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.¹² As the volume of clinical research activity has grown,¹³ the quality of evidence has often worsened,¹⁴ which has compromised the ability of all health professionals to provide affordable, effective, high value care for patients.¹⁵

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).¹⁵ 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 interests¹⁶ bias in the research agenda (often because of the failure to take account of the patient perspective in research questions and outcomes),¹⁷ poorly designed trials with a lack of transparency and independent scrutiny that fail to follow their protocol¹⁸ or stop early,¹⁹ ghost authorship,²⁰ publication and reporting biases²¹ and results that are overinterpreted or misused,²² contain uncorrected errors²³ or hide undetected fraud.²⁴²⁵

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,²⁶ regulatory failings²⁷ and delays in the withdrawal of harmful drugs.²⁸ Collectively, these failings contribute to escalating costs of treatment,²⁹ medical excess (including the related concepts of medicalisation, overdiagnosis and overtreatment)³⁰ and avoidable harm.²⁴
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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