ASSESSMENT OF THE HALO EFFECT IN MEDICINE

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Modern medicine has made tremendous progress in the diagnosis and treatment of many diseases. Some previously incurable diseases simply disappeared, the quality of treatment of chronic diseases has significantly improved, the duration of the period of working capacity of patients suffering from them has increased dramatically. In the world, especially in highly developed countries, life expectancy has increased significantly (almost twice).

According to a survey conducted in 2014, 80 % of the increase in life expectancy was attributed to modern treatment [1]. A myth was created about the omnipotence of medicine, about its limitless possibilities and prospects. The prerequisite for such an attitude to modern medicine was its undoubted achievements. It can be assumed that the exaggerated assessment of medicine and the attribution mainly to its account, in particular, the lengthening of life expectancy are determined by the psychological effect of the halo.

The role of medicine in increasing life expectancy (even taking into account the inaccuracies of the research methods used) is estimated at about 50 %.

The halo effect (or exaggerated emotional coherence) is observed when you evaluate a person for certain qualities – good or bad, believing that all his other qualities, even those that you have not seen, are evaluated in the same way. The halo effect can refer not only to a single person, but, for example, to the assessment of the work of a writer or artist based on their individual works, to a whole area of human activity (for example, to medicine).

Our idea of the world around us, individuals, phenomena, events is largely formed under the influence of the media. One of the favorite topics of the media is the various achievements of modern medicine and pharmacology, which (achievements) are often presented in the form of overt or covert advertising.

D. Kahneman emphasizes that our impressions of a person are largely related to the order of listing his qualities. When forming the halo effect, first impressions play a role, while the rest of the information is simply not perceived.

According to D. Kahneman's advice, it is impossible to make a defining assessment based on a single feature, in other words, "correlation of errors should be eliminated" [2, p. 114].

In a collective assessment of some event, the opinions of individual observers must be absolutely independent. With a standard approach, for example, at consultations, overweight acquires the opinion of those who express it before others. Others most often agree with this opinion.

Understanding the halo effect allows you to better understand some of the features of modern medicine, given in an interesting and very relevant book by P. Talantov "Evidence-Based Medicine" [1].

In the US, healthcare costs are $9,536 per person and nearly 18 % of GDP per year. The healthcare sector employs 4.5 million people (5 % of all employees). Since the middle of the twentieth century, the number of doctors in the United States has tripled. Meanwhile, in terms of life expectancy, the United States ranks only 31st among other countries.

Japan occupies the first place in terms of life expectancy, spending only 3,733 dollars per person on medicine, that is, almost three times less than in the United States. There is no reason to count. that medicine in Japan has exceptional qualities, different from medicine in other developed countries. The reasons that ensured such a high rate of life expectancy are several factors, among them, of course, medicine has a certain place. The main factors are the peculiarities of lifestyle and nutrition, social behavior, a peculiar culture of communication. In other words, the increase in life expectancy cannot be explained solely by the level of development and accessibility of medicine.

The above are some impressive figures for medical spending in the US. Unfortunately, the United States ranks far from honorable first place in terms of deaths from Covid-19. The reasons for this paradox are not the subject of this communication. I will only point out that a pandemic is a multifactorial phenomenon and cannot be solved solely by medical methods.

The book [1] provides amazing and not fully deciphered examples of the dependence of health and mortality on social factors.

Status syndrome. In London, the government, ministries, and other government agencies are concentrated on Whitehall Street. Cohort studies were carried out in two stages (or two waves), called "Whitehall studies". Cohort studies are those that have the following features:

1) a group of study participants are united by some common feature for the period of study of the group;

2) the study is carried out over a long period of time.

At the first stage (the first wave), the life expectancy and mortality from cardiovascular diseases of civil servants were studied depending on their professional rank (grade).

It was statistically reliably established that the lower the grade, the higher the mortality rate. The risk of the owners of the lowest grade was

twice that of the highest. It should be emphasized that the availability of medical care for all the respondents was absolutely the same. Even taking into account different lifestyles, nutrition, physical activity, smoking, overweight, the described pattern persisted.

At the second stage (second wave), women were also included in the study. It was found that social status affects the frequency of not only cardiovascular, but also some other diseases (certain types of cancer, diseases of the lungs and digestive system, depression, suicide). Similar studies with similar results have been carried out in other countries.

In the United States, a connection was found between cardiovascular pathology not only with the position and income, but also with education. In Sweden, the dependence of life expectancy on the level of an academic degree was established. It has been established that holders of a PhD (the highest academic degree) live longer than masters. Masters live longer than bachelors. This pattern cannot be explained by different availability and different levels of medical care.

The given examples convincingly testify to the connection of social factors with the level of health, morbidity and life expectancy. However, the mechanism of this relationship has not been fully elucidated. It can only be argued that the role of medicine in these processes is greatly exaggerated. D. Bunker's work (quoted from [1]) found that of the thirty years added to life expectancy in the 20th century, the achievements of surgery and therapy account for only five years.

Of considerable interest is the question of the effect of a temporary, but very significant reduction or even termination of mass medical care on life expectancy and mortality of patients [1]. This situation arose in different countries during the strike of doctors.

The book [1] presents data on the strikes of doctors:

1) Spain (nine-day strike, 1999);

2) Croatia (four-week strike, 2003);

3) Jerusalem, Israel (four-month strike, 1983);

4) Los Angeles (USA, 1976).

In all these countries, mortality before and during the strike of doctors did not change significantly, and in some cases even decreased.

The existing judgments on this matter are of a conjectural nature and are not very convincing. It can only be argued that the relationship between the volume of medical services and mortality is not as unambiguous and linear as it seems at first glance [1].

The halo effect about the power and limitless possibilities of medicine (taking into account its real and undeniable achievements) does not coincide with reality.

The myth of the omnipotence of medicine was an incentive for the colossal development of the treatment industry, which is focused not only (and perhaps not so much) on satisfying the needs and needs of a sick person, but also on making a profit by medical service providers.

Today it is difficult to predict what role and what place is assigned to the medicine of the future in the context of ongoing technological progress, the process of digitalization and the development of medical artificial intelligence.

References

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ЦИФРОВИЙ ОСВІТНІЙ ПРОСТІР ЗАКЛАДУ ПІСЛЯДИПЛОМНОЇ ОСВІТИ: ДОСВІД ФОРМУВАННЯ

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Цифрову трансформацію післядипломної освіти в Україні прискорили COVID-19, а з 2022 р. й війна, нав'язана нашому народу агресивним сусідом, тому вважаємо за необхідне ретельно переглянути умови формування цифрового навчального простору закладу післядипломної освіти (ЗПО). Сьогодні післядипломна освіта ставить перед собою питання як створити фундамент для використання цифрових технологій (ЦТ) з метою покращання співпраці адміністрації закладу освіти, науково-педагогічних працівників та слухачів, та як це може забезпечити формування цифрового освітнього простору (ЦОП).

Вбачається потреба технологічно модернізувати освітню інфраструктуру закладу післядипломної освіти (ЗПО), інтегрувати цифрові