is unlikely that a non-pharmacologist would design or address issues that are pharmacological-related, unless they had the actual background for it. By all means, it is also possible to obtain a false certificate, but it is highly unlikely.

Antibiotic resistance a problem detected a long time ago and solved

Antibiotic resistance is not a novel problem, however, so aren't other rare diseases or ailments that cause disability and other issues, that have a primary role. It is important to value the correct use of antibiotics over the misuse or lack of use of antibiotics, but this is not a failure of the antibiotic. If someone takes a pill 50 times daily instead of as stated by the prescription clearly it is not the fault of the clinician writing the prescription, it can be solved by using a different antibiotic, definitely, but it can be prevented too. Of course pharmacologists worry about the dosage forms, and pharmaceutical companies help with the dosage form, and then the dosage form can replace the non-favourable antibiotic, but the patient shouldn't pressure the doctor, nor should the patient disrespect the doctor, because has read the wrong information stating that the medic isn't aware what antibiotic resistance is and that it is a novel problem. It isn't a novel problem, to expect that it is would be incorrect. The penicillins were designed and had substitutes in the market almost concomitantly, thanks to the fact that sometimes they would suscite an allergic response, therefore all these elements are viewed and considered by clinicians, whereby are dismissed by non-practitioners.

Lack of information and spreading of the trend.

The impact of misinformation on practitioners and harshness on their practice does not help better the practice and provokes a loss of esteem in the practitioner when the patient forcefully imposes the self on the practitioner. Incidents of threats have been reported too since the 90s and there's several literature on this too.

Impact of misinformation on medical practices

Medical practices don't prescribe medications as a result and trust the patient and the community too much whilst making decisions, when the community and patients are incompetent to make such decisions.

How to solve this problem

Address the patient and community towards the real problem, which is the source of information they consulted and into improving their listening skills towards practitioners as verbal, paraverbal communication are still the most impactful ones compared to non verbal ones. Lots of patients are in love with benzodiazepines, but they are not wonderful drugs as they think, for example, likewise some other patients may think opioids are great, for pain and they are still a necessity in the oncological context, but they are very impactful on the patient. It would make sense to focus the attention towards those venues, and find alternatives to those, instead of on antibiotics, when over 100 antibiotics already exist. Also, a lot of the work found published on the internet may have stolen bits of research adapted to something not very useful, due to a mere lack of creativity or mere dishonesty. To hypothesise that everyone is honest is a bit superficial when consulting online information. All these points should be taken into account when searching the internet, as that kind of information isn't something really valuable on a scientific point of view and thus it is best not to blindly trust it, but to critically trust it, and therefore always ask for the opinion of an expert if in doubt, than to shy away and rely too much on what is written.

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