SOCIEDADE BRASILEIRA DE ORTOPEDIA E TRAUMATOLOGIA

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Editorial

Unequal RBO

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Equality is one of the most intriguing utopias we seek, because it does not exist in anything that pertains to living beings. The main feature of living things, whether in form or content, is their difference.

Ethnic, climatic, cultural, and social differences continue to be some of the main reasons for the problems and solutions we have to live with.

There is a group of theorists who, whether for love of utopias or for interest, preach equality and seek to enforce it with the determined use of power by the so-called disadvantaged, who are the majority. These political groups use the electoral support of the numerical majority; thus, a qualitative minority dominates elective public offices and seeks to impose an equality that is always based on the lowest common denominator.

We see this in our area of interest, education, with the creation of so-called racial quotas, which, based on the fact that some ethnic group has the largest number of disadvantaged, provide that all those belonging to this group are considered incapable and therefore protected through advantages in the university admission process, for example. The able members are also stigmatized with favoritism, which will mark of all professionals from the "protected" ethnicity.

The titles of expertise in numerous areas of medicine are now conferred after an internship at one of the excellent public hospitals from the Brazilian Unified Health System (Sistema Único de Saúde), which goes against decades of refinement that the medical societies have gone through to improve their qualifying exams.

Even qualified residencies are suffering from this harmful influence, as for each year of militancy, working in family healthcare under the More Doctors program, a percentage increase is bestowed upon the score of the candidate's entrance exam for a good residency program.

Thus, the medical graduates who spend one year attending to Programa de Valorização da Atenção Básica (PROVAB) in healthcare centers that are not equipped for basic healthcare will have an 10% advantage in their residency admission score against their "non-peers" who sought to complement their medical training at the end of their course, as has been the case for over 50 years.

The latest foray is in the area of educational curricula, which have been adapted to lower levels, so that the "disadvantaged" could compete on equal terms with the most talented. This would be similar to the Olympic committee setting the mark for the 100 meters to 20 seconds, so that the slower runners could compete on equal terms.

We are now in the opposite stream of history as we seek excellence for RBO; our refusal levels have reached 40%. What occurred was an impressive improvement in the quality of the studies, as well as increasing demand by authors to be published in RBO. In six years, we have analyzed over 1700 studies.

We could have created quotas and accepted, without scrutiny, low-quality studies from regions considered to have lower standards. We would have made a severe mistake if we had stigmatized and divided the journal into two sections, good and bad studies; obviously, no one would read the bad studies and we would have condemned some groups to be always considered inferior, for reasons such as geography, which are not related with the quality of a study.

Throughout this long journey of editing RBO, we have observed that these protection philosophies are completely misguided, as we have had good studies produced in regions that are theoretically less fortunate, as well as low-quality studies from centers considered to be of excellence.

The quality of a study has no address, ethnicity, or size; it is inherent to the commitment of its authors.

This strange philosophy of protecting the worst and punishing the best, so that at some point they become equal, has not yet reached the editorial area. This may be because theoreticians of this line of thought read very little.

Lucky us!

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