EDITORIAL

Information and Medical Practice

The practice of medicine is now characterized in large part by changes in the technology base and the accompanying social and economic implications of these changes. One consequence of these changes is that information management now constitutes a major activity of the health care profession and it pervades almost all activities of the health care practitioner; activities such as selecting diagnostic procedures, deciding on strategies for patient care, interpreting results of laboratory tests and planning a lecture. It is observed that the ways in which physicians manage patients is in part dependent on the relevance and validity of the scientific information they use in their clinical decision-making. Studies have shown that use of the health literature positively affects patient care in areas such as diagnosis, choice of drugs, type of advice given to patients and length of stay in hospitals. However, comparatively few decisions in the health services are made on the basis of good evidence.

Even when there is good evidence for a particular intervention or therapy, it takes many years before it comes into general use. The necessity for an action programme for information diffusion and the likely adverse implication due to indifference is illustrated by the observation that “Fifteen years after six well-controlled studies demonstrated clearly that stilbestrol was totally ineffective in preventing spontaneous abortions, 50,000 women per year received the drug during pregnancy. Ten years after two controlled trails, revealed that bed rest was of no therapeutic benefit in acute viral hepatitis, more than half of the hospitalized patients with viral hepatitis were kept in bed. Two years after the findings of a well-designed clinical trial of photocoagulation in diabetic retinopathy were reported, only 33 percent of primary care physicians surveyed were aware of the results of the study.”

These findings indicate that results from clinical trails may not be disseminated to practicing physicians and, therefore, not incorporated into practice. Greater attention should be directed toward making findings from clinical studies available to practitioners. When widely disseminated there is still the problem of converting research findings into practice.

Health professionals attempting to keep abreast of advances in medical knowledge face formidable tasks. Most medical practitioners feel that the available literature is unmanageable. Currently over 2 million biomedical articles are published annually in about 20,000 journals. The biomedical knowledge base is doubling every 19 years (and in the case of HIV/AIDS every 22 months. Doctors are overwhelmed by new scientific information. Textbooks do not always pick up new evidence. Journals may not always be available and even when they are doctors and other health workers have little time to read them.

In spite of these difficulties, medical practice is undergoing a paradigm shift from a predominantly anecdotal and personal experience approach toward a more systematic and objective review of available evidence. The process, known as Evidence-Based Medicine, is a systematic review, appraising and using contemporary research findings as basis for clinical decision-making. The practice of evidence-based medicine is a process of life-long, self-educated learning in which caring for patients create the need for access to clinically important information. Evidence-based medicine and therefore modern medicine cannot be effectively practiced without access to current literature.

This issue of the Ghana Medical Journal and subsequent issues will have a section for CURRENT LITERATURE. It is attempt to bring to the notice of medical and dental practitioners, especially those who do not have access to current information, some of the latest developments in medicine.

Full length articles will be provided on application to the University of Ghana Medical School Library and on payment of the cost of photocopies.


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