Mark E Cooke

National Clinical Effectiveness Manager

Ambulance Service Association (UK)

Conflicts/Limits to the Implementation/Commissioning of Evidence Based Health Care policy and EBM

Just a few are considered here!

Background

- Recent years have seen a move towards EBM
- However, this approach is not perfect
- There are a number of conflicts and issues to consider

“Best Available” Evidence

- Evidence does not always exist

  e.g Pre-hospital emergency care, An “evidence free” zone

  - low quality studies
  - Delay policy until we have the evidence

- The evidence is often;

  (i) non generalisable
  (ii) conflicting
  (iii) insufficient, inconclusive or ambiguous

- Often relies upon Consensus opinion

The ‘evidence’ is changing

- Policy makers and practitioners find it difficult to keep abreast of the changing evidence, which may well be:
  - conflicting and/or
  - challenge previous evidence base
- 100’s of relevant new studies per week

Problems with the Evidence

- Credibility - Methodology is often flawed
- Usefulness
- Often of ‘gold standard’ RCT
  - Practitioner conflicts, generalisability
  - Based on large groups, not individuals (n of 1)
  - Usefulness in real life situations
- Observational / Qualitative studies
  - these are often ignored

Patient Preferences

- Very important, the ‘consumer’
- Patient centred decision making (PCD)
- Informed choice in light of evidence
- Patient choices might not reflect evidence
  - anxieties of painful Tx, risks of surgery etc
  - treatments need to be acceptable to the patient

NB. We need to remember that the patient may be reluctant to express a view, leaving the decision to the Doctor

Application of EBM in practice

- RCT results from subjects with uncomplicated co-morbidity (usually aged 18-60) Generalisable?
- Practitioners may have greater belief in ‘their experience’ than that of the evidence
- Evidence might suggest use of expensive assays, equipment, or treatment that is not readily available to them (outside budget?)

Practitioner Conflicts

- Practitioners time admin and financial considerations
- Difficulty finding, interpreting, applying EBM
- Still a shortage of IT support, e-disease registers
- Practitioner attitudes:
  - Reluctance to use RCT data – generalisability
  - Doctor/patient relationship (what does the patient want)
  - Reluctance to change “I’ve always done it this way”
  - Obsolete knowledge – skills decay
  - Ageism - dementia

Patient Considerations

- Compliance with medication
  - can make EBM difficult to achieve
  - reluctance to take medication when “symptomless”
  - e.g mgt of hypertension in ambulatory elderly
  - Supervision?
- Undesirable effects of medication

  Sleep patterns, fatigue, impotence problems

Politics

- Limitations set by Health Ministers (commissioners)
- Policy decisions have previously been made in the context of:
  - Money, what can be afforded
  - Within budget, performance tables
  - Quick fix (improvements within specific timeframe)
  - Political Power, timing (changing childbirth policy) no evidence

Politics

- Researchers may be politically naïve and have a poor understanding of policymaking
  - The converse may also be true
- Politicians often have little understanding of research/medicine

  …and face societal / financial pressures

Societal Conflicts

- 1980's Safe Sex Campaign – re AIDS/HIV
- Targeted all population in fear of public backlash
- Real target was gay men and black people

Media and Policy

- Strong influence
- Creates beliefs (I read it in the paper)
- Health policy can be inaccurate/misleading
  - (SIDS 1960's)
  - Separating mums from newborn to reduce infection
- Confusing to the public/patients (MMR 2000)
- Amount of information (butter/margarine)

* The media can be good for EBM (if managed)

EBM is Very Important

that's why we are all here!

But

There are barriers/conflicts that we need to be aware of and need to overcome

and…..

EBM is not a panacea for all health problems

www.asancep.org.uk

The website of the ASA National Clinical Effectiveness Programme

Full text journal article available on website (pdf)

Take a copy now (I have 40 here)