To the Editor,

It seems to me that the alternative to evidence-based medicine (EBM) is not faith-based medicine but judgment-based medicine. A judgment-based approach takes account not only of evidence appearing in the 6 types of clinical sources that you cited, but also of scientific results arising from animal studies or from our growing understanding of pathophysiology.

As an academic physician primarily involved in basic science, I have often taken issue with EBM. It sometimes seems that the ultimate goal of EBM is to strictly codify illness so that treatment can be readily looked up online by PAs [physician assistants] or nurse practitioners. Such an outcome would be great for reimbursement coding and tort defense, but would be detrimental to patient care and to translational research. Although this extreme outcome is unlikely, I do see EBM gradually eroding flexibility and precluding reasonable treatment options.

As you doubtless appreciate better than I, doctors must daily weigh the factors that can never be fully addressed in randomized, controlled trials. Each patient is his/her own subgroup of one, not perfectly matching the average attributes of the many-n assessed in a trial. Exceptions are noted and treatment modified according to the needs of the whole patient (the viewpoint of holistic medicine, a prior, all-encompassing movement). Evidence from clinical trials is good to have, but there’s much more than faith available in its absence.

William W. Lytton, MD
Brooklyn, New York
billl@neurosim.downstate.edu

Reference