



Editorial

Criticize Before You Applaud

Criticar antes que aplaudir

 Ana Elena Limón-Rojas,¹  Geovani López-Ortiz.^{2*}

¹División de Estudios de Posgrado, Facultad de Medicina, Universidad Nacional Autónoma de México. Mexico City, Mexico.

²Subdivisión de Medicina Familiar, División de Estudios de Posgrado, Facultad de Medicina, Universidad Nacional Autónoma de México. Mexico City, Mexico.

* Corresponding author: Geovani López-Ortiz. Email: geovani.lorz@fmposgrado.unam.mx

On November 7, 1925, Victor Millington Synge delivered an inaugural address before the Dublin University Biological Association in which he acknowledged some of the major achievements of medicine in his time, from the control of several infectious diseases to surgical advances that made it possible to treat conditions once considered incurable. After acknowledging these achievements, he put forward the idea revisited in this editorial: “Nothing is perfect; everything is open to criticism [...] It is often more useful to criticize than to applaud, because without dissatisfaction, without criticism, progress is impossible. To be content is to cease to advance.”¹ From this perspective, even what may be considered reliable should remain open to questioning and correction.

As an example, he brought this position into the realm of clinical diagnosis. He warned that growing reliance on the ancillary tests of his time could relegate the information obtained from signs and symptoms to a secondary role. He described the clinician who, out of convenience or dependence, left the diagnosis in the radiologist's hands, and the radiologist willing to find what he had previously been told should be there.¹ Beyond the diagnostic tools of his time, the example illustrates the risk of placing such confidence in a practice or source of knowledge that it ceases to be subjected to the same critical scrutiny that allowed it to be incorporated in the first place. In a scientific discipline, recognizing the value of an idea requires preserving the possibility of revising it.

This possibility of revision is part of the way science produces knowledge. An explanation may be the best available and, in light of new evidence, reveal limitations that require modification. Likewise, a practice may remain in place for years and lose its foundation when new findings challenge it. Scientific knowledge retains its strength precisely because it can be corrected, expanded, and, when necessary, replaced.²

In this process, dissatisfaction serves a function that is difficult to replace. It compels us to return to what seems settled and ask whether its foundations remain sufficient. It also prevents acceptance of an idea from becoming a reason to stop

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examining it. Criticism keeps open the possibility of finding a better explanation, recognizing a limitation, or identifying an error that had previously gone unnoticed.

When this disposition weakens, confidence can turn into complacency, which arises when an accepted explanation begins to shape the way we interpret evidence. Enthusiasm about a finding can encourage conclusions that go beyond the data, give greater weight to results that agree with expectations, and draw attention away from observations that would require the hypothesis to be reconsidered. The recent history of science shows that some initially plausible explanations gained acceptance and remained accepted for years, supported by the authority of those who defended them, by their apparent consistency with the available knowledge, or because they confirmed what was already expected.³ Their correction depended on preserving the willingness to revisit what already seemed accepted.

Questioning what has been accepted becomes more difficult when it requires us to reconsider our own convictions. We tend to give greater weight to what agrees with our ideas and less attention to what contradicts them. This is where intellectual complacency can emerge. Subjecting our own ideas to the same rigor with which we evaluate those of others requires acknowledging that experience, accumulated knowledge, and confidence in our own judgment can also create blind spots. In science, this self-criticism is essential because researchers make decisions at every stage of the process and also interpret their results. Something similar occurs in medicine: a diagnostic hypothesis may be well founded and still require revision when the clinical course no longer corresponds to it. Experience provides indispensable elements for decision-making, but it does not make any decision infallible.

In clinical practice, revising one's own judgment is part of patient safety. Entrenched practices and excessive confidence in one's own reasoning can limit the effectiveness of strategies intended to prevent diagnostic errors. Interventions that promote critical thinking, deliberate reconsideration, and case discussion may help prevent them.⁴ Revisiting an initial impression makes it possible to recognize when the clinical course no longer fits the original hypothesis and requires reconsideration of the decisions based on it.

Criticism also requires conditions that make it possible. Authority and hierarchy can reduce the space for expressing a dissenting view, even when that view is relevant. In medical training, situations have been documented in which residents remain silent or perceive that their judgment carries less weight because of their academic position, with potential consequences for patient safety and well-being.⁵ A discipline that depends on the correction of its decisions requires the possibility of questioning them to remain open, regardless of the position held by the person raising the objection. The same principle governs scientific publishing. Publication of an article does not turn its results into a definitive conclusion. The biomedical literature includes articles that were later retracted because of error, fraud, plagiarism, or duplicate publication. Some of these

publications remained in the literature for years and continued to receive citations after their retraction.⁶ Post-publication scrutiny is part of the same capacity for correction that allows a diagnosis to be revised or a hypothesis to be reconsidered.

Criticism does not mean adopting a state of permanent distrust. Science requires reasonable degrees of certainty to build knowledge, and medicine requires decisions to be made. Criticism serves another purpose: it prevents that certainty from becoming immune to scrutiny. A practice may be correct, a finding may be robust, and a decision may be well supported. None of these conditions requires abandoning the possibility of revisiting them.

This is where the boundary between recognition and complacency lies. Applauding an achievement acknowledges its value. Complacency emerges when that recognition is enough to close the discussion. Scientific progress requires a different disposition: recognizing what has been achieved, identifying its limits, and preserving the possibility of questioning it again.

One hundred years later, the statement with which Synge justified his criticism retains particular force. In a discipline that advances through constant revision, dissatisfaction keeps open the space for recognizing what can still be corrected or improved. From this perspective, criticizing before applauding means resisting the temptation to regard as sufficient what today appears to be correct.

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Author Contributions

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Conflicts of Interest

The authors declare no conflicts of interest.

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