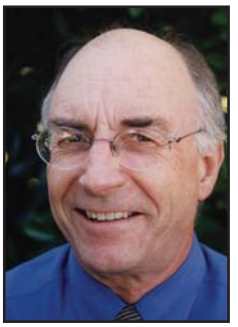
Editorial



Tony Townsend has been a general practitioner for 30 years. Although he has dabbled in medical politics, medical ethics, community-based teaching, university-based teaching, quality improvement and assessment, his passion remains clinical general practice. He is currently a full-time general practitioner in Whangamata.

Patient-Oriented Evidence that Matters

Evidence-based practice is not new. What has changed in the past 10 or 15 years is what is accepted as evidence. Textbooks, specialist opinion, basic principles and personal experience were once our most important guides to practice. Now evidence is graded according to its level of authority[1] and we are urged to seek and use the best available evidence. Levels of evidence range from systematic reviews of randomised controlled trials (RCTs) as the gold standard through individual RCTs, all or none studies, cohort studies, case-control studies with expert opinion at the bottom of the evidence hierarchy.

However, finding evidence and then appraising it critically is time-consuming and not easy to incorporate into the life of a busy general practitioner, let alone into an individual consultation with a patient who has multiple problems. There are now professional organisations that are regularly searching and critically appraising the medical literature. InfoRetriever is one of these.[2] Their editors review more than 1200 articles each month from more than 100 medical journals and present around 40 POEMs a month. POEMs need to address a question that doctors encounter in practice, they must measure outcomes that are important to doctors and their patients and they will have the potential to change the way that doctors practise. From this issue the *NZFP* will publish, with permission, a selection of InfoRetriever POEMs. Other journals publishing InfoRetriever POEMs include the *American Family Physician*, *BMJ*, *Clinician Reviews*, *Le Medicin du Quebec*, *JAAPA*, and *Women's Health in Primary Care*.

As we very often deal with uncertainty and complex interactions of biological, psychological and social problems, we will not always have high level evidence to support our decisions. However, if evidence is available we not only need to make it available to our patients, we need to interpret it and put it into perspective by, for example, explaining absolute risk rather than relative risk. This is the evidence that matters. When we are in conflict with our patients or with regulatory bodies, evidence will be used to judge our actions. In this issue we report on two coroner's cases in which evidence was used to assess the actions of the medical professionals involved. The case involving thioridazine-induced cardiac arrhythmia was supported by a cohort study (level 2b evidence) and that involving the child who died of gastroenteritis was compared with the American Academy of Pediatrics practice guidelines (presumably level 1a). Our Health and Disability Commissioner also refers to guidelines as the expected standard for care.

> *'Good doctors use both individual clinical expertise and the best available external evidence, and neither alone is enough. Without clinical expertise, practice risks becoming tyrannised by evidence, for even excellent external evidence may be inapplicable to or inappropriate for an individual patient. Without current best evidence, practice risks becoming rapidly out of date, to the detriment of patients.'*[3]

It is relevant that the theme for this issue is taken from this year's College Conference – *Towards Unity*. If we are to work together as general practice/primary care teams we all need to use the same evidence. It has been my experience that some community health professionals do not seem to be familiar with evidence-based guidelines and some of my patients have received conflicting advice about their health care. If we are to work successfully together we must all be speaking with one voice and this needs to be supported by high-level evidence if it is available.

Evidence alone is not enough. As one of the founders of the evidence-based movement, David Sackett, reminds us in the quote accompanying this editorial, clinical expertise is equally important. When we combine high-level scientific evidence with the wisdom of clinical experience we will be serving our patients well.

References

1. http://www.cebm.net/levels_of_evidence.asp
2. http://www.infopoems.com/
3. Sackett, DL et al. Evidence based medicine: what it is and what it isn't. BMJ 1996; 312 (7023):71–72.