

Atul Gawande has an [interesting article](#) in the New Yorker about the spread of medical innovations. He points out some striking disparities in the speed at which medical innovations spread — mere months for anesthetics, decades for aseptic surgery. He offers some interesting pointers to understand these disparities. This is a fascinating topic for an epidemiology of representations to tackle (possibly with life-saving practical consequences).

Simultaneously, an [article](#) coming out in the Mayo Clinic Proceedings might help explain and justify the slow spread of (some) medical practices. Reviewing 10 years of the New England Journal of Medicine, the authors find that a substantial number of the articles suggest that the current practice is in fact ineffective or even deleterious. In the case of standards of care, more articles reversed the current practices than reaffirmed them! Given that the practices reviewed were modern ones, supposedly introduced based on scientific evidence, this might explain some doctors' reluctance to accept new practices sold to them as evidence based.