

### Guest Editorial



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#### **ARE WE ADDICTED TO EVIDENCE BASED MEDICINE?**

The concept and subject of Evidence Based Medicine has been brought into vogue in the last two to three decades. This is snowballing in publicity and popularity in the recent times as medical knowledge is expanding. There is an explosion of scientific knowledge and a serious and continuing quest for best and cost effective quality care in clinical practice springs in our minds. Current clinical practice involves only about 20 percent of Evidence Based Medicine and it takes approximately 15 to 20 years to get evidence into practice. The remainder 80 per cent is not related to evidence based and is linked to experience based medicine. It includes high quality clinical research in decision making. It is time consuming, needs sponsorship, heavy funding and mountainous efforts. The researcher should be well versed with statistics. Other features that can impact are multicentre well-coordinated clinical trials, publication bias, access to medical literature, observational errors and conflict of interest. Much of the fiscal help comes from pharmaceuticals. Quality and merit of research varies considerably. This also has proneness to under reporting or delayed reporting of harm, ghost authorship, unmanageable volume of evidence and regulatory shortcomings. Front line professionals and overworked GPs may not have adequate time, resources and may have access issues with Pub Med, Cochrane library to do online search. Also how far this modern Buzz word of Evidence Based Medicine has penetrated the minds of some sections of medical fraternity is a matter worth probing and consideration. Medicine is both an Art and Science and all clinical scenarios will not have effective relationship with Evidence Based Medicine. Patient values, considerations, religious leanings and moral values have to be incorporated into clinical decision making. Clinical guidelines stemming from randomised controlled trials, meta-analysis, systemic review and case reports are guidelines only, are broad based and hence decision making needs to be individualized. Finally though inclusion of Evidence Based Medicine in clinical settings is here to stay, its weaknesses have to be conscious aware and the thought of experience / expert based medicine forms a lion's share in the clinical decision making of individualised care has to be respected.

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