Why medicine doesn't change

The world used to be divided between those who had read Lord of the Rings and those who hadn't. We suppose you could say the same about Morris dancing.

A similar schism can be seen today in modern medicine between medical researchers and practitioners. They appear to be working in the same industry but really, they're not.

Take a trawl through the latest findings from medical research—as we regularly do—and you'd be filled with optimism, convinced we were on the very threshold of a brave new world free of disease.

Just in the past few days, researchers from Stanford Medicine have discovered a new molecule that could reshape the future of weight loss treatments by mimicking the powerful appetite-suppressing effects of drugs like Ozempic — but without many of the unpleasant side effects. Identified using artificial intelligence, this tiny peptide, called BRP, appears to act directly on the brain's appetite-control centre, helping animals eat less and lose fat without nausea or muscle loss.

Meanwhile, another research team is beginning to understand what makes breast cancer aggressive by studying how tumours interact with and suppress the immune system.
Another group of scientists has stabilised a highly reactive molecule in water, confirming a decades-old theory about vitamin B1's role in the body. The breakthrough not only solves a scientific mystery but could revolutionize greener chemical manufacturing, and produce precise, personalized treatments that can outsmart even the most dangerous tumours.

Finally, over at Geneva University, researchers have made a breakthrough in microbiome research that could change how colorectal cancer is detected—no colonoscopy required. The research team reckons the new technology is accurate in 90 percent of cases.

This is in the past five days, and these breakthroughs, discoveries and insights are happening every week.

But medical research is another country. None of these discoveries will be taken up by medical practice any time soon—one day, perhaps, but not tomorrow. If you're being checked out for colorectal cancer, expect to go through the rigours of a colonoscopy: the simple, and accurate, test won't be offered. If you have an aggressive cancer, smart vitamin B1 therapy won't be on the menu of options; if you want to lose weight, your doctor isn't going to mention the BRP peptide as a natural way to shed the pounds.

Remember, this is a snapshot of medical research in the past week. Imagine the breakthroughs that have been made in the past few months or years: very little of it has been adopted by mainstream medicine.

To understand the slow march of medicine, we have to look to the way it's funded. From medical school onwards, medicine is shaped by the pharmaceutical industry and a doctor's ongoing education after graduation is supplied by the same industry. Drug company salesmen tell doctors about the latest drug research—which they also happen to have funded, and which influenced the positive results.

As you may have noticed, most pioneering research is looking at non-drug solutions which, if adopted, would hit the profits of Big Pharma.
Back in 1903, inventor Thomas Edison said that "the doctor of the future will give no medication but will interest the patient in the care of the human frame, diet and in the cause and prevention of medicine".

News for you, Tom: we're 123 years on, and still waiting. Instead of proffering up no medication, the doctor is still fundamentally the driver of a drugs-delivery system that profits the industry of medicine more than the patient. So, forget your breakthroughs.

Stay safe and sane.

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Editors