as dedicated? On the other hand, if I spend late hours at work to perform my job as it ideally should be done, will I be viewed as a substandard mother?

I am lucky to have an understanding and helpful husband. Many women physicians are married to other physicians (44%) and struggle even more than I do. Someday, I hope attitudes in the society and the medical profession will change, and that steps will be taken to allow both family and career to be more compatible for women physicians. For now, however, “Doctor Mom” is a very complicated and often lonely position.

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Real vs Ideal Dissemination of Scientific Information

Not too long ago, a computer advertisement appeared in popular magazines comparing the “ideal” world to the “real” world. Such comparisons occur in our everyday conversation when we refer to anything from car mechanics to metaphysics. A recent report on bilateral pneumectomy for COPD by Cooper and colleagues was published in The Journal of Thoracic and Cardiovascular Surgery. This report was published long after we read about the subject in the New York Times, The Wall Street Journal, and the Reader’s Digest. I watched it on CNN and the local news, heard about it from our societies asking for information and guidance, and felt pressured to assist our patients through the procedure. This should make us realize that the “ideal” of academic peer review process for science and medicine is far from the “real.”

The scientific process, which developed long before the electronic media, is long and painstaking. This revered, time-honored method involves observation, hypothesis, experimentation, analysis, conclusions, and presentation at august assemblies with defense in front of peers and experts. However, when the discovery, the drug, or the technique may benefit humanity, which often occurs in medicine, attempts are made to compress the process. Statistical methods were developed to analyze barely perceptible differences between groups with small numbers. Multiple meetings were established to allow rapid peer review of work in progress rather than await publication and critique by correspondence.

We must face reality, however; no new discovery in science and medicine today remains a secret for more than the briefest time. The drive for academic favor and good fortune at being the first to describe a process or procedure, or at being the first to discover a new gene or a cure for the common cold would cause anyone to seek the most rapid means of dissemination of information. In such a situation, even the weekly journals’ review process may seem inexorably long. To assist the scientist, societies arrange press conferences and news releases coincident with the first scientific presentation of the work. Such releases really contain the post-presentation debates, not only from the journal but even from the meeting itself. Media coverage today by its instantaneous worldwide nature, leads to a generalized kindling of hope for the promising report and to despair for the negative report.

A biological discovery of a medication, a vaccine, a device, or even a technique or procedure may ultimately prove to truly benefit mankind. Time and review may show a scientific process to have serious theoretical flaws, or an intervention to be ineffective or harmful. It may be impossible to assess the damage caused prior to publication of such findings. Even with corrective reporting, it is difficult to extinguish enthusiasm for the original report or the hope that the concept will work if only modified.

We, as members of the profession dedicated to preserving health, must use our information wisely, advise our patients carefully, and strive to find a way to revise our scientific process to be more compatible with the lightning-fast electronic age.

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REFERENCE

Primum Non Nocere

First, do no harm. In the past decade, this philosophy has been espoused increasingly by those involved in the care of patients with severe respiratory failure. New support techniques have been sought to minimize the deleterious, potentially life-threatening complications of mechanical ventilation. In many cases, the alleged benefits of one approach over another have been more apparent than real. With few