

Who Cares about Evidence?

A quick answer to this question is ‘almost nobody’. Certainly, the general public, for whom evidence in the sense of evidence-based practice is meant to be of benefit, don’t care. How else do we explain the billions spent on complementary and alternative medicines (CAM)? In the UK billions of pounds are spent annually on CAM (Leggatt 2008), but the evidence-base for CAM is threadbare (Colquhoun 2006). The few specific glimmers of hope that do arise periodically are taken by devotees to indicate general success of the genre. However, proper examination of the evidence leaves CAM wanting and possibly wasteful of vast amounts of personal and national resources. Clearly, Royal patronage of CAM and all things ‘alternative’ has an influence on the public and politicians but the vast majority of personal purchases of CAM products arise out of sheer ignorance of any notion of evidence. Even when faced with the facts, the retort that it either worked for a friend or worked for the person you are speaking to outweighs other arguments, belies incomprehension of how cause and effect relationships work (Watson 2011) and demonstrates the power of $n=1$.

Politicians repeatedly prove themselves ignorant or uncaring about evidence. Locally, in the NHS Trust where I hold an honorary contract, an older person was in the terminal stages of dementia, dying, and unable to eat or drink. The family insisted that the person be tube fed, ignorant of the lack of efficacy of tube feeding at this stage of dementia (Finucane et al. 1999) and the fact that great harm can be done and death hastened. The medical team refused to implement tube feeding and a second opinion was sought, with the same outcome. The family wrote to one of the local Members of Parliament who put pressure on the NHS Trust management to implement tube feeding and it was duly implemented to the shame of the NHS Trust managers and the consultant—too afraid to lose his or her job—who eventually complied. Politics and pressures, it seems, outweigh evidence.

Thankfully in the UK we have then National Institute for Health and Care Excellence (NICE) to be the custodians of evidence, free from the pressure of political and public opinion. Free, it seems, until political and public pressure seem irresistible in the face of evidence. Take the case of Aricept, a cholinesterase inhibitor used to treat mild dementia. The drug appears to work, to a limited extent, to improve cognitive function and the effect is known to be short-term. NICE, having weighed up the clinical and economic evidence initially concluded that Aricept prescription was not something that should be funded from the public purse. The public outcry and pressure from dementia charities such as the Alzheimer’s Society and political pressure ultimately forced NICE to change its mind (Campbell 2010). The evidence had not changed, merely the opinion. So much for NICE as an exemplary consumer and purveyor of evidence based care.

Therefore, it seems, evidence is a flexible concept in the sense that, while the facts that contribute to it cannot change, the use to which it is put is malleable and its purpose changes depending in whose hands the evidence sits. My intention is not to undermine the concept of evidence here, merely to remind those of us whose job it is to provide the evidence and argue should not be surprised if our advice and the outcome and outputs from our research are ignored.

References

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