

Evidence-Based Health Care

A CSCE Position Statement

The Canadian Society of Chiropractic Evaluators (CSCE) recognizes that on an individual basis, a patient's outcome from a clinical encounter for care will be dependent on the assimilation of clinical and scientific evidence. Members are encouraged to recognize this when providing comment and recommendations on treatment issues. Members should be sensitive to both specific (e.g. ranges of motion) and non-specific (general benefits derived from the healing process) effects of treatment. Achieving this will require recognizing the patient's unique ideas, concerns and expectations about their impairment(s) and recovery. At the same time, before reaching their conclusions about care provided or proposed, independent evaluators should be sensitive to issues of dependency, contraindications to treatment, experimental approaches, and take into consideration other factors that may impact on the reasonableness and necessity of care (see CSCE Standards and Guidelines - Appendices B and C).

CSCE recognizes that in order to provide an assessment that is perceived to be fair and unbiased by all stakeholders, recommendations for reasonableness and necessity of care should be based on an evidenced-based approach. The Oxford Dictionary¹ defines "evidence" as "An indication, sign, [or] facts available as proving or supporting [a] notion. In law, "evidence" is defined as testimony admissible in court, or information given personally or drawn from documents etc, and tending to prove [a] fact."¹ From a clinical perspective, "evidence" means epidemiological and biostatistical ways of thinking, and research on clinical care in the management of specific patients. While science serves an important role in clinical decision making, scientific decision does not tend to acknowledge subjective experience, meaning and consciousness in a clinical encounter. CSCE recognizes that this gap exists between evidence and the kind of care typically provided in clinical practice. In practice, clinical decision making is rarely based purely on scientific evidence. An evidence-based approach to clinical management of patients, therefore, acknowledges that other factors, such as experience and clinical judgement, can also serve as evidence. That being said, it is important for the clinician to consider objective outcomes, such as gains or maintenance of function, in order to set future therapeutic protocols.

From a clinical perspective, evidence-based health care can best be defined as an approach to practice in which the clinician is aware of the evidence in support of the proposed practices, the strength of that evidence and that for alternatives, while having a thorough understanding of risks versus benefits. In effect, evidence-based clinical care is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients². Making the best decision requires sound judgement based on clinical expertise, and knowledge of patient values and preferences, in addition to evidence from research.

¹Oxford Dictionary 7th edition, Clarendon Press, p. 253

²Sackett, DL et al. Evidence-based medicine: what it is and what it isn't, BMJ 1996

Patient Preferences

While not generally recognized as such, patient preferences are "the law" for the treating practitioner, in that informed consent must be obtained. According to Sackett³ "we ask our patients to make value judgments about the relative severity of the bad outcome we hope to prevent with therapy and the adverse event we might cause with it". When considering patient preferences evidence-based care may be more aptly termed "evidence-based patient choice"⁴.

Dimensions of Evidence

Evidence-based recommendations stemming from independent evaluations should take into consideration six dimensions⁵. Categories of evidence include: scientific evidence, theoretical evidence, practical/clinical evidence, expert evidence, judicial evidence, and ethics-based evidence. All of these dimensions have strengths and weaknesses in an evidence-based decision making process. Returning evidence to its original definition should therefore broaden and strengthen the definition, and help make it responsive to concerns of and acceptable to many critics, while acknowledging contributions from those who are not quantitative researchers⁶. With this definition in mind the independent evaluator should therefore recognize that it neither forces accommodation for any given patient, nor submits to unacceptable compromise.

Summary

CSCE emphasizes that evidence-based health care should take into consideration patient preferences and choice, and the different dimensions of evidence. This enhances the clinical experience of the patient, while the treating practitioner will also consider best practices. Specifically in the performance of independent evaluations, considering a more comprehensive definition of evidence-based health care will help in assuring all stakeholders that the conclusions reached have taken into account factors that are no less important.

³Sackett, *Evidence-Based Medicine* 2nd edition, Churchill Livingstone, p. 124

⁴Ibid. p. 229

⁵Buetow et al., *Evidence-based medicine: the need for a new definition*, Journal of Evaluation of Clinical Practice, 6, 2, 85-92

⁶Ibid. p. 90