

Editorials

Is evidence-based public health in crisis?

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On the web page of British Medical Journal, the outpost of evidence-based medicine (EBM) received 500 votes, of which 52% agreed that 'EBM is broken' (as of June 22). Readers did vote in relation to the article, published by a group of EBM promoters.¹ In this article, Trisha Greenhalgh *et al.* listed for the 'Evidence Based Medicine Renaissance Group' number of problems with the development of the EBM practice. Despite successfully addressing these problems, the article calls for the 'Return to real evidence based medicine'.

The call is addressed mostly to clinicians, but three points make it relevant for public health.

- (i) The move for evidence-based (i.e. science-based) decision-making is universal, and not limited to medical practice or even to the health-related fields.
- (ii) The classics of EBM explained the EBM origin as a move of the public health instruments, interpretation of the study designs to the clinical practice.
- (iii) Public health perspective in some way contradicts the EBM ('...contemporary healthcare's complex economic, political, technological and commercial context has tended to steer the evidence based agenda towards populations...').

Indeed, public health tends to keep the locus of the sophisticated research methodology, and courses in public health for the Master of Science degree are increasingly popular between physicians inclined to research. But, the methodological problems, the problems of the appropriate design of the study and the reasonable interpretation in the interests of patients never arouse to the size of questioning the idea and practice of EBM. Moreover, from the point of research methodology, the research practice and quality of publications of research were never better than these days. In this sense, neither EBM nor the science and practice of public health are broken.

Contradiction between the personal and population perspective of the health problems is well known. However, do they arouse to the size of undermining the evidence-based approach? Definitely, no. The current examples of the controversies on diet components including salt and fats consumption, statins, etc. do not demonstrate

the dead ends. Moreover, we see that in these discussions the better balance of the personal and public interests is forging. I think that the old days when prevention and public health were pictured as enemies of the evidence-based medical practice are gone.² Accidentally, right now the discussion is going on the expansion of the statin prophylactic to the low-risk groups, and it got the unexpected heat around the BMJ.³

This discussion, again, appears about the fair use of the evidence, about balance of the personal and population interests and about the relative importance of the evidence from the studies of different design. This time it is mostly about the fair estimate of the severity and frequency of side effects. What is even more important, the public health side of the discussion on statins is now taking into account the industrial origin of the data. It is not only about the bias connected to the known tendency of industrial sponsors to design the studies exaggerating the positive effects of the intervention and hiding the negative effects, and neither is it only about the publication bias. Now it is also about the access to the primary data from the research for the decision-making in public health.

This progress in understanding of the problems with the quality of the evidence makes some people worry about the crisis with the evidence. But, if we see the problems better now, it does not mean that we have less evidence for actions. Contrarily, nowadays we have better understanding and more evidence for actions than ever before. There is no crisis in evidence-based public health. There is a craving for more knowledge and better understanding.

Conflicts of interest: None declared.

References

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