

# Paradoxes in healthcare: a paradoxical nomenclature?

Thomas Franchi<sup>1</sup>

Author details can be found  
at the end of this article

Correspondence to:  
Thomas Franchi,  
tpffranchi1@sheffield.ac.uk

Sir,

As a medical student, I have come across many terms in the medical literature which are deemed ‘paradoxical’. From discussion with clinicians and students alike, it appears that observations are often called paradoxical (such as the prevention paradox, antibiotic paradox or efficacy paradox) when they are not fully understood or are puzzling. Indeed, these terms are surrounded by an air of curiosity and interest because of their imprecise terminology. However, I wonder whether this nomenclature is more paradoxical than the paradoxes themselves?

It is easy, especially as a medical student, to fall into a false sense of security in believing that medical science eradicates misunderstanding and informs unambiguous decision making (Brom, 2001). However, paradoxes riddle much of clinical medicine, both in terms of what we see in patients and also in terms of how we conduct our duties as clinicians (Jiwa, 2012). Embracing and unpacking resolvable paradoxes, rather than simply labelling them, could indeed help students and doctors to gain new knowledge and understanding about the interplay between apparently illogical observations (Ginter et al, 2009).

As one example, the misinterpreted paradox that modern healthcare leads to greater numbers of people with diseases elicits undue confusion. This resolvable paradox can simply be explained by acknowledgment that advances in healthcare simultaneously help with the eradication of disease, but also lower the treatment threshold and assist with the discovery of new illnesses (Hofmann, 2001). Despite these being superficial contraindications, this is still referred to as a paradox, clouding clinicians’ understanding of the phenomenon.

Perhaps then a more apt nomenclature is required for naming observations which appear counterintuitive. Modern medicine is full of contradictions (Kerdel-Vegas, 2019), but clinicians strive to find absolute cause and effect. If these so-called paradoxes were better understood, perhaps medical parlance could refer to them as something less paradoxical.

## Author details

<sup>1</sup>The University of Sheffield Medical School, Sheffield, UK

## References

- Brom B. Paradoxes in medicine. *S Afr Med J*. 2001;91(9):736–738
- Ginter E, Simko V, Dolinska S. Paradoxes in medicine: an access to new knowledge? *Bratisl Lek Listy*. 2009;110(2):112–115
- Hofmann B. The paradox of health care. *Health Care Anal*. 2001;9(4):369–386. <https://doi.org/10.1023/A:1013854030699>
- Jiwa M. Doctors: paradoxes and possibilities. *Australas Med J*. 2012;5(5):284–289. <https://doi.org/10.4066/AMJ.2012.1225>
- Kerdel-Vegas F. *Medical paradoxes: contradictors in modern medicine*. Leicester (UK): Troubador Publishing; 2019

## How to cite this article:

Franchi T. Paradoxes in  
healthcare: a paradoxical  
nomenclature? *Br J  
Hosp Med*. 2020. [https://  
doi.org/10.12968/  
hmed.2020.0575](https://doi.org/10.12968/hmed.2020.0575)