Evidence based practice and public health

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Abstract

Evidence based practice is a well-established concept amongst healthcare professionals. It is the principle that underpins clinical decision making and acts as a foundation for the work undertaken by health librarians. It aims to ensure that clinical decisions are made using the best available evidence. But how does the health profession ethically and honestly use evidence based practice in its communication with patients? Do we need to be more sceptical and rigorous in our scrutiny of evidence based practice? How is evidence based practice utilised within public health?

Subject headings: evidence based practice, evidence based medicine, public health, HLG conference 2018, key note.

Article

As a first-time attendee at this year's Health Libraries Group conference (HLG) held at Keele University I found it an insightful experience full of enthusiasm, ideas and a determination to share best practice. After receiving a warm welcome to the conference I attended several very engaging sessions. One that particularly stood out for me was the key note delivered by Dr Mark Murphy entitled '*Encouraging clinicians to*

source evidence-based material and share decisions with patients'[1].
Mark is an Academic General Practitioner & Lecturer in the Department of General Practice.

I first came across the concept of evidence based practice (EBP) whilst undertaking my MA in Librarianship. EBP then went on to underpin my work in healthcare libraries within the NHS and it continues to provide a foundation for my current role within public health. It is firmly embedded into health librarianship and forms the basis of the provision of quality and timely information to support clinical decision making which ultimately influences millions of healthcare decisions every day[2]. Whilst the concept of EBP is well established and familiar, Mark offered a nuanced approach scoping some of the more philosophical aspects of evidence within medicine to enable us to regard this familiar concept through a series of new lenses. This was not an attempt to challenge EBP but to allow us to think more fully about its place within medicine and how it is communicated to patients.

Mark posed several questions relating to what EBP is, and most significantly what it is not. Has the word 'evidence' become synonymous with truth? Are medical truths the same as geometric truths? How is medical 'truth' communicated to the patient? For example, how are treatment options explained and is the word 'treatment' in itself misleading? A treatment is simply a therapeutic option with benefits and side-effects. How do patients regard these common place terms and make decisions about their healthcare? Are we informing patients in an ethical way? Are we challenging ourselves to translate research into honest conversations with patients?

[1] You can view Mark Murphy's talk on Evidence Based Practice here https://drive.google.com/drive/folders/1zpWYxszO80ToX9hSPepvdIHTcqVThTUf
[2] A Million Decisions campaign https://kfh.libraryservices.nhs.uk/a-million-decisions-a-day/

Following on from this we were asked to think about the status we give to medicine and whether increases in life expectancy can be attributed to medical developments alone. Do we also need to reiterate the link between medical advancements and societal developments such as improved water and sanitation? Do we need to think more broadly about the impact of medicine and regard it with more scepticism? Are we at risk of having too much medicine and causing harm to both the sick and healthy? Where does the balance between effective care and too much medicine lie? Is no treatment sometimes more appropriate? Is too much medicine contributing to a lack of acceptance of mortality and are we in danger of losing perspective around death? Life does end and we must all die of something! These questions were not posed to make us feel deflated, or to diminish what medicine has achieved, but to offer a challenge to be sceptical and to think about the narratives we tell.

Mark challenged the healthcare profession to be more truthful with patients. To recognise when medicine can, and cannot, help. To understand that patients have medical, spiritual and social needs, all of which need to be encompassed in their care. To think ethically about how we interact with patients and how we communicate medicine. This session raised a lot of meaningful questions about what we can claim of medicine and to remain humble about what its limitations are.

Mark is on the frontline providing a GP service to patients. But how does this impact on my work as an information professional in a public health context? I found the link between medical and societal developments a very pertinent one within the public health context. The health of a society in terms of wealth, equality, education and access to resources undoubtedly plays a role in the medical wellbeing of individuals. An individual who receives top care in a hospital will not thrive if they are discharged to an unsanitary home. Furthermore, not only is the care a

patient receives important but so too is the prevention of a healthcare need arising in the first place. Within public health these interventions are crucial and understanding what contributes to good health is often a complicated picture.

Public health is different to medicine. Medicine focuses on symptoms or disease but public health is concerned with promoting health and wellbeing amongst the wider population and the prevention of a healthcare need arising. Finding evidence for practice can be challenging for public health. On the one hand it is concerned with populations whilst simultaneously recognising the many factors that impact on an individual's health. In medicine EBP places RCTs as one of the highest forms of evidence. Yet for the social sciences finding population groups that can be replicated is difficult and as a result there are often methodological inconsistencies making it difficult to evaluate interventions. RCTs are also highly controlled and may not be able to factor in the multitude of external factors that can influence healthcare. This becomes extremely relevant when applied to public health. Mark's challenge to consider the whole patient as a medical, spiritual and social being are helpful when considering EBP in a public health context.

EBP has become a dominant feature in our understanding of the application of research yet we must be clear that it does not provide a definitive truth for patients. It must be framed with care and scrutiny if we are to ensure that conversations with patients are honest and ethical.

This session was very enlightening and offered a challenging glimpse into the concept of EBP. It encouraged me to think about how we interpret and communicate medicine in a meaningful, ethical and honest way as information professionals and practitioners. When a concept becomes familiar it is always good to review and develop understanding of it. I am grateful to HLG and to Mark for refreshing the conversation.