Editorial: Evidence Based Medicine

Evidence Based Medicine (EBM) is "the conscientious, explicit and sensible use of current best practice in making decisions about the care of individual patients". Components include the use of evidence, clinical judgement and patient preference. Clinical judgement is vital in the evidence based approach to care because the evidence found may not be relevant a specific patient.

Others have added a mathematical dimension to the definition, "evidence based medicine is the use of mathematic estimates of the risk of benefit and harm, derived from high quality research on population samples, to inform decision making in the diagnosis, investigation or management of individual patients".

The agreed classification of evidence based information sources starts with those most likely to provide the best evidence (although there is some overlap between the various types) - and is as follows:

1a. Meta analysis
1b. Randomised controlled trials
2a. Non Randomised controlled trials studies
2b. Quasi experimental studies
3. Descriptive studies
4. Consensus Report

This hierarchy provides a guide to retrieving relevant studies and an orderly way of seeking the best evidence. In order to help you retrieve information, Anne Lancey, in the first of two articles, describes on page 12 a systematic way of accessing literature through Pub Med and other databases.

Finally, to practice EBM, the following steps are recommended:
1. Start with a clinical problem or a question that arises out of the care of a particular patient. Make this into a clear clinical question.
2. Select the appropriate literature database and conduct a search.
3. Evaluate that evidence for its validity (closeness to the truth) and applicability (usefulness in clinical practice).
4. Return to the patient and integrate that evidence with clinical expertise, patient preferences and apply it to practice.

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References