

WORKING GROUP ON  
EVIDENCE BASED  
DIAGNOSIS

# There is a problem

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- There is insufficient research
- Lack of education and understanding

# Knowledge Gaps

- Spin, snout, stats etc
- LR's
- Bayes
- Probability
- Risk (including communication and understanding of)
- Time (do nothing)
- Heuristics
- Searching
- Appraisal
- Case examples
- Clinical decision rules
- Resources

# Solution

- Each member of the working group will undertake and publish 1,000 papers over next two years
- Each member of the working group will be responsible for diagnostic education for one continent
- (Member from New Zealand will be responsible for Antarctica !)

# ? Unrealistic

OK , what about?

Each person at the conference will conduct and publish 1,000 studies over next two years



# Background:

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- “Evidence based practice has made it easier for clinicians to identify the best available treatment options for a given disease situation.
- However, the healthcare benefits that one would hope to gain from these treatments are dependent on the diagnosis being correct in the first place.”

- “Evidence-based diagnosis and evidenced-based clinical decision making have lagged behind other aspects in evidence-based health care, leading to a well recognised culture of over testing and a misunderstanding of the meaning of the test results.”



- “Poor understanding of diagnostic science can lead to adverse events from misdiagnosis and subsequent erroneous treatment, the test themselves and has important cost implications. “

# Conclusion:

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- “This forum strongly encourages health research funding bodies, health leaders, and Medical Journal editors to:
- actively focus on and encourage the development of a wider diagnostic literature, and expansion of diagnostic educational training.”

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- Knowledge library
  - Compilation of key areas of work needed