INTRODUCTION

The subtitle of the book, *Bridges between medicine, the patient and society*, points out complex elements that the author will clarify along the seven chapters, with an excellent foreword by Guillermo Jaim Echeverry.

Dr. Agrest, with a solid training abroad and in our country, also holds a long practice of medicine, which has allowed him to experience different instances, periods and circumstances. To reflect upon all this, assuming the resulting changes and suggesting solutions, is not precisely an easy task, but the author has managed it with great skills.

DOCTOR-PATIENT RELATIONSHIP

There is no doubt that Dr. Agrest’s major concerns are the patient and the patterns of relationship with him or her. All the other topics that he develops, such as “The economization of medicine”, “Medical error”, “Importance-based medicine”, and “Teaching medicine” help clarify those distortions experienced by doctors and patients in their relationship.

MEDICAL ERROR

Difficult topic to address, no doubt, because it requires a great deal of intellectual courage.

The author assumes the error as an important part of the learning process, and I consider it valid for all sciences, humanistic studies, arts, politics and, of course, for daily life as well. But since medical error may carry implicit damages of variable extent and impact on the organism, the author comes up with suggestions to avoid or reduce it, although prior to that –he insists– systems to report errors must be set up, so as to learn from them and reduce the consequences of judicial gravity. In this regard, a Database of Errors dependent on the National Academy of Medicine has been implemented, which has asked for the collaboration of four health care institutions, and although the author does not provide data on the outcomes, we must accept that it is still a promising start.

In addition to this, the book includes intelligent considerations about the bussiness aspect of medicine, drug promotion, an in-depth analysis of evidence-based medicine, and a criticism to statistics, among other issues, all of these analyzed with strength and high standards.

The issue of medical practice highly concerns all of us involved, doctors and patients. It is time to reflect upon the way we act and upon the implicit (business, technological, pharmacological, judiciary, etc.) context, and this reflection should lead to a more rational and humanistic patient care, but without forgetting that we, the doctors, may also be the scapegoats of the system. In this regard, it can be said that our quality of life largely depends on the doctor’s office and on our relationship with our patients. To love what we do really helps us feel good. The opposite puts us very close to being also patients (doctors also get sick).

Dr. Agrest calls us to reflect. May it be welcome.

Carlos Brener, MD.