

## The tyranny of evidence-based medicine

*Tyranny: rule of a tyrant; despotic exercise of power; oppression.<sup>1</sup>*

Dr Upshur and Mr Tracy's article<sup>2</sup> in the December 2008 issue of *Canadian Family Physician* reminds us of the limitations of evidence-based medicine. It is against this backdrop that I am concerned to see more and more physicians who will only practise evidence-based medicine and only make treatment decisions in accordance with guidelines derived from that evidence.

I am concerned because to practise evidence-based medicine only denigrates clinical judgment and experience. It is a simplistic cookbook approach, an excuse for not thinking. It renders all patients with a particular condition the same, to be treated in the same way. It is the antithesis of holistic medicine. It strips away the art of medicine and at the same time cheapens the value of professional practice.

Even those who spend their lives in research or in developing psychometric instruments know that "it is erroneous to discount or forgo the *richness of a proper clinical interview* and other data-collecting strategies. These scales are essential for obtaining objective information, but they are not sufficient to make a diagnosis.

The full appreciation of this perspective is most important [*italics added*]."<sup>3</sup>

We must ask ourselves these questions: Who paid for the study that provided this evidence? Were the results published because they were positive? Would the same study have been published if the results were negative? Who is promoting the results of the study? Are there other studies, with possibly different results, that we have not considered? Is there other evidence to the contrary? How do I apply this evidence to individual patient encounters?

It is important that we use "evidence" in evaluation, testing, and treatment decisions. It is equally important to consider that the person in our examination room is an individual to whom evaluation, testing, and treatment decisions must be tailored to, given the particular setting and needs. Let us be sure to consider all aspects of the evidence and all aspects of the individual patient in every clinical encounter.

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### References

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2. Upshur REG, Tracy S. Chronicity and complexity. Is what's good for the diseases always good for the patients? *Can Fam Physician* 2008;54:1655-8 (Eng), CFPlus (Fr).
3. Triolo SJ, Murphy KR. *Attention-deficit scales for adults. Manual for scoring and interpretation*. Levittown, PA: Brunner/Mazel Publishers, Inc; 1996. p. 11.