

# Doctoring Entrepreneurship Thinking



S I M O N   B R I D G E \*

## INTRODUCTION

We live in an age in which science predominates and therefore we expect a scientific explanation for every phenomenon that we observe. In a subject such as chemistry, for instance, if we observe that when A is mixed with B it produces C, we can then predict that if we want C we should mix A and B, provided the conditions in which the mixing is done are broadly comparable. We appear to think that entrepreneurship is a similar science in which a formula which appears to produce a desired outcome in one place can be applied in another location with the same effect. But, as Bygrave (1989) pointed out in his paper on the ‘Entrepreneurial Paradigm’, the sciences are not all equal in their ability to make accurate predictions. He observed that if the sciences were placed in a hierarchy based on this criterion, physics would be near the top, with chemistry following it. Modern physics can be said to have started with Newton and his laws of motion. His inverse square law of gravitational attraction, for instance, used contributions from mathematics, physics, geometry and astronomy to explain and predict planetary motion. The success of this approach helped to establish classical determinism, which states that a specific set of conditions will produce a specific outcome, and this has become a basic bias in our scientific philosophy. According to Bygrave (1989) this helped to

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establish physics as the discipline which other sciences came to envy because it had become so precise and deterministic. But, Bygrave (1989) suggests, a basic science such as entrepreneurship is an applied science and is much less deterministic. Therefore physics and chemistry, it would seem, do not provide good analogies and examples for entrepreneurship. This paper suggests that medicine is an applied science which was not placed high in Bygrave's hierarchy, but has a lot in its development and limitations which might give us a much more relevant perspective for our understanding of entrepreneurship.

#### EARLY MEDICAL UNDERSTANDING

Medicine has a long history. From the earliest days human beings have suffered from disease and have therefore sought protection and relief from it. However, it would seem that the earliest sources from which help was sought or expected were diviners and witch-doctors, and medicine was seen to belong more in the realm of religion and the spirits than in science. It was probably not until the emergence of the Hippocratic doctors in the Greek-speaking world that an essentially secular medicine first appeared in the fifth century BC. The Hippocratic corpus of knowledge was, after the Dark Ages, re-discovered by Western Europe from Islamic sources. It broadly explained health and illness in terms of shifting balances of the four life-sustaining humours said to be present in every body. They were blood – the source of vitality; choler – the gastric juice indispensable for digestion; phlegm – which included the various colourless secretions and which acted as a lubricant and coolant; and bile or melancholy – not seen on its own but darkening the other humours. Between them the four major fluids accounted for the visible and tangible phenomena of physical existence. Blood, for instance, made the body hot and wet, choler hot and dry, phlegm cold and wet, and bile cold and dry (Porter, 2002). This thinking was therefore in accordance with observations of the body and the liquids in it, and had ready explanations when people felt sick. Illness, it said, resulted when one of the fluids either built up, or become diminished. If a body had too much blood, possibly because of faulty diet, it become hot and wet, whereas too little blood, as the result possibly of a wound, led

to fainting, coma and even death. Someone who was feverish and was too hot and wet was therefore thought to have too much blood. The technique of treating such a condition by bleeding the patient therefore had a logical rationale based on a classical corpus of knowledge.

We now think that such a cure was wrong and was actually worse in its direct effect than doing nothing, but people appeared to have believed in it. If they were ill they wanted a doctor, and the doctors felt a need to do something and did what they had been trained to do. And many patients got better, not all of them admittedly, but even today not all patients recover. We might explain this apparent success as being due either to the fact that many patients would naturally have got better anyway or to the placebo effect, which was not known at that time. However, the frequent combination of treatment followed by recovery must have seemed to prove the theory to many people at that time.

#### MYTHS AND THEIR PREVALENCE

Following discoveries, such as that of the circulation of blood, and other medical advances, we now think that a lot of the Hippocratic corpus was essentially myth. We also recognise that there have been other myths in medicine. Malaria was thought to be caused by bad air, hence its name, and so was cholera. London's Victorian sewerage system was built to prevent cholera outbreaks by removing the smelly sewerage that produced bad air, before it was discovered that cholera was waterborne and therefore that sewers actually prevented cholera by removing a source of the pollution of water supplies. Scientific advances, such as the isolation of the cholera bacillus in 1884 and the identification of the life cycle of the malaria parasite in about 1900, have helped to improve our medical knowledge and dispel at least some of the myths, but even today many alternative medicines and practices are still popular even though there is (as yet) little or no known scientific support for them.

Although the existence of such powerful mythical concepts and myths may be more readily seen in other areas, it is not easy to accept in one's own subject. We seem able to accept the lesson of history that human beings can believe in, and be guided by, such

myths, but only other human beings and only in the past. We do not seem to believe that it could apply to us today. That is one reason why the analogy with medicine may be helpful because it shows how an apparently rational theory, based on an apparently tried and tested classical corpus of knowledge, and which was believed in for so long and which led to many apparently successful cures, can nevertheless turn out to be just a myth. This paper suggests that, if that can happen in a field such as medicine, it can also happen in entrepreneurship. Could it be that our understanding of entrepreneurship today is as flawed as once was our understanding of physiology?

#### ARE THERE MYTHS IN ENTREPRENEURSHIP?

Gibb (2000) has suggested that myths do abound in the field of entrepreneurship. He argued that, in the fields of entrepreneurship and small and medium enterprises, ‘despite the increase in academic knowledge, indeed perhaps because of it, there has been a growth of ignorance... [and] a major manifestation of this growth of ignorance is the emergence of a number of outstanding “mythical concepts” and “myths” which have considerable influence on the establishment of policy priorities’ (Gibb, 2000: 13). If we really do understand entrepreneurship correctly then why do governments still provide significant budgets for entrepreneurship initiatives which, despite apparently positive outputs, never actually seem to lead to the sort of outcomes that they were supposed to provide? We believe that we can identify areas low in entrepreneurship and, by applying what seem to be the factors responsible for high entrepreneurship elsewhere, raise those low levels. But how often do they rise and, if they do, do we know why? Could it be that, like the doctors in the days when patients were bled, government and agencies feel the need to do something and want therefore to believe that what they are doing is the right thing?

#### COULD THE EXAMPLE OF MEDICINE INDICATE A WAY FORWARD?

A comparison between the fields of entrepreneurship and of medicine might not only provide entrepreneurship with examples of

myths but may also indicate how progress in understanding might be made. Our knowledge of physics has benefited from general theories, such as Newton's laws and later Einstein's general theory of relativity, which brought together apparently separate strands of understanding into a few relatively simple overall formulae, but the development of medical knowledge has not been like that. There have been significant discoveries such as the circulation of blood, of the need for vitamins in food, of the existence and effects of bacteria and viruses, and of the role of genes, but they have not been brought together into one overall theory that has advanced knowledge at a stroke. Instead improvements in medical knowledge have been relatively small, separate and incremental. We may now understand the difference between infectious diseases and deficiency diseases, and appreciate that there is link between the mind and the body, but this understanding has come from a series of separate improvements in our knowledge in different branches of medicine, not to any single overall general theory. However, these separate developments have together been very helpful in improving the efficacy of diagnosis and cures. While the development of wide-ranging general theories is exciting and is an attractive challenge in many areas of science, it has not, or at least not so far, been particularly relevant to medicine. Maybe in entrepreneurship too we should not expect to find overall explanations and should look instead for separate discoveries about different aspects of what we call entrepreneurship?

#### FURTHER LESSONS SUGGESTED BY THE MEDICINE ANALOGY

As well as providing examples of myths and of how progress in understanding might be made, there could be other lessons from medicine which might also apply to entrepreneurship. For instance:

- When dealing with the functioning of the human body, you cannot examine a part of it in isolation from the whole and hope to learn much about it.
- Improving a patient's health is not only done through medicine or surgery; in some instances all that is needed is diet and exercise.

- A life support machine may sometimes be necessary to prevent death, but it is not a cure and it develops dependency, as also can lesser forms of care.
- A healthy body is one that, with a good diet and sufficient exercise, maintains its existence and its operating efficiency itself. It is not healthy if its stability has to be periodically maintained by external inputs from surgery and/or medicine. In correcting a problem, therefore, sometimes less medicine may be more effective than more because it leaves room for a body's own defences to develop.

Other lessons could be that a separate prescription for every individual is not a sensible way to raise the overall health of a population and neither is health only raised by medical means. Things like sewerage systems and the provision of fresh water can sometimes be very effective. In the developed world the core of our medical system, and the consumers of the major part of our health budgets, are our hospital systems which endeavour to provide appropriate treatment to all individual patients who need it. However, it has been suggested that, in the underdeveloped world, the provision of hospitals would be a very expensive and ineffective way of improving the general health of the population, and that investing in public health measures, environmental hygiene and better nutrition would be far more cost effective. If the aim is to improve the general health of a population, or to grow it, which seem closer to the aims of government initiatives in the area of enterprise and entrepreneurship, then individual cures are not an effective answer and the lessons we need from medicine are those which lead to improvements in public health overall.

Depending upon what the aim of a programme might be, different strategies are required for success. The aim of government health initiatives might be to improve the health of individuals, to improve the overall health of the population or to improve birth rates, and these things are rarely undertaken by the same organisation. Increasing the size of a population, if that is the aim, can be done both by reducing the death rate and by increasing the birth rate, but these two strategies require very different approaches and

the aim of medicine assistance is rarely population growth. When we examine such lessons from medicine, then the opportunities for correlating concepts leading to the development of entrepreneurship become more apparent. What is required is a fresh body of theoretical work that explores such analogies in the hope of unearthing meaningful concepts that further our understanding of entrepreneurship.

### CONCLUSION

Our knowledge of medicine may now be better than it one was, but there is not a single general theory behind medicine, and there is not a general formula for health. Separate discoveries like that of the circulation of blood, of the difference between infectious diseases and deficiency diseases, of the role of genetics in health, and of the link between the mind and the body, have however been very helpful in improving the efficacy of individual diagnosis and cures. Additionally, even if doctors know what is wrong and what the cure should be, that does not guarantee that the cure will work. Ultimately we all die. However, medical theories can be used for successful prescriptions and can be helpful in explaining why things happened the way they did. More importantly for the analogy with entrepreneurship, they have also been useful in suggesting effective public health initiatives.

But, before we arrived at our present level of medical knowledge, we had approaches like the Hippocratic corpus which had an excellent classical pedigree, which suggested cures which in many cases must have appeared to work, and which therefore seemed to have been accepted and believed by both doctors and patients. Now, however, we think it was a myth. We have not been studying entrepreneurship for nearly as long as we had been studying medicine when that myth was prevalent. Why should we think that our understanding of entrepreneurship is now any more advanced than our understanding of medicine was then?

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