



COLUMN: A THEORY FOR EVERYTHING

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Stephen Hawking has recently posthumously published a final book in which he attempts to provide answers to some of the fundamental questions of existence. Questions such as “Is there a God?”, “How did everything begin?” and “Will time travel ever be possible?”. In his notes, drafts of answers to all these questions have been found after his passing which, among others, provide a unique insight into one of humankind's most remarkable minds on which the book is based. Additionally, he shows that there is mounting evidence that points toward definitive answers to these questions in physics. He convincingly shows that it is not physically possible for a God to have any impact on the world and provides a conclusive answer for the beginning of time. The only thing that eluded even the great Hawking was the theory that connects general relativity with quantum physics. A theory that is able to integrate both these giants and provide conclusive answers about the nature of the universe is known by physicists as the “Theory of Everything”.

There is a growing trend in science to find such theories of everything or, at least a theory that conclusively explains a lot. The latter does not ring well to the ear, however. Humans love to have definitive answers as we tend to think in (binary) classifications. Think of right or wrong, male or female, healthy or sick. There is often little room for nuance or the grey area in between. Even though this is the place where the ‘truth’ is found in most cases. Because the truth is often not as black-and-white as we like it to be. Take the debate on motivation for example. There are those that argue that intrinsic motivation is best, to do something out of an inherent drive to want to do it. Then there are those that argue that the most realistic form of motivation is extrinsic because it is the most common and mundane form of motivation. However, motivation is not a black-and-white subject. There are many reasons why people act the way they do in certain situations, it is all based on context. Therefore, it is impossible to make claims about which type of motivation is ‘the best’. Both are great in their respective contextual situations.

The same goes for communication styles during medical consultations. Currently, there exists a paradigm consisting of three standard consultation models. The paternalistic, the informative and the shared decision-making model. These three models are all practised by competent clinicians who want the best for their patients, but the hard evidence of our time points to the direction that the SDM model is simply “the best”. There are dozens of cohort studies, qualitative grounded theory studies, and meta-analyses that all draw this conclusion. Yet, some patients prefer their clinician to make all the decisions, which is the paternalistic model. Then there are patients who have made up their minds about a treatment option and simply want the doctor to prescribe them that. Additionally, there are multiple interpretations of shared decision making and thousands of unique ways of implementing it. I am not saying that this anecdotal evidence disproves the entire theory of shared decision making, because – in most cases – it is the best consultation style a clinician can adopt. I am merely saying that for many things in medicine, and life for that matter, there is no singular truth or a single unifying theory that provides the answers to everything.

Unlike theoretical physics, the domain of the late professor Hawking, medicine is not an exact science. It is mostly comprised of human interaction and everything that is not human interaction is subject to exceptions, discrepancies, and a margin of error. Every medical student knows this, but the curriculum is often not focused on the grey area. Menno de Bree, a Dutch philosopher, wrote in an open letter to medical interns that the Dutch medical curriculum is solely focused on the truth and not on what is moral or interesting. He poses that there should be more attention to these areas in the medical curriculum. I take this a step further by saying that the curriculum should not only focus more on these areas but even more on the truths, plural.

Reaction by Abel Asselbergs

I think “A Theory for Everything” beautifully highlights our desire for definitive answers to our problems. This pursuit of a definitive answer leaves no room for nuance and forces us to think, in what the article refers to as “binary classifications”. This idea reminds me of “The Social Dilemma” a 2020 documentary directed by Jeff Orlowski that examines the dangers of social media. Social media platforms use this binary thinking to maximise their profits. They get this opportunity because this black-and-white thinking is the perfect target if you want to polarise two cohorts, for example, anti- versus pro-vaccine groups. Polarising them, by confirming their ideas, leads to hardcore debate and more use of their platforms. As this article shows, binary thinking is not limited to my beforementioned example but found in society as a whole. Physicians are no exception, clinging on to their evidence-based medical protocols – mostly for very good reason – but with next to no regard for any alternative.

It is easy to agree with the article – like I am doing now – and say that this way of thinking cannot be a good trait, it must be ‘bad’. However, by saying that, I would be guilty of doing the very thing this article is trying to debunk. So, what is good about it then? Let us not forget that in the medical system we are dealing with a vast number of patients that all deserve the best treatment, but with limited resources. There are a limited number of physicians, limited time, and limited funds. As much as any physician would want to tailor to the specific needs of a patient, for example, by applying the appropriate communications technique, this will only be possible to an extent, it is idealistic. Maybe thinking in a more black-and-white, good-or-bad way allows for a much larger group of patients to receive great medical care as opposed to excellent medical care for a select few. And when resources allow, a physician can always apply a more individualist approach.

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