

CLINICAL EVIDENCE

ALECSANDRA IRIMIE-ANA*

Faculty of Sociology and Social Work University of Bucharest

Corresponding author email: alecsandraana1@yahoo.com

Doctor-patient relationship has been facing important transformations over the last few years with some patients embracing certain practices and beliefs that have no scientific background on one hand, and doctors militating for evidence based practice on the other hand. The Romanian society, amongst others, now bares the trouble of this shift of trust towards conventional wisdom at the expense of scientific knowledge. We are now at a turning point where the paternalistic medical system in which the expert's opinion was the rule is being replaced by a participatory system in which the patient is, to a great extent, a decisional manager of his problem. It is mandatory to start training our patients to be good managers and never settle for less than evidence-based medicine even if this might seem to dehumanize the intervention, for example if we think of vaccines and indicators like Number Needed to Treat (NNT – the number of patients who need to be treated in order for one to have benefit), Number Needed to Harm (NNH – the number of patients who are treated before one has a side effect), Relative Risk Reduction (RRR- is the proportion by which the treatment decreases the event rate).

Harris et al. identified 5 steps in using clinical evidence: Ask, Acquire evidence, Appraise, Apply the results, Assess the outcome. Mircea Eliade once said that "There are no diseases, only diseased" and with this we might say that, to a certain extent, he unintentionally undermined the power of the

Gaussian distribution if we understand that protocols are based on statistics which only deal with the "average" patient. This is why the first step that was mentioned before advises us to ask the questions that better suit our patients' needs and don't underestimate the importance of this step since it can save us the trouble of not wasting precious time on reading irrelevant literature. There are two types of questions: "**Foreground questions** – about the decisions that need to be made regarding a patient's management and **Background questions** – these look for general knowledge on a condition or an aspect of health status" (Jackson, Taylor and Harris, 2014). In the following step, Acquiring evidence, the clinician has to master the difference between different levels of evidence and aim at obtaining the highest quality from the literature he reads. It is mandatory that the clinician keeps a critical perspective since many of the research papers are flawed. One must always assess if the results in a paper can be generalized in order to consider them applicable to his patients. Also, the patients needs to know that there is an hierarchy governing the world of scientific articles culminating with Meta-analyses, and that not every medical journal is bears valuable information.

Research can be divided into quantitative and qualitative and, in a previous number of this journal, I approached the idea that Psychiatry is a medical profession that legitimately has the "luxury" of combining them

both. But together with qualitative research comes the risk of researcher bias, a systematic error caused by the intrusion of personal beliefs and interpretations into the research. Methodologies used in qualitative research can be: interviews, observations, and focus groups. "Neither method is better than the other nor less scientific; instead researchers must choose the method that will best answer their research questions" (Jackson, Taylor and Harris, 2014). For example: if we want to know how many adult psychiatrists in Romania recognize ADHD and treat it accordingly, we must use a quantitative approach. On the other hand, if we want to know why only a certain number of adult psychiatrists take into account this diagnosis we must use a qualitative approach. There are special computer programs that can analyze information in a qualitative way and make a distinction between different themes present in a text. Even though it would be an error to generalize the information obtained through qualitative analysis, the selection of

the sample has certain rigors, amongst which to include in the study patients until data gets saturated and no other new information emerges. Another singularity of psychiatric research is the one that deals with diagnostic tests, and it is well known that the Diagnostic and Statistical Manual of Mental Disorders (DSM) still struggles with the lack of cut-off levels for the majority of the diagnostic entities.

In a post-modernist world where every opinion matters, evidence doesn't have the same meaning anymore. We have to constantly train our critical judgment and in the same time to instill it to our patients, otherwise evidence will become subjective and quantitative research will be despised, and coined as sterile.

Bibliography

Jackson, D., Taylor, G. and Harris, M. (2014). *Clinical Evidence Made Easy*. 1st ed. Essex: Scion Publishing Ltd.