DEUTSCHE BUNDESPOST BERLIN
80
LEOPOLD VON RANKE 1795 - 1886
1986

Evidenz basiert Geschichte war in Berlin geboren

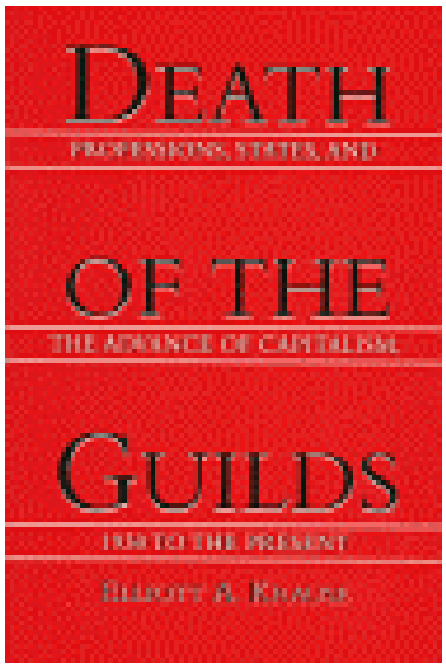
The historian uses the Fussnote to attack,the scientist uses the reference to defend , but both are selective

Bingel A. Über Behandlung der Diphtherie mit gewöhnlichem Pferdeserum. Deutsches Archiv für klinische Medizin 1918;125:284-332.

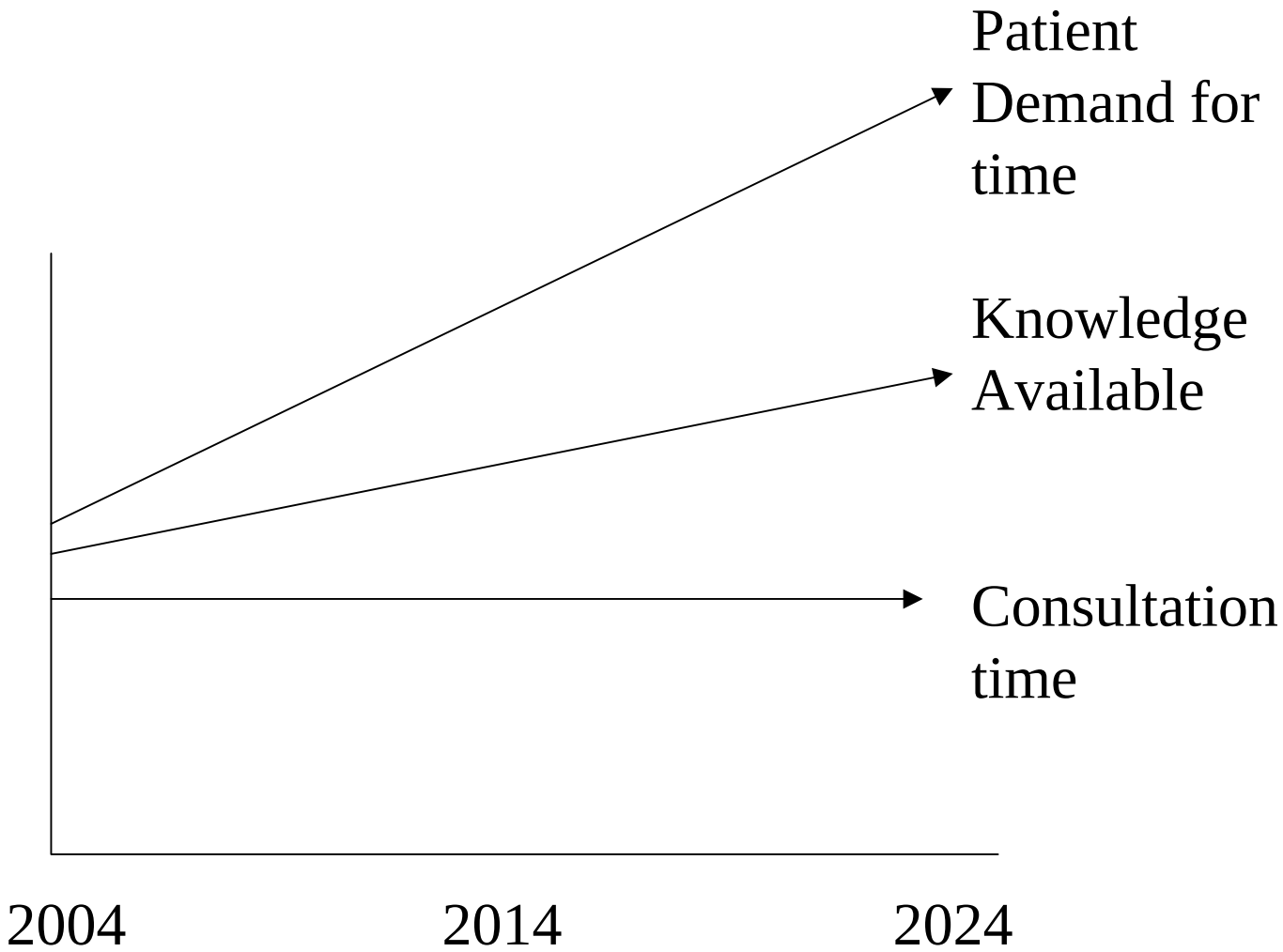
. I remind [the reader] of the heavy epidemics in Berlin and Hamburg of the year 1910,

[p288, last para, on blinding of assessors]

I am keen to see my observations checked independently, and most warmly recommend this "blind" method for the purpose. Even the chief physician may try to draw conclusions about the nature of the serum (unknown to him) that has been used in a particular case: he will be astonished to see how little he is able to do this.....Neither I nor my assistants… could detect a difference between the two sera. Dr Koennecke thought the old (antitoxin) serum had a certain advantage, while Dr Rehder declared that if he were to fall ill, he would wish to be treated with the new (horse) serum. The views of these two gentlemen thus neutralised each other."


DEATH
PROFESSIONS, STATES, AND
OF THE
THE ADVANCE OF CAPITALISM
GUILDS
1930 TO THE PRESENT
ELLIOTT A. KRAUSE

Health care 2015



The five eternal truths

The patient

The consultation

The clinical decision

The team

The knowledge

Knowledge is the enemy of disease

3 types of generalisable knowledge

Knowledge from research - **Evidence**

Knowledge from measurement of healthcare performance-**Statistics**

Knowledge from experience-**Of patients and clinicians**

2 types of particular knowledge

Knowledge about this patient

Knowledge about this service

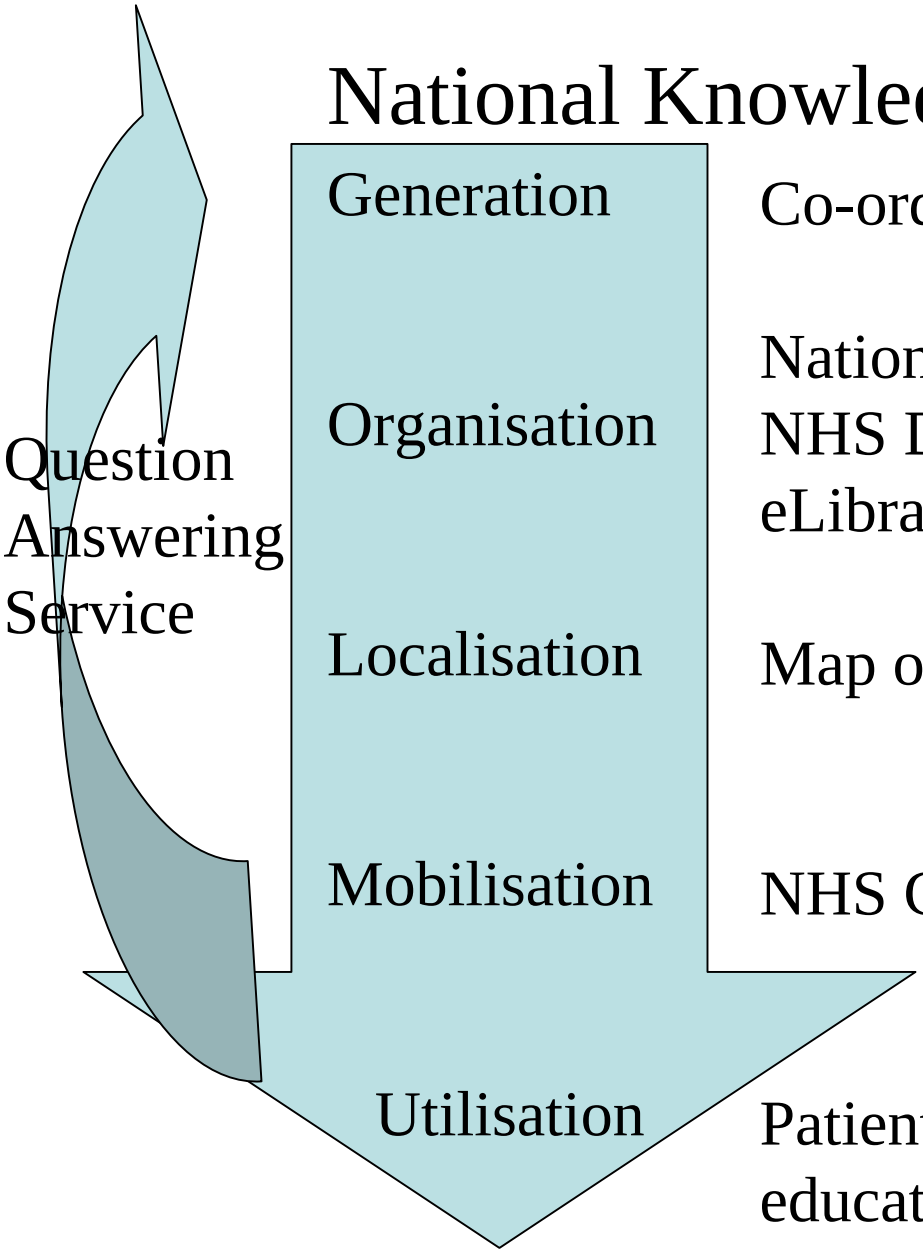
The application of what we know already will have a bigger impact on health and disease than any drug or technology likely to be introduced in the next decade

The application of what we know can prevent and minimise the 7 ubiquitous healthcare problems

- Errors and mistakes
- Poor quality healthcare
- Waste
- Unknowing variations in policy and practice
- Poor patient experience
- Overenthusiastic adoption of interventions of low value
- Failure to get new evidence into practice

A common core of quality assured knowledge must be delivered to professionals and patients at the point and time of need by a National Knowledge Service

National Knowledge Service



Co-ordinated procurement

National Library for Health
NHS Direct Online
eLibrary for Social Care

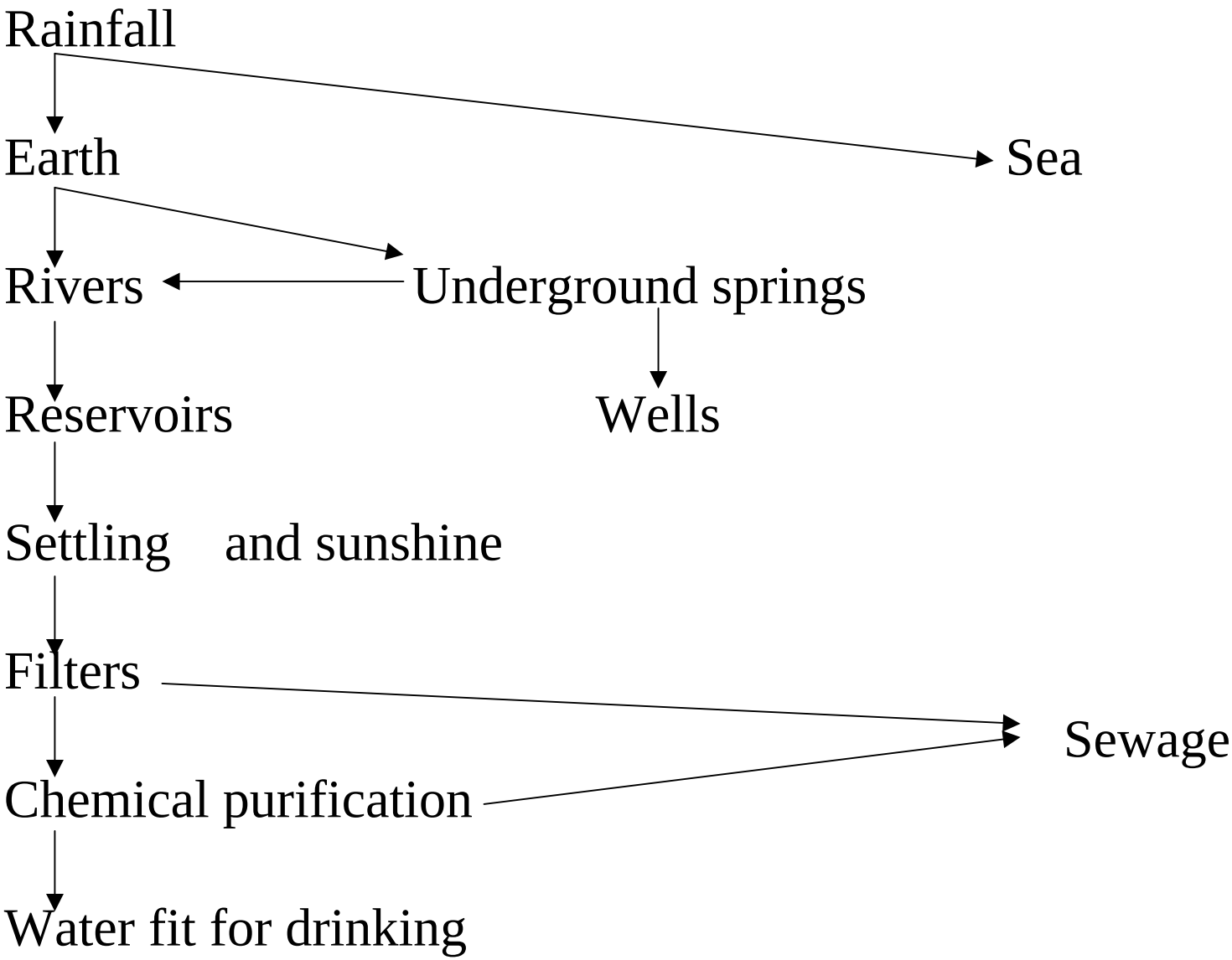
Map of medicine

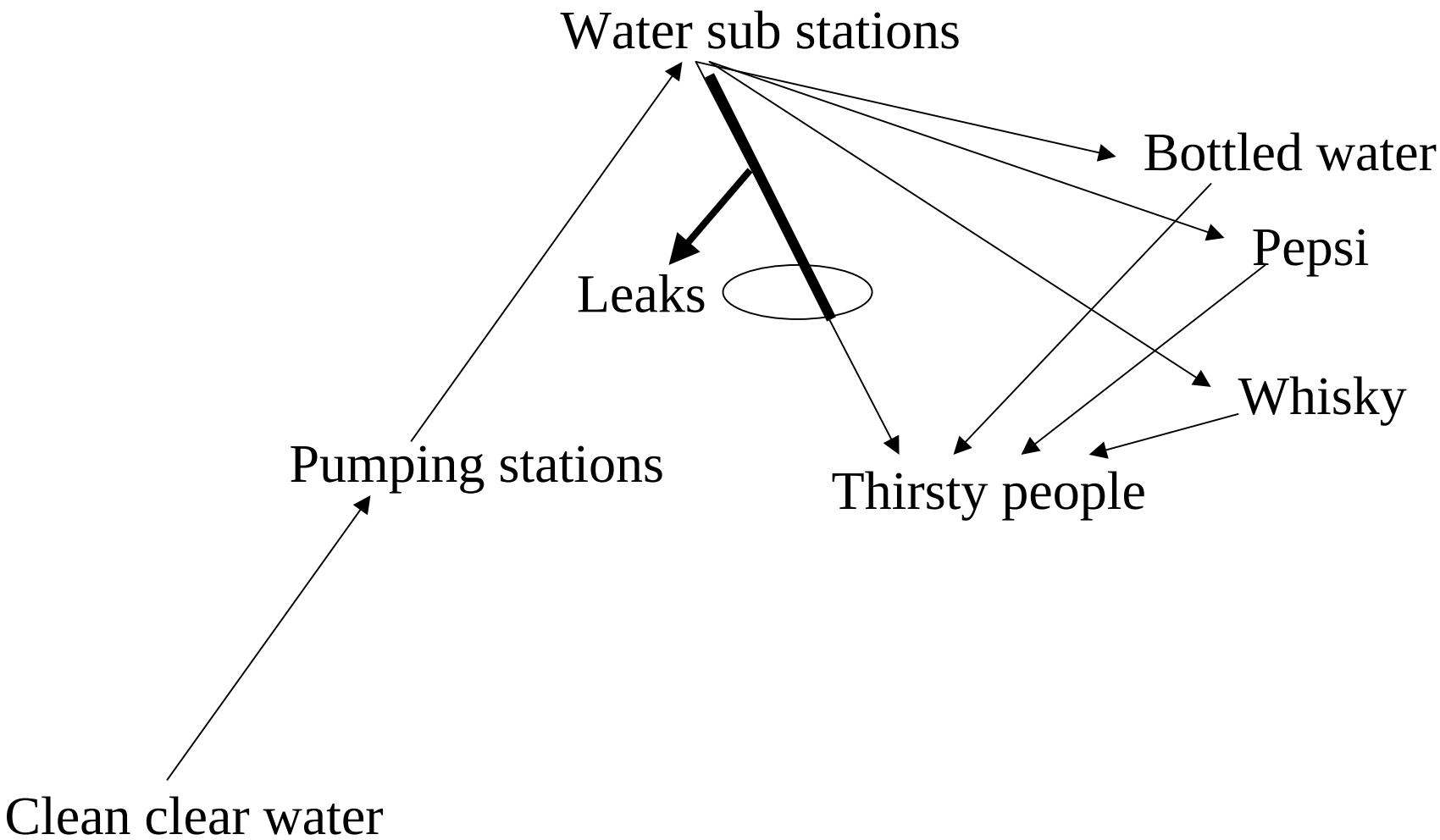
NHS Care Record Service

Patient & professional education

Better Consultations, Better Decisions,
Better Communication

For good health people need pure clear knowledge, just as they need pure clear water


Rainfall
Earth
Sea
Rivers
Underground springs
Reservoirs
Wells
Settling and sunshine
Filters
Sewage
Chemical purification
Water fit for drinking


Water sub stations
Bottled water
Pepsi
Leaks
Whisky
Pumping stations
Thirsty people
Clean clear water

Like water, knowledge may be

- Poisonous
- Polluted
- Muddy

Drummond Rennie

Deputy editor (west), *JAMA*

There seems to be no study too fragmented, no hypothesis too trivial, no literature citation too biased or too egotistical, no design too warped, no methodology too bungled, no presentation of results too inaccurate, too obscure, and too contradictory, no analysis too self serving, no argument too circular, no conclusions too trifling or too unjustified, and no grammar and syntax too offensive for a paper to end up in print.

[Rennie 1986; 2002]

The CONSORT statement for Reporting RCTs
[Moher *et al, JAMA/Annals/Lancet* 2001]

- 22 items that should be reported in a paper
- Also a flow diagram describing patient progress through the trial
- Most leading general medical journals and many specialist journals (>70) adopted original CONSORT recommendations (1966)
  - Authors should not be able to hide study inadequacies by omission of important information
- The CONSORT requirements are in addition to existing general requirements

Other guidelines

- CONSORT is a model
- The same principles are being applied to other types of research
  - QUOROM (meta-analyses)
  - STARD (diagnostic studies)
  - STROBE (observational studies)
  - etc
- Developed by researchers and editors
- A key advantage is consistency of advice across many journals

Classification of Discussion sections in RCT reports published in May 1997 and May 2001 in five leading general medical journals

Classification	**May ’97 n=26**	**May ’01 n=33**
First trial addressing the question	1	3
Contained an updated systematic review integrating the new results	2	0
Discussed a previous review but did not attempt to integrate the new results	4	3
No apparent systematic attempt to set the new results context	19	27

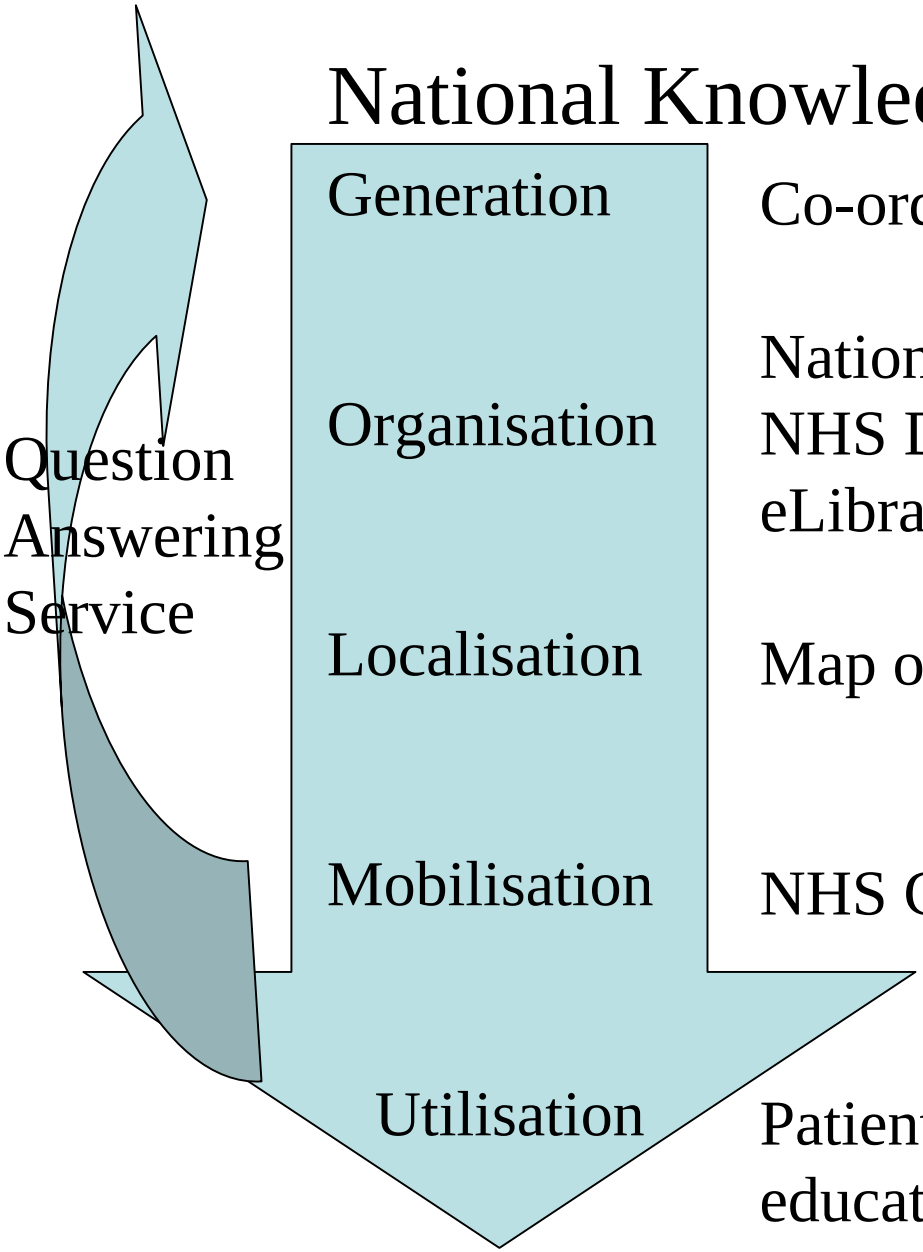
Additions to the world's evidence base 1/5/2003-1/5/2004

	new articles	RCT's (treatment trials)	Systematic Reviews of RCT's
Asthma	3837	267	149
COPD	1487	103(90 english)	75 (50 english)
Glaucoma	1223	81	29
Breast Cancer	7349	229	215
Rheumatoid	2505	107	94

Rare diseases are very common- Allianz Chronische Seltener Krankheiten ASCHE

	Google	Total Articles	New in 2003/4
Aarskog*	13,800	226	2
Aegenaes*	803	70	1
Phaeochromocytoma	34,400	14,167	377
Tay Sachs	54,700	1,369	24
Scleroderma	233,370 (9, 280)	14,182	442

National Knowledge Service



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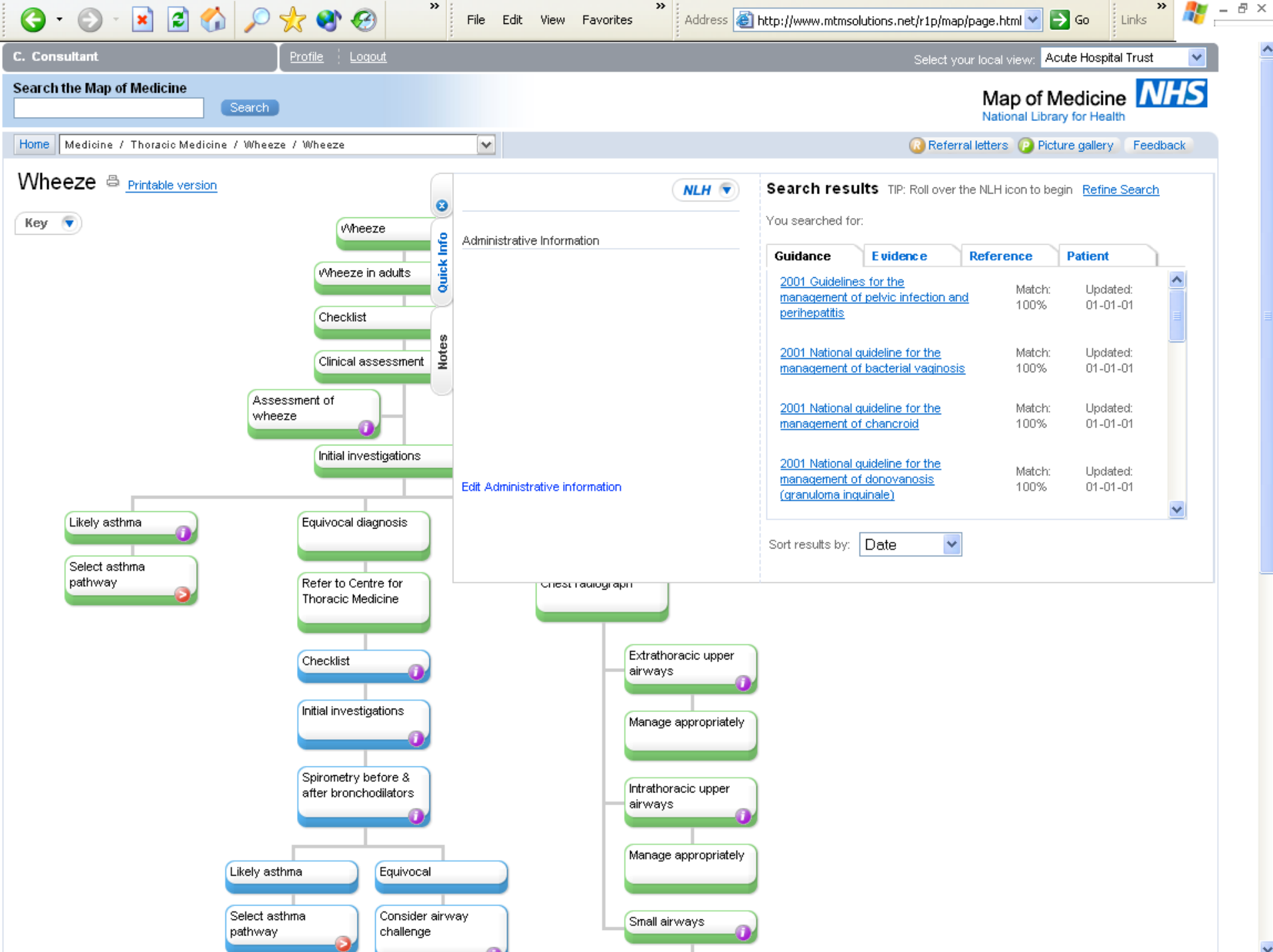

File Edit View Favorites
Address http://www.mtmsolutions.net/r1p/map/page.html
Go
Links
C. Consultant
Profile
Logout
Select your local view:
Acute Hospital Trust
Search the Map of Medicine
Search
Map of Medicine
National Library for Health
NHS
Home
Medicine / Thoracic Medicine / Wheeze / Wheeze
Referral letters
Picture gallery
Feedback
Wheeze
Printable version
Key
Wheeze
Wheeze in adults
Checklist
Clinical assessment
Assessment of wheeze
Initial investigations
Likely asthma
Select asthma pathway
Equivocal diagnosis
Refer to Centre for Thoracic Medicine
Checklist
Initial investigations
Spirometry before & after bronchodilators
Likely asthma
Equivocal
Select asthma pathway
Consider airway challenge
Chest radiograph
Extrathoracic upper airways
Manage appropriately
Intrathoracic upper airways
Manage appropriately
Small airways
Quick Info
Notes
NLH
Administrative Information
Edit Administrative information
Search results
TIP: Roll over the NLH icon to begin
Refine Search
You searched for:
Guidance
Evidence
Reference
Patient
2001 Guidelines for the management of pelvic infection and perihepatitis
Match: 100%
Updated: 01-01-01
2001 National guideline for the management of bacterial vaginosis
Match: 100%
Updated: 01-01-01
2001 National guideline for the management of chancroid
Match: 100%
Updated: 01-01-01
2001 National guideline for the management of donovanosis (granuloma inguinale)
Match: 100%
Updated: 01-01-01
Sort results by:
Date

Ignorance is like cholera it cannot be controlled by an individual patient or clinician; it requires the organised efforts of society and is therefore a public health responsibility

The clinician of the C21 will have to

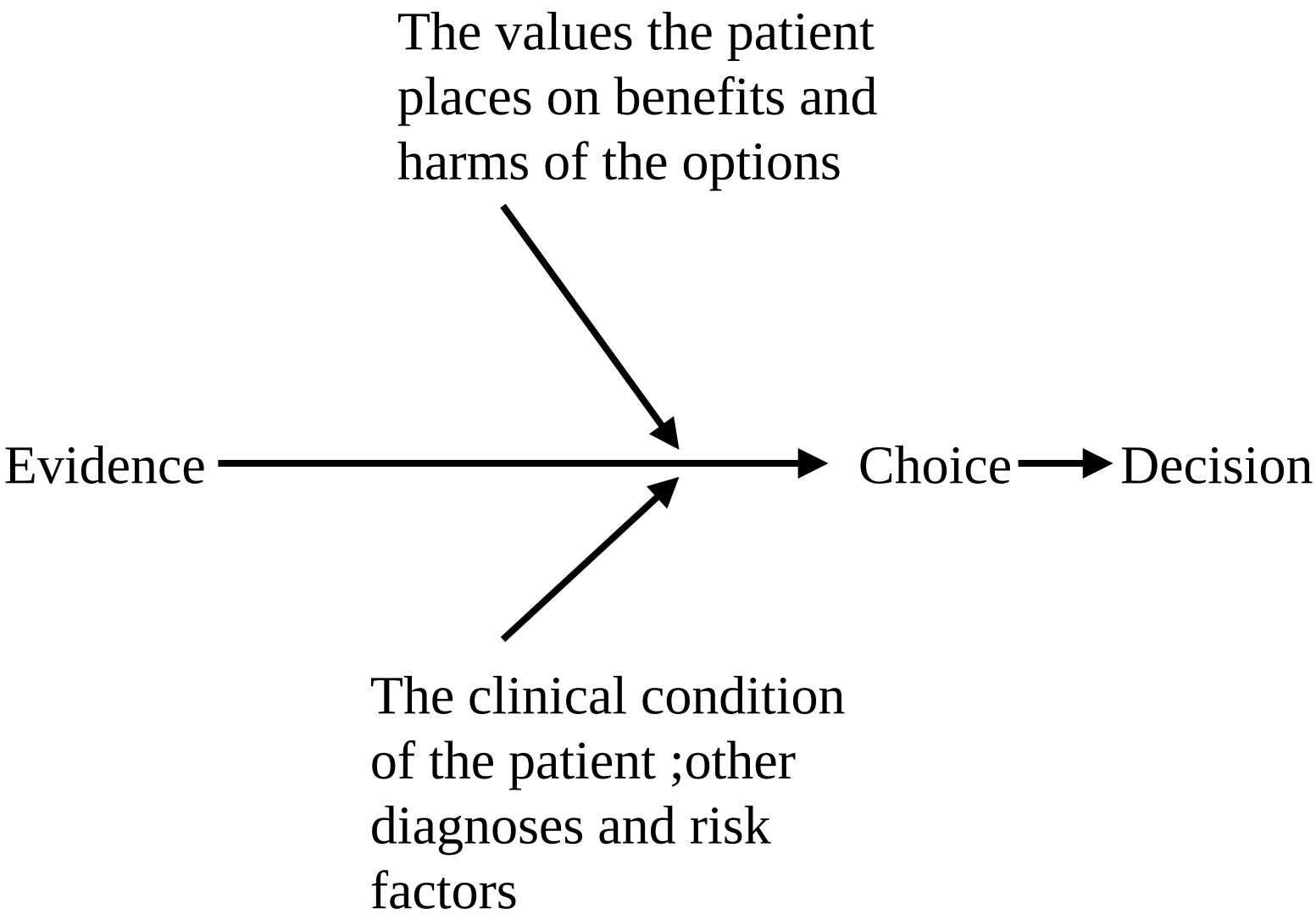
learn to say “I don’t know’ with ease and confidence,

know how to find best available evidence

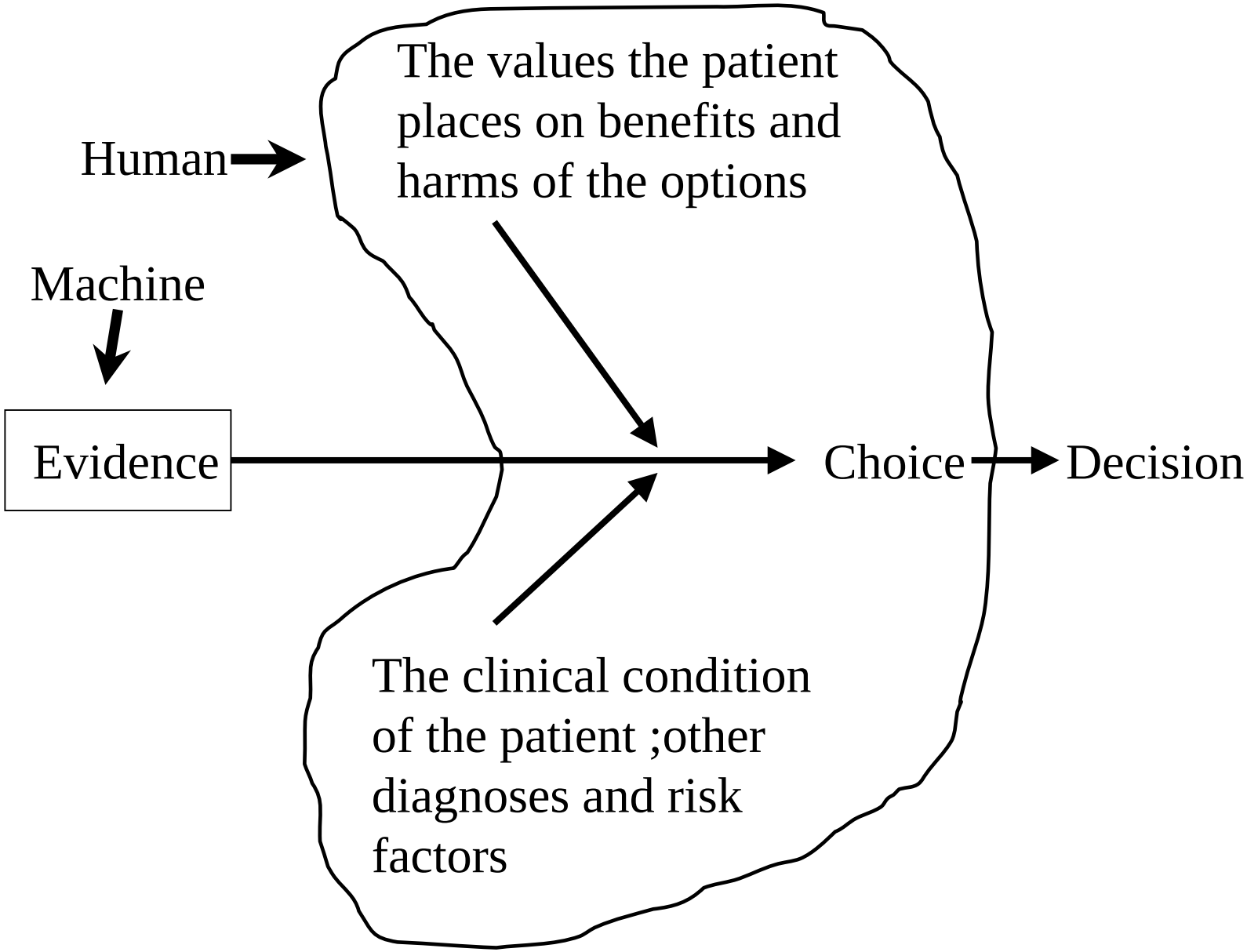
listen to the patient’s story and examine the patient carefully to decide what tests and treatments might do more good than harm by tailoring best available evidence to the individual’s condition

ascertain the patients preferred consulting style

discuss options with the patient and help the patient make an informed choice based on their values



model of clinical decision making



model of clinical decision making

New style consultations

Patient learns about condition from NHS Direct TV at home at the suggestion of the GP or receptionist

↓

Patient interacts and informs using patient data entry

↓

Face to face consultation

↓

Patient works through options using a patient decision aid, considering likely outcomes against their values

↓

Face to face consultation

↓

Patient reflects at home , drawing on the values of other patients from the Database of Individual Patient Experiences

What will patients be like in 2015?

The knowledge spectrum before the internet

Knows
A little

Knows
A lot

Patient

Primary
Care

Secondary
(hospital)
Care

Professor

The knowledge spectrum after the internet -1

Knows
A little

Knows
A lot

Primary
Care

Patient

Secondary
(hospital)
Care

Professor

The knowledge spectrum after the internet -2

Knows
A little

Knows
A lot

Primary
Care

Secondary
(hospital)
Care

Patient

Professor

The knowledge spectrum after the internet -3

Knows
A little

Knows
A lot

Primary Care

Secondary (hospital) Care

Professor

Patient

Utilisation-1 the patient

Every patient should be assumed to be competent and to want full involvement until they have made it clear that is not wanted

When it is clear what degree of involvement that is preferred the patient should be given the resources they need and be expected to use them

Support the resourceful patient www.resourcefulpatient.org

eRosetta Press

The Resourceful Patient

J A Muir Gray

www .resourcefulpatient.org

www .soundshealthy.org