

EVIDENCE BASED MEDICINE



REFERENCE

Evidence Based Medicine: What It Is and What It Isn't

Sackett DL, Rosenberg WM, Muir Gray JA, et al. BMJ 1996;312:71-72

COMMENTARY

- The transfer of science into practice remains a challenge, because practitioners often face individual patient needs and demands that are not reflected in the required rigors of randomized, controlled clinical trials.
- Nevertheless, decisions need to be made by the public and health care providers every day.
- The “father of evidence-based medicine,” Dr. David L. Sackett, has defined this approach to medicine as the integration of “individual clinical expertise with the best available external clinical evidence from systematic research.”
- Sackett also emphasizes that patient choices must be incorporated into the provision of care.

REFERENCE

The Philosophical Limits of Evidence-Based Medicine

Tonelli MR. Acad. Med. 1998;73:1234-1240

CONCLUSION

- Under the current understanding of evidenced-based medicine (EBM), the individuality of patients tends to be devalued, the focus of clinical practice is subtly shifted from the care of individuals toward the care of populations, and the complex nature of sound clinical judgement is not fully appreciated.

REFERENCE

Systematic Reviews and the Practice of Evidence-Based Dentistry: Professional and Policy Implications

Ismail AL, Bader JD, Kamerow DB. J Am Coll Dent 1999;66:5-12

COMMENTARY

Evidence-based dentistry as “incorporat(ing) the judicious use of the best evidence available from systematic reviews, when possible, with knowledge of patients’ preferences and clinicians’ experiences to make recommendations for the provision of the right care, for the right patient, and at the right time.”