Evidence based medicine manifesto for better healthcare

A response to systematic bias, wastage, error and fraud in research underpinning patient care

Carl Heneghan,1 Kamal R Mahtani,1 Ben Goldacre,1 Fiona Godlee,2 Helen Macdonald,2 Duncan Jarvies2

Informed decision-making requires clinicians and patients to identify and integrate relevant evidence. But with the questionable integrity of much of today’s evidence, the lack of research answering questions that matter to patients and the lack of evidence to inform shared decision-making how are they expected to do this?

Too many research studies are poorly designed or executed. Too much of the resulting research evidence is withheld or disseminated piecemeal. As the volume of clinical research activity has grown, the quality of evidence has often worsened, which has compromised the ability of all health professionals to provide affordable, effective, high value care for patients.

The BMJ and the University of Oxford’s Centre for Evidence Based Medicine have collaborated on Evidence Live, a yearly conference designed to ‘develop, disseminate and implement better evidence for better healthcare’. Through this work and other projects, we know of substantial problems but also progress and solutions spanning the breadth of the evidence ecosystem, from basic research to implementation in clinical practice.

The EBM manifesto offered here grew from that awareness. It is an open invitation for others to contribute to and join a movement towards better evidence by providing a roadmap for how to achieve the listed priorities and to share the lessons from achievements already made. Its aim is to complement and unite existing efforts as well as create new ones.

Why can’t we trust evidence?

Serious systematic bias, error and waste of medical research are well documented (box 1). Most published research is misleading to at least some degree, impairing the implementation and uptake of research findings into practice. Lack of uptake into practice is compounded by poorly managed commercial and academic vested interests bias in the research agenda (often because of the failure to take account of the patient perspective in research questions and outcomes), poorly designed trials with a lack of transparency and independent scrutiny that fail to follow their protocol or stop early, ghost authorship, publication and reporting biases and results that are overinterpreted or misused, contain uncorrected errors or hide undetected fraud.

Poor evidence leads to poor clinical decisions. A host of organisations has sprung up to help clinicians interpret published evidence and offer advice on how they should act. These too are beset with problems such as production of untrustworthy guidelines, regulatory failings and delays in the withdrawal of harmful drugs. Collectively, these failings contribute to escalating costs of treatment, medical excess (including the related concepts of medicalisation, overdiagnosis and overtreatment) and avoidable harm.
The steps required to develop trustworthy evidence (box 2) have been refined through a series of activities with stakeholders, including seminars, round table discussions, online consultations and direct feedback. Tackling the problems will take time, resources and effort. The evidence-based medicine community should take responsibility for this. However, it is a vast project that is being led, and will be led, by disparate groups around the world. We hope to focus attention on the tools and strategies most effective at delivering change, so that we can all work together to improve healthcare using better quality evidence. The manifesto document and priorities are a living document and will evolve over time to advocate for trusted evidence for better healthcare. If you want to have your say and join the discussion then visit http://evidencedlive.org/manifesto/.

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Developing more trustworthy evidence: the EBM manifesto

The manifesto has been developed by people engaged at all points in the research ecosystem engaging in fixing the problem, including patients and the public, who indirectly fund and are directly affected by the outputs of the current system. We thank all those who have provided feedback: partners who hosted round tables and seminars and those who gave feedback are listed across . We also thank Ruth Davis and Alice Rollinsson for their support in facilitating the broader engagement of the evidence based medicine community with the manifesto. The BMJ’s late patient editor, Rosamund Snow, was a coauthor of early versions of the manifesto. We are seeking other inputs to continue her work and our commitment to patient involvement.

Competing interests We have read and understood BMJ policy on declaration of interests and declare that all authors have both academic and financial conflicts of interest that inform this manifesto. Academically, all of the authors believe that improving the quality of evidence, its transparency, involving patients, and improving the communication of research is essential for providing informed treatment decisions. Financially, the BMJ and the Centre for Evidence Based Medicine run a non-profit conference (Evidence Live) together that focuses on better evidence for better health. Our respective institutions are involved in research, education, and publishing in many of the areas outlined in the manifesto. In addition, individually we do media work, books, training events, and talks. We consider all of these conflicts may have biased our opinions and therefore have sought a wide range of input to offset our preconceptions.

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References


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