Recenti Prog Med 2023; 114: 134-135

Vogliamo tutto.

@maurobiani | Mauro Biani | 8.02.2023

Need to write up a scientific paper but got writer's block and staring at a blank document? A few tips I've found helpful over the years... 1/

Start by copying your key results figures/tables into the document. They don't have to be totally polished in terms of colour scheme etc. Get them down on paper, and arrange them in an order that makes sense in the context of your overarching research question. 2/

Imagine talking colleagues through your figures/tables (or even better, actually give a group talk). Write bullet points for the main messages you come out with for each. Rejig the order if the logic doesn't flow sensibly. 3/

Write subheadings for your methods section (data, analysis, ethics etc.). You know these things inside out so just sit down at get them written down. 4/

Revisit your results and discuss with collaborators. Everything still make logical sense? Good. Now expand the bullet points into paragraphs, usually one paragraph for each main result figure/table. 5/

Going back to your imaginary (or actual) talk, and note down your key introductory points. What was your big problem? And the narrower gap you've addressed? What does a reader need to make sense of your methods/results? Put these down as bullet points under 'Introduction'. 6/

Think about the conclusion, limitations and wider implications. Note these down as bullet points in Discussion. https://doi.org/10.1371/journal.pcbi.1005830 7/

Talk through the introduction and discussion bullet points with collaborators. You'll probably need to rejig/edit things a bit, but that's fine. Once main points converge, expand into paragraphs with formatted references etc. 8/

The reason for all the bullet points and discussion is it saves drafting loads of text that ends up being deleted based on collaborator feedback. It also makes it easier for others to read and comment on your work-in-progress. 9/

As you expand the text into a complete draft, read it through repeatedly and remember wider good practice for writing. 10/

There are, of course, many other ways to draft a paper, but I've found these to be useful in preventing procrastination, reducing wasted effort, and speeding completion. So hopefully others might too. 11/11
@adamjkucharski | Adam Kucharski | 8.02.2023

«Sono un taxista di positività. Cominciamo a vivere la vita in maniera larga, fatta di affetti, amici, amori, e non lunga. Riempiamola di cose belle». Parole di Andrea Silvestrone, raccolte in un articolo di @claudioarrigoni sul @Corriere. Dentro il buio più nero, una luce
@Barney1404 | Luca Valdiserri | 5.02.2023

Please read my new essay in @TheLancet — When dignity meets evidence. There's a kind of knowledge practice we may call 'dignity-based practice'. It respects the dignity of marginalised knowers. It's been slow to take off, unlike 'evidence-based practice'.


Perspectives

The art of medicine

When dignity meets evidence

We are all entitled to dignity because we possess certain ethically important features. One of those human features is that we are knowers. We know things. We learn. We make sense of what we know. We interpret our realities and the systems within which we have our being. If this feature is not respected, one's dignity is violated. There is a kind of knowledge practice we may call dignity-based practice.

When the movement for evidence-based practice started in the early 1980s, its mission was to de-emphasise unsystematic experience in clinical decision making, and to rely instead on statistical estimates of risk from clinical research on population samples. In time, its proponents learned, shifted their goals, and recognised that in health care, evidence-based practice is a tripod of clinical evidence, clinical expertise, and patient preference. But they did not adequately recognise that respecting the dignity of the patient as a knower suggests that expertise should also include the expertise of patients—on their body, their experience of pain or joy, and how they weigh the risk of harm against benefit. A patient's expertise informs their preferences and how they make sense of the evidence.

With dignity-based practice, patients would also influence what evidence is generated in the first place. Gaps in clinicians' knowledge inform research questions; and so should gaps in patients' knowledge. With complexity, there is a need for the expertise and preferences of patients to shape the evidence. For a simple question (eg, does a drug reduce fever?), evidence generation can aim for the universal, with the research question specified and answered irrespective of patient expertise or preference. For a complex question (eg, how should service delivery be organised?), dignity considerations must shape the research question and the methods used to answer it, including the analysis of data and interpretation of findings. A clinician, researcher, or policy maker cannot assume to know what another person needs, knows, or how they make sense of what they know, especially if they are positioned at a distance from the patient, research participant, or community—be it physical distance, or distance in terms of power, income, gender, race, ethnicity, caste, or class.

As it does between clinicians and patients, distance creates knowledge dynamics between unequally powerful groups, as in efforts to achieve health equity globally by eliminating unfair disparities in health between groups within and across countries. Knowledge practices in such efforts must be dignity-based. Much too often, less powerful experts—whether or not by specialisation or lived experience—in disadvantaged countries or marginalised communities are systematically excluded from owning the production or interpretation of knowledge that determines their destiny. Knowledge held or produced by such experts is not deemed legitimate. They are not recognised or do not see themselves as the audience of knowledge produced about them due to where or how it is published, whose knowledge gap it addresses, or whose interpretations it reflects. Their dignity as knowers is violated.

In health equity efforts, evidence-based practice must come together with dignity-based practice, or the evidence on which such efforts is based is not worthy of its name. It is lifeless. When evidence is touched by dignity, as Adam was by God in Michelangelo's fresco *The Creation of Adam*, it may breathe new life into our idea of what evidence means.

Throughout its 40-year history, proponents of evidence-based practice, including people also advocating for dignity-based practice, have pointed at its blind spots. The research methods at the top of evidence-based practice's hierarchy—randomised controlled trials, systematic reviews, and meta-analyses—were designed to evaluate simple interventions such as the efficacy of drugs. The same methods and approaches are used by powerful and often distant actors (eg, clinicians, policy makers, and researchers) to evaluate complex multidimensional interventions, such as service organisation and social policies, in ways that inherently overlook the expertise of marginalised knowers and their needs, preferences, learning, or interpretations on complex interventions. The same concern applies to any method or approach to inquiry or use of knowledge that flattens complex realities or averages out nuances. They silence or leave out what matters most to marginalised knowers.

There are research methods and approaches to inquiry and knowledge that are well suited for complex health and social interventions. They take seriously the idea that complex interventions do not work or fail to work in the way that simple interventions do, but rather that complex interventions consist of multiple interacting components, with outcomes that depend on actions of social agents and

Further reading

Abimbola S. The uses of knowledge in global health. BMJ Glob Health 2021; 6: e005802

Appiah KA. The honor code. New York, NY: WW Norton & Company, 2010

Baldwin J. Collected essays, edited by Toni Morrison. New York, NY: The Library of America, 1998

Bhakuni H, Abimbola S. Epistemic injustice in academic global health. Lancet Glob Health 2021; 9: e1465–70

Booth J. Critical epidemiology and the people's health. New York, NY: Oxford University Press, 2021

The Creation of Adam by Michelangelo

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www.thelancet.com Vol 401 February 4, 2023

@seyeabimbola | Sèye Abímbólá | 3.02.2023

1/10: My top 10 Covid 19 and related pandemic concerns (in no particular order except starting with short term and heading to long-term

2/10: The immunocompromised and early adopters of the bivalent mRNA vaccine. Based on durability of protection vs hospitalizations, it's getting to that point for authorizing a second bivalent booster, hoping to hear from FDA or CDC about this

3/10: we may be heading onto the other side of the XBB1.5 wave in the coming weeks as we head into the spring. Unknown if we will see a new summer wave in Texas and Southern US, as we did in 2020 and 2021 (delta). So even though public health emergency may be ending, I propose…

4/10: I propose a heightened pandemic surveillance and preparedness initiative, which includes actions and vaccine/therapeutics availability for potential upcoming waves but also more comprehensive efforts. For instance

5/10: Even if and when we get on the other side of Covid, guess what…a 4th major coronavirus is percolating among bats and will be jumping to humans to ignite another epidemic/pandemic. The point is SARS MERS COVID19, get ready for COVID25, 26, or 27

6/10: That means stepping up a US national virology program to build our virologic research capacity and training, as well as virus ecology and evolution research. This includes supporting orgs like @EcoHealthNYC. Unfortunately the opposite is happening in the House right now

7/10: Along those lines we urgently need a new NIH Director to help lead this, along with a new NIAID Director, together with White House OSTP, National Academies, scientific societies. We need a comprehensive government led national virology strategy to get us ready.

8/10: And there's more. Don't forget about seasonal flu and zoonotic/avian influenzas. That threat never disappeared. So this too needs to be folded into a national virology strategy.

9/10: Yet in the US the community of virologists is being attacked unfairly and without cause, exactly at a time when we need the US community of virologists now more than ever

10/10: More Covid-19 waves may arise, Covid-25, 26, or 27 is coming, and it potentially could be worse than the others (or not) we don't know. Seasonal/zoonotic influenzas have us in their sites. Yet we're attacking the experts and scientists we need to help us, makes no sense

@PeterHotez | Peter Hotez | 3.02.2023

"Thus I am struck by the opportunity presented by generative AI — lately and specifically ChatGPT— to provide people with an opportunity to better express themselves, to help them write" Knew I could count on @jeffjarvis to go beyond the moral panic.

@Brizzyc | Carrie Brown | 2.2.2023

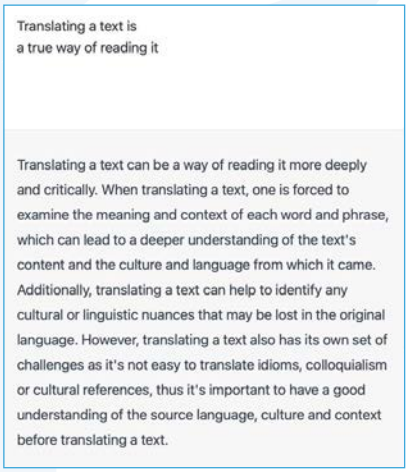
"Polycrisis just means what it says on the box. This is an age where we're beset by not just a crisis, but crisis after crisis, which interlock, reinforce each other, and interact, like snowflakes in an avalanche, in accelerative ways."

@umairh | Umair Haque | 2.02.2023

I for one welcome our new paper-writing overlords

@redpenblackpen | RedPen/BlackPen | 30.01.2023

ChatGPT experiment! "Translating a text is a true way of reading it," by the amazing wonder, Italo Calvino Similar to "Rehearsal improves performance," "The way to really learn something is to teach it" Below, Calvino quote, then at bottom ChatGPT's amazing response:



@EdwardTufte | Edward Tufte | 30.01.2023

I had no money growing up. My dad was a labourer and my mum did everything to make ends meet. Men worked hard. Women worked miracles. But education was free. As was the local library. I knew books were my passport to a better life. #supportlibraries

@rickygervais | Ricky Gervais | 27.01.2023