

EXPERIENCE BASED MEDICINE IN THE REALMS OF EVIDENCE BASED MEDICINE

The heroic practitioner of the early 19th century allopathic medicine has no doubt become the doctor of the main stream medicine being practiced today which is evidence based and has come a long way to assert itself in the face of alternative medical practice. It has taken more than a century to break the stigma of an allopath. Notwithstanding the advances in life sciences being the main factor, continuous endeavor on the part of legions of selfless practitioners devoted to ailing humanity has predicated this luminous horizon. But has the soul been lost somewhere during the quest to conquer disease or we have forgotten the art while pursuing the science of medicine.

Evidence based medicine which we all allude to and love to practice is research and data based, all the more in the West and North America and to quite an extent on sound footing in the Eastern Hemisphere. Modern medicine demands the rigors of studies which are blind to objective. In the earlier models of evidence based medicine there was too much emphasis on best research evidence in prescribing a treatment that put the clinical acumen on the back burner. Since the original model carried a caveat that a refinement is necessary due to the evolutionary process of evidence based medicine therefore the later models have taken the clinical expertise into account and the room for its application is expanding. One of the reasons is a practical limitation due to the gaps between clinical research and practice that cannot be overcome. The other is the philosophical limitation with its mostly non-quantifiable parameters like motivation, happiness and family support only to highlight a few and the inability to assess their impact on the eventual outcome or the result. Patient desire and financial health are other critical factors in determining the optimal treatment. Family support becomes extremely relevant in chronic or lethal diseases. This seems to be much more relevant especially in a country like Pakistan where poor social support at governmental level is compensated by a very strong social fabric of the family.

Decision making done on evidence based medicine can be slanted by financial prejudices due to attitudes becoming skewed over a period of time. A relevant scenario is of a late middle age patient having neurogenic claudication due to unisegmental spinal stenosis as a result of a degenerative spine and a less than grade one spondylolisthesis at lumbar vertebra four and five. Patient fits into the treatment paradigm where decompression alone or decompression with instrumented fusion are the options, the latter one being more vehemently advocated as it is driven by the implant industry sitting in the corridors of health. Despite written and verbal announcements of no financial or personal gains evidence based medicine cannot take this variable into account and leaves a lot of ambiguity by virtue of its legal and moral prohibition to subjecting the patients to experimental studies. Although one cannot be out rightly judgmental but judgment gap is an intangible factor in this case.

The conscientious and judicious use of clinical skills is as significant as the correct appraisal of a critically designed scientific study. The decision to embark on a course of treatment is an overlap of evidence based results and patient desire, honed by experience of the treating physician and the last one is gained over a period of time and keeps on nurturing with age. For this very reason experience based medicine is going to remain the pivotal factor in the age of modern evidence based medicine till the humans are replaced by machines.

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