On 31 October 1517, Dr Martin Luther posted his Disputation on the Power and Efficacy of Indulgences, consisting of 95 theses, to the door of the Wittenberg church. One of the immediate consequences of this act was the Reformation. The authority of the Pope and the Catholic Church to be the undisputed canonical interpreters of Holy Scripture was challenged. As a consequence, there was a proliferation of interpretations of biblical texts and the dawning of the discipline of hermeneutics as a means of determining or reflecting upon the adequacies of interpretations of sacred and scholarly works.

I raise the issue of hermeneutics not because I think Evidence-Based Medicine (EBM) in any way parallels the historic significance of Luther’s actions, nor simply because Professor Jenicek mentions them in the text of his paper, but specifically, because I believe the state of EBM today is akin to the problematic interpretative phase of the Reformation. The issues now become as much how one defines and interprets EBM as which school of EBM one seeks to belong to. As time passes, there are more variants of EBM all claiming legitimacy and veracity, and frankly, it is getting hard to keep them all straight.

Introducing the concept of biblical hermeneutics is also of relevance to this commentary, as it strikes me that the EBM movement has approached closely that of faith-based movements. Increasingly, we see comments in the literature concerning the ascendancy, triumphs and positive benefits of EBM despite it yet neither meeting its own standard for determination of value, nor meeting the serious criticisms advanced against it (Upshur & Tracy 2004).

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I found much of value in Professor Jenicek’s paper, and many areas of agreement. However, I also detect in this paper an unwillingness to abandon the concept of EBM and a desire to somehow save the concept of EBM for fear of the unpalatable alternatives that he enumerates, such as claim-based, faith-based, experience-based medicine, etc. Professor Jenicek puts forth his own preferred definition of EBM, and his own view of what steps EBM includes. I will not dwell on the definitional issues in EBM, which are serious and deserving of attention. The most central and important component of the paper, to my mind, is the linkage of informal logic and critical thinking in EBM and in viewing the application of EBM in practice as a form of reasoned, reflective and deliberative, and I would argue dialogical, action. Professor Jenicek outlines the stages and steps of evidence-based process in light of including a concept of argumentation at the core of EBM. Finally, he ends with critical thinking and challenges for the evaluation of EBM itself.

I see Professor Jenicek’s paper as a symptom of the ongoing confusion in EBM. There are no shortage of those arguing for a preferred view of what EBM is or is not, including, but not restricted to, those from its creators and chief spokesman at the institution from which Professor Jenicek is writing. There is an abundance of recent scholarly volumes devoted to issues in evidence-based practice, many of a revisionist flavour. Two examples will suffice to make my point. Health Affairs had an issue recently featuring several papers on evidence-based approaches in health care. Of note, the paper by Steinberg & Luce (2005), ‘Evidence-based? Caveat emptor!’, articulates a con-
cept of when the evidence-based title can be considered as rightfully applied.

They write:

In this paper we review the methods that should be employed to rate strength of evidence, and we describe the differences involved in evaluating the strength of evidence that emerges from a single study versus a body of evidence, as well as the additional issues that need to be considered when rating the evidence underlying a clinical practice guideline or performance measure. We then describe several considerations other than strength of evidence that may be pertinent to particular health care-related decisions. We conclude by discussing four types of health care-related decisions and the extent to which they deserve to be considered ‘evidence based.’ (p. 80, italics added)

The language is instructive: it is overtly prescriptive (specifying what methods should be used) and gives an account of how to correctly identify an evidence-based decision.

Similarly, in a recent volume of Perspectives in Medicine and Biology, Brodie et al. (2005) in a paper entitled ‘Evidence-based medicine: watching out for its friends’ point out the misinterpretations of EBM by many of its supposed advocates. They write:

If the criticisms from EBM’s opponents can mostly be dismissed as either misunderstandings or misperceptions of the limits of mainstream medicine, then perhaps EBM has more to fear from the exuberance of its friends. It may also turn out that being a ‘friend’ of EBM is an apparent rather than a real state of affairs. In the following sections we will address three types of ‘friend’:

* Self-proclaimed EBM practitioners who employ crude rather than sophisticated EBM;
* EBM’s ‘suppliers’: commercial sponsorship of RCTs;
* EBM’s ‘consumers’: questionable applications of EBM to health policy. (p. 576)

In this view, there is a curious new distinction between the crude and the sophisticated EBM practitioners and a means to distinguish them as well as those proponents of EBM whose application is questionable.

Hence, what we have is a conundrum. We have the proliferation of many perspectives of what EBM may be, and, as many of these are by no means identical visions. We are therefore left to wonder how to identify who are the correct proponents of EBM. So we find ourselves in a hermeneutic difficulty about standards of determination. Or we could simply not care and conclude that despite its deceptive and attractive moniker, EBM has no core meaning.

While I believe Professor Jenicek’s paper moves us in some of the right directions, I do have certain concerns. I do think that by the time he gets to discussions of argumentation, reasoning, hermeneutics and critical thinking, Professor Jenicek has moved quite far away from the original position and intention of EBM. In fact, by this point in the paper, the role of research evidence has taken a secondary role to argumentation and its appraisal in the application of EBM. Professor Jenicek comes close to abandoning the concept of EBM to embrace what he calls ‘a kind of arguments-based or reasoned medicine’. I believe this is precisely the direction where we need to go, and by taking this step and abandoning the ‘evidence-based’ dimension of it, I think this opens up a complete set of new and important dimensions of understanding clinical practice.

While Professor Jenicek rightfully points out the importance of critical thinking, he does not appreciate the profound move within EBM away from fostering critical thinking, and creating a dependency on pre-interpreted, prepackaged sources of health evidence. For example, as the original proponents of EBM themselves have pointed out, the vast majority of practitioners no longer wish to have expertise in critical appraisal, but merely want to know where to access the so-called best evidence (Guyatt et al. 2000). Of course, these standards of best evidence are set by the interpreters themselves without any transparent discussion of what grants them the imprimatur and the authority to interpret health research for others. I believe that Professor Jenicek’s adherence to standards of critical thinking puts him at variance with this interpretation of EBM, at least as proposed by those who originated it, if I read the current literature at all correctly. Also, if one accepts a reasoning and argumentation-based approach to health care, one is, by definition, I think committed to abandoning the hierarchy of evidence, and when the hierar-
The hierarchy of evidence is replaced and critical reasoning is put back in the centre of the process, then we are no longer within the realm of evidence-based practice as has been propagated (Upshur & Colak 2003). The concept of a hierarchy has also lost its unity, and there is an increasing cacophony of rival hierarchies (Upshur 2003). So when Professor Jenicek gets to his conclusion, ‘in summary, a critical appraisal of evidence itself and critical appraisal of an argument based on already appraised evidence are two different things’, he is on the verge, I think, of parting ways from orthodox EBM, if such a thing exists.

Finally, in his last section, Professor Jenicek raises some issues with respect to the evaluation of EBM. I find it very difficult and contradictory that Professor Jenicek accepts the fact ‘that EBM is the unquestionably the right approach to follow in medicine wherever and whenever possible’, yet in his conclusions, he asks the question that perhaps we should consider a randomized double-blind control trial of EBM practices as compared to its alternatives. That such a trial has never been conducted really speaks to the core of how we can interpret such quotations. Quite clearly, there is no way one can adopt EBM as the best available way to practice medicine simply because of the fact that it has made inroads into so many aspects of general medicine and all medical specialties. The fact that ‘several methodologically oriented textbooks covering the topic in general have appeared as well as one EBM dictionary and a growing number of evidence-based specialties and domain-specific textbooks such as in family medicine, paediatrics, cardiology, ophthalmology and critical care, EBM-founded guidelines for the management of major health problems in general medicine practice are now available, and the evidence-based approach has been applied to nursing, public health, veterinary medicine, and other health and health-connected sciences and domains, like health promotion and social services in health’, justifies nothing. These trends do nothing to establish the truth or validity of any of the basic tenets of EBM. As Professor Jenicek rightly knows, this is an ad populum argument. It is a fallacious inference to derive veracity from popularity (unless of course you are in marketing). The fact that many people believe X, in no way justifies X, and specifically with respect to EBM, the fact that so many people believe X in light of the absence of any evidence from the most methodologically rigorous forms of study held by EBM as the very standard of acceptability, does, as he states, put EBM on the same footing as other convictions, self-appointed authority or belief-based medicine.

So my question to Professor Jenicek is: ‘Why adhere to evidence-based medicine so rigorously?’ The thrust of your arguments is to undermine this adherence. I think a full discussion of reasoning-based, argumentation-based medicine, discourse-based medicine or hermeneutic medicine would be welcome. I also would invite Professor Jenicek to read many of the critical commentaries published in the Journal of Evaluation in Clinical Practice. I find it somewhat disturbing that in his reflections on EBM, there are no citations from the very active debate and critique of evidence-based practices found in this journal. Many of the questions in Professor Jenicek’s concluding section have been addressed therein.

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References


