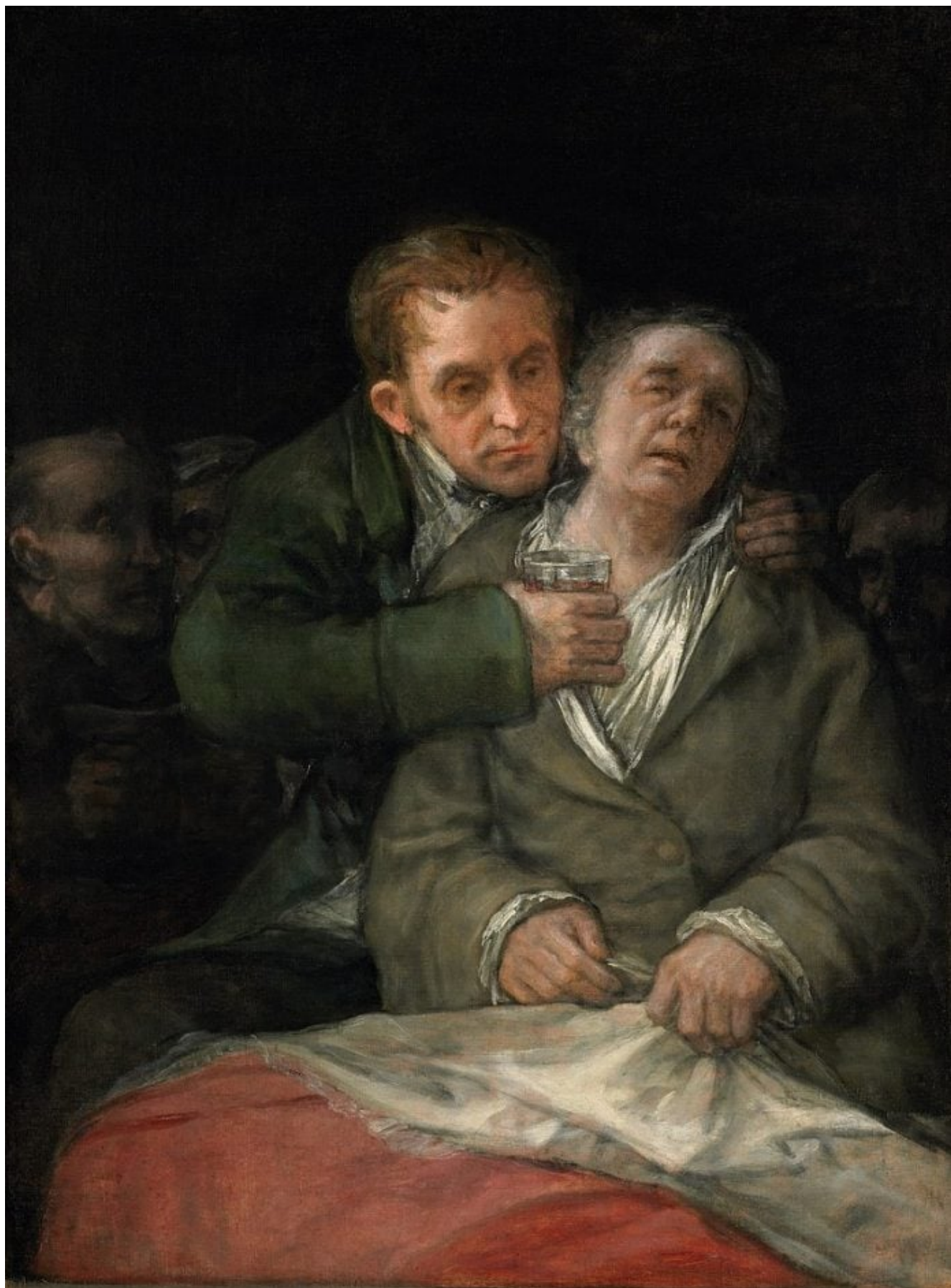


Cognitive Dissonance in the Medical Profession

by [Vasco Semedo](#) (July 2025)



Soña agradecido, á su amigo Arieta: por el acierto y esmero con q. le salvó la vida en su aguda y peligrosa enfermedad, padecida á fines del año 1819. á los setenta y tres de su edad. Lo pintó en 1820.

Self-Portrait with Dr Arrieta (Francisco Goya, 1820)

The medical profession today finds itself at a crossroads, where scientific rigor and clinical objectivity are increasingly challenged by ideological currents within academia. While the integration of social awareness and ethical reflection into medicine is vital, there is growing concern that evidence-based practices are being overshadowed by postmodern frameworks that emphasize identity, subjectivity, and relativism. As medical students navigate this evolving landscape, many experience cognitive dissonance—a psychological tension that arises when personal beliefs, scientific evidence, and institutional narratives come into conflict. This article examines how such tensions shape the training and moral development of future physicians.

Manuel Morgado is a Portuguese student at a renowned medical university in his country, with a particular interest in orthopedics, driven by his passion for studying the musculoskeletal and locomotor systems. Currently completing a clinical rotation in Pediatrics, Morgado offers a rare and candid perspective as a privileged insider—someone deeply embedded in the academic structure yet critically engaged with its emerging contradictions. His testimony highlights the frictions between science, ethics, and ideology that increasingly define the reality of medical education in the 21st century.

Throughout his academic journey, Morgado took courses such as *Human Sexuality and Sexual Disorders*, where he observed firsthand the friction between evidence-based medical instruction and the adoption of social theories that often contradict established biological principles. Particularly salient were debates surrounding gender identity and race, where he noticed that certain perspectives—even among faculty members—frequently disregarded or downplayed the latest

scientific findings. For example, in discussions on race, he was struck by a reluctance to acknowledge clinically significant biological and epidemiological differences across populations. Similarly, in matters of gender, he saw how some curricula emphasized fluidity and self-identification over anatomical and hormonal realities. Morgado's experiences underscore how these ideological influences may not only shape discourse but also interfere with diagnostic objectivity and the consistent application of scientific standards in patient care.

Medical training, once grounded primarily in empirical rigor and objectivity, has increasingly absorbed ideological discourses common in broader higher education. This article explores how these ideological shifts impact the integrity of medical education and the quality of evidence-based clinical practice. Morgado observed that cognitive dissonance had a measurable psychological impact on many of his peers, particularly during the COVID-19 pandemic, when media narratives, public policy, and scientific uncertainty collided in complex ways.

Cognitive dissonance, a concept introduced by psychologist Leon Festinger in *A Theory of Cognitive Dissonance* (1957), refers to the internal discomfort experienced when an individual's beliefs, attitudes, or behaviors are inconsistent with one another. This discomfort motivates individuals to adopt strategies to restore coherence, including altering beliefs, reinterpreting behaviors, or modifying attitudes. In this context, individuals may seek out communities or belief systems that reinforce their worldview, thereby reducing psychological tension and maintaining internal consistency.

Medicine, as an applied and interdisciplinary science, necessarily engages with both biological realities and ethical considerations. However, conflicts frequently arise between professional obligations and personal values—particularly in contentious areas such as abortion, euthanasia, and

experimental treatments. These issues challenge the ethical fulfillment of the Hippocratic Oath, which calls for healing, non-maleficence, and fidelity to medical professionalism (*"legis artis"*).

According to Morgado, "abortion is a blatant violation of the Hippocratic Oath because it involves doing harm and killing an innocent and completely vulnerable human being in the mother's womb." On euthanasia, while he considers it "immoral in some cases," he believes that personal autonomy should prevail: "each person owns their own body and can do with it as they wish, including ending their own life, provided they can give informed consent." On experimental vaccines, particularly those fast-tracked during the pandemic, he argues for the principle of informed choice: "this is the treatment, these are the known side effects, and there may be unknown effects due to the lack of sufficient studies."

He maintains that the public debate on vaccines and mandates would have been less polarized had the principle of individual liberty been respected—the right of individuals to make health decisions for themselves, so long as those decisions do not endanger others.

Morgado cites two concrete examples to illustrate the tension between traditional medical science and the growing influence of deconstructionist theories:

On Race: "I've had numerous professors deny the existence of races, which makes no sense. Since the early 20th century, we've known that different demographic groups have undergone distinct environmental selective pressures based on their geographic development, leading to physical, physiological, and psychological differences among them."

On Gender Identity: In an elective course titled *Human Sexuality and Sexual Disorders*, Morgado encountered a curriculum centered on gender ideology. The course framed

traditionally masculine and feminine traits as arbitrary social constructs, and suggested that gender identity is a fluid, subjective experience, rather than a biological given. In this view, identity is decoupled from sex, and emotional affirmation is prioritized over anatomical or clinical accuracy.

According to Morgado, this approach can lead to rootless and psychologically fragile identities, easily shaped by ideological narratives. He notes the irony that misgendering is often portrayed as more harmful than invasive medical procedures like gender-affirming surgeries, which involve sterilization and irreversible bodily alterations.

Morgado argues that this shift is not without precedent, pointing to the controversial 2013 revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by the American Psychiatric Association. Critics of the DSM-5 have highlighted a range of issues, including the closed and non-transparent revision process, financial ties between panel members and pharmaceutical companies, the reliance on clinical consensus over laboratory evidence, and the tendency to broaden diagnostic criteria in ways that promote overdiagnosis and medicalization of normal behavior.

He sees these trends as part of a broader ideological transformation in Western institutions, dominated by identity politics. Originally grounded in the defense of minority rights and human dignity, identity politics has evolved into a framework that sustains politicized collective identities and rejects traditional systems perceived as oppressive—including capitalism, colonialism, and patriarchy.

Philosophically, this shift mirrors postmodern skepticism toward “metanarratives” —comprehensive explanations such as religion, science, and reason—as outlined by Jean-François Lyotard in *The Postmodern Condition*. In postmodern thought, truth is not discovered but constructed; knowledge is not

objective but shaped by power and discourse. This worldview culminates in the era of “post-truth,” defined by the Oxford Dictionary as a condition in which emotional resonance and personal belief outweigh objective facts in shaping public opinion.

Morgado identifies additional examples that reflect the loss of scientific precision in medical training:

One is the deliberate simplification of medical language. He criticizes how some gynecology professors refer to an unborn child as a “product of conception,” a term he considers dehumanizing and overly mechanical.

Another is the marginalization of race as a relevant clinical category. Morgado stresses that racial and ethnic backgrounds remain crucial for diagnosing and treating diseases effectively: “There are diseases and medications that affect people of different races differently, and so we must be careful with the dosage administered. I can even give you examples of diseases that are more common among certain races, such as sickle cell anemia in populations of Mediterranean and Indian descent, treatment-resistant hypertension, which is common among people of African descent, or Tay-Sachs disease, which is more prevalent among Ashkenazi Jews.”

Medicine must remain committed to empirical truth, diagnostic precision, and humane care. As Manuel Morgado’s account makes clear, the future of medical education depends on its ability to resist ideological distortion and reaffirm evidence-based knowledge as the foundation of clinical practice.”

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