In a recent assay by Grenhalgh et al., published in the British Medical Journal\(^1\), it is suggested that the evidence-based medicine (EBM) movement may have fallen into crisis. This perception, shared by many of the critics this proposal had since the beginning, is probably linked with an excessive expectation that has left many people clearly dissatisfied. The EBM approach aspired to rescue the scientific bases of medicine in order to apply them to everyday decisions, as opposed to decisions supported by opinions, non-systematized experiences, intuitions or incidental readings. However, right from the start, it already posed serious methodological difficulties that hindered its adoption as a regular tool. For example, clinicians almost never could postpone decisions until a thorough literature search, an analysis on its validity and reliability, and a supported judgement on the applicability of the evidence to the case in question were made. Additionally, most physicians not only do not have time, but they lack the training required to carry out the procedure, since they have to be experts in search strategies, methodological analysis and other methods. This was tried to be solved by means of secondary publications, where experts conducted a review of literature and offered it distilled to clinicians, already subjected to analysis and evaluation, and they in turn could trust in whatever the experts would have concluded without having to review each article individually. This is where systematic reviews arised from, many of them with meta-analyses, those published by the Cochrane Library, and even clinical practice guidelines. It also became clear that the review of a single work or a few of them was not enough to make well supported clinical decisions, since there are many studies with conflicting results. Additionally, methodological matters got detached and left the patients behind, which resulted in many EBM promoters overrating the ability to find evidence and not so much the skills to apply it to everyday cases.

To all of the above, some more facts must be added: the increasing excess of information makes it impossible analyzing it entirely; the lack of responses in the literature to many of the questions clinicians ask because evidence has not yet been created; the lack of correspondence between the circumstances of controlled clinical trials (with their inclusion and exclusion criteria) and those of everyday patients; the need to respond to the patient rather than to scientific truth; the fact that many patients have several simultaneous diseases (comorbidity), in which case is more difficult to apply EBM; the fact that the patient’s opinion is often not considered; the fact that the term has worn down, especially when it has been wrongly, abusively used or when it has been used as an advertising argument, and like these, many more circumstances.
Today, we hear about EBM evolving into the so-called “real evidence-based medicine”, which considers the patient’s priority, the need for individualized evidence to have a format that both clinicians and patients understand, the need for measures that are applied to be the result of an expert judgment and not merely blindly following certain rules, the need for decisions to be shared with the patients through understandable conversations and for more solid doctor-patient relationships to be built. In other words, scientific evidence should not serve to separate physicians from patients, but to bring them together. Patients should be offered better, better presented, better explained and more personalized evidence, more customized to their circumstances; healthcare professionals should not restrict themselves to being experts on search for evidence and critical methodological evaluation, but on judging the relevance to the case and on the ability to make shared decisions; those who generate secondary sources, such as evidence summaries, clinical guidelines or decision-making tools, should take into account those on whom they are going to use them, for which purposes and under which circumstances; medical journals’ editors should ask not only for methodological rigor in publications, but also for indications to their applicability; the scientific evidence connotation should be respected, but subjected to its usefulness for patients; the analytical method should stop being weighted above its clinical transcendence and should be materialized into a methodology that turns EBM in an instrument at the service of the profession and the patients, bearing in mind that its ethical foundation lies in one of its founding statements: to offer each patient the best existing alternative.

References