Professional development is largely about deciding which medical narratives (patterns) to adopt, not about personal analysis of recent research. Indeed, medical journals promote the adoption of such narratives, using initiatives like the BJGP’s ‘How this fits in’ box that accompanies their published research online.

A recent article suggests that the narrative about the role of serotonin in depression, and of the role of medicines that increase it, has fuelled massive sales and prescribing behaviour despite an absence of supporting evidence. This seems to be a possible example of the narrative fallacy and yet it is unlikely that prescriptions for these medicines will be significantly affected by such a claim, because to alter our behaviour to accommodate it would require an alternative narrative. Of course, it would also mean accepting a dent to our self-concept as rational, scientific decision makers, something we are not prone to doing either.

EBM has, by its own definitions, failed to lead us to true objectivity in our medical judgements, even where there is valid evidence available to guide us. However, that focus on evidence, itself part of a story about how scientific and modern we are, makes us complacent about the biases and errors in our subjective decision making.

It creates a collective blind spot too. Because most practitioners are not assessing the evidence itself, but rather whether to accept or reject a particular narrative founded on that evidence, it makes us susceptible to being manipulated. If we might have been misled about serotonin, what else might we have been misled about?

To ignore this question would be foolish indeed, given the evidence.

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DOI: 10.3399/bjgp15X685429

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