

EDITORIAL

Evidence Based Medicine: To Use or Not To Use It?**Kartiwa Hadi Nuryanto**

When facing a clinical dilemma, practitioners should follow some simple steps to help them find the most reliable and feasible solution. Firstly, it must be converted into an answerable question. This approach will help them to look only for papers that applied the best research design to answer such a question. Searching the literature could be exhausting and disappointing, so the second step is to define and organize a strategy that could retrieve the information needed in the most efficient way. Thirdly, a thorough evaluation of the methodology used in the original research papers is essential. Methodological guidelines can help readers in the assessment of their internal validity, as well as the magnitude and precision of their results.¹

Evidence-based medicine (EBM), a concept that started developing in the 80s and coined in the early 90s by Gordon Guyatt, has revolutionized the practice of medicine. In its most contemporaneous incarnation, EBM requires the careful examination of an unbiased collection of the research evidence and its judicious application in the care of the patient, taking into account patients' context, values, and preferences. In doing so, we recognize two principles. The first principle focuses on the concept that all evidence is not the same and a hierarchy of evidence exists. The second principle indicates that evidence is not sufficient for decision making; and that other factors such as patients' values, preferences and context, need to be considered.²

When we evaluate the strength of the evidence (the first principle), we should consider that clinical decisions could be made with greater confidence to the extent that the overall research evidence supporting the decision-making process yields reliable estimates for the most important outcomes. This process requires both evaluation of each study, and evaluation of the overall body of evidence.² While evidence-based medicine (EBM) has advanced medical practice, the health care system has been inconsistent in translating EBM into improvements in health. Disparities in health and health care play out through patients' limited ability to incorporate the advances of EBM into their daily lives. A perspective of evidence-based health may encourage physicians to consider their role in upstream efforts to combat socially patterned chronic disease.³

EBM, and its tools, although often misunderstood, can be used to enlighten us, help us make sense of scientific data, and help physicians make better treatment decisions in collaboration with their patients. It can also better inform policy decisions by payers and health plan administrators. Although it comes with limitations, EBM and the tools it uses can help translate research results into better clinical practice and hopefully better outcomes for patients.⁴

Indonesian Journal of Obstetrics and Gynecology is one of the Indonesia Journals that have been providing current researches and findings, to help us make sense of scientific data, and help us make better treatment decisions in collaboration with our patients. We thanked all of the authors and co-authors, and encourage others to submit their articles.

References

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