Brickbats and bouquets for Evidence-Based Medicine

To the Editors: I welcomed the focus on evidence-based medicine when it was trumpeted—it is what we have all been trying to do for years, although we now have a more rigorous and structured approach to it.

I am very disappointed, however, with *Evidence-Based Medicine*. It is about the dullest thing I have read for ages—and most of the articles deal with highly technical or complex medical situations of little immediate appeal to the average general practitioner (GP) like me.

Would it not be possible to have a more systematic look at the different *common* clinical situations we all have to deal with, and attempt to examine to what extent current practice is based on good evidence, and how much of what we do is not? This would enormously increase the relevance of the journal—to GPs at least. Perhaps we need a different publication?

Looking at the list of editorial staff, I see mainly American names (acceptable on *Evidence-Based Medicine* criteria for a United Kingdom audience?). How many GPs do you have advising you?

I am afraid that if the journal does not improve as I have suggested, I want my money back!

Tim Paine
Bristol, England, UK

Response: Thanks for taking time to let us know that *Evidence-Based Medicine* is not what you were hoping for. Yes, it is possible to generate what you are after, but you are going to have to do some of the work yourself.

Systematic looks at the "common clinical situations we all have to deal with" are being carried out by several groups, including the Cochrane Collaboration (which includes a "field" in primary care led by Chris Silagy, a GP at Flinders University in Australia). As described in an *Evidence-Based Medicine* Note (1) in our first issue, they survey all the literature, past and present, and when their reviews meet our criteria, we include them in *Evidence-Based Medicine* (in that same first issue we published a Cochrane review on stroke units [2]). We can help you here.

You wanted us to "examine to what extent current practice is based on good evidence, and how much of what we do is not." We think that is up to you to sort out. So do your GP colleagues who started publishing audits that showed, for example, that 81% of 101 consultations in a Leeds, United Kingdom, training general practice received evidence-based care (3). Why not audit your own practice?

You object to "mainly American names" on our editorial staff. Actually, there are none. A team of gifted Canadians screens the journals for articles that meet our criteria for validity and subject matter, and then a hardy band of front-line British GPs, surgeons, paediatricians, obstetrician-gynaecologists, psychiatrists, and purchasers choose the ones they consider most relevant and immediately applicable in clinical practice. Our associate editors in Canada (soon to be expanded to include some from Oxford) work closely with our research associates, editorial assistants, and editors in Hamilton and Oxford, and with commentators all over the world (including even Americans!) to generate the final product that is designed to serve readers in any country (a French edition of the journal has been inaugurated, and we will soon announce other non-English editions).

Finally, "it is about the dullest thing [you've] read for ages." To give you the facts, we use a standard, predictable format for each abstract. We tell you exactly who did what to whom, with what result, in a rigorous and repetitive way, with no flashing lights and no hype. Although the commentaries can add some colour, it is the new clinical information on how to help their patients that other readers find exciting (vide infra), and if new, valid evidence judged important by your peers does not excite you, then you do have the wrong journal!

The Editors

References

1. **Sackett DL, Haynes RB.** On the need for evidence-based medicine [EBM note]. Evidence-Based Medicine. 1995 Nov-Dec;1:5-6.
2. Specialist in patient stroke unit care reduces mortality and institutionalisation compared with general medical ward care [abstract]. Evidence-Based Medicine. 1995 Nov-Dec; 1:11. Abstract of: Stroke Unit Trialists' Collaboration. A systematic review of specialist multi-disciplinary team (stroke unit) care for stroke in patients. The Cochrane Database of Systematic Reviews. 1995, Issue 1.
3. **Gill P, Dowell AC, Neal RD, et al.** Evidence-based general practice: a retrospective study. BMJ. 1996;312:819-21.

To the Editors: We are a problem-based small group of community physicians, and we felt it was appropriate to review this new publication. Each member of our group reviewed 3 articles and presented them to the others.

The best learning occurred when group members discussed articles and could relate them to their personal experiences. This is the essence of small-group learning. The group felt that most of the abstracts were appropriate for our practices of primary care. Articles were easy to read. They were brief and allowed the meat of the issue to be digested without drudging through a lengthy article.

The overall reaction was very positive to the journal. A number of abstracts presented themes that fostered useful discussion. The "reduced-osmolarity" abstract, although not frequently applicable to our practices, led to a fruitful discussion of diarrhoea management by family doctors. The "metered-dose inhaler" abstract facilitated a good flow of ideas. Several articles, although not directly applicable to urban primary care, were suitable subjects for family doctors to

help keep us aware of what our specialist colleagues are doing.

The group suggested that a page be included with each issue of the journal that explained the statistical terms used. Not only do the terms "relative risk," "absolute risk," "confidence interval," and "number needed to treat" become confusing for the statistically uninitiated, but long lists of these numbers held together by 3 or 4 different types of brackets are hard to comprehend.

Several of the commentaries were confusing to read and some made reference to parts of the articles that were not included in the abstract. It is important that the commentaries are written with the unseasoned reader in mind.

Overall, the publication was excellent. We spent 1.5 hours discussing the abstracts and agreed to review it further at a later session. We highly recommend this journal to others.*

Graham Swanson, Barbara Bell (facilitator), Lori Chalkin, Stephen Duncan, Adam Grzeslo, James Kraemer, Ellen Leung, Michael Mills
Burlington, Ontario, Canada

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Response: We are delighted that the journal is judged useful when clinicians from different practices come together to learn and are impressed with the confirmation that the usefulness of abstracts in a journal designed to help busy clinicians keep up-to-date is enhanced when they can be related to specific patients.

Since this letter was written, and partly in response to it, we initiated the glossary of statistical terms that resides inside the back cover.

Commentaries remain a bone of contention among readers and editors alike, and we hope that our reader survey in this issue will provide additional guidance on this element of the journal.

The Editors