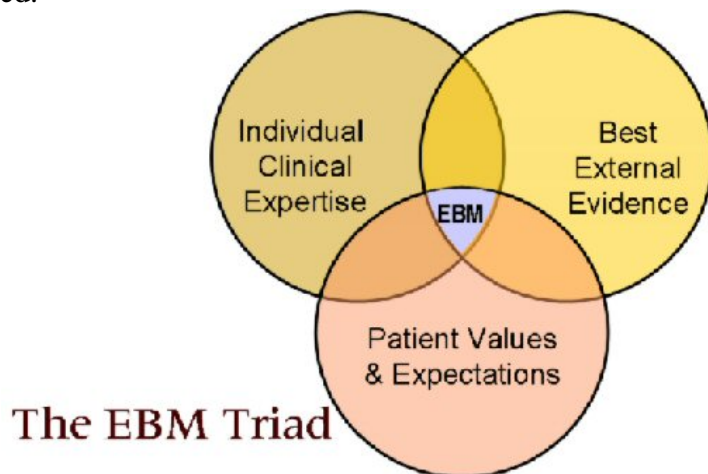


What is Evidence-Based Health Care?* Why should it matter to you?

As users of health care, we all want to receive the best medical care. Do we know if we are getting good medical care? Do we know when a medical treatment is going to meet our goals? Can we trust that the treatments are right for us? Can we tell if they will help or harm?

We all share these worries, even the insurance companies and the government. Now there is a way to help make sure that we are given the best care – it's called “evidence-based medicine” (EBM). Simply put, EBM is the mixture of your doctor's knowledge, your needs, and the best proof from research to make the best choice for your care.ⁱ

Most of us thought that this was already being done, but until just about 20 years ago, health care providers used their own judgment on what was best for their patients. Because of the lack of strong research, their decisions were not always based on fact and at times were wrong.ⁱⁱ We now have a better process for helping health care providers and patients choose the best treatments for the results they desire.ⁱⁱⁱ As you can see in the drawing below,^{iv} EBM (sometimes also called EBH) is an *organized approach* to problem solving which *mixes 1) the best information we have with 2) clinical experience and 3) patient values.*^v When done well, EBM makes the practice of medicine easy to understand and gives the patient enough information to make an informed decision about his or her own body.^{vi} In other words, EBM is patient-centered and allows us to be a part of our own health care decisions. What is important to know about EBM is that the opportunity for the patient to take part in every step in the treatment process depends on their input before any decisions are made about treatments! Not only do individual patients need to be involved in decision-making with their health care providers, but they are needed to share their views on the types of research they believe should be funded and pursued.



ⁱ Dr. David L. Sackett is frequently credited with providing the first comprehensive definition of evidence-based medicine back in 1996: “the conscientious, explicit, and judicious use of current best evidence in making decisions about the individual care of patients”. D.L. Sackett et al., “Evidence-based medicine: what it is and what it isn't” (Editorial), *British Medical Journal* 312, no. 7023 (1996): 71-72.

ⁱⁱ M.R. Chassin et al., “How coronary angiography is used: clinical determinants of appropriateness,” *Journal of the American Medical Association* 258, no. 18 (1987): 2543-2547.

ⁱⁱⁱ D.M. Eddy, “Evidence-based medicine: a unified approach,” *Health Affairs* 24, no. 1 (2005): 9-17.

^{iv} <http://med.fsu.edu/informatics/EBMTutorial.asp>

^v Sackett DL, Strauss SE, Richardson WS, et al. *Evidence-based medicine: how to practice and teach EBM*. London: Churchill-Livingstone, 2000.

^{vi} Dr. David Newman, <http://www.medpie.com/Conversations/featured-articles/ebm.html>

* “Evidence-based medicine” (EBM) traditionally refers to the decisions of individual physicians, while “evidence-based health care” (EBH) often refers more broadly to not only evidence-based decision-making by individual physicians, but also to evidence-based systematic reviews, guidelines, and other types of policies (that is, EBM at the institutional level). The two terms are sometimes used interchangeably.