

□ Inertia

Inertia refers to the tendency of academic institutions, research cultures, or clinical systems to resist change and continue established practices — regardless of their current relevance, effectiveness, or evidence base.

It mirrors the physical concept: once a structure is in motion (or still), it stays that way unless acted upon by significant external force.

□ Key Characteristics

- **Persistence of outdated methods** despite new evidence.
- **Reluctance to adopt innovation** unless mandated.
- **Defensive routines** to preserve hierarchy or tradition.
- **Institutional fatigue** disguised as stability.
- **Bureaucratic friction** that slows or blocks reform.

□ In Practice

A department continues to use a surgical protocol from 1998 because “that’s how we’ve always done it,” despite newer, evidence-based alternatives — this is clinical inertia.

⚠ Consequences

- Hinders scientific progress and quality improvement.
- Protects mediocrity and discourages critical review.
- Enables performative activity to replace substantive reform.
- Demotivates innovative individuals who face systemic resistance.

□ Related Terms

- [Academic Theater](#)
- [Bureaucracy](#)
- [Gatekeeping](#)
- [Careerism](#)

Bottom line: *Inertia is the silent enemy of improvement — not loud, but immovable.*

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