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# Editorial

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The term 'evidence-based medicine' now known as EBM has permeated all through the various dimensions of medicine. From a buzz word that was bandied about at conferences, it has now come to stay. What does it mean? It means the conscientious, explicit and judicious use of current best evidence in making clinical decisions concerning the care of individual patients.

The purpose of EBM is to overcome the subjectivity of intuitive and the empirical practice of medicine. Medicine has been quoted to be an imprecise science. However, EBM attempts to make criteria as objective as possible.

Following the practice of adhering to the guidelines of best practices of medicine which are derived from EBM are already found to be important in medicolegal aspects of malpractice claims as well as health care insurers.

EBM depends on clinical data, clinician judgment and patient preference. Four concepts define the value of a diagnostic test. They are positive predictive value, negative predictive value, sensitivity and specificity. The positive predictive value is important in determining how much a positive test result can be trusted and often defines how often a positive result is correct. The same is true for a negative test result on its validity. Sensitivity and specificity are additional measures to measure the performance of a diagnostic test. A high sensitivity would mean that the number of false negatives are low. Specificity lessens the number of false positives.

There are five levels of evidence. Level 1 includes randomized controlled trials (also known as RCTS) or meta-analyses of RCTs. Level 2 comprises prospective studies with an internal control group or a meta-analysis of prospective controlled trials. Level 3 includes retrospective studies with an internal control group or a meta-analysis of retrospective controlled studies. Level 4 studies are case series with no internal control group. Level 5 includes reports of expert opinions without explicit critical appraisal or on the basis of physiology or bench research alone.

What is the value of EBM in our daily clinical practice? The value of allowing the conclusions of EBM to influence us in our practice is that it allows us to follow best practices which in turn lead to good outcomes for patients. This is particularly true in areas where a lot of medical literature has been published and the conclusions are either confusing or contradictory. It is useful for the clinician to carefully look at the criteria used in various studies before applying the methodology directly into clinical practice.

Is there anything else beyond EBM to evaluate outcomes? There are many more instruments like quality of life issues, patient perspectives, etc. However, there is just no substitute for honesty, sincerity and thoroughness in our search for delivering better care for better outcomes for our patients. Minimizing subjectivity and increasing objectivity may be accomplished through EBM. But, it is the physician who attentively and diligently updates himself or herself with the view to constantly improve the outcomes for patients who will most likely be the beneficiary of all the outcomes of EBM.

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