

Correspondence – Beyond evidence-based medicine

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I read with interest the letter written by Dr. A.M Abeygunasekera on the above topic. I must thank him for initiating a debate on a topic of importance and raising some relevant issues.

I agree wholeheartedly that evidence based medicine poses very difficult challenges in a resource limited health care system like in Sri Lanka, and that evidence based medicine is not a perfect tool. However it is the best tool we have currently and it is up to the doctors to use it judiciously and explicitly as advocated by David Sackett and Gordon Guyatt. [1]

I do not agree with the basic tenet that evidence based medicine is a tool to provide 'perfect' health care for a few privileged patients or that it is a tool to give scientific validity to the industry to sell their expensive tools.

On the contrary it is evidence based medicine that has enabled us to select the best possible care for patients while in a resource limited environment. It is evidence based medicine that tells us that an inexpensive treatment is as effective as an expensive alternative.

We as doctors have a greater responsibility to assess the evidence carefully to make decisions based on science. It should eliminate the use of treatment methods which are 'opinion based' and subject to idiosyncrasies of individual consultants, which may lead to exploitation of patients. Adherence to evidence based medicine forestalls such practices.

In the modern era of information technology, patients have access to all the evidence and they sometimes question the doctor on the evidence for a method of treatment. Is it a fact that some doctors ignore the evidence and depend on personal opinions which leads to abuse?

Regarding the exploitation by industry, it is true that companies tend to push products aggressively, but it is evidence based medicine that has prevented 'on mass' use of various devices which will not benefit the patient. One clear example is the use of a robot in thyroidectomy. It was promoted as the 'in thing' in endocrine surgery, but now it is widely accepted that robotic thyroidectomy is only a 'niche' operation even in a rich country like the United States. It has been established that robotic thyroidectomy will never be standard practice mainly due its cost and other problems. It is evidence based medicine that provided the information to establish this fact. There are many such examples.

I too wholeheartedly agree with Dr. Abeygunasekera that equitable health care is essential. However, if one were to concentrate only on equity and low cost care, then we may compromise on the essential treatment especially for those who cannot afford it, which is self-defeating.

The onus is on the medical community to assess the evidence and compel decision makers to provide the necessary facilities for the doctors to provide the best possible care for their patients. Yes, we must look at evidence based medicine critically, but what we must recommend is not only equity based medicine, but Evidence Based, Best Equitable Care for all.

Reference

1. Guyatt GH, Sackett DL, Cook DJ. Users' guides to the medical literature. II. How to use an article about therapy or prevention. B. What were the results and will they help me in caring for my patients? Evidence-Based Medicine Working Group. JAMA 1994; 271(1):59-63.

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