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Evidence Based Medicine

(by Nora Laubstein, ANME e.V.)

This term, abbreviated EBM, wanders through the world of health policy and medicine since almost ten years now. Anyway it is older and its origin can be traced back to the 19th century. In the last decades esp. professor Sackett from Oxford university has concerned himself with EBM.

Looking into the dictionary, we find the meanings:

- “*Evidence*”: proof, result, show sth clearly, testimonial.
- “*evidence based*” can without judgement be understood as:
grounded in proofs, the facts are proved clearly visible for all.

In German the term “Evidenz” is used, which as a borrowed word can probably be translated best as “provability”.

The question arises, what the real context is between the “scientific nature” and the “evidence” of something, at least concerning natural medicine. CAM — Complementary and Alternative Medicine — could find a base here. (key word: criticism of natural science)

Prof. Sackett coined the term “Evidence Based Medicine” as an independent medical discipline. With that he gave a definition coming from the academical field and using scientific vocabulary, argumentation and classifications.

His definition reads [here re-translation from German]: „Evidence based medicine is the most consciousness, explicit and reasonable way to make use of the best present external scientific evidence for making decisions in the medical care of individual patients.“

Here the term “scientific” appears. Without this term it would not be a problem for CAM to accept EBM.

But what for has EBM been developed at all?

The user (Medical doctor, nursing staff, etc. should be supplied with a help to achieve orientation in the jungle of different publications and possible therapies. Also a specific method has been developed which enables one to make use of EBM.

How does “evidence” look like in practice?

Five steps are intended to be introduced:

1. The five levels of evidence

(from strongest evidence (a) to weakest evidence (e))

- a. a systematical assesment on the base of randomized controlled trials of hig methodological value
- b. at least one trial of high methodological value
- c. trials without randomisation (cohorte-, case- and control trials) of high methodological value
- d. more than one not experimental trial of high methodological value
- e. opinions and convictions of authorities and expert commissions

How does the user proceed?

2. concret way of proceeding:

	<u>Theory</u>	<u>Practice</u>
1.	At the beginning there is a concrete case	At the beginning a patient comes
2.	with a definite question or problem	with pains
3.	which enable to make literature enquiries	which I could find in some book
4.	the literature is identified	I find the book matching the case
5.	it is acknowledged critically	I find an advice matching for my patient
6.	and the result is converted into practical relevant advices, and	combine it with the given medicine
7.	make use of it in the special case.	and give it to the patient.

3. EBM-tools for therapy and diagnosis are the following:

- **NNT** (Number needed to treat) gives the number of patients, which should be treated over the duration of the trial to prevent a occurrence.
- **NNH** (Number Needed to...Harm) gives the number of patients, which should be treated to produce undesirable side effects within this episode.
- The user is adviced to keep NNT and NNH in a reasonalbe proportion.
- **PROVING OF RELEVANCE:** Does it match to the practical situation? Does it match to the situation of the patient?
- Only a relevant result will be applied!

The following three examples allow a good insight into the thought of EBM. The question arises which will be the use of this paper consuming procedure.

EBM should serve as a quality safeguarding action, which limits are clearly named:

- unambiguous questioning is difficult!
- decisions are made under time pressure!
- wrong research results in wrong evidence!
- danger of rising costs in the health care systems!
- unknow terminology decreases the acceptance!
- all answers without proof of evidence are dropped (slip away)!

Nota bene:

Evidence based guidelines for diagnosis and therapy are developed and used, which refer to the average case and statistical standard. Individual formulations of a question cannot be covered by general guidelines.

In the last years EBM measure guidelines have been developed and redesigned for GPs, for nursing services, for quality controlled practices and hospitals.

EBM has become measure of everything and today our health care system cannot be imagined without it.

We find the technical networking of all EBM actions realized in the so called **telematic**.

The telematic provides the insurance card (Siemens company) throughout Europe, which guarantees quality of health care to the EU consumer, in this case the sick consumer, by means of general guidelines, from Oslo to Palermo.

The question of how to survive, becomes very urgent for natural medicine, complementary medicine, CAM, traditional methods and remedies — no matter how this area is called:

Where is the place for “our” medicine, the traditionally proven natural medicine or CAM, in a EBM determined health system, which refers to the above mentioned criteria for assessment and use as the only possible ones?

Due to EU legislation CAM remedies have been subject to a strict re-evaluation. To understand the full consequence of EBM, it is necessary to understand the steps that have been carried out until now as parts of a EMB process.

Now we can see where this path will lead to:

Every month there are news about juridical steps against European CAM therapists, which are not educated or do not work or prescribe according to EBM guidelines.

Thus it is most urgent to develop a CAM positioning towards EBM and to proceed in defining a position of our own.

Old established schools and the former transmission of knowledge could disappear. Already at the beginning of this year a EU test run began with a university course of study in natural medicine as additional qualification. In the future, this diploma [international: master?] course of study, now just a delicate guinea pig, could become the measure of all natural medicine therapy in Europe.

Similar as professor Sackett succided years ago to introduce a systematical method in the area of conventional medicine, now the representatives of professional CAM in Europe and in every single member state are challenged now.

They should use all their forces and means to develop a contribution to, as we propose, “Experience Based Medicine”.

The scientific nature, uncritically used as a “cudgel” for every argumentation, is a dogma.

The criticism of scientific methodology is a process ongoing since centuries, to which CAM can refer.

The work has to be done (key words: criticism of scientific methodology, imagination, empathy, materialism, sponsored research, an ivory tower).

This “ExBM” could take into consideration some advantages of EBM, it could develop CAM specific criteria and thus contribute to a modern form of CAM, which is acknowledged and appreciated in the EU institutions a well.

Today, unfortunately we have except from some not binding parts of the mosaic (professional order, some laws protecting us, qualification certificates) nothing but very different European regulations.

Conclusions:

The bureaucracy in Brussels and Strasbourg is not prejudiced against CAM; scepticism and safety of the EU consumer dominate the opinions. Nevertheless, there also is a big lack of knowledge of the traditional diversity or even personal experience.

To remove this deficit and as a base for argumentation we urgently need a guideline catalogue emphasizing CAM and “ExBM”, which will enable us to produce a comprehensible documentation of what we do every day for the wellness of our patients. Further we need a EBM comparable foundation including education, profession, medication and therapy.

This most extensive work could be produced by a commission which is authorized equipped personally as well as financially from the professional organisations and other stakeholders.

draft translation: Carl Classen