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EDITED AND REVIEWED BY
Wulf Rössler,
Charité University Medicine Berlin, Germany

*CORRESPONDENCE
Myriam M. Altamirano-Bustamante
✉ biocatalisismma@gmail.com

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Editorial: The role of evidence-based medicine and value-based medicine in clinical practice to enhance mental health

Myriam M. Altamirano-Bustamante^{1*} and
Nelly F. Altamirano-Bustamante²

¹Unidad de Investigación en Enfermedades Metabólicas, Centro Médico Siglo XXI, Instituto Mexicano del Seguro Social, Mexico City, Mexico, ²Servicio de Endocrinología, Instituto Nacional de Pediatría, Mexico City, Mexico

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Editorial on the Research Topic

[The role of evidence-based medicine and value-based medicine in clinical practice to enhance mental health](#)

Excellence in medicine demands an organizational culture founded on two principal pillars: evidence-based medicine (EBM) and values-based medicine (VBM) (1–4). This binomial EBM-VBM must be reinforced across all facets of clinical practice to ensure comprehensive and multidimensional patient care (5).

In recent years, patient mental health has increasingly become a challenge across all medical specialties, extending beyond the realms of psychology and psychiatry (6).

This Research Topic delves deeply into the EBM-VBM binomial and its pivotal role in integrating both approaches, ensuring that the pathophysiology of disease, its diagnosis, and treatment are pertinent to healthcare professionals, alongside a real-time bioethics framework that honors the ends and flourishing of the patients (7).

It is essential to strengthen the relationship between healthcare providers and patients to achieve comprehensive and multidimensional care that includes bio-psycho-social and economic aspects. This fosters communication, therapeutic adherence, trust, shared expectations, and support throughout the entire health-illness process. Enhancing patient mental health involves treating them as a person, respecting their intrinsic dignity, and supporting their integral flourishing (4).

Within this EBM-VBM framework, the article by [Serrano-Zamago and Altamirano-Bustamante](#) gains particular significance due to its focus on the ethical dimension of clinical practice. It is crucial to understand practices as a dynamic system comprising agents with common capacities and objectives, operating within a medical environment, whose actions are grounded in beliefs, theories, values, and virtues (8). In clinical practice, tacit ethical knowledge (TEK) is vital. This knowledge pertains to practical experiences involving values that are learned and transmitted implicitly, guiding actions without explicit awareness [[Serrano-Zamago and Altamirano-Bustamante](#); (9–11)].

Currently, the lack of leaders dedicated to the integral wellbeing of patients has blurred the TEK, underscoring the urgent need to restore the sense of human dignity, respecting and promoting the integral flourishing of individuals regardless of their health status (5, 12–14).

TEK and its axiological dimension are examined in relation to clinical practice, with proposed educational strategies to enhance medical decision-making and address ethical dilemmas (15). Mental health, particularly in extreme conditions such as the health-illness process, which became evident during the pandemic, requires immediate attention to prevent the collapse of mental health clinics (16, 17).

In this context, Ujitoko et al.'s article highlights the importance of physical contact for survival, social bonding, and overall health. A glance, a handshake, or a smile may constitute the initial treatment offered by healthcare professionals. The COVID-19 pandemic exacerbated the depersonalization of clinical practice, making the rehumanization of healthcare urgent.

Kang et al. emphasize narrative medicine and the use of Chinese herbal medicine to enhance mental health. The articles by Juárez-Villegas et al. and Lu et al. demonstrate how mental health care is imperative across various specialties, revealing the intensification of syndromes such as depression, burnout, and anxiety in pediatric oncology and cardiology. They also highlight how ancient practices like acupuncture and VBM are crucial for integral treatment, with Juárez-Villegas et al. outlining best practices for the EBM-VBM binomial in end-of-life decision-making.

Finally, Attwood proposes educational strategies through art for teaching bioethics in clinical practice, presenting a revolutionary approach to identifying and discernment ethical dilemmas.

The promotion and strengthening of the EBM-VBM binomial through the axiological understanding of clinical practice is an evolving field and represents a significant opportunity to humanize medicine. This approach will foster therapeutic alliances with patients, improve therapeutic adherence, reduce comorbidities, hospital days, and emergency visits. The practical wisdom of medicine and its ethical dimension are essential for providing both quality and compassionate care to patients.

References

1. Fulford K, Peile E, Carroll H. *Essential Values-Based Practice Clinical Stories Linking Science with People*. Cambridge: Cambridge University Press. (2012). doi: 10.1017/CBO9781139024488
2. Peile E. Evidence-based medicine and values-based medicine: partners in clinical education as well as in clinical practice. *BMC Med.* (2013) 11:40. doi: 10.1186/1741-7015-11-40
3. Altamirano-Bustamante MM, Altamirano-Bustamante NF, Lifshitz A, Mora-Magaña I, de Hoyos A, Avila-Osorio MT, et al. Promoting networks between evidence-based medicine and values-based medicine in continuing medical education. *BMC Med.* (2013) 11:39. doi: 10.1186/1741-7015-11-39
4. Sueiras P, Romano-Betech V, Vergil-Salgado A, De Hoyos A, Quintana-Vargas S, Ruddick W, et al. Today's medical self and the other: Challenges and evolving

Author contributions

MA-B: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing. NA-B: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing.

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Conflict of interest

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solutions for enhanced humanization and quality of care. *PLoS ONE.* (2017) 12:e0181514. doi: 10.1371/journal.pone.0181514

5. Bertilsson M, Maeland S, Löve J, Ahlborg G, Werner EL, Hensing G, et al. Phronesis and clinical decision-making: the missing link between evidence and values. *Theor Med Bioeth.* (2018) 19:978–86. doi: 10.1186/s12875-018-0815-5

6. Monroy-Fraustro D, Maldonado-Castellanos I, Aboites-Molina M, Rodríguez S, Sueiras P, Altamirano-Bustamante NF, et al. Bibliotherapy as a non-pharmaceutical intervention to enhance mental health in response to the COVID-19 pandemic: a mixed-methods systematic review and bioethical meta-analysis. *Front Public Heal.* (2021) 9:629872. doi: 10.3389/fpubh.2021.629872

7. Nussbaum. Martha C. *Nussbaum-Love's Knowledge_ Essays on Philosophy and Literature*. Oxford: Oxford University Press (1992). doi: 10.1093/oso/9780195074857.001.0001

8. Altamirano-Bustamante MM, Altamirano-Bustamante N, Garduño-Espinosa J, OML. *Valores y Virtudes en Medicina*. Ciudad de México: CORINTER (2014).
9. Thornton T. Tacit knowledge as the unifying factor in evidence based medicine and clinical judgement. *Philos Ethics Humanit Med*. (2006) 1:E2-E2. doi: 10.1186/1747-5341-1-2
10. Henry SG. Recognizing tacit knowledge in medical epistemology. *Theor Med Bioeth*. (2006) 27:187–213. doi: 10.1007/s11017-006-9005-x
11. Altamirano-Bustamante MM, Olivé L, de Hoyos Bermea A, Altamirano-Bustamante NF. Conocimiento tácito en la prácticamédica. In: Altamirano-Bustamante MM, Olivé L, Altamirano-Bustamante NF, Garduño J, editors. *Valores y virtudes en medicina*. México: CORINTER (2014). p. 57–70.
12. Ringstad O. Understanding through experience: information, experience and understanding in clinical rehabilitation practice. *Disabil Rehabil*. (2014) 36:978–86. doi: 10.3109/09638288.2013.829523
13. Eriksen KÅ, Dahl H, Karlsson B, Arman M. Strengthening practical wisdom: mental health workers' learning and development. *Nurs Ethics*. (2014) 21:707–19. doi: 10.1177/0969733013518446
14. Gelhaus P. The desired moral attitude of the physician: (II) compassion. *Med Health Care Philos*. (2012) 15:397–410. doi: 10.1007/s11019-011-9368-2
15. de Hoyos A, Monteón Y, Altamirano-Bustamante MM. Reexamining healthcare justice in the light of empirical data. *Bioethics*. (2015) 29:613–21. doi: 10.1111/bioe.12188
16. Zhang Y, Liang Y, Huang H, Xu Y. Systematic review and meta-analysis of psychological intervention on patients with coronary heart disease. *Ann Palliat Med*. (2021) 10:8848857. doi: 10.21037/apm-21-1623
17. Stip E, Östlundh L, Abdel Aziz K. Bibliotherapy: reading OVID during COVID. *Front Psychiatry*. (2020) 11:567539. doi: 10.3389/fpsy.2020.567539