



Cutting the vagus nerve

Clinical practice and research in medicine

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“Somebody has to take care of the patients.” This statement is often mentioned by busy clinicians whose time constraints prevent them from embarking on research or other scholarly activities. This article is a reflection of what could happen if we stopped searching for new answers.

Common belief

I am a clinician-teacher in a tertiary care pediatric emergency department, and I work 3 to 4 shifts weekly. As expected, the emergency department shifts are busy, noisy, and very tiring. At the end of each shift, I know that I have worked hard, taken good care of my patients, and, I hope, helped them get well. Many clinicians believe that clinical care is the main way physicians effect change in patients' lives. Clinicians in academic environments often say, “All this research activity is good, but somebody has to take care of the patients.”

Eye-opener

I recently began to teach a graduate course called Continuing Education in the Health Professions. One day the topic was educational research. I tried to stress the importance of conducting and publishing research to my class of clinicians, most of whom were family physicians. The conclusion of our discussion about the barriers to doing research and writing papers boiled down to “somebody has to take care of the patients.” I could not argue with that idea.

I did, however, explain why I think research is important—what I say to myself when I'm tempted to

compare the number of clinical hours I work with those of a researcher. I said to my class, “Well, we would still be working hard prescribing antacids and cutting the vagus nerve for peptic ulcers, if we did not have medical research. Doctors worked very hard to provide what they considered the best care at that time.”

I think that statement got their attention. I hope some of them will question the status quo and look beyond providing immediate patient care. ✪

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Competing interests

None declared

In the past, it was believed that peptic ulcers were caused by stress and dietary factors. Treatment consisted of bed rest, special bland foods, and milk drips. Then antacids and medications that block acid production became standard therapy. Patients who failed medical therapy were usually offered one of several methods of surgical treatment, which involved removing part of the stomach and cutting the vagus nerve.

Australian physicians Robin Warren and Barry Marshall identified the link between *Helicobacter pylori* and peptic ulcers in 1982. It took more than a decade for the medical community to accept their finding.