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Plausibility Limits Imagination

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Plausibility Limits Imagination

To the Editor:

The backbone of sepsis treatment is supportive care, since there are still no curative therapies available. In the last few years, the development of techniques to subdivide patient populations captured by the every now and then changing definition of sepsis has gained momentum. The hope is that a better characterization of patients will identify subgroups for drug testing research and ultimately precision medicine. DeMerle et al (1) excellently describe the ins and outs of identifying sepsis subclasses. However, subdivision is based on what we already know. Although we know a lot about an individual patient, the data we gather are chosen on current knowledge and data availability. To quote Einstein, “We cannot solve our problems with the same thinking we used when we created them.” The repeated use of the term “plausible” in the manuscript illustrates the catch. Dividing patients into subclasses has to be plausible, which means that it has to be in line with our concepts; however, our concepts have fallen short to deliver a working curative treatment for sepsis. Maybe we need another Einstein quote, “Imagination is more important than knowledge. Knowledge is limited. Imagination encircles the world.” Imagination can bring us new concepts. Of course, our imagination can give you some examples of new concepts. However, we prefer that everybody uses imagination for themselves to think of alternatives for the current concepts. Subdivision based on old knowledge carries the risk that we walk a worn-out path with new shoes that still brings us nowhere.

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