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Article:

Phillips, Bob orcid.org/0000-0002-4938-9673 (2016) Towards evidence based medicine for paediatricians: Should an intervention without evidence ever be undertaken? Discuss.

Archives of Disease in Childhood. p. 198. ISSN: 1468-2044

<https://doi.org/10.1136/archdischild-2015-310322>

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Towards evidence based medicine for paediatricians.

Should an intervention without evidence ever be undertaken? Discuss

Bob Phillips

It has been a 'debate topic' for a number of conferences, medical student societies and online fora: Should an intervention without evidence ever be undertaken?

There are a couple of key elements here: one—the idea that there can be an intervention 'with no evidence', and two—that an absence of evidence should be interpreted as evidence of absence of effect. Both are straw men. We have covered this ground before.

We have battered on about the need of #real EBM to be the combination of best available evidence, viewed through a lens of clinical expertise and decided in conjunction with patients to make an appropriate choice(1). And that 'best available' means exactly that(2) —so that for some things there are multiple, well-conducted randomised controlled trials, for others there is a report that once someone with a similar condition got better. Sometimes there is even less—it truly is a never previously done —but in those cases we should be talking about research, not EBM, should not we? Beyond that, there is a way of thinking about a parachute of evidence—some of it direct, much of it indirect.

Then there is the idea that if you do not have evidence of something working, it does not work, which is wrong. But there is a difference between 'This ultraviolet pen torch might well cure your glioblastoma multiforme' and 'Intranasal diamorphine has good analgesic effects, I wonder if intranasal fentanyl might?' That is an issue of functional credibility. But there is also just the issue of precision, uncertainty and truth—I don't know' is different than 'I know it's not'(2).

So, it is not a question to debate but a question to unpick and reject as fundamentally failing to understand real EBM

References

- 1 Phillips R. Basics. Evidence based medicine. Arch Dis Child 2014; 99: 481.
- 2 Phillips R. Can you do EBM without E? Arch Dis Child 2013; 98: 916.