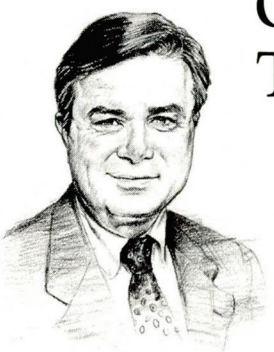

On this we agree: The value of healthy debate in medicine

Sometimes it is productive to agree to disagree.

A spirited debate between two experienced physicians, Alan F. Cutler, MD, of Wayne State University and Edgar Achkar, MD, of the Cleveland Clinic, illuminates the complexity surrounding a common clinical problem, whether to test and treat for *Helicobacter pylori* in nonulcer dyspepsia.

The summary in this issue (page 214) is based on the actual debate, which took place at the recent 35th Annual Gastroenterology Update, at the Cleveland Clinic.

It illustrates how a knowledgeable and passionate debate can both clarify the issue at hand and teach us a great deal about the ambiguities and uncertainties of medicine. Both Cutler and Achkar point out that what appears to be nonulcer dyspepsia is not always clear cut. Even a seemingly definitive test such as endoscopic examination can be misleading if an ulcer lesion heals before an endoscopy can be performed. And, unfortunately, the correlation between a patient's symptoms and the presence of a lesion is not perfect.

Even amidst their disagreement, there are clear areas of agreement. Both clearly believe that if a physician orders a test for something, such as the presence of *H pylori* , he or she must have a plan for dealing with the results, whether positive, negative, or ambiguous.

It is the kind of article that we believe is a cornerstone of the *CCJM*—timely, practical, readable, and grounded in the current evidence.

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