



A Call to Action

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Health Care Professionals: On the Way

- **Medical school –16,000 graduates**
- **Residency –3-7 years of practical training (GME)**
- **ACGME –sets standards and accredits 8000 residency programs that house 100,000 residents**
- **Federal Gov't recognizes but does not control that work**
- **Licensure –USMLE**
- **Board certification**
- **Hospital credentialing**

Particularly important at this time:

Rules vs. Values

Performance Measures

Science

Rules

Easier to measure

Evidence-based

Present or absent

Stacey control zone

Competence

Art and science

Values

Hard to measure

Context and evidence-based

Continuum

Stacey control, complex, and
chaos zones

Boston Society of Medical Observation at MGH est. 1835

- Oliver Wendell Holmes,
- George C Shattuck Jr,
- Henry Ingersoll Bowditch
- James Jackson Jr.
- CG Putnam
- Pierre Charles Alexandre Louis
 - Numerical method disproved bloodletting

Louis PCA. Researches on the effects of blood-letting in some inflammatory diseases, and on the influence of tartarised antimony and vesication in pneumonitis. Am J Med Sci 1836;18:102-1 1

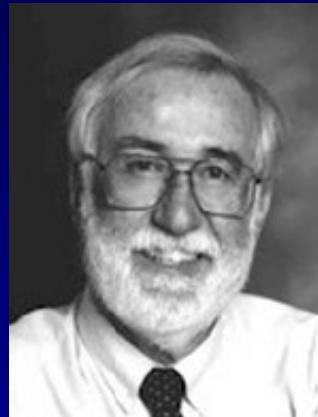
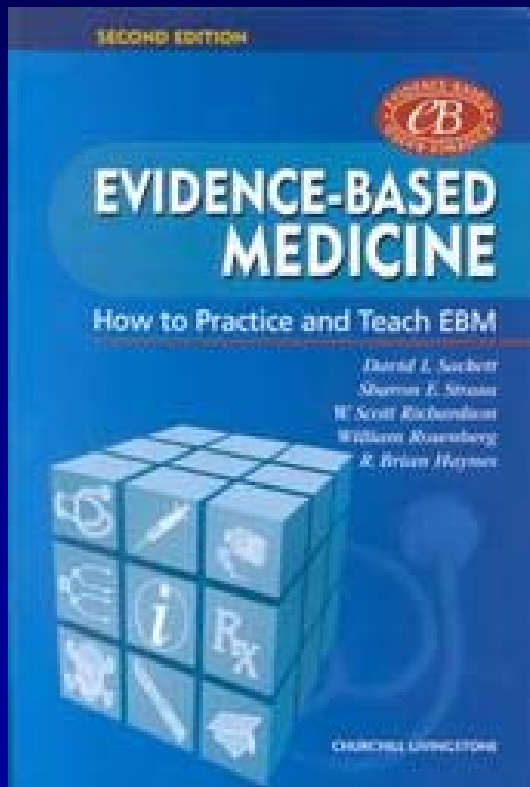
“[Physicians] were not prepared to discard therapies 'validated by both tradition and their own experience on account of somebody else's numbers.’”

Warner JH. Attitudes to Foreign Knowledge. In: *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1835*. Cambridge, MA: Harvard University Press, 1986:185-206

Rangachari PK. Evidence-based medicine: old French wine with a new Canadian label? *J R Soc Med* 1997;90:280-284

David L. Sackett 1934-

Kilgore S. Trout Research & Education Centre
at Irish Lake, Markdale Ontario



EBM Definition

Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

Problems in EBM

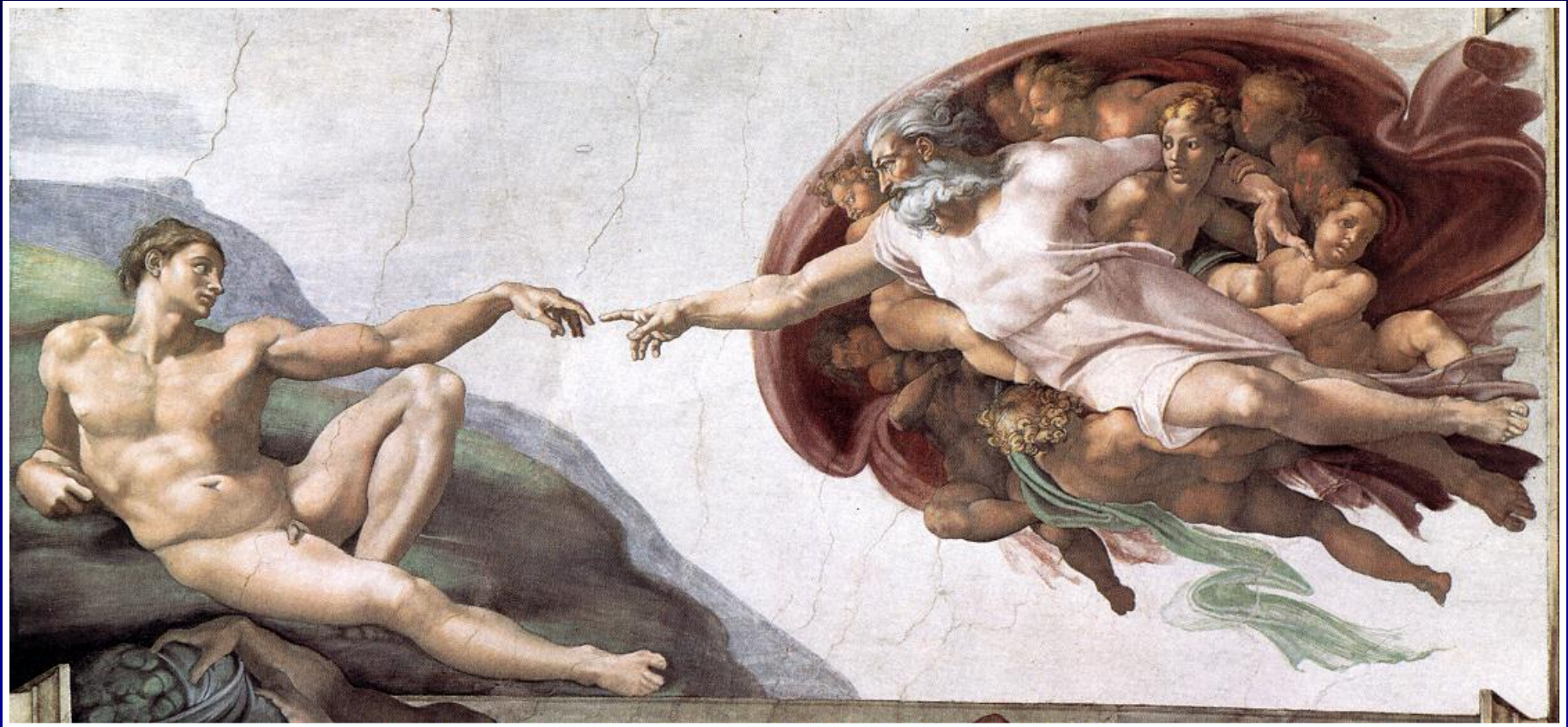
The laudable goal of making clinical decisions based on evidence can be impaired by the restricted quality and scope of what is collected as “best available evidence”.

Feinstein AR, Horwitz RI. Problems in the “Evidence” of “Evidence Based Medicine”.
Am J Med. 1997;103:529-535



...”evidence-based” should not
be understood to be synonymous
with “best practice”...

Sanctity of EBM



Questions about EBM

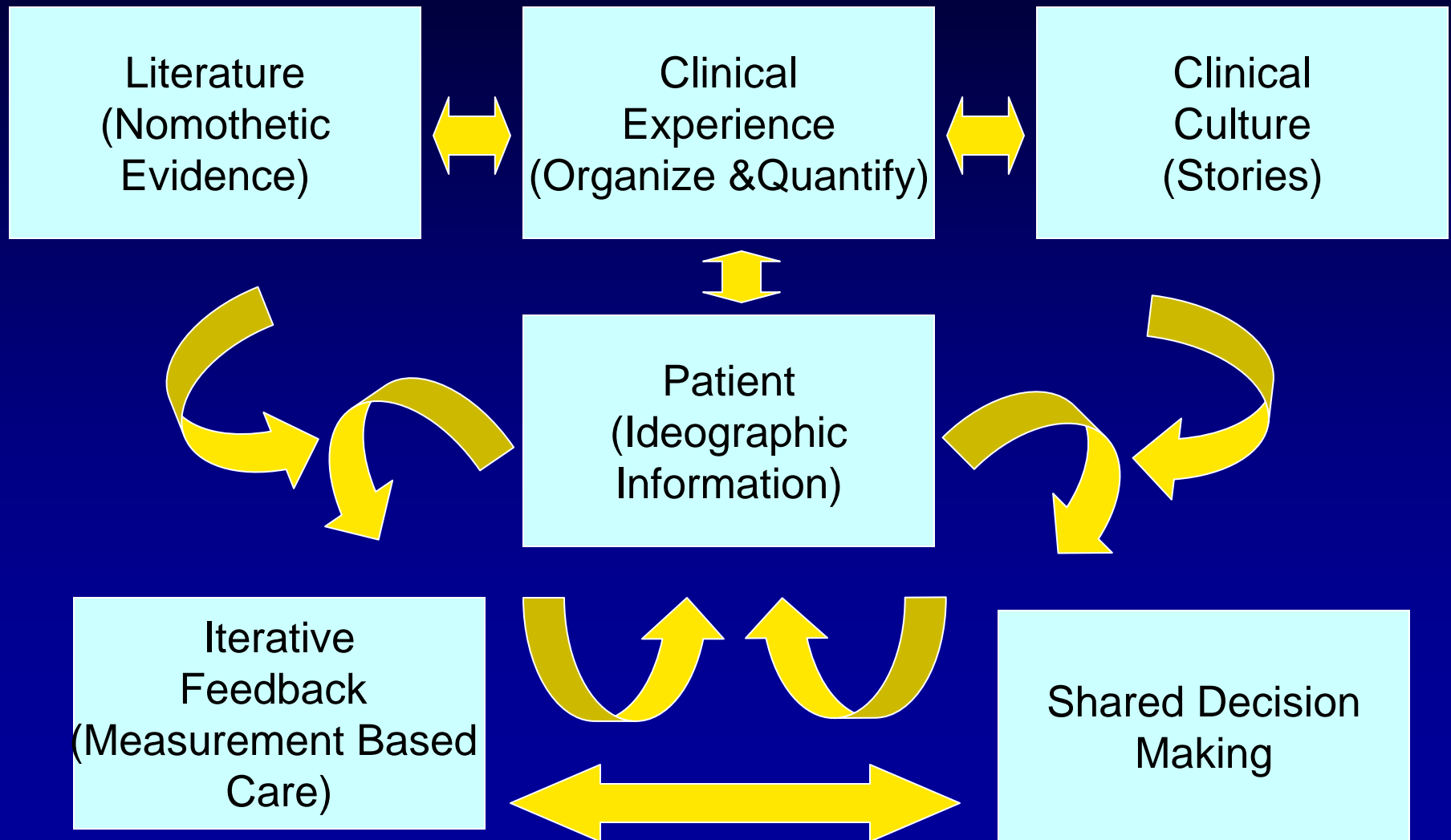
- How persuasive are different forms of evidence?
- What happens when different types of evidence point in different directions?
- What evidential role, if any, is played by clinical experience or clinical expertise?

“EBM has been
characterized as a stick
by which
policy-makers and academics
beat clinicians”

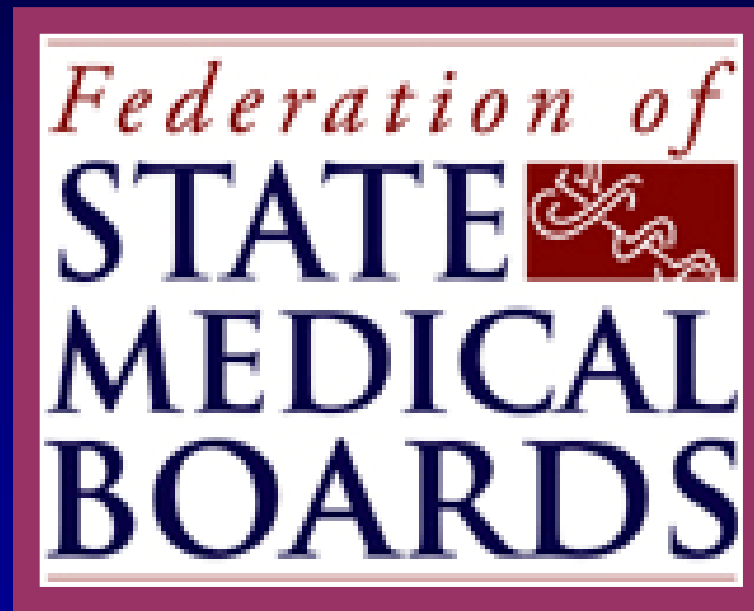
Williams, D. D. R. & Garner, J. (2002).
British Journal of Psychiatry, **180**, 8–12.

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.

Implementation of Evidence Based Decision Making



Strategy: What to do.



Tactic: How to do it.

.....we must question whether the absence of evidence is a valid enough justification for inaction.

Altman and Bland. Absence of evidence is not evidence of absence. BMJ 311; 485:1995

"All scientific work is liable to be upset or modified by advancing knowledge. That does not confer upon us a freedom to ignore the knowledge we already have, or to postpone the action that it appears to demand at a given time."

Hill AB: The environment and disease: association or causation? *Proc R Soc Med* 1965, 58:295-300

"It is not your responsibility to finish the work, but you are not free to desist from it either."

**Rabbi Tarfon in Pirkei Avot
(2:16)**