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March Focus

As Mr Gradgrind says in the opening words of Charles Dickens's *Hard Times*: 'Now, what I want is, Facts.' Would any doctors seriously try to propound the view that they can practise without a solid grounding in empirical evidence? All of which makes the persistent debate on the merits or otherwise of evidence-based medicine all the more puzzling. In the 'Back Pages' Viewpoint on page 241, Toby Lipman reiterates the argument that EBM should provide the foundation for patient-centred care, not be a substitute for it. Unfortunately, the idea has been seized on by the guideline enforcers and policy-makers as an instrument of control, forcing some clinicians onto the defensive. EBM as an agent of authoritarianism is a complete perversion, since in its original form it remains a powerful method to challenge the views of self-styled experts. However, every time clinicians speak out against EBM they reinforce both the erroneous notion that it can legitimately be used to dictate what clinical decisions should be made and the image of doctors wanting to ignore hard evidence. It would be good to close the correspondence but I fear it will not die until clinicians have embraced the discipline and recaptured the initiative.

Challenging accepted wisdom is one of the delights of presenting evidence. The CAGE questionnaire, so beloved of candidates and examiners for the MRCGP, has itself been examined by Aertgeerts *et al* and found wanting (page 206). It is simply not sensitive enough, and we need to find an alternative. Beyond the specific details of the different tests and their relevance to alcohol screening programmes, this study reminds us of a fundamental truth, that no screening instrument or test can ever give a perfect answer. How many of us (including the vehicle licensing authority) continue to use the γ-glutamyl transpeptidase test as the absolute arbiter? Where alcohol is concerned, all of the methods look threadbare. Even counting the units has become a lottery, with the widening range of volumes and strengths of different drinks to take into account, as shown by Webster-Harrison *et al* in their study (page 218).

The evidence may be startling or elusive, even in areas where we believe we know much. The study on page 177 by Holmes et al documents the natural history of acute lower respiratory tract infection. At 10 days after consultation, 58% were still coughing and 29% had not returned to normal activity: the paper concludes that GPs are still overprescribing. In an accompanying editorial, Theo Verheij highlights the diagnostic difficulty that remains, and suggests that we should pay more attention to the known prognostic features. With so much uncertainty, perhaps the overprescribing shouldn't surprise us. Brooks, in a letter on page 230 describes a pragmatic approach that will appeal to many. Delayed prescribing, as described by Dowell et al on page 200, could help to reduce this, but convincing the patients that they are still getting good care may be a problem.

Engaging patients with the evidence is a theme that surfaces elsewhere. For instance, there is a weight of evidence that antidepressants are an effective treatment for depression and that evidence for the effectiveness of counselling is much less convincing; however, patients still prefer counselling (see, for instance, the November 2000 issue of the *BJGP*). On page 194, Pierce *et al* reports on the offspring of people with type II diabetes and how much they underestimate their own risk of developing the disease. It is also implied in the study on page 223 by Cook *et al*, on the relationship between autism and MMR immunisation. Here is more evidence that the past few years' anxieties are unfounded, but if past experience is anything to go by it will be a while before the public agrees.

Of course, evidence will only get us so far, as Toby Lipman acknowledges in his piece on EBM. The skill of using it for the benefit of patients will always matter as much, if not more. Lipman refers to this as the 'art' of medicine, but that has always seemed to me the most pretentious word that one could choose. Why not 'craft'? The notion of skills, honed over a working lifetime and making complex tasks look deceptively simple is much closer to the mark. One of the great craftsmen, William Osler, is remembered on page 251, and another, Michael Balint, who shone a beacon into this obscure world in a book review (by another master) on page 250. But for an example of a craftswoman at work, turn to Jill Thistlethwaite's piece on ageing (page 256), a beautifully written account of a universal truth. It reminded me of a recently heard story about Mick Jagger who, referring to the lines on his face said to George Melly 'These aren't from age, they're from laughter', to which Melly replied 'Nothing's that funny'

DAVID JEWELL
Editor

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INFORMATION FOR AUTHORS AND READERS

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