

Evidence Based Medicine

The medical knowledge grows and modifies every day. The world of medicine is persistently changing and progressing towards betterment regarding education, clinical skill, diagnosis, diagnostic tools, treatment, drugs and their outcome. Evidence Based Medicine (EBM) is nothing except addition of new research and its application. Evidence Based Medicine application means correlation among clinical symptoms and signs, doctor's expertise, ability & experience and best evidence to manage.¹ Evidence Based Medicine is the conscientious, explicit, judicious and rational use of current, best, scientific and result oriented evidence in decision making for the betterment of patient. In present evidence based medicine, there is integration of clinical expertise, the best scientific evidence and patient's value. It originated in second half of 19th century. The best scientific evidence is measured as randomized clinical study conducted on a mass with proven efficacy as well as the inefficacy and harm of others in comparison with the best existing therapeutic method.² The clinical expertise covers the ability, wisdom, skill and clinical experience the doctor acquire through years of practice. Patient's values and socioeconomic values, standards and needs also play an important role to meet the implementation and challenges of the new concepts of evidence based medicine. The term "Evidence based" was used first time by David Sackett^{3,4} in 1990 and the term "evidence based medicine" was used first time by Guyatt et al in 1992.⁵

EBM requires new skills of the clinician, efficient literature-searching including medical journals, electronic database and communication with colleagues and peer. There should be no gap in between researcher and practice. It is not easy especially in the third world countries with limited resources, facilities and financial as well technical support. The ideal information source is valid (high quality data), relevant to problem (applicable), comprehensive (Explain advantage, disadvantages and limits) and friendly (easy, available, cost effective and acceptable for doctor and patient). It is a pressure, interest and movement for survival of the medical professionals. Basically it is not a new thing. This practice was present in ancient Greece⁶ and in chinese medicine.⁷ It is not only the traditional way of managing and addressing the health problems but also has addition of best evidence for diagnosis, treatment and follow up. Evidence is required at every level, at attitude, skill and knowledge. The practice of evidence-based medicine is a lifelong process, self-directed, problem-based learning in which caring needs identification of problem, search for source of information, critical analysis of information, application and efficacy, evaluation of this application on patients. There is categorization and ranking of different types of clinical evidences according to strength and weakness of the freedom from biases. It affects the behavior, diagnosis, expense, prognosis, therapy and other clinical and health care issues in the society. Simply, conscious and reasonable use of latest best evidence in making decisions about treatment is evidence based practice. Its purpose is to provide the best possible cure and care to patients. It helps the doctor to avoid the major and lethal mistakes. The practice of evidence based medicine in a resource deficient developing country like Pakistan may be the best possible solution to save the lives and improve the quality of health care.

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