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EDITORIAL

Evidence-based medicine

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The paradigm of evidence-based medicine (EBM), where clinical decisions are based on the best available scientific evidence, is now standard practice. The BMJ, in 1995, announcing the advent of a new journal titled *Evidence based medicine* anticipated that "the practice of evidence-based medicine seems to be able to halt the progressive deterioration in clinical performance that is otherwise routine and which continuing medical education cannot stop" [1]. The Cochrane collaboration was established to summarize evidence from clinical trials to facilitate EBM. Continuous professional development programs formalized and regularized the process of keeping up with the evidence. Clinical guidelines, based on the available evidence, were developed for easy application of EBM.

Ideally, the practice of EBM integrates clinical expertise with best available clinical evidence. The proficiency and judgment acquired through clinical experience is combined with the most accurate diagnostic tests, prognostic markers and efficacious therapeutic regimens identified by clinical research.

While the positive effects of EBM are well recognized, the limitations of EBM were already being flagged at the time of its development. For example, whether guidelines based on ideal patients could be applied to real patients with multiple morbidities. How the use of the most efficacious treatment in an individual patient could be balanced with the efficient use of scarce resources. The lack of qualitative data in EBMAllegations of the manipulation of research questions and conduct of clinical trials by industry to manufacture 'evidence' made clinicians cynical of the whole process. More recently, concerns of equity have been raised including the coining of the term "equity-based medicine" as an alternative paradigm [2].

While these concerns are still valid, it is broadly accepted that the wider adoption of EBM has resulted in better outcomes for patients due to its insistence on the systematic collation, synthesis and application of high-quality empirical evidence in clinical care and public health.

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