

Medical Literature and Scientific Consensus



The ultimate aim of medical literature is to provide for a treatise that will help and guide the physicians in formulating the best available plan for treatment of their patients. That's in the ideal world where we have people with identical genetic makeup living in identical socio-economic-geopolitical situations. But then we hardly live in the ideal world [which if it existed will contain no more than single individual!]. In real world all patients are different and even the difference between them has huge variations. In this sense then how is medical literature supposed to provide us a generalised guideline? Especially since the medical men themselves differ in their rational deliberations of literature. And also because of tremendous variations in articles published in literature. Best evidence of this phenomenon can be found at the Cochrane library where most metaanalysis end with no conclusion due to lack of consistent evidence.

But then we need some sort of consensus to make sense of literature and to justify the tremendous growth in number of publications. This process of consensus generation through use of experts to scientifically deliberate on carefully selected relevant literature. This process of scientific consensus has been used in orthopaedics by American Academy of Orthopaedic Surgeons clinical practice guidelines where individual expert opinion is utilised to examine the relevant literature and also deliberate on the clinical scenarios and then come to a consensus. I find this process much better than simply using the hierarchy of evidence to classify the articles and then believe the results blindly if it is of high grade of evidence. Evidence based medicine is used in the scientific consensus as a tool to select and classify relevant literature. The relevant literature is then read by the expert group from a very clinical (and also possibly sceptical) point of view and a consensus is reached to formulate a general guideline. These guidelines are not considered to be infallible but are subject to revaluation and change from time to time. Also its made it clear that these guidelines are literally what the word means 'guide lines'. These will serve only as a guide in decision making process and are not a replacement to scientific deliberation of the individual clinical scenario. At times a clinical decision made by the surgeon may not agree with the guideline or may be opposite to it. At these times the practical issues like socio-economic and geo-political come into play and physician has to use his own decision making ability to reach a plan that provides best solution to specific patients or problems.

Many countries have started to make their own guidelines to certain important clinical questions/ diseases. We in our country should also start towards developing clinical practice guidelines thorug scientific consensus. But for any such scientific consensus we need enough publication on the topic and therein lies the Achilles heel for us. Publications should be promoted in all formats in the country and should be specifically aimed at creating a large database of the patient, disease, treatment protocol etc. There is a huge sense of academic lethargy and apathy in the country and I would request the orthopaedic fraternity to start compiling data and writing your own papers. If you need help in designing studies or analysing data the orthopaedic research group can help. For same intention we are now starting various publishing platform for individual super specialities in orthopaedics. Journal of bone ans soft tissue tumors is launched in this weel and all readers should visit the site www.jbstjournal.com/ and check out the new issue of the journal. Similarly other journals that will be published soon are trauma international, paediatric orthopaedics, and spine. These journals aim to provide a platform where our authors can publish. They can learn to write good papers and also basic statistics. More importantly all these journals will be open access and thus will be freely available to everyone to read and interpret. So through these journals we can actually compile relevant publication data and come up with consensus and also provide publication platform thus stimulating young minds to write and publish. I will urge to seniors too to start digging their data sets and publish as many papers as possible. Only this will help us create relevant local literature and consensus guideline based on them.

More journals will be launched soon to capture most relevant data and possibly compile it to get some consensus. I hope these journal will grow rapidly and I urge all orthopaedic research group members to submit their articles to us and help us develop consensus guideline. We welcome the journal of bone and soft tissue tumors to our family of journals and hope 'Trauma International' will also be launched by the end of next month.

Let's together create a more nation centric data which will give us accurate inferences doing a prospective or cross sectional study. I thank all supporters of JOCR and also the editorial and reviewers board. With this leave you to enjoy the current issue of jocr.

Dr Ashok Shyam

Editor- Journal of Orthopaedic Case Reports

Email: drashokshyam@yahoo.co.uk

References

Conflict of Interest: Nil
Source of Support: None

How to Cite this Article

Shyam AK. Medical Literature and Scientific Consensus. Journal of Orthopaedic Case Reports 2015 April-June;5(2):1-2.