

# Editor's comment

## Understanding the evidence



When I started studying medicine as a 'mature' student with a PhD I found immediately that I needed to approach the discipline slightly differently from my younger colleagues. There is much in medicine, particularly in its learning, that is anecdotal and based on good pattern recognition skills. However, taking this approach through the whole discipline and using it in practice when treating patients, may not offer the best to one's patients. It was this which struck me as a medical undergraduate with a postgraduate training in science.

It is all too easy to simply accept the results of trials uncritically. The recent confusion over the use of hormone replacement therapy (HRT) after the premature discontinuation of the Women's Health Initiative trial is a case in point. The fact that the findings were released to the press a week before they were published in the *Journal of the American Medical Association* did not help! The outcome was predictable. Women, in the USA and Britain in particular, flocked to their doctors in panic about the potentially harmful effects of HRT. Their doctors were, in many cases, equally confused. It wasn't until people started looking critically at the trial outcomes and their analyses that common sense prevailed. It also became clear that the participants were older women, with multiple pathology, who could have been regarded as a poor risk for HRT anyway. But the damage has been done and it will take many subsequent articles and discussions at congresses before an alternative viewpoint starts to be commonly accepted again.

The idea of evidence-based medicine was certainly around when I qualified — not

all that long ago in fact. But, using this approach in day-to-day practice can be difficult. One of the main difficulties arises because the medical curriculum itself is not evidence-based and people without the correct scientific training often find it difficult to believe 'evidence' when instinct may tell them something completely different. For this reason, this edition of *CME* is timely and useful.

In introducing the concept of looking at the evidence using meta-analysis of clinical trials, the articles discussing treatment of common conditions can help the busy practitioner assess new and old approaches. It is particularly useful when faced with conflicting ideas.

I firmly believe that medicine is as much an art as a science. But that art must be tempered with reason and it is science which provides that reason.

**Bridget Farham**

CME is published monthly  
by South African Medical  
Association Health and  
Medical Publishing  
Private Bag X1, Pinelands,  
7430 (Incorporated  
Association not for gain.  
Reg. No. 05/00136/08).

Correspondence for CME  
should be addressed to the  
editor at the above address.

Tel. (021) 530-6520

Fax (021) 531-4126

E-mail: publishing@samedical.org

Head Office:

PO Box 74789, Lynwood  
Ridge, 0040

Tel. (012) 481-2000

Fax(012)481-2100