

EVIDENCE-BASED MEDICINE: WHERE ARE WE?

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Evidence-based medicine (EBM) has emerged as a clinical discipline in medicine since the 1990's. Ever since its inception, numerous definitions for EBM have been coined as to what it is and what it is not. All definitions may vary in their verbiage; however they all reflect a single spirit behind the concept, namely that it is a discipline that formalizes the long practiced principle of basing clinical practice on scientific evidence. At the end of the day EBM encompasses the need for evidence about the diagnosis, prognosis, therapy and other clinical and health issues. The scenario is perhaps best summed up by Sackett DL et al. who state: "EBM is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of EBM means integrating individual clinical expertise with best available external clinical evidence from systematic research."¹

Evidence gathering and the review of the evidence has developed into a very exact science. It seeks the consensus amongst the experts to agree on the validity of the data and conclusions made from this data which eventually get implemented for the day to day clinical practice through the key recommendations made in the review. The process of the review is an elaborate one.² For example, an evidence-based clinical review article would require several elements: selection of the topic relevant to a specialty, community, or a region, comprehensive assessment and evaluation of the relevant studies from reliable sources like MEDLINE, the Cochrane Collaboration Database, the Centre for Research Support, TRIP

Database amongst a plethora of other sources. Studies which are not only statistically significant but also clinically significant are emphasized. The charming attribute of the practice of medicine is that there are always shades of opinion about an issue and thus there may always be compelling evidence for and against the therapy of a disease. This means that there is a room for controversies in medicine. Due place needs to be given to these controversies and recent developments and the debate be encouraged in any specialty of medicine.

EBM may not be the panacea to the problems of all medical decisions and there have been arguments about the ethical implications attached to it. This is due to the fact that the assessment and evaluation of available evidence may be less than optimal due to subjectivity of the evaluators.³ However the fact of the matter is that EBM is now becoming the cornerstone and a new paradigm for the practice of medicine. Its relevance is not only accepted in the developed world but also being realized in the developing countries, provided a significant amount of local data keeps emerging.⁴

It is very evident that the first brick of EBM is the evidence. To create the evidence an organized program of research is the pre-requisite. The developing countries either do not have such a program or it exists at a level ranging from infancy to adolescence. The whole process of doing the research leading to eventual publication of the results of the research in these countries of South Asia, Southeast Asia and WHO EMRO region has not achieved the maturity or the quantum to be eligible for review to create a pool of the EBM, relevant to the problems of these countries. Most of the journals, for example originating from EMRO region keep struggling for regular publication for financial reasons and those which do man-

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age to get published their visibility internationally is low as these are not indexed in MEDLINE. The international journals do publish research from developing countries but the number of articles published from these countries is around 2%.⁵ What is heartening is that more and more journals from these countries are now online and their visibility is increasing. Not only that but also there is a healthy trend of increasing number of manuscripts being received from all over the world in addition to the national papers. The efforts of WHO EMRO to have the Extra-med as link to MEDLINE will further enhance this visibility.⁶

With the increasing awareness of generating scientific evidence, better opportunities to publish the results and added visibility of the data, it is expected that EBM will get a boost especially for the specific health issues and problems of the developing countries. No body will

do it from outside. Duty squarely lies on our shoulders to generate the meaningful evidence which can thus be processed and be counted as a part of EBM.

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