Evidence Based Medicine: What is it true value in clinical practice?

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Taking further from the editorial of last issue where low acceptance of Evidence based Orthopaedics was explored, we try to analyse if there is a logical way to utilise Evidence based medicine that would fuse the old and the new paradigm [or eastern and western paradigms) [1].

EBM paradigm is an excellent paradigm, theoretically and to some extent practically too. The fine print of terms and conditions of use must be defined carefully. At times the advocates of EBM are overzealous in terms of strictly trying to implement the evidence-based guidelines. For clinicians it may seem EBM is trying to devalue clinical judgement and practical experience. A lot of resistance towards use of EBM might be originating from this root cause specially since we rely so heavily on the traditional method of deciding management protocols for our patients. However, the other side of the coin also needs to be accepted that EBM does not claim in infallibility and many EBM proponents would consider EBM to be simply a guide to help in clinical decision making. Balancing both these paradigms and deciding what is best for our patients is what we can consider the 'art' of Medicine.

Personal experience is an integral part of Human Medicine and practical knowledge, compiled literature and rational thinking support and sustain a successful practice of it. This was the paradigm much before EBM arrived at the scene. If we look closely EBM is inherently focussed on just one aspect of the paradigm which is compiled literature. Essentially EBM is meant as a tool to assess and analyse literature and make the interpretation more refined. One of the strong and basic premise of evidence-based medicine was integration of this literature with patients needs and requirements. However even now there is no objective mechanism except personal experience and practical understanding of patients needs that will help a surgeon to integrate these two aspects. Also many a times individual cases differ so much that EBM guidelines may not apply to them or apply to them differently [2]. In these scenarios it's the clinical judgement that is needed to make a rational decision. This is specially seen in complex trauma cases, where evidence is lacking most of the time or is sparse. Associated injuries and soft tissue components make it difficult to fit into single decision-making algorithm. At these times both Evidence and experience are needed to be combined to come to a good surgical plan.

Based on these analyses we developed following three equations which will help in defining the true value of personal experience and EBM. Take for an example a clinical case where a surgical plan is being formulated there can be three potential scenarios:

a. Good Personal Experience: But no or sparse Literature support
b. Good literature support but no personal experience
c. Good personal experience with good literature support

In case of first scenario where the surgeon has Good Personal Experience in the surgical

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procedure but no or sparse Literature support what would be the value to patient. This is a very common scenario in country like India where most surgeons do not publish their techniques and results. However, if the surgeon has confidence in his technique.

Please send your views by email to us at editor.jocr@gmail.com

Regards
Dr Ashok Shyam
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