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From the editor: Trust and the value paradox in science



One of the most troubling shocks from the COVID-19 pandemic is the unveiling of a lack of trust from large fractions of the public in medical science. Lack of trust, mainly through refusal to be vaccinated, looks poised to kill hundreds of thousands of people in the U.S. alone.

This tragic lack of trust derives from a number of major factors, including unfamiliarity with science, the power of the internet, acceptance of lying leadership, political tribalism, to name a few. I want to focus on another issue with serious implications for preventive health care, continuing beyond these dire times. This factor can be called the value paradox in science.

People who do science well become so familiar with the paradox that it tends to sink beneath recognition. Here it is: The value of science for humankind depends upon keeping human chosen preferences out of the process of discovery. Experimental design, data collection, and interpretation must exhibit impartiality for the outcome. By excluding personal chosen values from the process, the scientist assures the ultimate value of the result, and that's a paradox all of us need to grasp.

Scientists do feel and exercise value choices. First, the choice to do science at all. Go ahead, seek the thrill of being first in the history of the world to bring forth a new discovery from nature, no matter the tiny detail of it. Then the choice of what to investigate. Do whatever you find most appealing. And along the way a realization that the work of science is fun, a form of play. Competition? Yes, but also a soul-satisfying sense of participation in the dedicated community of science. Ultimately, let's not forget, the application of your findings to human and planetary life, seeking value for all.

All of this makes science a glorious way to spend your time. But it can make scientists prone to neglect the value of other fields of commitment. Any choice made and pursued with integrity is a personal truth. Truth, a word accorded greater honor than opinion, applies just as much to value choices as it does to discoveries from nature. The process of discovery differs, but values are also facts of life.

Medicine proposes values beyond science, which practitioners share. Respect for the person. Reverence for life in

its fullest capacity. A willingness to listen and to acquiesce to the choices of the patient, even when you disagree. Empathy, feeling pain in the pain of someone else, but equally taking joy in their joy. And a sense of community both outside and inside medical practice. Medicine requires a team. The members of the team, from bottom to top, need support themselves, so that the best teams find in each other a family.

A common element is reverence for life. Whatever life means to you, me, and others. I would nominate this as the highest value of all – life in its fullest capacity. Would this incorporate humanism? Yes, but not merely a humanism that bows to science alone. If properly interpreted and applied, it seems to me that the great theistic and communal religions, via God's love or Heaven's promise or nirvana's peace, also place enduring value on human and planetary life.

To re-establish trust, the heart of medicine needs to be expressed as fully as the science of medicine. We need a renewal of philosophy that provides medical language broad and impartial enough to interpret science, value choices, and even religion.

Did we really say impartial to values and religion? Wait, there's another paradox. How did that impactful sage, Epimenides from Crete, put it? "Cretans, always liars."¹ Someone wiser than me needs to step in. You? Ain't it fun?!

Let's talk plainly again. Disease robs life of its value, then robs life itself. The medical choice to express reverence for life is well summarized in 2 quotes from recent articles in this Journal: "The heart of medicine lies in the ability to prevent unnecessary disease" and "Lipidology is the heart of prevention."^{2,3} Those words and accompanying actions express values worthy of trust.

In this final issue of JCL in a tough year, we present scientifically trustworthy articles, and let me pause to express immense gratitude for the efforts of authors, editors, reviewers, and production team throughout 2021. Maki, Dicklin, and Kirkpatrick in an extended editorial in this issue respond to a call from members of the NLA Board to explore the best evidence surrounding saturated fat and atherosclerotic cardiovascular disease. Two articles relate to infectious disease: Bitar et al. review the role of the LDL receptor in a variety of infections, and de Souza et al. present research as-

sociating HDL proteome changes with severity of COVID-19. Orringer and colleagues review the potential helpful role of coronary artery calcium scoring in dealing with statin-associated muscle symptoms. You will also find articles related to familial hypercholesterolemia, pediatric rhabdomyolysis after statin treatment, lipoprotein changes in trans-masculine adolescents, high density lipoproteins in alcoholic hepatitis, and other topics.

John R. Guyton, MD, FNLA
*Professor of Medicine, Duke University Medical Center,
Durham, NC, USA*

*Disclosures: Dr. Guyton has received research grants and consulting fees from Regeneron.
E-mail address: john.guyton@duke.edu

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