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Editorial

Evidence Based Medicine and Clinical Governance: from Dream to Wisdom

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Overview

The main aim of clinical governance system is to drive right thing in the right way at the right time, in the right place with the right outcome. The right thing requires an evidence-based practice (EBP). Clinical decision about best healthcare outcomes have to be based on the best available valid and reliable evidence[1]. In order to provide better outcomes, the care has to be affordable, accessible, assessable and at the same time acceptable for different levels of health professionals and patients[2].

According to Sackett's definition, "Evidence-based medicine (EBM) is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patient"[2]. The cornerstone of this approach is the "best evidence". Finding the best evidence depends on answerable clinical question, that the patient or population, intervention (exposure), comparison (control) and outcomes are quite clear in it. The highest level of the evidences for the therapeutic or prevention interventions come from randomized controlled trials. In such a design, confounding is reduced by randomization in which restricted eligibility criteria and blind process decrease the rate of various biases. The cause and effect relation may clearly be demonstrated using randomized clinical trials.

Despite the power and reliability of RCTs, still there is some debates in this area including; apposite results of related trails, comparing new interactions with placebo instead of routine and available treatments, high costs, very selective populations and many ethical restrictions. More even, the evidence resources are not available for all health professionals particularly in low and middle income countries or are very costly. On the other hand, in the complex situation, there is not only one clear question and only a statistically revealed benefit of an intervention cannot answer lots of other facts and physician-patients moral relationship. Finally, priority of care and clinical condition can be extremely different based the populations [3].

Now the question is: "how EBM can pass mentioned challenges?"

Comparative effectiveness research (CER)

CER or health technology assessment (HTA) is about comparing the clinical effectiveness and cost-effectiveness of various available health interventions or diagnostic tools. Comparative effectiveness research (CER) as a part of EBP is assessing the final out comes of care in real clinical situation [2]. This kind of research is based on electronic databases and

health system information report including clinical trials, observational studies, ideas in patients' networks and cost analysis. Such studies transfer electronic decision making systems to real clinical environment by counting benefits, harms and acting by shared decision making.

Systematic reviews

Systematic reviews were mainly introduced to make the results of clinical trials doable. Systematic reviews usually consider several valid RCTs with or without meta-analysis of reliable results. Such kind of reviews could provide great opportunity to reduce the disagreement of RCTs or risk of bias in small trials. Cochrane library is a reliable resource for well-defined systematic reviews.

Adaptation of evidence-based clinical guidelines

There is no need to creating or writing a clinical guideline for each country because the majority of valid evidences are similar worldwide. For an individual health question, the local epidemiologic and socioeconomic evidences should be augmented in guideline adaptation process for each setting.

Steps towards implementation of evidence into practice

It is obvious that, there is no single prescription for implementation of EBM in health systems. There is no doubt, the basic message of EBP, that health system should be informed by the best reliable evidence, is of great value. However, the main question is how to figure out the barriers to implementation of EBP. Our recent study showed some essential barriers to implementation of EBP in developing countries such as unavailable facilities and resources, time consuming process, and scanty authority to change practices [4]. In addition, priorities of various health systems might be different, and for this reason, priority setting could be the first step in effective governance. Accordingly, relative evidences have to be defined and the academic staff should be encouraged towards involvement in creating or cooking the best needed evidence. To pave the road, appropriate budgeting is crucial. Moreover, considering the cost of the interventions in health system has to be in favor of the best final outcomes. For successful traverse of the mentioned steps, the national guidelines can be fostered.

It is extremely important that before any changes the infrastructure of the system should be ready; it includes appropriate human resources with personal adequate capacities, budget and facilities.

One of the main concerns about health reforms is the

sustainability of programs especially in low and middle income countries and the knowledge level of policy makers, attitudes and abilities play a crucial role in this part[3]. To be honest, EBP has not provided good evidences for its own effectiveness in improving quality of care, but it is clear that changing management and utilizing the evidence based guidelines is time-consuming, and designing an RCT for comparison of traditional or Evidence based practice is not an easy issue.

In summery, the Journal of Clinical Research and Governance has provided a valuable opportunity to discuss and criticize the evidence-based practice, clinical governance, and quality of care. The peer review process is focused on steps of EBP and the reliability of the research evidence is to be assessed thoroughly. What you find in the journal now, is just at the starting of what we aim to achieve, and we hope, with your great contributions, our dreams will come true!

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