



**Statement from Wells Shoemaker MD, medical director, California Association of Physician Groups:**

“Evidence-based medicine promises to shine a bright light upon the uncertainties in health care decisions, and equally important, to disseminate current knowledge as quickly as possible so that doctors can offer patients truly informed choices, no matter where they live.

“Good evidence promises to identify services known to be effective, and this knowledge prods us to find ways to deliver those services to people who are not currently receiving them.

“On the other side, ineffective care or unnecessary care is worse than merely wasteful...it can be downright dangerous. It’s not just “statistics.” Real, living people get hurt...or worse.

“The constant reevaluation of “what’s true” and “what’s best” by some of our nation’s best intellects is not frustrating to true healers, but rather fantastically welcome. It holds out hope for more effective, more precisely individualized treatments, with fewer futile efforts and fewer unwelcome complications.

“This work is never finished, but our patients and our society demand that we deliver care based upon the best available evidence...and constantly reevaluate those choices.

“The poll we are receiving today confirms that Americans want all elements of their healthcare to be based upon sound, scientific evidence. This news should be comforting to individual physicians, groups of physicians, as well as State and National agencies trying to improve the quality and the appropriateness of health care services. We’re all on the same page, but it’s a thick book.

“From the **patients’** perspective, the current attention to evidence-based medicine promises to shine a bright light upon the uncertainties in health care decisions, and equally important, to disseminate current knowledge as quickly as possible so that doctors can offer patients truly informed choices, no matter where they live. Without a doubt, as years go by and scientific understanding expands, those choices will become steadily better informed.

“From the **doctors’** perspective, the constant reevaluation of “what’s true” and “what’s best” by some of our nation’s best intellects is not frustrating to true healers, but rather fantastically welcome. It holds out hope for more effective, more precisely individualized treatments, with fewer futile efforts and fewer unwelcome complications. We are definitely seeing the fulfillment of that promise with therapy for cancer, many rare conditions, and a host of other common illnesses. On the flip side, however, we are also seeing that some practices which should be abandoned are, in fact, persisting. That needs to change.

“Combining scientific curiosity, professional humility, and commitment to the patient, we physicians need to be willing to change our stance when there is fresher information or a new way

of looking at old problems. This is easier said than done, and it works best within a community of ethical thinkers.”

### Some “Horse’s Mouth” perspectives on Evidence-Based Care

“Evidence-based medicine is an appealing concept, but it’s time for some candor. Evidence applies to **both under-use and over-use** of services. Without a doubt, **good evidence promises to identify services known to be effective, and this knowledge prods us to find ways to deliver those services to people who are not currently receiving them.** This is a welcome responsibility for medical groups and individual doctors, and we are eager to continue the progress we have been making in California for screening, preventive care, and chronic illness care. Good evidence guides us to do the right thing first...in the right place, with the right hands, at the right time.

“The **rest of that story** is less often told. What happens when doctors or hospitals do things for which there is a weak basis in evidence? **Ineffective care or unnecessary care is worse than merely wasteful...it can be downright dangerous.** Granted, all medical interventions carry some risk, which most people accept if the potential benefits are achievable and meaningful. But that balance is way out of whack when medical services have little prospect of helping. It’s not just “statistics.” Real, living people get hurt...or worse.

“As most doctors know, certainly after a few decades of practice, evidence is not always black and white, and in fact, evidence can be a moving target. Doctors live with two problems regarding evidence.

“First, while an ever-enlarging body of research has given modern physicians a tremendous platform of scientific knowledge to guide our care, **a great deal of what we believe works in medical practice has evolved through decades of trial and error, peer criticism, and generational teaching. A fair number of these beliefs have not been subjected to a scientific test using contemporary, rigorous methods.** That certainly doesn’t mean those beliefs are wrong, but doctors need to humbly accept that some of our decisions are based upon experience, rather than experiments. We must welcome new looks at old beliefs, and be willing to revise our thinking and our work.

“The second problem is that **the Scientific Method, even when applied in the most exalted of Ivory Towers, virtually never leads to a definitive, absolute, once-and-forever certainty. That is poignantly true for something as complicated and varied as the life processes of a human being.** In real life, it often takes many studies to confidently grasp the complexity of an issue. The rapid application of new research technologies, especially in genetic and molecular biology, keeps shedding new light into dark corners, so even “scientifically proven” beliefs may sometimes need to be reshaped or discarded.”

### Lingering Questions about Evidence Based Care

“Society should be posing hard questions about clinical evidence, and indeed that is happening in the health reform debate.

- When is evidence good enough to drive decisions that have potential impact upon both the life of a person and the welfare of a compassionate society?
- Who decides?
- How do we make sure we were right as new information comes along?
- How do we make exceptions?
- How do we learn whether currently unproven ideas may represent innovative progress or painful dead-ends?
- Can we prioritize scarce research energies to give us help with these thorny questions, or need we wait for a crisis?
- How do we deal with financial incentives driving decisions or even the gathering of evidence?

“The answers to those questions are not all clear, but they are getting lots of air time. Our duty will be to make sure that Patient benefit is the North Star guiding our directions.”

### A Personal Reflection

“A medical career will span an ocean of new knowledge, including the surrender of some once-cherished assumptions. I’ll share some personal, “insider” views based upon 40+ years of medical learning and extensive work with both individual doctors and groups of doctors.

“Doctors face a quandary every morning and every night they work.

“On one hand, they need to do the best they can, often with incomplete information, applying an evolving science, for people who are all different from one another in meaningful ways. Doctors rarely have the luxury of waiting patiently for years for a researcher to tip the scales. Sometimes they have only hours. That is real life, but most of the time, doctors make decisions with plenty of time to weigh alternatives and apply the best available knowledge in the patient’s behalf.

“The stakes are high. That’s why in medical school, we doctors were taught to think critically or even skeptically about “truths.” The discipline for evidence based thinking was enforced daily in our years of clinical training. We stood up in front of questioning peers every morning to expose our reasoning and defend our recommendations. We rarely got away with unfounded statements or dated evidence, and we all spent lots of time in the library. That commitment doesn’t change with age, although I suppose libraries are now websites instead of buildings.”