



THE ECOSYSTEM OF EVIDENCE

Global challenges for the future

9th International Conference for EBHC Teachers and Developers
8th Conference of the International Society for EBHC
Taormina, 6th-9th November 2019

On receiving The David Sackett Prize, Taormina, Wednesday 6 November 2019

Dave Sackett is known for many things, but probably most of all for his inspired and inspiring leadership of the Evidence-Based Medicine movement - initially from the McMaster 'fountainhead' in Canada, then from Oxford.

For all of us who admired Dave, the decision by Nino Cartabelotta and his colleagues to establish a David Sackett Prize to celebrate Dave is very welcome. Thank you, Nino.

Nino told me a year ago about the decision to establish the Prize. He went on to tell me that he and his colleagues had decided that I should be its first recipient.

This flattering decision presented me with a quandary because I'm not an EBMer. I gave up clinical practice in 1973, twenty years before Gord Guyatt introduced the term 'Evidence-Based Medicine' to the world. So, I have absolutely no credibility as a practitioner of the discipline for which Dave is remembered; nor should I have.

Because of my dubious credentials, I should perhaps have declined the Prize. However, after discussing the matter with my wife Jan and Andy Oxman and Paul Glasziou, I recognised that this would be churlish and ungrateful. So, thank you very much Nino and your colleagues for doing me this great honour.

Although I didn't work with Dave on EBM, he and I did work together in three other spheres – the Cochrane Collaboration, the James Lind Library, and having a laugh - and I want to refer to each of these briefly.

First, The Cochrane Collaboration

In October 1993, the 77 people from 7 countries who attended the 1st Cochrane Colloquium (which was held in one room at the UK Cochrane Centre) agreed that "an international Cochrane Collaboration" should be established, and that Dave Sackett should be invited to chair a steering group.

Soon after, I went with Muir Gray (then NHS Oxford Regional director of research) to visit Dave in his cottage on Irish Lake, Ontario. It was during our discussions there that Dave came up with the great suggestion that a Cochrane Methods Group should be established to prepare and maintain systematic reviews of the results of empirical methodological studies.

With Muir's help, Dave and his wife Barbara moved to Oxford to establish the Centre for Evidence-Based Medicine, and it was from that base that he chaired the Steering Group of the Cochrane Collaboration. In 1997, Dave, Chris Silagy (his successor as chair), and I co-authored the first published status report of the Collaboration.



THE ECOSYSTEM OF EVIDENCE

Global challenges for the future

9th International Conference for EBHC Teachers and Developers
8th Conference of the International Society for EBHC
Taormina, 6th-9th November 2019

These initiatives received a mixed reception. For example, a Lancet editorial entitled “Evidence-Based Medicine, in its place” contained a very dismissive attack on the philosophy of EBM, with very personal disparagement of Dave and Brian Haynes, another McMaster pioneer of EBM.

In an email sent to me on Christmas Day 2014, Dave wrote: “I don’t think you ever knew how hostile most of the other Oxford consultants were toward me and my EBM team. One of them filed a formal complaint against my Grand Round on ‘clinical disagreement’. They viewed literature searches as evidence of ignorance and incompetence.”

This hostility to Dave may have been partly because of his association with me and the Cochrane Collaboration. On one occasion in 1995, the front page of *The Sunday Times* carried an article with the banner headline “Hundreds killed by doctors relying on outdated manuals”. The article was based on evidence I had presented to a House of Lords committee on medical research. Drawing on the famous paper by Eliot Antman and colleagues in JAMA, I had informed their Lordships that some of the information in the *Oxford Textbook of Medicine* was lethally misleading.

Unsurprisingly, the distinguished editors of the textbook were furious and its publishers - Oxford University Press - declared that my remarks had “disturbed the market”.

Dave interceded with his senior colleagues in Oxford on my behalf and on behalf of the mission of the Cochrane Collaboration. I remain very grateful to him for providing with very welcome moral support in handling the consequences of ‘speaking truth to power’.

Second, The James Lind Library

The James Lind Library, for which I am the articles editor, contains several historically important documents authored or co-authored by Dave, not least the 104-page ‘question and answer’ account of his life, interests and work prepared with Brian Haynes during the months before Dave’s death in 2015.

One of the articles Dave wrote for publication in the James Lind Library was entitled “A 1955 clinical trial that changed my career”. Dave’s article referred to a 72-page report co-authored by Tom Chalmers and colleagues entitled: “The treatment of acute infectious hepatitis. Controlled studies of the effects of diet, rest, and physical reconditioning on the acute course of the disease and on the incidence of relapses and residual abnormalities.” It reported a randomised, factorial trial.

In his article commenting on this report Dave wrote: “Reading this paper [in 1959] not only changed my treatment plan for my patient. It forever changed my attitude toward conventional wisdom, uncovered my latent iconoclasm, and inaugurated my career in what I later labelled ‘clinical epidemiology.’”

In another James Lind Library article entitled “Why did I become a clinician trialist?”, Dave reflected on his 1979 paper ‘Bias in Analytical Research’. His article drew on an early draft of a Catalogue of Bias which



THE ECOSYSTEM OF EVIDENCE

Global challenges for the future

9th International Conference for EBHC Teachers and Developers
8th Conference of the International Society for EBHC
Taormina, 6th-9th November 2019

had been initiated by JoAnne Chiavetta, a graduate student of Dave's. As many of you will know, this catalogue has recently been resuscitated by Carl Heneghan, Kamal Mahtani and David Nunan and their colleagues at the Centre for Evidence-Based Medicine in Oxford.

Lastly, laughing with Dave

Dave and I enjoyed laughing together. Under Andy Oxman's leadership, we were co-authors of several satirical articles, published mainly in Christmas issues of the BMJ.

Our **Practical Guide for Informed Consent to Treatment** presented a menu of options to help frontline clinicians and patients select whichever form of informed consent would meet their particular needs. For stockholding investigators, for example, we suggested that they should simply inform patients that "the treatments must be good otherwise why would the investigators have invested in them?"

A greatly loved and respected Italian colleague, Alessandro Liberati, joined us in co-authoring our **Field Guide to Experts**. We observed that experts can be easily detected from their droppings, so Guano could be used as a guide to their identification. Dave cheered us on but had rendered himself ineligible for co-authorship by becoming an expert in tree felling and chainsaw safety.

Andy's wife Trine Prescott joined us in issuing a rant entitled **A surrealist mega-analysis of re-disorganisation theories**. As we made clear, we were sick and tired of being re-disorganized, so we had systematically reviewed the empirical evidence for organisational theories. We found there wasn't any!

HARLOT plc resulted from amalgamating the world's two oldest professions.

For those researchers who had become tired of being worthy and good but had remained poor we created a new niche company specialising in How to Achieve positive Results without actually Lying to Overcome the Truth.

Finally, under the collective authorship of Clinicians for the Restoration of Autonomous Practice – CRAP for short - we wrote **EBM: unmasking the ugly truth**. Our report was published anonymously to protect us from retaliation by the Grand Inquisitors of the religion of EBM. Because this topic is of central relevance to the International Society for Evidence-Based Health Care, I will end with some quotations from the CRAP report.

"Despite repeated denials by the high priests of EBM that they have not founded a new religion, our report provides irrefutable proof that EBM is, indeed, a full-blown religious movement, complete with a priesthood, a bible, catechisms, a liturgy, sacraments, religious symbols, and holy relics (for example, an amputated finger is believed to have belonged to either Gordon Guyatt or Drummond Rennie, a distinguished EBM-friendly editor at JAMA).



THE ECOSYSTEM OF EVIDENCE

Global challenges for the future

9th International Conference for EBHC Teachers and Developers
8th Conference of the International Society for EBHC
Taormina, 6th-9th November 2019

“CRAP has long suspected that EBM secretly espouses cookbook medicine, based on blind faith in what it calls “methodology” - the alchemistic philosophical basis for the EBM religion. EBM’s Ten Commandments state:

- 1. treat all patients according to the EBM cookbook, with no concern for local circumstances, patients’ preferences, or clinical judgement*
- 2. honour thy computerised evidence-based decision support software, humbly entering the information that it requires and faithfully adhering to its commands*
- 3. torture heathen basic scientists until they repent and promise to randomise all mice, materials, and molecules in their experiments*
- 4. neither publish nor read any case reports, and punish those who blaspheme by uttering personal experiences*
- 5. banish the unbelievers who partake in qualitative research, and force them to live among basic scientists and other heathens*
- 6. unfrock any clinician found treating a patient without reference to all research published more than 45 minutes before a consultation*
- 7. reward with a bounty any medical student who denounces specialists who use expressions such as “in my experience”*
- 8. ensure that all patients are seen by research librarians, and that physicians are assigned to handsearching ancient medical journals*
- 9. force mandatory retirement on all clinical experts within a maximum of 10 days of their being declared experts*
- 10. outlaw contraception to ensure that there are adequate numbers of patients to randomise”*

CRAP can confirm that EBM’s proselytization is now occurring on a global scale and threatens the very existence of ‘for profit’, ‘doctor-centred’, ‘authoritarian’ medicine as we know it. This dangerous trend has been promoted in annual religious ceremonies in Taormina, in Sicily.

In the end, EBM may destroy itself, just as many other religions appear to be doing. However, CRAP will not sit by idly. We have plans to take EBM to court in The Hague for crimes against humanity. Our case is based on challenging EBMers to provide proof, based on a mega-RCT or a meta-analysis of RCTs, that EBM does more good than harm. ‘Where is the evidence?!’ It is time for unbelievers and those of other faiths to get tough and put a stop to the veneration of research evidence about the effects of health care.

As clinicians, we must protect our unalienable right to exercise clinical autonomy, so that we can continue to do what we damn well please.”



THE ECOSYSTEM OF EVIDENCE

Global challenges for the future

9th International Conference for EBHC Teachers and Developers
8th Conference of the International Society for EBHC
Taormina, 6th-9th November 2019

In conclusion, I appeal to you on behalf of CRAP to defend traditional professional values. Like Odysseus, beware of being seduced by the Siren calls of the priests and priestesses of Evidence-Based Health Care in Taormina!!



**Clinicians for the Restoration of Autonomous Practice (CRAP),
dressed to infiltrate and undermine heretical Evidence-Based Medicine (EBM)**



THE ECOSYSTEM OF EVIDENCE

Global challenges for the future

9th International Conference for EBHC Teachers and Developers
8th Conference of the International Society for EBHC
Taormina, 6th-9th November 2019

Bibliography

- Chalmers I, Sackett D, Silagy C (1997). The Cochrane Collaboration. In: Maynard A, Chalmers I, eds. Non-random reflections on health services research: on the 25th anniversary of Archie Cochrane's 'Effectiveness and Efficiency'. London: BMJ Books, 1997:231-249.
- Sackett DL (2015). Interview in 2014 and 2015. Brian Haynes, ed. McMaster University.
- Chalmers TC, Eckhardt RD, Reynolds WE, Cigarroa JG, Deane N, Reifenshtein RW, Smith CW, Davidson CS (1955). The treatment of acute infectious hepatitis. Controlled studies of the effects of diet, rest, and physical reconditioning on the acute course of the disease and on the incidence of relapses and residual abnormalities. *Journal of Clinical Investigation* 34: 1163-1235.
- Sackett DL[†] (2008). A 1955 clinical trial report that changed my career. *JLL Bulletin: Commentaries on the history of treatment evaluation*. *JLL Bulletin: Commentaries on the history of treatment evaluation*.
- Sackett DL (1979). Bias in analytic research. *Journal of Chronic Diseases* 32:51-63.
- Sackett DL[†] (2015). Why did I become a clinician-trialist? *JLL Bulletin: Commentaries on the history of treatment evaluation* (<https://www.jameslindlibrary.org/articles/why-did-i-become-a-clinician-trialist/>)
- Oxman AD, Chalmers I, Sackett DL (2001). A practical guide to informed consent to treatment. *BMJ* 323:1464-1466.
- Oxman AD, Chalmers I, Liberati A (2004). A field guide to experts. *BMJ* 329:1460-1463.
- Oxman AD, Sackett DL, Chalmers I, Prescott TE (2005). A surrealistic mega-analysis of redisorganization theories. *Journal of the Royal Society of Medicine* 98:563-568.
- HARLOT plc: an amalgamation of the world's two oldest professions. *BMJ* 2003;327:1442 doi: <https://doi.org/10.1136/bmj.327.7429.1442>
- Clinicians for the Restoration of Autonomous Practice (CRAP) Writing Group (2002). EBM: unmasking the ugly truth. *BMJ* 325:1496-1498.