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Medical Social Science and Clinical Decision Science

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FROM THE EDITOR: Medical Social Science and Clinical Decision Science

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This journal is dedicated to developing a new scholarly discipline called Clinical Decision Science. That scholarship is still in its infancy, but we are making important progress. In this issue we publish our first randomized, controlled, double blind, mixed-methods study.¹ We also have Reflections acknowledging that physician self-knowledge is part of Clinical Decision Science because the doctor patient relationship is part of the patient's social environment.²⁻⁴ Our Clinical Decision Reports have taught me that when the clinical research evidence is weak or conflicting, the application of that clinical research can be found in evaluating the patient's social setting. We use narrative and clinical research evidence to speak to patients in our Informed Consent articles.⁵

Most medical schools have an MD-PhD program. The PhD component is almost always in a basic science closely tied to a clinical discipline. Examples include cancer biology with oncology, immunology with internal medicine – allergy, neurosciences with neurology, microbiology with infectious disease, etc. This structure of medical school curriculum comes from the Flexner Report.⁶ Doctors were expected to use observations from their clinical practice and return to the laboratory to do scientific experiments to discover treatments for diseases they saw in clinical practice.⁷ The modern version of pairing basic sciences with clinical practice is the pre-clinical years (basic sciences) and the clinical years of medical school. The difference now is that those areas of inquiry and learning are sequential but not well integrated. Students are expected to integrate the two without explicit guidance. Newer curricular models try to give that process an assist by combining basic science and clinical care.⁸

As we push forward in our understanding, it is important to realize that Clinical Decision Science also has a basic science foundation—Medical Social Science. Medical Social Science, as a basic science, has both theory and methods that help physicians assess the social context of patients.⁹⁻¹¹ This ability to assess social context is the distinction that separates Clinical Decision Science from other areas of medical inquiry, such as shared decision making. It also allows different levels of analysis that can comprehend both patient and physician behaviors as simultaneous interacting variables.¹²

In the mid-1800s, the physician Rudolf Virchow wrote,

“Medicine is a social science, and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution... Science for its own sake usually means nothing more than science for the sake of the people who happen to be pursuing it. Knowledge which is unable to support action is not genuine – and how unsure is activity without understanding... If medicine is to fulfill her great task, then she must enter the political and social life... The physicians are the natural attorneys of the poor, and the social problems should largely be solved by them.”^{13,14}

In 1977 George Engel, MD published his seminal article on biopsychosocial dimensions of medicine.^{15,16} This biopsychosocial model is widely cited, but has never been actualized in medical education. Clinical Decision Science can help put the social in biopsychosocial.

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Both the above-named physicians recognized a foundational principle that all human experience is a combination of the individual body, the cultural body, and the body politic. These three different levels of analysis and human experience are each inextricable from the other.¹⁷

In 1980, Arthur Kleinman, MD, PhD was the first to coin the term “Medical Social Sciences” and called for them to be formally integrated in medical school curricula.¹⁸ More recently (2013), the anthropologist-physician Seth Holmes, PhD, MD has repeated the same admonition to formally integrate the Medical Social Sciences into medical school curricula.¹⁹

Although I can visualize such a future for medical education and clinical practice, the journey of a thousand miles begins with the first step—which we are doing here at *Clinical Research in Practice: The Journal of Team Hippocrates*.

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