

## Evidence based medicine: why there is a low acceptance in countries like India?

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Since the advent of Evidence based medicine, there seem to a constant struggle between two groups the rising clout of Evidence based medicine and the ever 'not going down without a fight' attitude of classical experience-based medicine. This struggle is more pronounced in countries like India where the traditional method of medicine was more teacher centric and more patient centric. Unlike these the western medicine has always been more literature centric and population centric.

In India we continue to follow the traditional teaching from our seniors and teachers and it is more personal form of teaching. This is reason why conferences and workshops where there is personal touch with the speakers are more popular in our country. We still like to attach a friendly and known face to people from whom we learn. Also, another difference from western world is a more firm belief on oral tradition than the written tradition of sharing knowledge. For centuries the Indian medical system has shared knowledge and wisdom through oral tradition. In contrast the western medicine has been more a system of books where knowledge was imparted through books. Both systems had overlaps of course and both had their drawbacks and strengths. The oral tradition was a more flexible system where generation of clinicians could add to the knowledge that already existed and there was potential to evolve the knowledge. Different generations and clinicians can add what they learnt in their lifetimes and enrich the tradition. However, there was issue with proper and widespread sharing of knowledge. The western system of books has at times lead to dogmatic belief and halted the evolution of knowledge for centuries even. Adherence to books of great authors have even lead to persecution of ones who challenged them, and this has at times lead to erroneous teachings. Even today evidence is emerging that many textbooks and research papers are being funded by powerful pharma /implant manufacturers lobbies, leading to biased opinions about a particular molecule, Implant or method of treatment

Times now are changing and the system with oral tradition is trying to accept the written word while the system of written word is trying to accept the oral tradition. Probably this is the same struggle that manifests in the struggle between Evidence and Experience. It is not that Evidence is out rightly rejected in India, but many don't understand it. Its rather many don't wish to understand it. People will agree it is important, but they would not use it in clinical practice. There is a subset that would like to use evidence but lack the tools to wisely use evidence in clinical practice. Then there is a small sect that understand and uses evidence to some extent. Still major population of orthopaedic surgeons in India rely on traditional methods of knowledge gain through a teacher or through conferences and workshops. Concept of learning from faceless authors is still a difficult thing for many of us here in India and similar countries. Unless we also understand the teacher, it is difficult for us to understand his teachings in isolation. This was one of the main reasons for adding authors photographs in JOCR and in all our journals. The reader at least gets to know how the authors look and where are they from and of course what they have written. Surgery being skill-based speciality, most of the surgeons with clinical outlook try to master various surgical

<p>Access this article online</p> <p>Website: www.jocr.co.in</p> <p>DOI: 10.13107/jocr.2250-0685.920</p>	<p><b>Author's Photo Gallery</b></p> <div style="display: flex; justify-content: space-around;">   </div> <p>Dr. C J Thakkar      Dr. Ashok Shyam</p>	<p><sup>1</sup>Retired Prof. Orthopaedics, MUHS, and Consultant Orthopedic surgeon, Breach candy, Lilavati &amp; Hinduja Healthcare Surgicals, Mumbai, India</p> <p><sup>2</sup>Indian Orthopaedic Research Group, Thane, India.</p> <p><sup>3</sup>Sancheti Institute for Orthopaedics and Rehabilitation, Pune, India.</p> <p><b>Address of Correspondence</b> Dr. Ashok Shyam, Department of Orthopaedic, Sancheti Institute for Orthopaedics and Rehabilitation, Pune, India. <b>Email:</b> drashokshyam@gmail.com</p>
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techniques rather than spend time to study ever evolving statistical methods. A journal article with heavy reliance on different statistical methods becomes intimidating to most of orthopaedic surgeon, who sometimes outright skip the article rather than spend time to understand various statistical methods used to prove or disprove a theory. Many a times an innovation is devised on the surgical table when the conventional method is unable to provide a solution, there may not be an evidence for its use, but once successful, the surgeon tries it in various different situations and if it gives desired result in hands of colleagues, it may become an acceptable procedure, without undergoing rigours of higher level of evidence. This may be unacceptable in western world due to ethical or legal issues and this may become a deterrent to try out modification of published procedures in standard outdated textbooks. With explosion of published literature, "Publish or perish" scare or when promotion is based on number of published literature, it is but natural that many worthless articles or many different versions of a given article, appear in literature today. It has become impossible for an average clinician to filter the article with scientific worth. Many authors are gifted with flare for writing, or understand requirements of various journals, even though she or he may not be good at surgical skills, but the sheer number of their publications may be strong enough to change opinion of many clinicians

The need of today is weave together these two concepts of Evidence and experience and come up with something that is scientifically sound as well as practically usable. Deliver Evidence through a method of teaching and deliver experience through a method of publishing. Both methods when integrated together will give best results to our patients and will also help us become better in what we are doing. This will improve the acceptance of Evidence in countries like India and also improve the acceptance of Experience in western world

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