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<u>Decision notes: on Evidence based medicine</u>

Evidence based medicine has a clear implications for the information professional working in the medical environment. However, the article selected on evidence based medicine had very few implications on the information professional. The evidence in this article was not specially or sufficiently explained and it was hard for members of this class to see the merits of a broad overview in making specific decisions on designing a medical interface. It was clear that the class had clear understanding of what makes good evidence and just because something is published in book doesn't make "quality information."

We had a very limited decision about article but the consensus was that may thing that people learned was "what evidenced based medicine is" (except John). In addition we noted a few problems in the evidence-based medicine. For one it was clear that the concept of reviewing articles was one that many people didn't think doctors did very much (although in the future if doctors were able to access a "chip" in there brain with the information they might use that). The practical application was a point of contention. Many people just didn't see how evidence based medicine could really find implication in the medical setting because the information would have to have instant availability coupled with concise usable conclusions. This is a challenge that seems very daunting at the moment. Although, the idea of "modeling" evidence based medicine interfaces after specialists did seem to gain some support. If the portable interfaces allowed doctors to simply input presenting symptoms (and maybe interface could refine them slightly) and given the patients previous medical history then have a quick conclusion based on expert opinion (namely what course of intervention was best), that seemed like a very viable

resource. Even using top tier technology and best cataloging skills however it was doubted that this could find practical application. However, since the modeling "approach wasn't even in the original article the conversation then focused on the clear biases of the article.

On bias that the article clearly is making the point of saying that the doctor would never be eliminated by the use of information. It was emphasis and limiting factor in the way the Authors talked about evidence based medicine. However it was also a point that received little criticism as far as the validity of the clam. It was more the "slant of the article" towards the more hospital administration mindset as opposed to the more information systems mindset that was a matter of concern. What could we really learn from this article? "Not much," was the consensus.

Not a great more was gained from the decision. It wasn't a very good article and clearly one that taught us most about "what makes a bad article." I have updated the slides to include a little more "quality" information about evidence-based medicine (including facts). `

One of the reasons that I chose this article was that it made me think about role of information professionals in the design, implication, and practice of evidence based medicine. No matter how much we claim that the "practice of better care" is the reason that evidence based medicine systems are created, I thinking we're delusional to believe that money to create these interfaces won't come from the legal defense/insurance side of the practice of medicine. Doctors will use a device to limit their malpractice insurance premiums long before they'll trust the device for decision making help. I believe that bioinformatics presents many different problems that could benefit from a common pool

of information. Untimely it will become the job of information professionals to devoloping the correct standards so that this "common" pool of information so it can easily and quickly be accessed by a number of specialized interfaces. Because, specialized interfaces are what you sell to a legal defense client. The legal defense client wants to sell the "gynecologist" only fact in court (i.e. specialized tool factor) and that's what they'll demand. Ultimately, however, it's as valuable to a doctor as it is to a drug chemist to know what an expert would say about a given disease but they need that information in very different ways. One of the jobs of library information professionals has been organizing information for a given user and it is my belief that "user" (as in modeling, designing and cataloging as opposed to coding and technology development) aspect of creating interfaces (and maybe providing support) is were the information professional will find themselves working and benefiting evidence based medicine. As opposed to the standard IT environment were usability is often rushed to put the product on the market quickly (I mean can always cover usability issues with training and support, right?). Evidence based medicine is one of those rare IT applications were usability is truly paramount. No doctor will use a system that is hard to use or time consuming in the way gives back data. I think the LS and IS student will have great demand in such a world so focused on the "user" end and it helps them to know the basic tenets when they hit the ground running in EBM.