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ARTICLE

THE COST OF NEGLECT

How underfunded questions become the most expensive ignorance in medicine.

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THE SILENT LEDGER

Science tracks grants won, not opportunities lost. Yet the true cost of the system lies not in what we fund, but in what we never fund — the questions too ordinary, too unglamorous, or too cross-disciplinary to survive peer review. Each unanswered question accumulates as silent debt: misdiagnoses uncorrected, interventions untested, preventable harm uncounted.

We talk about medical inflation as if it were driven only by technology and labor, but intellectual inflation — the rising cost of knowing anything new — may be worse. Every bureaucratic hurdle, every prestige bias, every administrative layer adds friction. The velocity of learning slows, but the cost of delay compounds.

THE ECONOMICS OF DELAY

Ignorance costs more than error. When we fail to generate evidence about low-margin but high-frequency problems — wound care protocols, polypharmacy interactions, chronic pain management — we spend fortunes treating downstream complications.

A single negative trial on an overused therapy can save billions, but nobody funds negatives. A robust observational registry on a neglected chronic condition can prevent thousands of unnecessary hospitalizations, but it cannot compete with a gene-editing pilot in the marketplace of headlines.

Our budgeting systems are calibrated to fund novelty, not reduction of waste. The result is a paradoxical economy where the cheapest knowledge to produce — confirmation of what works and what doesn't — is the least likely to be purchased.

HOW NEGLECT REINFORCES ITSELF

Neglect is self-perpetuating. Because unstudied problems lack visibility, they attract no advocacy; without advocacy, they attract no funding; without funding, they remain unstudied. The loop closes.

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The structure of grants, journals, and career advancement amplifies this cycle. Review panels prefer projects already in motion; journals prefer “breakthroughs” over clarifications; institutions reward revenue, not resolution. Over time, the intellectual terrain of medicine becomes distorted — lush forests of fashionable inquiry surrounded by deserts of everyday uncertainty.

The moral cost is quiet but profound: preventable suffering that nobody measured because it was not prestigious to do so.

THE RETURN ON UNSEXY KNOWLEDGE

There is nothing glamorous about discovering that a common medication works no better than hydration, or that patient adherence depends more on text reminders than molecular design. But the ROI of such knowledge is enormous.

If research funding were indexed to *life-years gained per dollar of evidence generated*, mundane studies would dominate. They offer the highest return on truth. Real-world implementation studies, pragmatic trials, and system-level audits all yield disproportionate benefit because they reduce waste at scale.

In business terms, these are not moonshots; they are operational excellence. In moral terms, they are justice — the equitable distribution of knowledge to the problems that most people actually have.

MAKING NEGLECT EXPENSIVE AGAIN

The system changes when neglect carries a price. Policymakers could require agencies to publish “evidence gap reports” — annual lists of high-burden conditions with inadequate data. Funders could impose opportunity-cost scoring: when approving high-cost grants, panels must demonstrate that neglected, cheaper questions were not better investments.

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Public dashboards could rank research portfolios by alignment with population health burden. Imagine a National Neglect Index — a mirror held to the system's blind spots. Once we measure what we ignore, ignoring it becomes reputationally expensive.

THE MORAL ARITHMETIC OF KNOWING

Knowledge has an ethical gradient: the easier it is to obtain, the greater our responsibility to obtain it. When systems choose not to know what could easily be known, they cross from imperfection into negligence.

Rebalancing science begins by funding curiosity proportional to suffering, not glamour. The cost of neglect is not measured in failed grants or missed citations. It is measured in unhealed wounds, untreated pain, and years of life silently lost because knowing seemed dull.

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