

EVIDENCE BASED MEDICINE: TRANSFORMING RESEARCH INTO PRACTICE!

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"Evidence based medicine", is a term coined by a group of clinicians and epidemiologists in early 1990s, but the origins of its philosophy date back to mid-19th century and earlier¹. It is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients². It is the ability to track down, critically appraise and incorporate evidence into clinical practice³.

Initially, it was the lack of readily available meta-analyses on key clinical issues that hindered the practice of evidence based medicine. The busy clinician did not have the time to gather all the information available on a given topic, nor the skills to critically analyze the data. Today, the evidence based medical practice has become more feasible with the easy availability of evidence based guidelines⁴.

The idea of evidence based medicine has received an overwhelming positive response from the academic and research community while a suspicious and a much more guarded reaction from those practicing medicine on the ground⁴. It is for this reason that the appropriate place for evidence based medicine in clinical practice is still being debated⁵. In order to appreciate the value of evidence based medicine in the era of present day medical practice, we need to understand its strengths as well as its limitations.

There is an unanimous consensus that using evidence base for medical practice is the only way to close the gulf between good clinical research and clinical practice⁶. We can no longer afford to practice medicine today based solely on physician experience or patient preference, unless evidence base is also incorporated.

The practice of evidence based medicine has a number of limitations which must also be considered. It needs to be appreciated that even though current clinical practice is often evidence based⁷, new evidence finds place in clinical practice after a long waiting while previous practice not evidence based stays on for a long time⁸.

The validity of evidence is often open to question. Older patients and women are under represented in clinical trials⁹. Evidence from trials on referred patients cannot be applied in primary care practice¹⁰. Information in "Evidence-Based Practice" usually filters through the opinions of experts and journal editors, making the use of the term "Opinion-Based Medicine" more appropriate¹⁰. Evidence for the best

medical practice is often not available, limiting the practice of those who support it¹¹.

It is for these reasons that evidence-based practice requires not only clinical expertise and the judicious application of the best available evidence but also common sense and an understanding of the circumstances and values of the patient¹².

As a result there are calls to revise the "Evidence Based Medical practice model", wherein greater emphasis is placed on clinical expertise and patient preferences, both of which remain powerful influences on physician behaviour¹³.

Enforcement of evidence based medical practice in Pakistan requires local data on different diseases and their treatment. Serum cholesterol levels considered appropriate in the west may not be so for the Pakistani population. The issues concerning diseases such as tuberculosis and enteric fever and their management requires local trials and evidence. The development of local data base on common medical problems and evidence gathered locally on common medical problems is mandatory for our practitioners to practice evidence based medicine.

Modern medical practitioner is expected to ensure that patients receive treatment in line with the best available evidence. In addition, patient preferences and physician experiences should also be part of medical practice. After all, the practice of medicine is a science as well as an art¹⁴!

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