

Misunderstandings, misperceptions, and mistakes

The editorial “Misunderstandings, Misperceptions, and Mistakes” (1) points out that evidence-based medicine (EBM) can be very useful to clinicians, researchers, and policy makers. In my experience, EBM is very useful, but too often it is misapplied. Often, the latest study is hailed as a “landmark” study and held up as the standard of care. Then it is used as a cudgel with which to beat the clinician into using the treatment supported by the latest study. I call this problem the “tyranny of the latest study.”

EBM compares published studies. Valuable information found in clinical experience may be left out of the analysis. Often, publication bias is not considered. This type of bias may manifest itself in a subtle, and sometimes undetectable, fashion. Some information is not submitted for publication. At times, invalid data are recanted well after the study is published. The sponsor of the research may not want to share all the results or may stop the study because of unfavorable results, which remain unpublished. Furthermore, the editors and reviewers have biases that influence which studies are published.

EBM brings a measure of objectivity to the evaluation of difficult clinical questions. But like every other tool that we use, we must understand its limitations to maximize its value. Dr. Healy certainly mischaracterizes the role of EBM in decision making, but she is correct to question the misapplication of EBM.

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Reference

1. Straus S, Haynes B, Glasziou P, Dickersin K, Guyatt G. Misunderstandings, misperceptions, and mistakes (Editorial). *ACP J Club*. 2007;146(1): A8.

REPLY

We agree with Dr. Stein's concerns about the misapplication of EBM and thank him for helping to make sure EBM is not misunderstood. Knowledge, compassion, skill, experience, and other important clinician contributions are needed in the application of EBM if we are to do more good than harm. A recitation of recent studies is not acceptable. EBM is the integration of clinical expertise, patient circumstances and values, and the best evidence into the decision-making process for patient care.

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